Proposed Measure Retirements for HEDIS®[1] MY 2027

NCQA is evolving HEDIS to better reflect where quality measurement is headed: toward a more focused, meaningful portfolio that delivers clearer, more actionable signals and supports improvement in care, accountability and value across the healthcare system. Measure retirement is an important part of this ongoing curation work, helping ensure the portfolio adapts to advances in evidence, clinical practice, data availability, policy priorities and stakeholder needs.

For Measurement Year 2027, NCQA is proposing to retire ten HEDIS measures through its structured measure curation process. This proposal is intended to strengthen the HEDIS portfolio by identifying measures that may no longer provide strong signals for quality improvement, benchmarking, or accountability relative to the burden of continued reporting and maintenance.

NCQA recognizes that the topics reflected in these measures, including behavioral health and substance use care, represent areas of critical, ongoing need for quality improvement. Our commitment to advancing them is steadfast. The proposed retirements do not signal a retreat from these priorities. Rather, they reflect a focus on better measurement strategies that align with current evidence, provide meaningful and actionable insights to stakeholders and are positioned to have greater impact on care and outcomes for patients. Retiring measures ensures that our portfolio continues to keep pace with the rate of change in healthcare and drives improvement in the areas where it matters most.

NCQA seeks comments on the proposed retirement of the following measures for HEDIS measurement year (MY) 2027. Measures are listed in the order in which they appear in Volume 2:

Measure Name and Description	Rationale for Proposed Retirement
Documented Assessment After Mammogram (DBM-E): The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40–74 years of age. Product lines: Commercial, Medicaid, Medicare	Stakeholder feedback indicates limited usefulness due to uninterpretable results and reliability issues.
Oral Evaluation, Dental Services (OED): The percentage of persons under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period. Product line: Medicaid	NCQA would like to align with existing measures in use in federal programs to decrease burden.
Topical Fluoride for Children (TFC): The percentage of persons 1–4 years of age who received at least two fluoride varnish applications during the measurement period. Product line: Medicaid	NCQA would like to align with existing measures in use in federal programs to decrease burden.
Diagnosed Mental Health Disorders (DMH): The percentage of persons 1 year of age and older who were diagnosed with a mental health disorder during the measurement period. Product lines: Commercial, Medicaid, Medicare	Descriptive population information that does not provide directional quality signal and is not actionable for quality improvement.
Diagnosed Substance Use Disorders (DSU): The percentage of persons 13 years of age and older who were diagnosed with a substance use disorder (alcohol, opioid, other or unspecified drugs or any substance use disorder) during the measurement period. Product lines: Commercial, Medicaid, Medicare	Descriptive population information that does not provide directional quality signal or actionable for quality improvement.

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

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD): The percentage of persons 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement period. Product line: Medicaid	Current specifications result in very small denominator. NCQA is exploring developing a more comprehensive quality measure for serious mental illness. Digital feasibility concerns around capturing discrete data and mapping data.
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC): The percentage of persons 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement period. Product line: Medicaid	Current specifications result in very small denominator impacting measure reliability and interpretability. NCQA is exploring developing a more comprehensive quality measure for serious mental illness. Digital feasibility concerns around capturing discrete data and mapping data.
Use of Opioids at High Dosage (HDO): The percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose ≥90) for ≥15 days during the measurement period. Product lines: Commercial, Medicaid, Medicare	Provides limited value for differentiating plan performance. Inconsistent with updated CDC clinical practice guidelines. A revised measure would be unlikely to yield actionable insights for quality improvement.
Risk of Continued Opioid Use (COU): The percentage of persons 18 years of age and older who have a new episode of opioid use (at least 15 days of prescription opioids in a 30-day period or at least 31 days of prescription opioids in a 62-day period) that puts them at risk for continued opioid use. Product lines: Commercial, Medicaid, Medicare	Highly correlated with *Use of Opioids From Multiple Providers* (UOP), flat performance trend and limited to no value for plan differentiation. NCQA intends to reduce burden by eliminating measures that address similar aspects of care.
Language Description of Membership (LDM): An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials. Product lines: Commercial, Medicaid, Medicare	Descriptive population information with insufficient detail to support tailored communications with plan participants. Not actionable for quality improvement. Digital feasibility concerns around capturing discrete data and mapping data.

