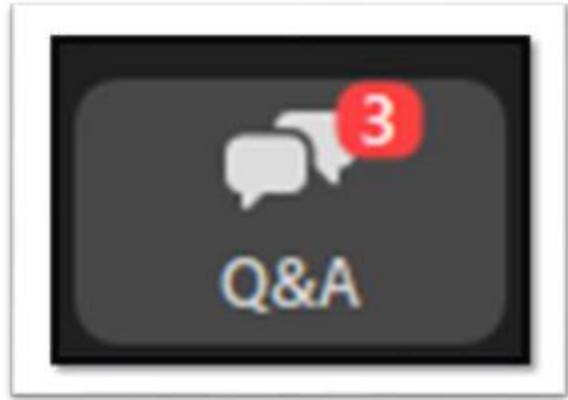


A semi-transparent blue rectangular overlay covers the bottom half of the slide. In the background, a female doctor wearing a white coat and a stethoscope is looking down at a tablet device. To her right, the profile of a male patient with a beard is visible, looking towards the doctor. The background is a bright, slightly overexposed indoor setting.

State Webinar: Public Comment for Proposed Updates to HEDIS

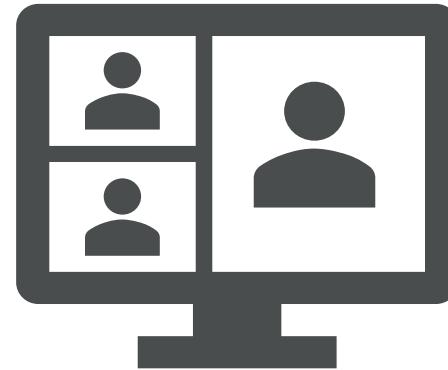
February 17, 2026

Housekeeping



Ask Now

Enter your questions in
the Q&A function in
Zoom



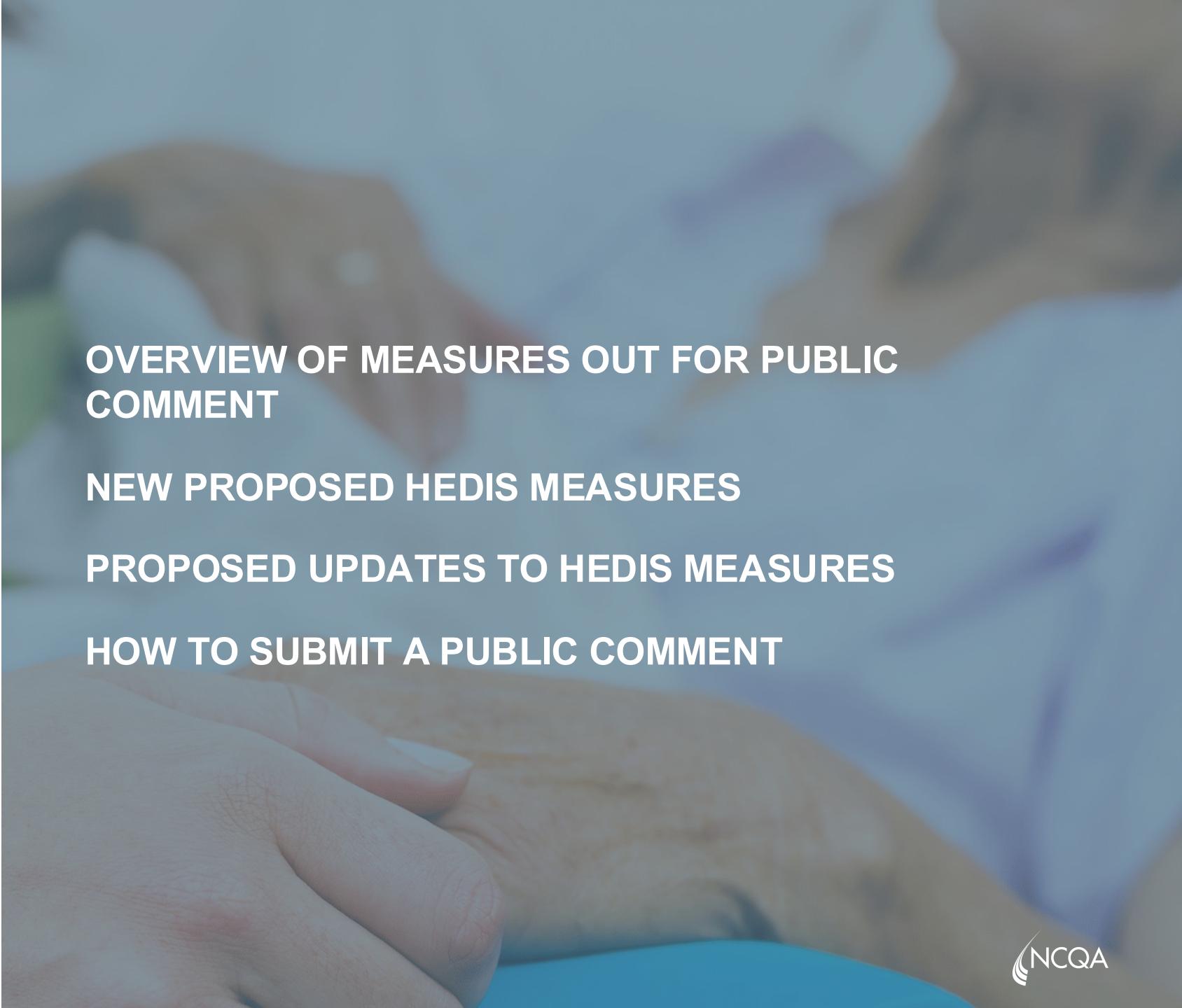
Engage After

A recording of the
event and
slides/supporting
materials will be sent to
attendees.



