HEDIS®[1] Measurement Year 2026 Post-Public Comment Summary Report

NCQA held HEDIS Public Comment from February 13–March 13, 2025, and requested feedback on three new HEDIS measures, changes to six HEDIS measures, one HEDIS measure retirement and one cross-cutting item for measurement year (MY) 2026. Feedback was also requested for three proposed new measures for the Diabetes Recognition Program. This report summarizes Public Comment feedback, NCQA's responses and next steps. NCQA uses a rigorous consensus building process, and considers feedback from the public, subject matter experts and other stakeholders. Final decisions are made by the Committee on Performance Measurement, our voting body, and are approved by the NCQA Board of Directors before implementation.

This report is a high-level summary of major themes that arose during HEDIS Public Comment and does not comprise all feedback we received.

Table 1. Public Comment—Final Decisions for HEDIS Measures

Measure Name/Topic	NCQA Decision for MY 2026
NEW MEASURES	
Tobacco Screening and Cessation Intervention (TSC-E)	Add the TSC-E measure
Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)	Add the AAF-E measure
Disability Description of Membership (DDM)	Add the DDM measure, with Disability Status Source indicator only
MEASURE REEVALUATIONS	
Social Need Screening and Intervention (SNS-E)	Include all proposed changes to SNS-E
Adult COVID-19 Immunization Status (AIS-E Indicator)	Add the COVID-19 indicator for adults 65+ years to the AIS-E measure
Lead Screening in Children (LSC)	Remove hybrid reporting and transition LSC measure to the ECDS reporting method
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Include proposed changes to the FUI measure, except for the removal of pharmacotherapy dispensing events as follow-up
Statin Therapy for Patients With Cardiovascular Disease (SPC)	Include all proposed changes to the SPC measure, except for the expanded age band
Statin Therapy for Patients With Diabetes (SPD)	Include all proposed changes to the SPD measure
MEASURE RETIREMENT	
Asthma Medication Ratio (AMR)	Retire the AMR measure
CROSS CUTTING ITEM	
Alignment With Updated Federal Standards for Race and Ethnicity	Align the HEDIS Race/Ethnicity Stratification to SPD 15 by adding MENA as a minimum reporting category and updating terminology

Table 2. Public Comment—Final Decisions for Diabetes Recognition Program Measures

Measure Name	NCQA Decision for Next Release of DRP
Statin Therapy Prescription (DRP_STP)	Add the STP measure
Depression Screening and Follow-Up (DRP_DSD)	Add the DSD measure
Continuous Glucose Monitoring Utilization (DRP_CGD)	Add the CGD measure

This document reflects changes to NCQA measures and products only; it does not address the use of these NCQA products in other organizations' programs (e.g., states, CMS).

Changes listed herein are reflected in the HEDIS MY 2026 Publication released on August 1, 2025. Please submit questions regarding changes through My NCQA.

[1] HEDIS is a registered trademark of the National Committee for Quality Assurance.

Table 3. Public Comment Summary for HEDIS Measures

Measure Name/ Topic	Feedback Requested	Feedback/Themes	NCQA Decision/Rationale
NEW MEASURES			
Tobacco Use Screening and Cessation Intervention (TSC-E)	NCQA asked for feedback on the proposed new measure concept.	Overall, comments supported the new TSC-E measure. Major themes were: 1. Concerns with the Value Set Directory (VSD) and codes. Some feedback recommended additional codes to fully capture different types of smoking screening and cessation intervention actions. Some pointed out the implementation burden of codes on providers and health plans. 2. There was overall support for stratifying to track performance in different age groups in the measure, with mixed feedback on whether age stratification as proposed, or with alternate age groups, would be useful. Suggestions included simplifying the stratification and aligning with tobacco purchasing laws or lung cancer screening guidelines. 3. Commenters sought clarification on the types of tobacco and nicotine products included in the measure definition. 4. Commenters recommended excluding patients 66 years or older who are enrolled in Institutional Special-Needs Plans (I-SNP) or institutionalized long-term, and patients under 66 years in palliative care.	1. Based on expert feedback, NCQA added the following to the VSD: 1.) codes not already included in the posted measure specification, 2.) codes in active status, 3.) codes experts agreed were suitable for this specification. While NCQA acknowledges the administrative burden of a new measure, plans will have an opportunity to adjust and educate clinicians during the measure's first year of reporting, as necessary. 2. NCQA kept the specified age stratification based on evidence and feedback that separating adolescents, adults and older adults can offer valuable population health insights. 3. NCQA added the language "any commercial tobacco product" to the measure description. 4. NCQA added palliative care as an exclusion, to align with standards of care. Special-needs and long-term care plans were identified as appropriate to screen, given the adverse health effects of smoking for these populations. **DECISION:** **Add the TSC-E measure for MY 2026.**
Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E) **Note:** This measure was previously titled Follow-Up After Acute Care Visits for Asthma.	NCQA asked for feedback on the proposed new measure concept.	Overall, comments supported the new measure concept. Major themes were: 1. Most comments supported excluding visits among members with a history of cystic fibrosis, emphysema or acute respiratory failure, due to concerns that these conditions require a different treatment approach than asthma. 2. There was mixed feedback regarding the denominator visit types to include in the measure. 3. Most comments supported a 30-day follow-up time frame, given health access and availability challenges, but acknowledged that 15 days would be more aligned with clinical guidelines.	1. Based on expert feedback, NCQA removed the exclusions for emphysema and acute respiratory failure (treatment approaches are similar to asthma), but retained the exclusion for cystic fibrosis. 2. NCQA kept urgent care visits in the final measure, given strong recommendations by respiratory experts, who stated that urgent care is frequently used for acute asthma care. Including urgent care in the measure would ensure capture of all acute visits for asthma. 3. NCQA included a 30-day follow-up time frame in the measure. 4. NCQA added an asthma diagnosis requirement to the numerator to ensure asthma is addressed during the outpatient follow-up visit.