The supporting document includes health plan performance rates for the measures considered for retirement.

HEDIS Health Plan Performance Rates for Measures Proposed for Retirement

The following tables summarize HEDIS performance data for measurement year (MY) 2023 through MY 2025 for the measures proposed for retirement. Tables include the number and percentage of plans reporting by product line, average denominator, average mean performance and the distribution in performance across plans. The percentage of plans reporting each measure was calculated from the total number of plans that submitted HEDIS for the year (MY 2025: Commercial = 396, Medicaid = 278, Medicare = 667; MY 2024: Commercial = 398, Medicaid = 276, Medicare = 700; MY 2023: Commercial = 420, Medicaid = 278, Medicare = 760).

Table 1. Documented Assessment After Mammogram (DBM-E) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	306 (77.3)	118,690.7	2.7	9.7	0.0	0.0	0.0	0.0	7.8
	Medicaid	278	214 (77.0)	38,382.1	1.4	8.1	0.0	0.0	0.0	0.0	0.1
	Medicare	667	424 (63.6)	32,406.3	1.6	7.1	0.0	0.0	0.0	0.0	3.9

Table 2. Oral Evaluation, Dental Services (OED) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Medicaid	278	137 (49.3)	107,925.3	42.1	16.2	19.2	36.5	46.9	52.5	56.9
2024	Medicaid	276	136 (49.3)	108,373.7	40.6	16.1	19.6	33.0	45.2	51.3	55.0
2023	Medicaid	278	127 (45.7)	121,641.8	37.6	16.1	14.5	29.6	41.3	48.7	53.0

Table 3. Topical Fluoride for Children (TFC) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Medicaid	278	212 (76.3)	21,963.6	12.5	10.3	1.0	3.0	11.2	18.9	27.2
2024	Medicaid	276	211 (76.5)	21,301.8	11.3	9.9	0.3	2.2	9.8	16.7	24.6
2023	Medicaid	278	210 (75.5)	23,997.1	9.3	8.6	0.3	1.9	7.3	14.0	20.3

Table 4. Diagnosed Mental Health Disorders (DMH) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	373 (94.2)	251,299.3	27.1	4.6	21.4	24.9	27.4	29.9	32.3
	Medicaid	278	242 (87.1)	178,608.7	33.7	14.1	20.5	24.7	31.7	37.6	43.9
	Medicare	667	462 (69.3)	39,319.9	43.3	14.8	31.0	34.3	38.9	46.3	60.9
2024	Commercial	398	376 (94.5)	247,530.1	26.0	4.4	20.3	23.7	26.4	28.7	31.2
	Medicaid	276	240 (87.0)	178,783.4	32.3	14.4	19.0	23.0	29.7	36.2	42.4
	Medicare	700	517 (73.9)	34,706.1	43.8	17.4	29.7	33.8	38.1	46.5	65.6
2023	Commercial	420	402 (95.7)	233,133.0	24.9	4.4	19.4	22.6	25.4	27.6	29.8
	Medicaid	278	233 (83.8)	213,059.9	30.1	13.8	17.8	21.7	27.7	33.8	39.7
	Medicare	760	559 (73.6)	30,770.7	41.9	16.9	28.7	32.4	36.8	44.1	61.3

