

April 1, 2024

Dear Colleague:

NCQA presents the *HEDIS<sup>®1</sup> Measurement Year (MY) 2024 Volume 2: Technical Update*, which contains corrections, policy changes and clarifications to the *HEDIS MY 2024 Volume 2 Technical Specifications*. With this release, NCQA freezes the Volume 2 technical specifications for MY 2024.

The final versions of the Medication List Directory (MLD), Value Set Directory (VSD) and Risk Adjustment Tables for MY 2024 reporting are available in the [NCQA Store](#).

- **Obtaining the MLD.** Changes to medications are included in the following table and in the [HEDIS MY 2024 Medication List Directory](#), available for free from the NCQA Store. If you previously ordered this product from the store, you can obtain the updated version by going to the [My Downloads](#) section of My NCQA and redownloading the file.
- **Obtaining the Risk Adjustment Tables.** The [HEDIS MY 2024 Risk Adjustment Tables](#) are available for download. Order them for free from the NCQA Store.
- **Obtaining the updated VSD.** Changes to codes and value sets have been incorporated in the MY 2024 VSD, available for download by customers with access to the HEDIS MY 2024 Volume 2 e-pub. Go to the [My Downloads](#) section of My NCQA and download the *MY 2024 Volume 2 (epub)* zipped folder, which contains the updated *MY 2024 Volume 2 Value Set Directories (.xlsx)* file.

To obtain the HEDIS MY 2024 Technical Release Notes for the measures reported using ECDS, go to the [HEDIS webpage](#) and navigate to the **HEDIS Technical Resources--HEDIS Measurement Year 2024** dropdown menu. Under **Vol 1: Narrative**, click the fourth bullet entitled [HEDIS MY 2024 Technical Release Notes](#).

The [HEDIS Audit Timeline for MY 2024](#) is available on the NCQA website.

Changes listed in this document are required for HEDIS MY 2024 reporting. Review all items in the table below and incorporate them into your implementation processes. If information in this memo contradicts a previous response you received in [My NCQA](#), then the response is obsolete.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through [My NCQA](#). We wish you a successful HEDIS data collection season!

Sincerely,

Jenna Barry, MPH  
Assistant Director, Policy Measures

Enclosure

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**Adjusted Certified Measures:** A calculated measure result (a "rate") from a HEDIS measure that has been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an "Adjusted HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, applicable measure rates shall be designated or referred to as "Adjusted, Unaudited HEDIS Rates."

**Unadjusted Uncertified Measures:** A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on unadjusted HEDIS specifications, may not be called a "Health Plan HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Uncertified, Unaudited Health Plan HEDIS Rates" and may only be used for population health purposes within an affiliated health plan network and internal, quality improvement purposes (e.g., trend analysis).

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**Adjusted Uncertified Measures:** A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an “Adjusted HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS Rates” and may only be used for population health purposes within an affiliated health plan network and internal, quality improvement purposes (e.g., trend analysis).

**Uncertifiable Measures:** Certain measures are not eligible for certification under NCQA’s Measure Certification Program. As such, they should be designated or referred to as “Uncertifiable, Unaudited Health Plan HEDIS Rates” or “Adjusted, Uncertifiable, Unaudited HEDIS Rates,” as applicable. A list of Uncertifiable Measures can be found on NCQA’s website.