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		4. Most commenters did not support additional requirements for the follow-up visit; however, there was some support for adding an asthma diagnosis requirement to make the measure more meaningful.	**DECISION:** **Add the AAF-E measure for MY 2026.**
Disability Description of Membership (DDM)	NCQA asked for feedback on the proposed new measure concept.	Overall, there was mixed support for the proposed new measure concept. Major themes were: 1. There was support for the measure intent, but mixed feedback about data availability and data sources. Suggestions were to include functional status assessments as a source for disability information. There was concern about the reliability of self-reported data and the administrative burden of implementing the measure. Some organizations suggested delaying implementation of this measure until further standards for disability data are released, so that the measure can align with those standards. 2. Some comments did not support the 15-and-older age restriction. 3. There was a variety of feedback regarding disability type categories. Some supported using the American Community Survey 6 questions on disability; some suggested that the categories were not complete or fully appropriate. There was mixed feedback on the broad functional categories and the disability populations to be included.	1. NCQA acknowledges the potential barriers to readiness for organizations to collect disability data, and concerns about data availability and structure. NCQA will stagger the release of the measure, with the initial measure only including disability status source; disability type reporting will follow in a future measurement year. NCQA will consider appropriate additional data sources and alignment with interoperability standards while finalizing the disability type component. 2. NCQA will remove the 15-and-older age restriction to capture pediatric populations with disabilities. 3. NCQA will not move forward with the release of the disability type categories for MY 2026. NCQA will consider public comment feedback regarding additional disability types to include and align with the most current disability standards as they become available in the field. **DECISION:** **Add the DDM measure, with Disability Status Source indicator only, for MY 2026.**
MEASURE REEVALUATIONS			
Social Need Screening and Intervention (SNS-E)	NCQA asked for feedback on the following proposed measure changes: • Add G0136 Assessment Code to Screening Numerator. • Add Z Codes to Intervention Denominator.	Overall, commenters supported the proposed updates to the SNS-E measure. Major themes were: 1. Most comments supported adding G0136 to the screening indicators, noting alignment with clinical workflows and expanded roles of community health workers. Some raised concerns about reimbursement, adoption in Medicaid and limited pediatric use. 2. There was strong support for adding Z codes to the intervention denominator. Feedback was mixed on whether Z codes should also count in the screening numerator, and concerns were raised about duplicate counting.	1. NCQA added G0136 to the screening indicators, in addition to existing Logical Observation Identifiers Names and Codes (LOINC) codes, to capture the full scope of social needs screening already occurring in practice, and to expand documentation pathways for reporting social needs screening. 2. NCQA added Z codes to the intervention denominator only to maintain clarity in the screening indicators. Duplication concerns will be addressed by the measure logic when programmed.