Table 5. Diagnosed Substance Use Disorders (DSU) Performance – Any Substance Use Disorder Indicator (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	368 (92.9)	217,653.5	1.8	0.4	1.3	1.5	1.7	2.0	2.3
	Medicaid	278	237 (85.3)	114,914.3	7.5	4.3	2.1	4.5	7.2	9.7	12.4
	Medicare	667	457 (68.5)	39,455.9	7.3	5.7	2.6	3.6	6.1	9.0	12.8
2024	Commercial	398	370 (93.0)	215,080.2	1.8	0.4	1.3	1.5	1.7	2.0	2.2
	Medicaid	276	233 (84.4)	115,199.4	7.2	3.9	2.1	4.5	7.0	9.5	11.9
	Medicare	700	508 (72.6)	35,321.2	7.4	7.8	2.4	3.3	5.5	8.8	13.1
2023	Commercial	420	397 (94.5)	202,020.9	1.7	0.4	1.4	1.5	1.7	1.9	2.2
	Medicaid	278	225 (80.9)	136,501.4	6.7	3.4	2.1	4.3	6.4	8.9	11.5
	Medicare	760	549 (72.2)	31,306.0	6.8	6.9	2.2	3.2	5.1	8.4	11.8

Table 6. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Medicaid	278	187 (67.3)	417.2	74.4	7.7	64.9	69.7	75.3	80.3	83.7
2024	Medicaid	276	178 (64.5)	407.3	73.3	7.4	63.5	68.7	73.8	78.1	82.0
2023	Medicaid	278	172 (61.9)	432.7	70.5	7.9	60.9	66.8	71.3	75.5	79.5

Table 7. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Medicaid	278	77 (27.7)	90.6	79.8	7.8	71.0	75.6	80.7	84.8	88.1
2024	Medicaid	276	73 (26.5)	91.1	78.7	9.0	66.9	72.6	80.0	85.5	89.2
2023	Medicaid	278	72 (25.9)	99.0	78.3	7.6	67.4	74.3	79.6	83.4	87.5

Table 8. Use of Opioids at High Dosage (HDO) Performance (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	357 (90.2)	1,653.2	3.3	2.1	1.0	1.8	2.8	4.3	6.0
	Medicaid	278	223 (80.2)	2,401.5	5.4	7.1	0.6	1.2	3.5	6.7	10.1
	Medicare	667	447 (67.0)	2,971.2	4.6	3.1	1.4	2.4	3.9	6.0	9.1
2024	Commercial	398	365 (91.7)	1,746.2	3.5	2.3	1.1	1.9	3.0	4.8	6.7
	Medicaid	276	224 (81.2)	2,446.9	5.8	6.7	0.6	1.3	4.2	7.5	11.4
	Medicare	700	612 (87.4)	3,783.9	4.8	3.3	1.3	2.5	4.2	6.6	9.4
2023	Commercial	420	386 (91.9)	1,761.3	3.7	2.3	1.2	2.1	3.2	4.9	6.8
	Medicaid	278	218 (78.4)	2,986.4	6.3	8.1	0.8	1.5	4.0	7.7	13.2
	Medicare	760	646 (85.0)	3,541.2	5.3	4.2	1.5	2.8	4.4	7.1	9.7

*For this measure, decreased score indicates improvement.

Table 9. Risk of Continued Opioid Use (COU) Performance – 15-Day Indicator (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	381 (96.2)	9,531.7	4.2	3.4	2.4	3.0	3.8	4.7	6.0
	Medicaid	278	229 (82.4)	7,891.6	6.5	4.0	2.3	4.4	6.1	7.9	10.6
	Medicare	667	437 (65.5)	3,937.8	13.9	7.4	8.8	10.5	12.4	14.6	18.2
2024	Commercial	398	385 (96.7)	9,805.1	4.5	4.2	2.3	3.1	3.9	5.0	6.2
	Medicaid	276	226 (81.9)	8,325.1	6.7	4.0	2.7	4.2	6.3	8.4	11.1
	Medicare	700	472 (67.4)	3,726.7	14.5	8.5	8.2	10.5	12.5	15.4	20.3
2023	Commercial	420	411 (97.9)	9,574.7	4.6	4.2	2.5	3.3	4.1	5.1	6.5
	Medicaid	278	223 (80.2)	10,871.9	6.4	4.0	2.5	3.9	6.0	8.0	10.4
	Medicare	760	495 (65.1)	3,609.5	15.1	9.2	8.7	11.0	13.1	15.8	21.6

*For this measure, decreased score indicates improvement.