Agenda

Confidential. Do Not Share.



OVERVIEW OF MEASURES OUT FOR PUBLIC COMMENT

NEW PROPOSED HEDIS MEASURES

PROPOSED UPDATES TO HEDIS MEASURES

HOW TO SUBMIT A PUBLIC COMMENT

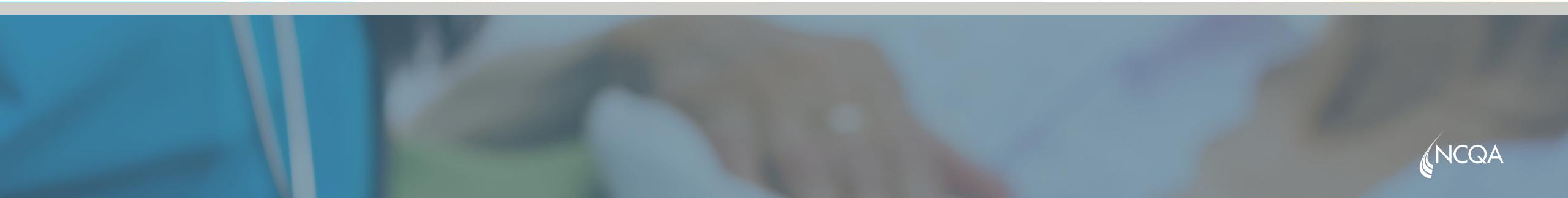
Public Comment Overview

Proposed New HEDIS Measures
Continuous Glucose Monitoring for Patients With Diabetes (CGD-E)
Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E)
Intimate Partner Violence Screening and Follow-Up (PVS-E)
Person-Centered Outcome Measures (3) <ul style="list-style-type: none">• Goal Identification (GID-E)• Goal Follow-Up (GIF-E)• Goal Achievement (GIA-E)
Prenatal Syphilis Screening and Follow-Up (PSF-E)
Proposed Changes to Existing HEDIS Measures
Adult Immunization Status (AIS-E)
Emergency Department Utilization (EDU)
Pharmacotherapy Management of COPD Exacerbation (PCE)

Public Comment Period: February 13 – March 13



Proposed New Measures



Continuous Glucose Monitoring Utilization For Patients With Diabetes

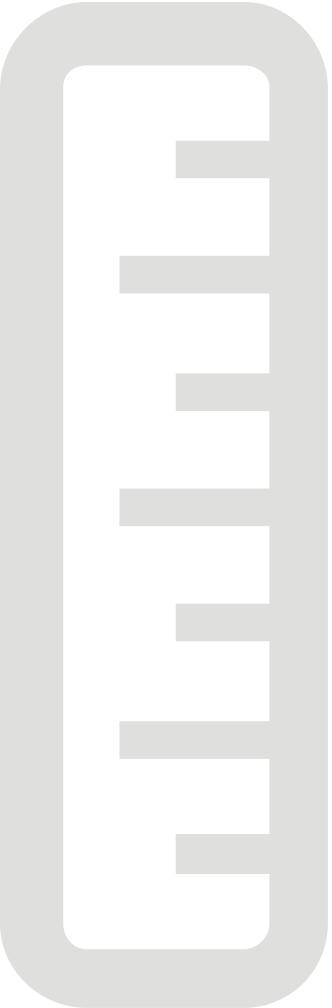
Background

- **Clinical Impact:** CGM helps prevent hypo- and hyperglycemic events and other life-threatening complications.
- **Evidence & Quality Gap:**
 - Strong guidelines exist, but real-world CGM use remains low and unequal.
 - Utilization measurement reveals these gaps, guides target improvement and prepares for accountability.
- **Digital Feasibility:** Improving; CGD-E focuses on utilization now to advance data maturity.



Continuous Glucose Monitoring Utilization For Patients With Diabetes

Measure Description



Measure Description: The % of members 18–75 with diabetes, with evidence of CGM utilization during the measurement period.

Utilization:

- CGM Metric or summary report
- CGM device, system or supply
- Procedure for device operation or data review
- CGM prescription

Stratifications: Age (18-64, 65-75); Diabetes Type (Type 1, Not Type 1 w/ insulin), Race & Ethnicity

Exclusions: Death; hospice; palliative care; I-SNP/LTI; frailty and advanced illness

Product Line: Commercial, Medicaid, and Medicare

Reporting Method: Electronic Clinical Data System (ECDS)

Polling Question #1



What is your State's current policy regarding coverage of CGM?

- A. No coverage
- B. Covered as a medical benefit (e.g., durable medical equipment)
- C. Covered as a pharmacy benefit
- D. Covered as both a medical or pharmacy benefit

Polling Question #2



Which adults are eligible for CGM coverage in your state?

- A. No coverage
- B. Only adults with Type 1 diabetes
- C. Adults with type 1 diabetes or those with insulin use
- D. All adults with diabetes

Follow Up After Positive Colorectal Cancer Non-Invasive Screening Test

Background

Colorectal Cancer Screening (COL-E)

COL-E assess the percentage of persons 45–75 years of age who had appropriate screening for colorectal cancer.