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	• Add G codes (G0019, G0023, G0140) to Intervention Numerator. • Remove "Assessments" from the Intervention Numerator.	3. Stakeholders supported adding Principal Illness Navigation (PIN) G codes to the intervention numerator to recognize CHW-led interventions. Concerns were noted about limited adoption in commercial plans and the need for more implementation guidance. 4. Most commenters agreed with removing assessment codes from the intervention indicator, reinforcing the distinction between screenings and interventions. 5. Many commenters emphasized concerns about provider burden, especially for small or independent practices, and called for incentives, clearer coding guidance and better alignment between payers and providers. 6. Stakeholders noted limitations in data availability for social needs, calling for improved EHR interoperability and alignment with national data standards (e.g., United States Core Data for Interoperability). 7. Some comments recommended expanding I-SNP and long-term institutional stay (LTI) exclusions to all age groups.	3. NCQA added PIN G codes (G0019, G0023, G0140) to the intervention numerator. NCQA will track and uplift implementation efforts for these newly developed codes. 4. NCQA removed assessment codes from the intervention indicator. These codes are not specific to SDOH-related assessments. The new G0136 code is captured in screening indicators. 5. NCQA will continue to monitor data availability and interoperability trends, adjust the measure as standards and documentation improve and provide resources to support the field. 6. NCQA updated the current measure to include additional SDOH-related codes. 7. NCQA will expand I-SNP and LTI exclusions to all age groups. **DECISION:** **Include all proposed changes to SNS-E for MY 2026.**
Adult COVID-19 Immunization Status (AIS-E Indicator)	NCQA asked for feedback on the following proposed measure changes: • Add the COVID-19 immunization status indicator that targets adults 19 and older.	Overall, there was mixed support for the proposed addition of a COVID-19 indicator. Major themes were: 1. Comments noted concern with the ability to overcome vaccine hesitancy, and that issues related to hesitancy make continuing conversations with patients difficult. Some comments expressed that continuing to push vaccination after patients express disinterest can erode trust between providers and patients. 2. Several comments requested patient refusal to be included as an exclusion, noting support of the indicator if patient refusal is an exclusion. 3. NCQA received feedback on concerns about ACIP COVID-19 vaccination guidelines. Comments noted disagreement with the evidence used to create the guidelines, believing better evidence is needed before reaching a consensus. Comments also noted guideline instability, citing numerous changes over the years. A few comments stated that the	1. NCQA acknowledges that politicalization of the COVID-19 vaccine has played a role in shaping public perceptions and has contributed to increased vaccine hesitancy. NCQA's goal with this measure is to incentivize plans to provide more resources to providers and patients to combat vaccine hesitancy and misinformation, and continue conversations about vaccination benefits. As public comment concerns are an important consideration, the measure will focus on adults 65 and older now, with the potential to expand the age group as evidence and guidelines continue to evolve. 2. NCQA will not add patient refusal to exclusion criteria for this indicator, which is supported by experts. The goal is to encourage plans and providers to continue conversations with patients regarding COVID-19 immunization, even after refusal, as this is generally best practice with all immunizations. Further, during testing of the COVID-19 indicator, plans stated that they could not identify patient refusals in the data.

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		evidence is most prominent for vaccination of high-risk populations, and therefore preferred this indicator to be focused on those populations (e.g., people 65 and older, the immunocompromised). 4. Several comments expressed concern with data accessibility and availability, noting that many patients receive COVID-19 vaccinations outside the medical home; because of this, many plans do not receive data on the completed vaccination. Comments also noted interoperability challenges and lack of data completeness when using immunization registries to obtain information. Comments noted that state laws may limit a plan's ability to access state immunization registries, creating an additional barrier to reporting.	3. Based on expert and public comment feedback, NCQA altered the measure specification to focus on people 65 and older, as those guidelines are the most stable. 4. NCQA recognizes the challenges of immunization registry data. They are not unique to the COVID-19 indicator, and do impact other indicators in AIS-E equally, as well as other HEDIS immunization measures. NCQA is working with stakeholders across the field to understand how we can improve interoperability. Although experts acknowledged issues with data accessibility, they support moving the measure forward. **DECISION:** **Add the COVID-19 indicator for adults 65+ years to the AIS-E measure for MY 2026.**
Lead Screening in Children (LSC)	NCQA asked for feedback on the following proposed measure changes: • Remove hybrid reporting and transition to electronic clinical data systems (ECDS) reporting.	Overall, comments supported removing the hybrid reporting method and transitioning to ECDS reporting for the LSC measure. Major themes were: 1. Majority support for the ECDS transition to allow better data capture and interoperability. 2. Some concerns with transition due to lack of digital infrastructure for smaller and rural practices. 3. Additional considerations about updating the measure to align with current clinical guidance and other reporting programs.	1. Given the strong support for the ECDS transition for LSC, NCQA will move forward with removing the hybrid reporting method. 2. HEDIS reporting data and trends for the LSC measure indicate that there is very little contribution from medical record review data. Lead screening information is highly standardized and structured, and typically accessible to health plans for quality reporting. Transitioning to ECDS reporting will provide an opportunity to improve data links with state public health agencies. 3. NCQA is aware of the need to align LSC with current clinical guidelines and reporting requirements for other programs, and plans to pursue updates as part of a future, broader pediatric measures refresh. **DECISION:** **Remove hybrid reporting and transition LSC measure to the ECDS reporting method for MY 2026.**
Follow-Up After High-Intensity Care for Substance Use Disorder (FUH)	NCQA asked for feedback on the following proposed measure changes: • Allow substance use disorder (SUD) diagnosis in any	Overall, comments supported proposed changes for HEDIS MY 2026. Major themes were: 1. Support for allowing SUD diagnosis in any position for numerator events. 2. Support for adding peer support services as a follow-up option.	1. Given the positive response from stakeholders, NCQA will move forward with allowing SUD diagnosis in any position for numerator events. 2. NCQA will also move forward with adding peer support services as a follow-up option, as the proposed change received a positive response.