## Specification Updates

This document contains corrections, policy changes and clarifications to the *HEDIS MY 2024 Volume 2: Technical Specifications*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update																								
74	Childhood Immunization Status	Eligible Population—Continuous enrollment	Replace the continuous enrollment criteria with the following text: 365 days prior to the child’s second birthday through the child’s second birthday.																								
82	Immunizations for Adolescents	Eligible Population—Continuous enrollment	Replace the continuous enrollment criteria with the following text: 365 days prior to the member’s 13th birthday through the member’s 13th birthday.																								
88	Lead Screening in Children	Eligible Population—Continuous enrollment	Replace the continuous enrollment criteria with the following text: 365 days prior to the child’s second birthday through the child’s second birthday.																								
92-93	Cervical Cancer Screening	Eligible Population—Members recommended for routine cervical cancer screening	Replace all text in this section with the following text: <ul style="list-style-type: none"> <li>• Include members recommended for routine cervical cancer screening with Administrative Gender of Female (AdministrativeGender code Female) any time in the member’s history.</li> </ul>																								
108	Oral Evaluation, Dental Services	Table OED-1: Data Elements for Oral Evaluation, Dental Services	<p>Replace the data elements table with the following:</p> <p><b>Table OED-1: Data Elements for Oral Evaluation, Dental Services</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td rowspan="5">OralEvaluationDentalServices</td> <td>0-2</td> <td>Benefit</td> <td>Metadata</td> </tr> <tr> <td>3-5</td> <td>EligiblePopulation</td> <td>For each Stratification</td> </tr> <tr> <td>6-14</td> <td>ExclusionAdminRequired</td> <td>For each Stratification</td> </tr> <tr> <td>15-20</td> <td>NumeratorByAdmin</td> <td>For each Stratification</td> </tr> <tr> <td>Total</td> <td>NumeratorBySupplemental</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td></td> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	OralEvaluationDentalServices	0-2	Benefit	Metadata	3-5	EligiblePopulation	For each Stratification	6-14	ExclusionAdminRequired	For each Stratification	15-20	NumeratorByAdmin	For each Stratification	Total	NumeratorBySupplemental	For each Stratification			Rate	(Percent)
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111	Topical Fluoride for Children	Table TFC-1: Data Elements for Topical Fluoride for Children	<p>Replace the data elements table with the following:</p> <p><b>Table TFC-1: Data Elements for Topical Fluoride for Children</b></p> <table border="1"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td rowspan="3">TopicalFluorideForChildren</td> <td>1-2</td> <td>EligiblePopulation</td> <td>For each Stratification</td> </tr> <tr> <td>3-4</td> <td>ExclusionAdminRequired</td> <td>For each Stratification</td> </tr> <tr> <td>Total</td> <td>NumeratorByAdmin</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td></td> <td>NumeratorBySupplemental</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td></td> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	TopicalFluorideForChildren	1-2	EligiblePopulation	For each Stratification	3-4	ExclusionAdminRequired	For each Stratification	Total	NumeratorByAdmin	For each Stratification			NumeratorBySupplemental	For each Stratification			Rate	(Percent)
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126	Asthma Medication Ratio	Event/diagnosis—Step 2	<p>Replace the text in step 2 with the following text:</p> <p>A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (<u>Asthma Value Set</u>) in the same year as the leukotriene modifier or antibody inhibitor (the measurement year or the year prior to the measurement year). Do not include laboratory claims (claims with POS code 81).</p>																						
128	Asthma Medication Ratio	Asthma Controller Medications table	<p>Add the following rows to the end of the table:</p> <table border="1"> <tbody> <tr> <td>Long-acting beta2-adrenergic agonist (LABA)</td> <td>Fluticasone furoate-umeclidinium-vilanterol</td> <td><u>Fluticasone Furoate Umeclidinium Vilanterol Medications List</u></td> <td>Inhalation</td> </tr> <tr> <td>Long-acting beta2-adrenergic agonist (LABA)</td> <td>Salmeterol</td> <td><u>Salmeterol Medications List</u></td> <td>Inhalation</td> </tr> <tr> <td>Long-acting muscarinic antagonists (LAMA)</td> <td>Tiotropium</td> <td><u>Tiotropium Medications List</u></td> <td>Inhalation</td> </tr> </tbody> </table>	Long-acting beta2-adrenergic agonist (LABA)	Fluticasone furoate-umeclidinium-vilanterol	<u>Fluticasone Furoate Umeclidinium Vilanterol Medications List</u>	Inhalation	Long-acting beta2-adrenergic agonist (LABA)	Salmeterol	<u>Salmeterol Medications List</u>	Inhalation	Long-acting muscarinic antagonists (LAMA)	Tiotropium	<u>Tiotropium Medications List</u>	Inhalation										
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142-143	Persistence of Beta-Blocker Treatment After a Heart Attack	Required exclusions	<p>Replace the third bullet in this section with the following text:</p> <ul style="list-style-type: none"> <li>Members with a medication dispensing event that indicates a contraindication to beta-blocker therapy (<u>Asthma Exclusions Medications</u>) any time during the member's history through the end of the continuous enrollment period.</li> </ul>																						
165	Glycemic Status Assessment for Patients With Diabetes	Numerators—Glycemic Status <8%	<p>Replace the second sentence in the first paragraph with the following text:</p> <p>Do not include CPT Category II codes (<u>HbA1c Test Result or Finding Value Set</u>) with a modifier (<u>CPT CAT II Modifier Value Set</u>) or from laboratory claims (claims with POS code 81).</p>																						