The current measure does not assess management of abnormal test results.



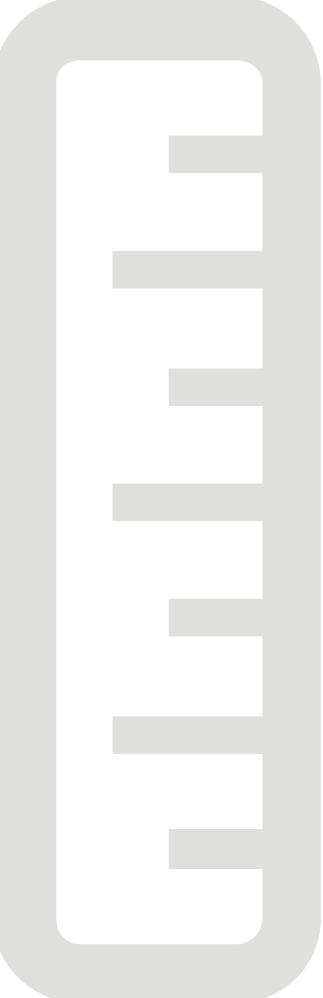
2x

Higher risk of death among those who did not complete a follow-up colonoscopy

Failure to complete timely follow-up for an abnormal screening can delay treatment to care, increasing cancer risk and risk of death.

Follow Up After Positive Colorectal Cancer Non-Invasive Screening Test

Measure Description



Measure Description: The percentage of eligible persons 45 – 85 years of age who receive a follow-up colonoscopy after a positive colorectal cancer non-invasive screening test.

- **Denominator:** Eligible persons with a **positive stool-based screening test**.
- **Numerator:** Eligible persons that receive a follow-up colonoscopy within 180 days

Product Lines: Commercial, Medicaid, Medicare

Reporting Method: Electronic Clinical Data Systems (ECDS)

Exclusions: History of total colectomy or colorectal cancer; hospice; death; palliative care; frailty and advanced illness; I-SNP/LTI

Polling Question #3



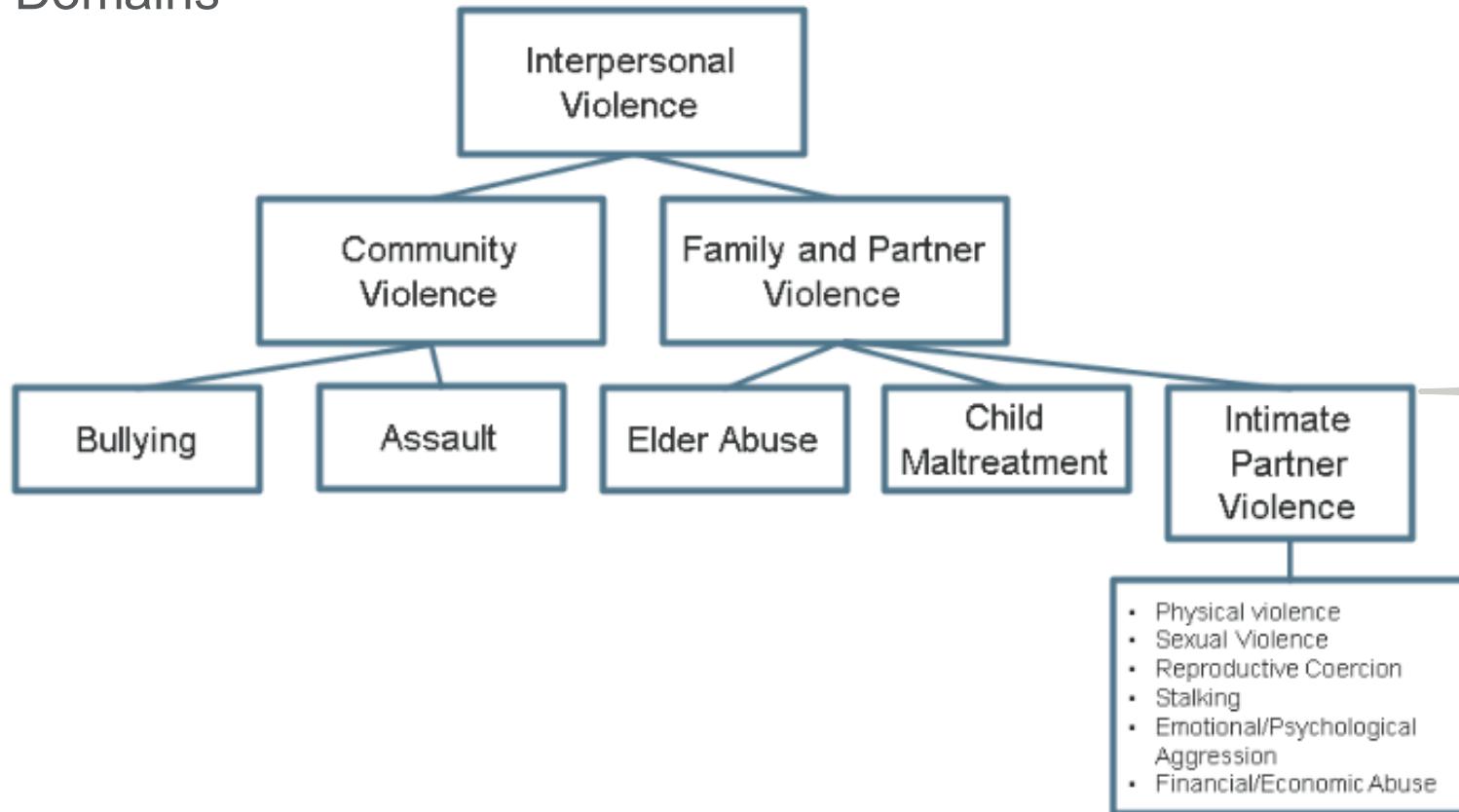
Does your state currently monitor the use of Colorectal Cancer screening?