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	• diagnosis position for all numerator events. • Add peer support services as a follow-up option. • Remove pharmacotherapy dispensing events as follow-up.	3. Mixed reactions to removing pharmacotherapy dispensing events as an allowable follow up service.	3. Given the amount of concern regarding removal of pharmacotherapy dispensing events, NCQA chose to no longer pursue this proposed change for HEDIS MY 2026, but may consider it in the future. **DECISION:** **Include proposed changes to the FUI measure for MY 2026, except for the removal of pharmacotherapy dispensing events as follow-up.**
Statin Therapy for Patients With Cardiovascular Disease (SPC)	NCQA asked for feedback on the following proposed measure changes: • Remove sex-specific age bands. • Expand the upper age limit to 85. • Refine the definition of atherosclerotic cardiovascular disease (ASCVD). • Remove the exclusion for members in I-SNPs or LTI.	Overall, comments supported the proposed measure changes. Major themes were: 1. Concerns with removing sex-specific age bands. 2. Concerns with expanding the upper age limit to include members up to age 85. 3. Concerns with removing the exclusion for members in I-SNPs or LTI.	1. To align with guideline recommendations, expert consensus and internal goals to advance health equity, NCQA chose to pursue removal of sex-specific age bands in this measure. 2. Due to controversy over the strength of evidence for statin use in this older adult population, NCQA will not expand the upper age limit to 85. 3. Removal of this exclusion aligns with guidance from expert panels, and would promote better care for individuals with ASCVD, who are currently excluded from statin therapy measures. **DECISION:** **Include all proposed changes to the SPC measure for MY 2026, except for the expanded age band.**
Statin Therapy for Patients With Diabetes (SPD)	NCQA asked for feedback on the following proposed measure changes: • Refine the definition of ASCVD. • Remove the exclusion for members in I-SNPs or LTI.	Overall, comments supported the proposed measure changes. A major theme was: 1. Concern with removing the exclusion for members in I-SNPs or LTI.	1. Removing this exclusion aligns with guidance from expert panels, and would promote better care for individuals with ASCVD, who are currently excluded from statin therapy measures. **DECISION:** **Include all proposed changes to the SPD measure for MY 2026.**