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166	Glycemic Status Assessment for Patients With Diabetes	Numerators—Glycemic Status >9%	Replace the second sentence in the first paragraph with the following text: Do not include CPT Category II codes ( <u>HbA1c Test Result</u> or <u>Finding Value Set</u> ) with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).																								
180	Eye Exam for Patients With Diabetes	Event/diagnosis	Add the following text to the end of the second and third paragraphs: Do not include laboratory claims (claims with POS code 81).																								
209	Osteoporosis Management in Women Who Had a Fracture	Event/diagnosis—Step 2	Add the following text to the end of the first paragraph: Do not include laboratory claims (claims with POS code 81).																								
221	Diagnosed Mental Health Disorders	Table DMH-1/2/3: Data Elements for Diagnosed Mental Health Disorders	<p>Replace the data elements table with the following:</p> <p><b>Table DMH-1/2/3: Data Elements for Diagnosed Mental Health Disorders</b></p> <table border="1"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td rowspan="4">MentalHealthDisorders</td> <td>1-17</td> <td>EligiblePopulation</td> <td>For each Stratification</td> </tr> <tr> <td>18-64</td> <td>ExclusionAdminRequired</td> <td>For each Stratification</td> </tr> <tr> <td>65+</td> <td>NumeratorByAdmin</td> <td>For each Stratification</td> </tr> <tr> <td>Total</td> <td>NumeratorBySupplemental</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td></td> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	MentalHealthDisorders	1-17	EligiblePopulation	For each Stratification	18-64	ExclusionAdminRequired	For each Stratification	65+	NumeratorByAdmin	For each Stratification	Total	NumeratorBySupplemental	For each Stratification			Rate	(Percent)			
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237	Follow-Up After Emergency Department Visit for Mental Illness	Numerators—7-Day Follow-Up	<p>Replace the 6th bullet on this page with the following text:</p> <ul style="list-style-type: none"> <li>• Electroconvulsive therapy (<u>Electroconvulsive Therapy Value Set</u>) <b>with</b> (<u>Outpatient POS Value Set</u>; POS code 24; POS code 52; POS code 53), <b>with</b> a principal diagnosis of intentional self-harm (<u>Intentional Self-Harm Value Set</u>) <b>with</b> any diagnosis of a mental health disorder (<u>Mental Health Diagnosis Value Set</u>).</li> </ul>																								
241	Diagnosed Substance Use Disorders	Table DSU-1/2/3: Data Elements for Diagnosed Substance Use Disorders	<p>Replace the data elements table with the following:</p> <p><b>Table DSU-1/2/3: Data Elements for Diagnosed Substance Use Disorders</b></p> <table border="1"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td>Alcohol</td> <td>13-17</td> <td>EligiblePopulation</td> <td>For each Stratification, repeat per Metric</td> </tr> <tr> <td>Opioid</td> <td>18-64</td> <td>ExclusionAdminRequired</td> <td>For each Stratification, repeat per Metric</td> </tr> <tr> <td>Other</td> <td>65+</td> <td>NumeratorByAdmin</td> <td>For each Metric and Stratification</td> </tr> <tr> <td>Any</td> <td>Total</td> <td>NumeratorBySupplemental</td> <td>For each Metric and Stratification</td> </tr> <tr> <td></td> <td></td> <td>Rate</td> <td>(Percent)</td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	Alcohol	13-17	EligiblePopulation	For each Stratification, repeat per Metric	Opioid	18-64	ExclusionAdminRequired	For each Stratification, repeat per Metric	Other	65+	NumeratorByAdmin	For each Metric and Stratification	Any	Total	NumeratorBySupplemental	For each Metric and Stratification			Rate	(Percent)
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268	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Numerator	In the fourth bullet, replace the second sentence with the following text: Do not include codes with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).									
274	Diabetes Monitoring for People With Diabetes and Schizophrenia	Numerator	In the second and fourth bullets, replace the second sentence with the following text: Do not include codes with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).									
278	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Numerator	In the second bullet, replace the second sentence with the following text: Do not include codes with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).									
282	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Definitions— Calculating number of days covered for long-acting injections	Add the following text to the end of the first paragraph: For direct reference codes: <ul style="list-style-type: none"> <li>Count HCPCS code J2794 as a 14 days supply.</li> <li>Count HCPCS code J2798 as a 30 days supply.</li> </ul>									
286	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Long-Acting Injections table	Delete “Paliperidone palmitate” from the “Long-acting injections 28 days supply” row.									
286	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Long-Acting Injections table	Add the following rows to end of the table: <table border="1" data-bbox="821 964 1938 1182"> <tbody> <tr> <td>Long-acting injections 35 days supply</td> <td>• Paliperidone palmitate (Invega Sustenna)</td> <td><a href="#">Long Acting Injections 35 Days Supply Medications List</a></td> </tr> <tr> <td>Long-acting injections 104 days supply</td> <td>• Paliperidone palmitate (Invega Trinza)</td> <td><a href="#">Long Acting Injections 104 Days Supply Medications List</a></td> </tr> <tr> <td>Long-acting injections 201 days supply</td> <td>• Paliperidone palmitate (Invega Hafyera)</td> <td><a href="#">Long Acting Injections 201 Days Supply Medications List</a></td> </tr> </tbody> </table>	Long-acting injections 35 days supply	• Paliperidone palmitate (Invega Sustenna)	<a href="#">Long Acting Injections 35 Days Supply Medications List</a>	Long-acting injections 104 days supply	• Paliperidone palmitate (Invega Trinza)	<a href="#">Long Acting Injections 104 Days Supply Medications List</a>	Long-acting injections 201 days supply	• Paliperidone palmitate (Invega Hafyera)	<a href="#">Long Acting Injections 201 Days Supply Medications List</a>
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314	Appropriate Treatment for Upper Respiratory Infection	Event/diagnosis— Step 3	Replace the second sentence in this step with the following text: Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition ( <u>Comorbid Conditions Value Set</u> ) during the 365 days prior to or on the episode date.									
319	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Event/diagnosis— Step 3	Replace the second sentence in this step with the following text: Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition ( <u>Comorbid Conditions Value Set</u> ) during the 365 days prior to or on the episode date.									