- A. No
- B. No, but we are planning on monitoring it
- C. Yes, we monitor colorectal cancer screening
- D. Yes, we monitor colorectal cancer screening, including stool-based testing
- E. Unsure

Intimate Partner Violence Screening and Follow-Up

Background

Figure 1. Interpersonal Violence Hierarchy Definition and Domains



CDC defines intimate partner violence as physical, sexual, psychological abuse, or stalking by a current or former partner:

- **1 in 4 women and 1 in 7 men** in the U.S. experience severe intimate partner violence.
- Leads to depression, PTSD, suicidality, and chronic illness.

Intimate Partner Violence Screening and Follow-Up

Measure Description

Measure Description: The percentage of persons 12 - 64 years of age who met the following criteria:

- ***Intimate Partner Violence Screening:*** The percentage of persons who were screened for intimate partner violence using a standardized instrument.
- ***Follow-Up on Positive Screen:*** The percentage of persons who received follow-up care within 7 days of a positive intimate partner violence screen finding.

Product Line: Commercial, Medicaid

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Death; hospice

Polling Question #4

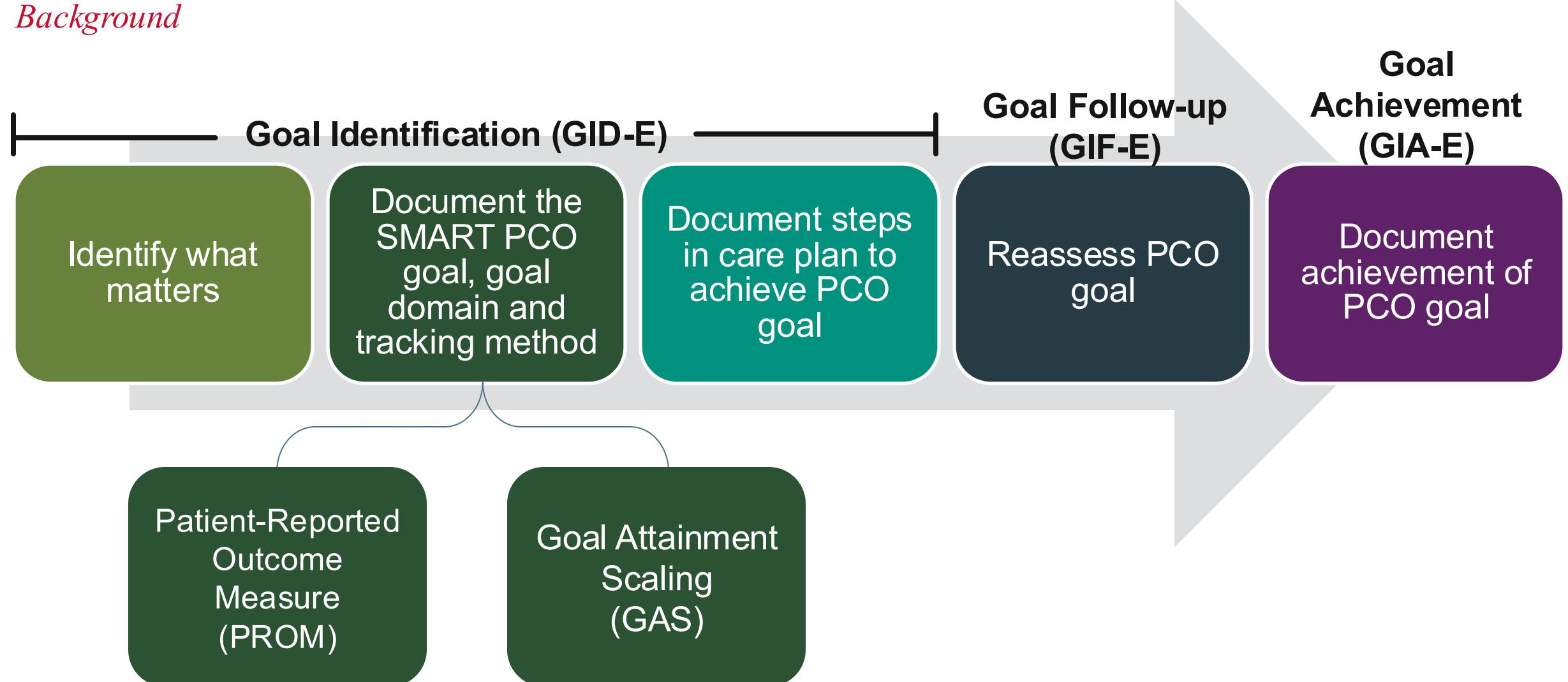
Does your state currently monitor screening for Intimate Partner Violence?