Measure Name/ Topic	Feedback Requested	Feedback/Themes	NCQA Decision/Rationale
MEASURE RETIREMENT			
Asthma Medication Ratio (AMR)	NCQA asked for feedback on the proposed retirement of AMR.	Overall, comments supported retiring the AMR measure. Major themes were: 1. AMR measure is not aligned with current guidelines and asthma treatment approaches. 2. Commenters expressed concern about the lack of an asthma medication measure if AMR is retired.	1. Respiratory experts also highlighted that AMR is out of alignment with clinical guidelines. 2. NCQA is considering alternative measure concepts that assess asthma medication management or overuse. **DECISION:** **Retire the AMR measure for MY 2026.**
CROSS-CUTTING ITEM			
Alignment with Updated Federal Standards for Race and Ethnicity	NCQA asked for feedback on the proposed updates to the HEDIS race/ ethnicity stratification (RES): • Add Middle Eastern or North African (MENA) as a minimum reporting category. • Update terminology to align with the Office of Management and Budget (OMB) Statistical Policy Directive (SPD) 15. • Combine race and ethnicity into a single reporting unit that allows multiple responses.	Overall, comments supported proposed updates to align the HEDIS RES with OMB SPD 15. Major themes were: 1. Support for adding the MENA category. 2. Concern about the timeline for proposed updates. Comments noted that the OMB directive includes a federal deadline of March 2029 for agencies to be in compliance with the directive, and that altering the timeline isn't feasible with current workflows and EHR systems. 3. Concerns that existing data interoperability standards are a barrier to updating systems to combine race and ethnicity without falling out of compliance with other federal data guidelines or creating a burdensome system necessitating maintaining two sets of data. 4. Request from NCQA or the federal government to provide guidance on mapping data from the previous 1997 OMB standard to the updated 2024 format to facilitate reporting and collection during the transition period.	1. NCQA will implement a distinct reporting category to advance understanding of MENA-specific inequities in health care and health outcomes. 2. NCQA acknowledges that the transition to new standards will require time and effort. Final updates limit structural changes to adding the MENA category, and use existing data terminology to reduce the need to remap fields. Updates do not mandate a change to data collection now, but provide a path to reporting where data are available. NCQA will postpone combining race and ethnicity into a single reporting unit to a future measurement year. 3. NCQA acknowledges the potential misalignment from implementing a combined race and ethnicity reporting unit. While this is an important step toward improving the capture of certain populations, such as multiracial or Hispanic individuals, existing data standards limit the ability to support this transition. NCQA will postpone combining race and ethnicity, and will monitor data interoperability standards to identify when changes can be implemented. 4. NCQA recognizes the importance of systematic guidance and best practices in data collection and reporting efforts. We plan to seek further input from internal/external data experts and health plans to develop tools to help the transition to 2024 OMB SPD 15 data standards. **DECISION:** **Align the HEDIS RES to SPD 15 by adding MENA as a minimum reporting category and updating terminology for MY 2026.**

Table 4. Public Comment Summary for Diabetes Recognition Program (DRP) Measures

Measure Name	Feedback Requested	Feedback/Themes	NCQA Decision/Rationale
Statin Therapy Prescription (DRP_STP)	NCQA asked for feedback on the inclusion of STP in the next release of the Diabetes Recognition Program	Overall, comments supported including the measure in the Diabetes Recognition Program. Major themes were: 1. Recommendations to include alternative lipid-lowering therapies in the measure. 2. Recommendations to align with the *Statin Therapy for Patients With Diabetes* and *Statin Therapy for Patients With Cardiovascular Disease* HEDIS measures and updates.	1. Non-statin lipid-lowering therapies are not currently included in the measure, to align with current guidelines recommending statin therapy as primary and secondary prevention. 2. This measure will be implemented at the clinician level. It is specific to patients with diabetes; changes to HEDIS statin measures do not apply to the DRP measure. **DECISION:** **Include STP in the next release of the DRP.**
Depression Screening and Follow-Up (DRP_DSD)	NCQA asked for feedback on the inclusion of DSD in the next release of the Diabetes Recognition Program	Overall, comments supported including the measure in the Diabetes Recognition Program. Major themes were: 1. Requests for clarification on the measure specification, including why the measure is specific to patients with diabetes, and how it will be implemented. 2. Concerns about potential challenges to accessing behavioral health services data.	1. This new measure will be implemented at the clinician level for adults with diabetes. 2. The measure includes multiple numerator options that give clinicians flexibility in reporting data relevant to their practice. NCQA will continue to evaluate data access barriers during implementation of the measure. **DECISION:** **Include DSD in the next release of the DRP.**
Continuous Glucose Monitoring Utilization (DRP_CGD)	NCQA asked for feedback on the inclusion of CGD in the next release of the Diabetes Recognition Program	Overall, comments supported including the measure in the Diabetes Recognition Program. Major themes were: 1. Concerns about health plan coverage for continuous glucose monitoring (CGM) devices and cost-sharing burden. 2. Suggestions that the measure assess CGM wear time, length of use or adherence. 3. Suggestions to align with evolving guidelines by including patients at high risk of hypoglycemia, adults with diabetes on any type of insulin therapy and adults with type 2 diabetes on glucose lowering medications other than insulin. 4. Concerns about potential challenges to accessing CGM data.	1. This utilization measure will be reported by clinicians. Its goal is to understand CGM use patterns, not to hold clinicians accountable for providing CGM. 2. Assessment of CGM duration and activity are beyond the scope of the measure's intent and current data standards. 3. NCQA's expert and advisory panels agreed with not expanding the measure to broader populations while coding and coverage evolves. 4. The measure looks for evidence of CGM use, but does not require complete data from CGM devices. **DECISION:** **Include CGD in the next release of the DRP.**