Page	Measure/Guideline	Head/Subtitle	Update
342	Use of High-Risk Medications in Older Adults	High-Risk Medications With Average Daily Dose Criteria table	In the “Cardiovascular, other” row, delete the <u>Digoxin .1875 mg Medications List</u> .
360	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications	Delete the entire second “Morphine” row (the row that contains 6 morphine naltrexone medication lists).
367	Use of Opioids From Multiple Providers	Opioid Medications table	In the “Morphine” row, delete the <u>Morphine Naltrexone Medications List</u> .
372	Risk of Continued Opioid Use	Required exclusions	Delete the second and third bullets (referencing palliative care) and replace with the following as dashes (resulting in four dashes under the first bullet): <ul style="list-style-type: none"> <li>– Palliative care (<u>Palliative Care Assessment Value Set</u>; <u>Palliative Care Encounter Value Set</u>; <u>Palliative Care Intervention Value Set</u>).</li> <li>– Members who had an encounter for palliative care (ICD-10-CM code Z51.5). Do not include laboratory claims (claims with POS code 81).</li> </ul>
373	Risk of Continued Opioid Use	Opioid Medications table	In the “Morphine” row, delete the <u>Morphine Naltrexone Medications List</u> .
399	Initiation and Engagement of Substance Use Disorder Treatment	Event/diagnosis—Step 2	Replace the first paragraph with the following: Test for negative SUD diagnosis history. Remove SUD episodes if the member had an SUD diagnosis ( <u>Alcohol Abuse and Dependence Value Set</u> , <u>Opioid Abuse and Dependence Value Set</u> , <u>Other Drug Abuse and Dependence Value Set</u> ) during the 194 days prior to the SUD episode date. Do not include ED visits ( <u>ED Value Set</u> ), withdrawal management events ( <u>Detoxification Value Set</u> ) or lab claims (claims with POS code 81).
437	Antibiotic Utilization for Respiratory Conditions	Event/diagnosis—Step 3	Replace the second sentence in this step with the following text: Remove episode dates when the member had a claim/encounter with any diagnosis for a comorbid condition ( <u>Comorbid Conditions Value Set</u> ) during the 365 days prior to or on the episode date.
447	Guidelines for Risk Adjusted Utilization Measures	Risk Adjustment Comorbidity Category Determination—Note	Remove the <i>Note</i> at the end of the <i>Risk Adjustment Comorbidity Category Determination</i> section.
451	Plan All-Cause Readmissions	Risk Adjustment Determination	Add the following as a new Risk Adjustment Determination below the Discharge Condition category:  <b>COVID-19 Discharge</b> Assign a COVID-19 discharge code to the IHS if its principal discharge diagnosis was COVID-19 (ICD-10-CM code U07.1). For direct transfers, use the principal discharge diagnosis from the last discharge.