- A. Yes, monitored using an evidence-based screening tool.
- B. Yes, monitored using a state-based screening tool.
- C. Yes, monitored, screening tool not specified.
- D. No, screening is currently not monitored.

Person-Centered Outcome Measures

Background



Person-Centered Outcome Measures (3)

Measure Description

Measure Descriptions:

- **Goal Identification (GID-E):** The percentage of persons 18 years of age and older with a complex care need who set a person-centered outcome goal.
- **Goal Follow-up (GIF-E):** The percentage of persons 18 years of age and older with a complex care need who set a person-centered outcome goal and followed up on the goal.
- **Goal Achievement (GIA-E):** The percentage of persons 18 years of age and older with a complex care need who set a person-centered outcome goal and achieved the goal.

Product Line: Medicare (D-SNP and C-SNP only)

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Death; hospice; I-SNP/LTI

Prenatal Syphilis Screening and Follow-Up

Background



Prevalence

Increasing congenital syphilis prevalence since 2012. 90% transmission rate of syphilis in pregnancy to syphilis in baby.



Health Implications

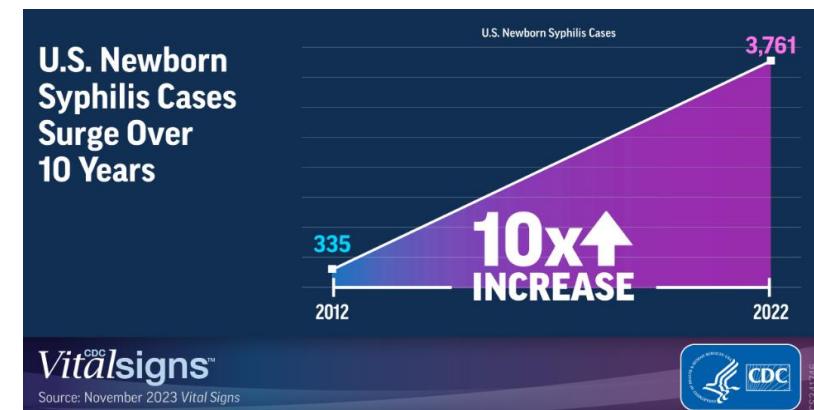
Congenital syphilis increases the risk of preterm birth, stillbirth, miscarriage, neonatal mortality, and lifelong physical and neurological symptoms



Disparities

Disproportionate impact across social strata:

- Race (Black; American Indian, Alaska Native)
- Socioeconomic status
- Access to care



Key Terms and Definitions

Congenital Syphilis

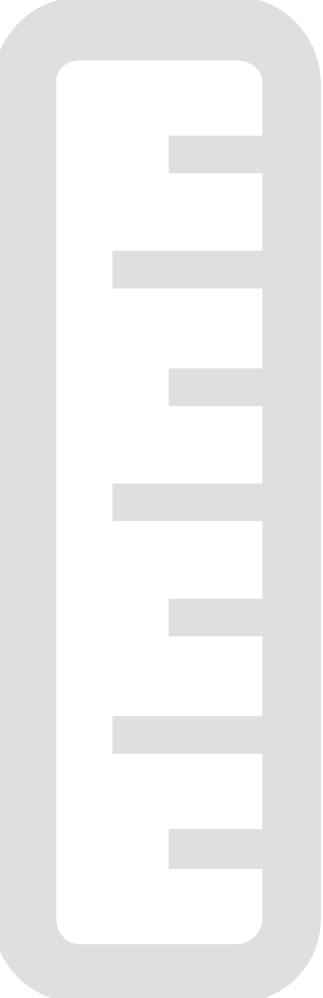
- Syphilis in baby, transmitted from birthing individual

Congenital Syphilis Prevention - Prenatal Syphilis Screening

- Detecting and treating syphilis during pregnancy/ at delivery to prevent transmission to baby and protect pregnant person

Prenatal Syphilis Screening and Follow-Up

Measure Description



Measure Description: The percentage of deliveries that were screened for syphilis and if tested positive, received appropriate follow-up after their first positive test. Two rates are reported:

- **Prenatal Syphilis Screening:** The percentage of deliveries that had a syphilis screening with a documented result during the first trimester or within 14 days of the first encounter/pregnancy diagnosis or within 30 days of enrollment.
- **Follow-Up on Positive Screen:** The percentage of deliveries with a positive syphilis screening which received a negative confirmatory test within 5 days or penicillin treatment within 14 days.

Product Line: Commercial, Medicaid

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Hospice; palliative care

Polling Question #5



Would your state be interested in health plans being required to report race/ethnicity stratification for this measure?

- A. Yes
- B. No
- C. Unsure

Polling Question #6



Do you have any concerns about the alignment of this measure with your state's congenital syphilis screening mandates?

- A. Yes
- B. No
- C. Unsure

Polling Question #7



Does your state utilize SNOMED CT codes for syphilis screening results?

