

Notification of Changes for HEDIS^{®1}

NCQA does not seek comment on the following changes.

Release of Volume 2: Technical Specifications

The **HEDIS Measurement Year 2026 Volume 2: Technical Update** will be released on **March 31** as a full-text publication that includes direct edits. Changes in the Technical Update are required for HEDIS Measurement Year (MY) 2026 reporting.

NCQA will release *HEDIS Measurement Year 2027 Volume 2: Technical Specifications for Health Plans* and *HEDIS Measurement Year 2027 LTSS: Technical Specifications for Long-Term Services and Supports Measures* on August 3, 2026.

Measure Changes for HEDIS MY 2026 Technical Update

Cervical Cancer Screening (CCS-E): The HEDIS MY 2026 Technical Update will expand the existing *High Risk HPV Lab Test Value Set* to include self-collected vaginal samples by adding LOINC codes.

Rationale: Updated cervical cancer screening guidelines from the American Cancer Society include self-collected vaginal samples for HPV testing as acceptable for average-risk individuals.

Social Need Screening and Intervention (SNS-E): The HEDIS MY 2026 Technical Update will remove HCPCS code G0136 from the measure's screening numerators and remove ICD-10 Z codes from the measure's intervention denominators.

Rationale: In the Calendar Year 2026 Medicare Physician Fee Schedule Final Rule, the G0136 reimbursement code was changed from provider assessment of social determinants of health (SDOH) to assessment of physical activity and nutrition. Given this change, the G0136 code no longer aligns with activities for the SNS-E measure. The measure will continue to rely on LOINC codes for documentation of standard screenings and positive screening results. Additionally, NCQA will update some intervention procedure value sets to align with current code lists.

ECDS Reporting Changes for HEDIS MY 2027 and Beyond

NCQA has released an updated timeline for the removal of the Hybrid Reporting Method.

Rationale: In 2024, NCQA announced a proposed timeline to remove the Hybrid Method by MY 2029. The MY 2029 endpoint remains unchanged and NCQA will continue to introduce ECDS reporting as part of this transition. While some measures are proceeding as originally planned, others reflect updated, measure-specific pathways and timelines due to realignment efforts and the need for additional measure testing. The current timeline is available on the [Digital Quality Hub](#).

Hybrid Transition Updates:

- **Glycemic Status Assessment for Patients With Diabetes (GSD):** As originally planned, NCQA will allow optional ECDS reporting in MY 2027. NCQA proposes to remove the Hybrid Method from the measure and transition to ECDS-only reporting by MY 2029. An ECDS version will be introduced alongside the Hybrid version in MY 2027, followed by a two-year transition period before the Hybrid version is retired.
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):** Instead of transitioning to administrative-only reporting in MY 2027, NCQA is prioritizing measure retirement in MY 2029. In parallel, NCQA intends to develop a replacement measure.

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- *Prenatal and Postpartum Care (PPC)*: Instead of moving to administrative-only reporting in MY 2028, NCQA is focusing on the development of a new ECDS and risk-based replacement measure by MY 2028, with retirement of the Hybrid version occurring concurrently.
- *Transitions of Care (TRC) and Care for Older Adults (COA)*: NCQA will delay introducing the new ECDS versions until MY 2028. Both measures will be optionally reported until the Hybrid Method is removed in MY 2029.

Refer to <http://www.ncqa.org/ecds> for updates on ECDS reporting.

HEDIS LTSS MY 2027 Measure Template

NCQA will update the HEDIS LTSS measure template formatting to align with FHIR® standards and enable interoperability of HEDIS LTSS measures across systems. Updating the publication format supports the transition to digital HEDIS measurement. All the information needed to calculate a HEDIS LTSS measure will remain and the transition to a new format will not change measure intent, data collection requirements or calculations.

Advance Notice of Changes for HEDIS MY 2028

NCQA will update the measure specifications for MY 2028.

Rationale: For MY 2028, NCQA will be updating the specifications for new measures or existing measures undergoing reevaluation to provide more specificity on data source identification and timing of measure requirements. Advance preview of specification changes will be forthcoming.

NCQA will remove the exclusion of denied claims from 21 measures for MY 2028.

Rationale: Excluding denied claims may artificially improve measure performance and does not reflect the care delivered. This cross-cutting update reflects NCQA's commitment to patient-centered care, as patients bear the financial burden when their claims are denied. In addition, this change aligns with the transition to digital measurement by streamlining allowed data sources across all measure domains. The measures impacted by this change are listed below:

- **Overuse/Appropriateness Measures** (The change impacts only numerator identification; denied claims were already counted as part of the eligible population, denominator and exclusion identification):
 - *Non-Recommended PSA-Based Screening in Older Men (PSA)*
 - *Appropriate Treatment for Upper Respiratory Infection (URI)*
 - *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)*
 - *Use of Imaging Studies for Low Back Pain (LBP)*
 - *Potential Harmful Drug-Disease Interactions in Older Adults (DDE)*
 - *Use of High-Risk Medications in Older Adults (DAE)*
- **Overuse/Appropriateness Measures** (The change impacts the numerator, eligible population and denominator identification; denied claims were already counted as part of the exclusion identification):
 - *Deprescribing of Benzodiazepines in Older Adults (DBO)*
 - *Use of Opioids at High Dosage (HDO)*
 - *Use of Opioids from Multiple Providers (UOP)*
 - *Risk of Continued Opioid Use (COU)*

- **Utilization Measure** (The change impacts the numerator, eligible population and denominator identification; denied claims were already counted as part of the exclusion identification):
 - *Antibiotic Utilization for Respiratory Conditions (AXR)*
- **Risk-Adjusted Utilization Measures** (The change impacts the identification of events; denied claims were already counted when applying risk adjustment and as part of the exclusion identification):
 - *Plan All-Cause Readmissions (PCR)*
 - *Hospitalization Following Discharge From a Skilled Nursing Facility (HFS)*
 - *Acute Hospitalizations Following Outpatient Colonoscopy (HFC)*
 - *Acute Hospitalizations Following Outpatient General Surgery (HFG)*
 - *Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO)*
 - *Acute Hospitalizations Following Outpatient Urologic Surgery (HFU)*
 - *Acute Hospital Utilization (AHU)*
 - *Emergency Department Utilization (EDU)*
 - *Hospitalization for Potentially Preventable Complications (HPC)*
 - *Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH)*