Page	Measure/Guideline	Head/Subtitle	Update
452	Plan All-Cause Readmissions	Risk Adjustment Weighting	Add the following as a new step 5 (under the current step 4), and renumber the subsequent steps. <b>Step 5</b> For each IHS with a COVID-19 discharge, link the COVID-19 discharge diagnosis weight.
452	Plan All-Cause Readmissions	Risk Adjustment Weighting	In the renumbered step 8 (formerly step 7), replace the reference to step 6 with step 7 in the second sentence.
452	Plan All-Cause Readmissions	Risk Adjustment Weighting	In the renumbered step 9 (formerly step 8), replace the reference to step 6 with step 7 in the first sentence.
464	Hospitalization Following Discharge From a Skilled Nursing Facility	Risk Adjustment Determination	Add the following as a new Risk Adjustment Determination below the Discharge Condition category: <b>COVID-19 Discharge</b> Assign a COVID-19 discharge code to the SND if its principal discharge diagnosis was COVID-19 (ICD-10-CM code U07.1). For direct transfers, use the principal discharge diagnosis from the last discharge.
464	Hospitalization Following Discharge From a Skilled Nursing Facility	Risk Adjustment Weighting	Add the following as a new step 3 (under the current step 2), and renumber the subsequent steps. <b>Step 3</b> For each SND with a COVID-19 Discharge, link the 30-day and 60-day weights.
464	Hospitalization Following Discharge From a Skilled Nursing Facility	Risk Adjustment Weighting	In the renumbered step 7 (formerly step 6), replace the reference to step 5 with step 6 in the second sentence.
465	Hospitalization Following Discharge From a Skilled Nursing Facility	Risk Adjustment Weighting	In the renumbered step 8 (formerly step 7), replace the reference to step 5 with step 6 in the first sentence.
465-466	Hospitalization Following Discharge From a Skilled Nursing Facility	Numerator—Step 1	Remove the <i>Note</i> (including all 3 bullets) from step 1.
466	Hospitalization Following Discharge From a Skilled Nursing Facility	Numerator—Step 3	Replace the language in the note with the following: <b>Note:</b> <ul style="list-style-type: none"> <li>• For hospital stays where there was a direct transfer (identified in step 2), use the original stay and any direct transfer stays to identify exclusions in this step.</li> <li>• Count each unique acute inpatient admission or observation stay hospitalization only once toward the numerator for the last denominator event. If a single numerator event meets criteria for multiple denominator events, only count the last denominator event. For example, consider the following events: <ul style="list-style-type: none"> <li>– SNF stay 1: May 1–10.</li> <li>– SNF stay 2: May 15–25.</li> <li>– Acute inpatient stay: May 30–June 5.</li> </ul> </li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<p><i>The SNDs of May 10 and May 25 are included as denominator events. The acute inpatient stay counts as a numerator event only toward the last denominator event (stay 2, May 15–25).</i></p> <ul style="list-style-type: none"> <li>• <i>Only one inpatient admission or observation stay hospitalization may be included in the numerator for each unique skilled nursing facility stay discharge. If there are multiple numerator events that meet criteria for a singular denominator event, only count the numerator event closest to the SND. For example, consider the following events:</i> <ul style="list-style-type: none"> <li>– <i>SNF stay: May 1–10.</i></li> <li>– <i>Observation stay: May 15–25.</i></li> <li>– <i>Acute inpatient stay: May 30–June 5.</i></li> </ul> </li> </ul> <p><i>Both the observation stay of May 15–25 and the acute inpatient stay of May 30–June 5 are within 30 days of the SNF discharge on May 10. Only the observation stay is included in the numerator, because it is the hospitalization event closest to the SND.</i></p> <ul style="list-style-type: none"> <li>• <i>The specifications in the second and third bullets may be applied simultaneously. For example, consider the following events:</i> <ul style="list-style-type: none"> <li>– <i>SNF stay 1: May 1–10.</i></li> <li>– <i>SNF stay 2: May 15–25.</i></li> <li>– <i>Acute inpatient stay 1: May 30–June 1.</i></li> <li>– <i>Acute inpatient stay 2: June 5–June 8.</i></li> </ul> </li> </ul> <p><i>The SND of May 10 and May 25 are included as denominator events. Acute inpatient stay 1 of May 30–June 1 counts as a numerator event only toward the last denominator event (SNF stay 2, May 15–25).</i></p> <p><i>Acute inpatient stay 2 of June 5–8 does not count toward the numerator, because the last denominator event (SNF stay 2, May 15–25) applies only toward the closest numerator event (acute inpatient stay 1, May 30–June 1).</i></p>
526	Guidelines for Measures Reported Using Electronic Clinical Data Systems	Description—Disclaimer	Remove the entire disclaimer section from the guidelines.
527	Guidelines for Measures Reported Using Electronic Clinical Data Systems	Guidelines—1. Initial Population	Remove the second sentence in the paragraph.
527	Guidelines for Measures Reported Using Electronic Clinical Data Systems	Guidelines—2. HEDIS Definitions and Requirements for ECDS Reporting	<p>Replace the definition of “Denominator” with the following text:</p> <p>What is reported to NCQA for the measure denominator results, typically defined in the specifications included in this publication as “the initial population, minus exclusions.”</p>