- A. Yes
- B. No; we have access to syphilis screening result data, but they are not mapped to SNOMED codes
- C. No, we do not have access to syphilis screening results



Questions



Proposed HEDIS Updates

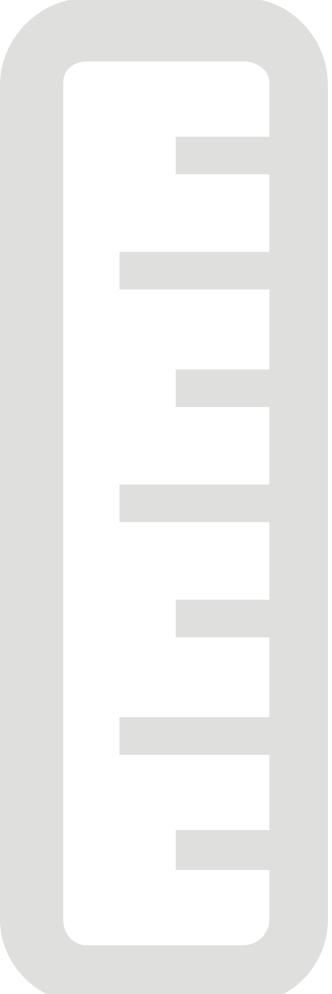
Proposed Changes to Existing Measures

HEDIS Measurement Year 2026

Measure	Proposed Changes	Product Line
<i>Adult Immunization Status (AIS-E)</i>	<ul style="list-style-type: none">Update the denominator age range to 50 and olderAdd an age stratification for 50-64	Commercial Medicaid Medicare
<i>Emergency Department Utilization (EDU)</i>	<ul style="list-style-type: none">Expand EDU to include the Medicaid product line	Commercial Medicaid Medicare
<i>Pharmacotherapy Management of COPD Exacerbation (PCE)</i>	<ul style="list-style-type: none">Add exclusion for individuals with asthmaUpdate denominator to focus on members with a COPD exacerbation eventUpdate medications included in numerator and combine into one rate	Commercial Medicaid Medicare

Adult Immunization Status

Measure Description



Measure Description: The percentage of adults 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and COVID-19.

- **Rate 1:** Influenza Immunization
- **Rate 2:** Td/Tdap Immunization
- **Rate 3:** Zoster Immunization
- **Rate 4:** Pneumococcal Immunization
- **Rate 5:** Hepatitis B Immunization
- **Rate 6:** COVID-19 Immunization

Product Line: Commercial, Medicare, Medicaid

Reporting Method: Electronic Clinical Data System (ECDS)

Exclusions: Hospice; death

Stratifications: Age, Race and Ethnicity

Adult Immunization Status

Proposed Changes for MY 2027 – Pneumococcal Indicator

Denominator: Persons 65 and older **50 and older**

Numerator: Persons who:

- Received at least one dose of adult pneumococcal vaccine on or after their 19th birthday, any time before or during the measurement period, or;
- Had anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period.

Stratifications:

Age:

- **50-64**
- 65+
- Race
- Ethnicity

Pharmacotherapy Management of COPD Exacerbation

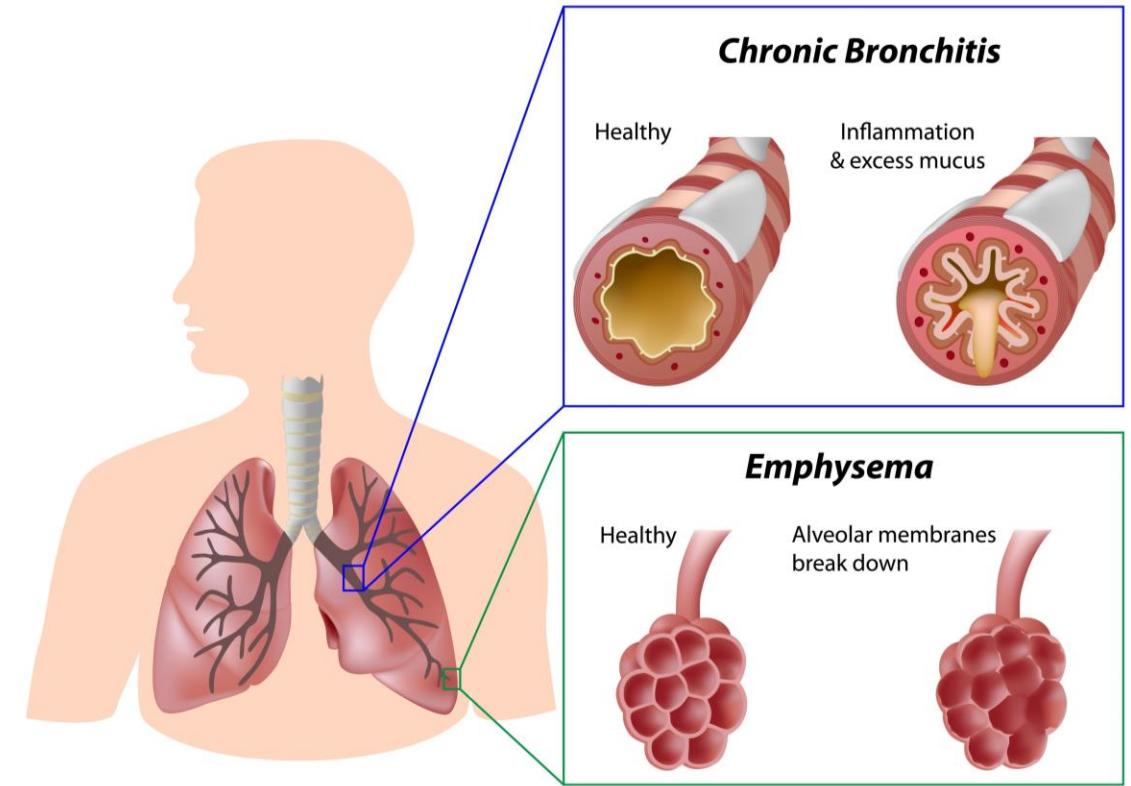
Background

COPD is a chronic, progressive lung condition that causes airflow blockage and lung damage that worsens over time