Table 10. Risk of Continued Opioid Use (COU) Performance – 30-Day Indicator (Total)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	381 (96.2)	9,531.7	1.9	1.5	1.0	1.3	1.7	2.1	2.6
	Medicaid	278	229 (82.4)	7,891.6	4.1	2.9	1.1	2.5	3.7	5.1	6.9
	Medicare	667	437 (65.5)	3,937.8	7.7	4.7	4.2	5.5	6.9	8.7	11.6
2024	Commercial	398	385 (96.7)	9,805.1	1.9	1.6	1.0	1.3	1.7	2.2	2.9
	Medicaid	276	226 (81.9)	8,325.1	4.0	2.7	1.3	2.5	3.5	4.9	7.1
	Medicare	700	472 (67.4)	3,726.7	7.8	4.4	4.1	5.5	7.0	8.8	11.7
2023	Commercial	420	411 (97.9)	9,574.7	2.0	1.8	1.0	1.4	1.8	2.2	2.9
	Medicaid	278	223 (80.2)	10,871.9	3.8	2.5	1.2	2.3	3.4	4.9	6.1
	Medicare	760	495 (65.1)	3,609.5	8.4	5.5	4.4	5.7	7.3	9.5	12.3

*For this measure, decreased score indicates improvement.

Table 11. Language Description of Membership (LDM) Performance – Language Preferred for Written Materials Indicator (Total Unknown)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	376 (95.0)	332,374.2	76.8	28.6	30.8	65.2	85.6	100.0	100.0
	Medicaid	278	249 (89.6)	271,212.5	20.6	34.9	0.0	0.1	1.1	22.2	98.6
	Medicare	667	541 (81.1)	67,292.6	43.1	45.0	0.0	0.1	15.4	99.8	100.0
2024	Commercial	398	375 (94.2)	331,254.2	83.4	29.2	31.1	77.4	99.7	100.0	100.0
	Medicaid	276	244 (88.4)	286,196.1	40.0	45.0	0.0	0.2	9.9	100.0	100.0
	Medicare	700	687 (98.1)	56,224.9	46.0	45.7	0.0	0.2	21.5	100.0	100.0
2023	Commercial	420	394 (93.8)	319,167.3	86.8	27.2	40.8	94.2	100.0	100.0	100.0
	Medicaid	278	227 (81.7)	301,528.9	43.9	45.4	0.1	0.3	19.6	100.0	100.0
	Medicare	760	747 (98.3)	48,974.1	47.6	46.1	0.0	0.3	24.9	100.0	100.0

*For this measure, decreased score indicates improvement.

Table 12. Language Description of Membership (LDM) Performance – Spoken Language Preferred for Health Care Indicator (Total Unknown)

Measurement Year	Product Line	Total Number of Plans (N)	Plans with Reportable Rate N (%)	Average Denominator	Performance Rates (%)						
					Mean	Standard Deviation	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
2025	Commercial	396	376 (95.0)	332,374.2	64.4	31.5	13.4	40.2	73.5	93.2	100.0
	Medicaid	278	249 (89.6)	271,212.5	10.7	22.7	0.0	0.1	0.8	6.5	40.8
	Medicare	667	541 (81.1)	67,292.6	29.9	39.0	0.0	0.1	5.6	68.1	98.9
2024	Commercial	398	375 (94.2)	331,254.2	69.0	34.5	11.7	40.7	87.9	99.7	100.0
	Medicaid	276	244 (88.4)	286,196.1	15.6	28.2	0.0	0.1	1.4	15.1	71.2
	Medicare	700	687 (98.1)	56,224.9	29.2	38.9	0.0	0.1	4.7	66.4	99.5
2023	Commercial	420	394 (93.8)	319,167.3	72.2	33.9	16.4	41.4	96.9	99.9	100.0
	Medicaid	278	227 (81.7)	301,528.9	23.9	36.9	0.0	0.2	1.8	34.2	100.0
	Medicare	760	747 (98.3)	48,974.1	31.3	40.2	0.0	0.1	7.6	71.7	100.0

*For this measure, decreased score indicates improvement.