Page	Measure/Guideline	Head/Subtitle	Update																																				
534	Childhood Immunization Status	Definitions— Participation period	Replace the definition of “Participation period” with the following text: 365 days prior to the member’s second birthday through the member’s second birthday.																																				
550	Immunizations for Adolescents	Definitions— Participation period	Replace the definition of “Participation period” with the following text: 365 days prior to the member’s 13th birthday through the member’s 13th birthday.																																				
578	Colorectal Cancer Screening	Characteristics— Stratification	Replace the two bullets under “Age (for each product line):” with the following bullets: <ul style="list-style-type: none"> <li>• 46-50 years.</li> <li>• 51-75 years.</li> </ul>																																				
584	Colorectal Cancer Screening	Data Elements for Reporting—Table COL-E-A-1/2: Metadata Elements for Colorectal Cancer Screening	Replace the data element table name with the following: Table COL-E-A-1/2/3: Metadata Elements for Colorectal Cancer Screening																																				
584	Colorectal Cancer Screening	Data Elements for Reporting— Table COL-E-A-3: Data Elements for Colorectal Cancer Screening	<p>Replace the entire data element table with the following table:</p> <p><b>Table COL-E-B-3: Data Elements for Colorectal Cancer Screening: SES Stratifications</b></p> <table border="1"> <thead> <tr> <th>Metric</th> <th>SES Stratification</th> <th>Data Element</th> <th>Reporting Instructions</th> </tr> </thead> <tbody> <tr> <td>ColorectalCancerScreening</td> <td>NonLisDeNondisability</td> <td>InitialPopulation</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td>LisDe</td> <td>ExclusionsByEHR</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td>Disability</td> <td>ExclusionsByCaseManagement</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td>LisDeAndDisability</td> <td>ExclusionsByHIERegistry</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td>Other</td> <td>ExclusionsByAdmin</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td>Unknown</td> <td>Exclusions</td> <td>(Sum over SSoRs)</td> </tr> <tr> <td></td> <td></td> <td>Denominator</td> <td>For each Stratification</td> </tr> <tr> <td></td> <td></td> <td>NumeratorByEHR</td> <td>For each Stratification</td> </tr> </tbody> </table>	Metric	SES Stratification	Data Element	Reporting Instructions	ColorectalCancerScreening	NonLisDeNondisability	InitialPopulation	For each Stratification		LisDe	ExclusionsByEHR	For each Stratification		Disability	ExclusionsByCaseManagement	For each Stratification		LisDeAndDisability	ExclusionsByHIERegistry	For each Stratification		Other	ExclusionsByAdmin	For each Stratification		Unknown	Exclusions	(Sum over SSoRs)			Denominator	For each Stratification			NumeratorByEHR	For each Stratification
Metric	SES Stratification	Data Element	Reporting Instructions																																				
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			Metric	SES Stratification	Data Element	Reporting Instructions
					NumeratorByCaseManagement	For each Stratification
					NumeratorByHIERegistry	For each Stratification
					NumeratorByAdmin	For each Stratification
					Numerator	(Sum over SSoRs)
					Rate	(Percent)
585	Colorectal Cancer Screening	Data Elements for Reporting—Table COL-E-B 1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race	Replace the data element table name with the following: <b>Table COL-E-C 1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race</b>			
585	Colorectal Cancer Screening	Data Elements for Reporting—Table COL-E-C-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity	Replace the data element table name with the following: <b>Table COL-E-D-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity</b>			
589	Follow-Up Care for Children Prescribed ADHD Medication	Guidance—General Rules	Replace the first paragraph with the following: The CQL uses Encounter.class codes in conjunction with the <u>Visit Setting Unspecified Value Set</u> to identify eligible numerator encounters in clinical data.			
590	Follow-Up Care for Children Prescribed ADHD Medication	Guidance—Programming Guidance	Delete the first paragraph of this section.			