Impacts approximately **11.1 million adults** in the US (prevalence increases with age)

5th leading cause of death in 2023, and a major cause of disability

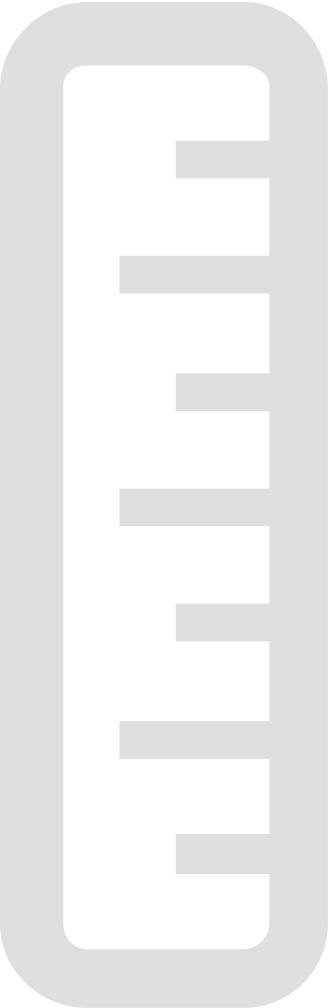
Estimated annual cost: **\$50 billion**



Source: ruralhealthinfo.org

Pharmacotherapy Management of COPD Exacerbation

Measure Description



Measure Description: The percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement period and were dispensed appropriate medications.

- ***Denominator:*** Initial population minus denominator exclusions.
- ***Numerator:***
 - **Rate 1:** Persons who were dispensed a prescription for a systemic corticosteroid on or within 14 days after the episode date.
 - **Rate 2:** Persons who were dispensed a prescription for a bronchodilator on or within 30 days after the episode date.

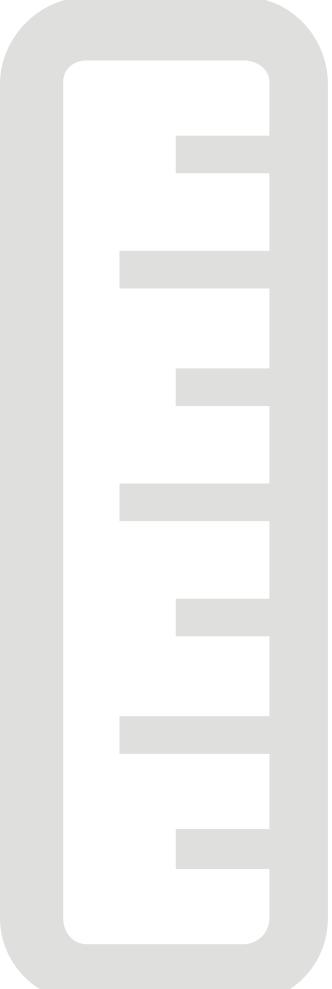
Product Line: Commercial, Medicare, Medicaid

Reporting Method: Administrative

Exclusions: Hospice; death

Pharmacotherapy Management of COPD Exacerbation

Proposed Changes for MY 2027



Measure Description: The percentage of persons 40 years of age and older who had one or more acute inpatient or observation stay discharges *or* two or more outpatient visits for COPD on or between January 1–November 30 of the measurement period and were dispensed appropriate medications.

- **Denominator:** Initial population minus denominator exclusions.
- **Numerator:** Persons with at least 1 dispensing event for *all of the following* during the measurement period (on the same or different days):
 - A short-acting COPD medication, *either* a short-acting muscarinic antagonist (SAMA) or a short-acting beta agonist (SABA)
 - A long-acting muscarinic antagonist (LAMA)*
 - A long-acting beta agonist (LABA)*

*LAMA and LABA can be dispensed separately or as a combined medication

Product Line: Commercial, Medicare, Medicaid

Reporting Method: Administrative

Exclusions: Hospice; death, *asthma*



Questions



How to Submit Public Comments

How to View Recommendations

- NCQA's Public Comment Website: <https://www.ncqa.org/about-ncqa/contact-us/public-comments/>

HEDIS® PUBLIC COMMENT

NCQA is releasing proposed new measures and changes to existing measures for public comment. NCQA acknowledges that the health care policy environment is rapidly evolving at this time and will take into account all comments received and the evolving environment as final versions of these measures are prepared.

Reviewers are asked to submit comments in writing via the [my.ncqa](https://my.ncqa.org) website by 5:00 pm (ET), Friday, March 13.

[Learn More](#)

How to Submit Comments

Log in to My.NCQA.org account (<https://my.ncqa.org/>)

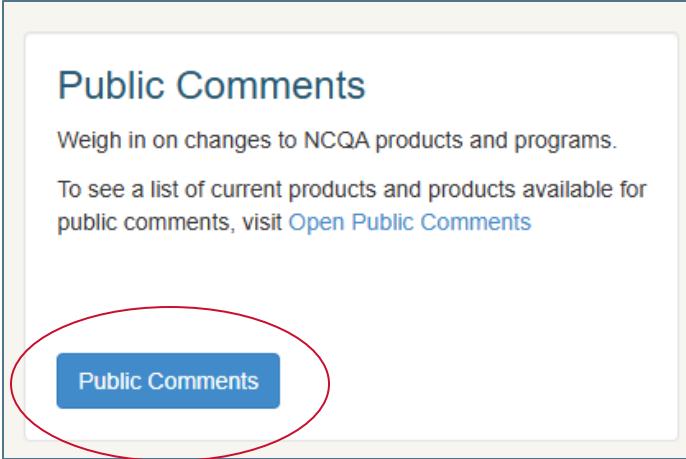
1.

Public Comments

Weigh in on changes to NCQA products and programs.

To see a list of current products and products available for public comments, visit [Open Public Comments](#)

Public Comments



3.

ADD COMMENT

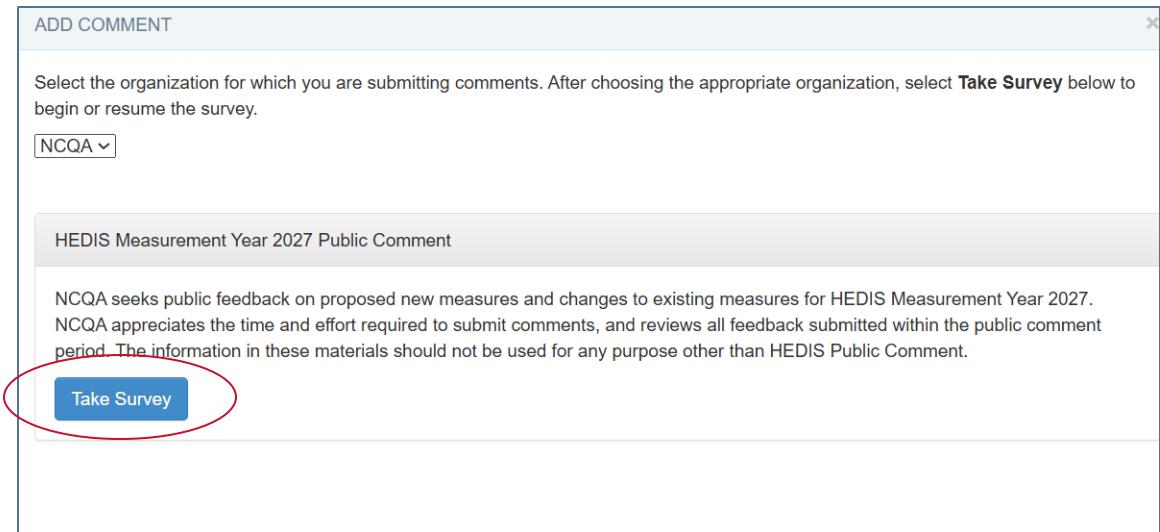
Select the organization for which you are submitting comments. After choosing the appropriate organization, select **Take Survey** below to begin or resume the survey.

NCQA

HEDIS Measurement Year 2027 Public Comment

NCQA seeks public feedback on proposed new measures and changes to existing measures for HEDIS Measurement Year 2027. NCQA appreciates the time and effort required to submit comments, and reviews all feedback submitted within the public comment period. The information in these materials should not be used for any purpose other than HEDIS Public Comment.

Take Survey



2.

COMMENTS

10 records per page CSV Excel

ID	Product	Topic	Element	Support	Created
You have no Comments					

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Previous Next





Questions

Polling Question #8



Would you be interested to talk to a NCQA State Affairs team member to discuss the changes presented today in more detail?

- A. Yes, I would like to meet.
- B. No, I would not like to meet.
- C. No, but I will be participating in public comment.
- D. Unsure if I would like to meet.

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PUBLIC POLICY
NOTES

NCQA's Proposed Timeline for Retiring and Replacing HEDIS® Hybrid Measures

We're working with health care organizations to fully transition HEDIS reporting to digital format by MY 2030.



Our goal: Improve the accuracy, timeliness, actionability and affordability of quality measurement by shifting all measures to the ECDS and FHIR®/CQL digital formats.

NCQA plans to eliminate the hybrid reporting method by MY 2029. Learn more about the transition plan for the eight HEDIS measures that currently allow hybrid reporting.

[Read the Blog](#)



Tennessee Recognizes the Vital Role of Community Health Workers

Community health workers (CHWs) are essential in connecting people to health care and social services.

While many states have certification programs for CHWs, there are no national standards for the organizations that employ them.

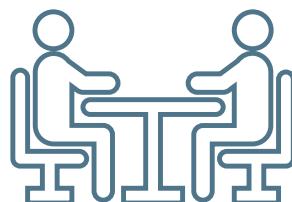
Discover how the Tennessee Community Health Worker Association, with support from the state's Medicaid program (TennCare) and NCQA, launched an accreditation program aimed at achieving high-quality outcomes for CHWs and the communities they serve.

[Read the Blog](#)

Will you be at these Conferences? Connect with us!



Baltimore, MD
March 16-18



AHIP 2026 Medicare, Medicaid, Duals &
Commercial Markets Forum (MMDC26)
Baltimore, MD
March 23-25



NatCon
Denver, CO
April 26-29

*Stop by our booths- or schedule a time with us
to connect at publicpolicy@ncqa.org*