Page	Measure/Guideline	Head/Subtitle	Update
602	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Numerator 1—Blood Glucose	In the fourth bullet, replace the second sentence with the following text: Do not include codes with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).
602	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Numerator 2—Cholesterol	In the fourth bullet, replace the second sentence with the following text: Do not include codes with a modifier ( <u>CPT CAT II Modifier Value Set</u> ) or from laboratory claims (claims with POS code 81).
609	Depression Screening and Follow-Up for Adolescents and Adults	Depression screening instrument—Instruments for Adults (18+ years)	In the “Edinburgh Postnatal Depression Scale (EPDS)” row, replace LOINC code 48544-1 with 99046-5 in the “Total Score LOINC Codes” column.
609	Depression Screening and Follow-Up for Adolescents and Adults	Exclusions—Exclusions 1	Add the following to the end of the first and second bullets: Do not include laboratory claims (claims with POS code 81).
619	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Exclusions—Exclusions 1	Replace the first bullet with the following text (the sub-bullets under the first bullet remain unchanged): <ul style="list-style-type: none"> <li>Members with any of the following any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81):</li> </ul>
629	Depression Remission or Response for Adolescents and Adults	Exclusions—Exclusions 1	Replace the first bullet with the following text (the sub-bullets under the first bullet remain unchanged): <ul style="list-style-type: none"> <li>Members with any of the following any time during the member's history through the end of the measurement period. Do not include laboratory claims (claims with POS code 81):</li> </ul>
637	Unhealthy Alcohol Use Screening and Follow-Up	Exclusions—Exclusions 1	Add the following to the end of the first and second bullets: Do not include laboratory claims (claims with POS code 81).
657	Prenatal Immunization Status	Definitions—Pregnancy episode	Replace the definition with the following text: Pregnancy start date is calculated by subtracting the gestational age (in weeks) at the time of delivery from the delivery date. Use the last gestational age assessment or diagnosis within 1 day of the start or end of the delivery.
667	Prenatal Depression Screening and Follow-Up	Definitions—Pregnancy start date	Replace the second sentence with the following text: Use the last gestational age assessment or diagnosis within 1 day of the start or end of the delivery.
693	Social Need Screening and Intervention	Transportation insecurity screening instruments	In the “Screening Item LOINC Codes” column, replace 93030-5 with 101351-5 for the following instruments: <ul style="list-style-type: none"> <li>Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]</li> <li>Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<ul style="list-style-type: none"> <li>• Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]</li> <li>• Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]</li> </ul>

### Changes That Affect Multiple Measures

This section identifies single changes that affect multiple measures.

Page	Measure/Guideline	Head/Subtitle	Update
164	Glycemic Status Assessment for Patients With Diabetes	Diabetes Medications table	Add “Tirzepatide” to the “Glucagon-like peptide-1 (GLP1) agonists” row.
173	Blood Pressure Control for Patients With Diabetes	Diabetes Medications table	
181	Eye Exam for Patients With Diabetes	Diabetes Medications table	
191	Kidney Health Evaluation for Patients With Diabetes	Diabetes Medications table	
198	Statin Therapy for Patients With Diabetes	Diabetes Medications table	
267	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Medications table	
273	Diabetes Monitoring for People With Diabetes and Schizophrenia	Diabetes Medications table	
504	Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes	Diabetes Medications table	
531	Childhood Immunization Status	Summary of Changes for HEDIS MY 2024	Replace the first bullet in the summary of changes with the following text: <ul style="list-style-type: none"> <li>• Refer to the Technical Release Notes file on the <a href="#">HEDIS webpage</a>.</li> </ul>
546	Immunizations for Adolescents	Summary of Changes for HEDIS MY 2024	
558	Breast Cancer Screening	Summary of Changes for HEDIS MY 2024	
569	Cervical Cancer Screening	Summary of Changes for HEDIS MY 2024	
578	Colorectal Cancer Screening	Summary of Changes for HEDIS MY 2024	

Page	Measure/Guideline	Head/Subtitle	Update
588	Follow-Up Care for Children Prescribed ADHD Medication	Summary of Changes for HEDIS MY 2024	
599	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Summary of Changes for HEDIS MY 2024	
606	Depression Screening and Follow-Up for Adolescents and Adults	Summary of Changes for HEDIS MY 2024	
616	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Summary of Changes for HEDIS MY 2024	
626	Depression Remission or Response for Adolescents and Adults	Summary of Changes for HEDIS MY 2024	
635	Unhealthy Alcohol Use Screening and Follow-Up	Summary of Changes for HEDIS MY 2024	
643	Adult Immunization Status	Summary of Changes for HEDIS MY 2024	
654	Prenatal Immunization Status	Summary of Changes for HEDIS MY 2024	
664	Prenatal Depression Screening and Follow-Up	Summary of Changes for HEDIS MY 2024	
676	Postpartum Depression Screening and Follow-Up	Summary of Changes for HEDIS MY 2024	
687	Social Need Screening and Intervention	Summary of Changes for HEDIS MY 2024	
534	Childhood Immunization Status	Guidance—Programming Guidance	
550	Immunizations for Adolescents	Guidance—Programming Guidance	
560	Breast Cancer Screening	Guidance—Programming Guidance	
572	Cervical Cancer Screening	Guidance—Programming Guidance	
580	Colorectal Cancer Screening	Guidance—Programming Guidance	
590	Follow-Up Care for Children Prescribed ADHD Medication	Guidance—Programming Guidance	
601	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Guidance—Programming Guidance	

Page	Measure/Guideline	Head/Subtitle	Update
607	Depression Screening and Follow-Up for Adolescents and Adults	Guidance—Programming Guidance	
618	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Guidance—Programming Guidance	
628	Depression Remission or Response for Adolescents and Adults	Guidance—Programming Guidance	
636	Unhealthy Alcohol Use Screening and Follow-Up	Guidance—Programming Guidance	
646	Adult Immunization Status	Guidance—Programming Guidance	
656	Prenatal Immunization Status	Guidance—Programming Guidance	
667	Prenatal Depression Screening and Follow-Up	Guidance—Programming Guidance	
679	Postpartum Depression Screening and Follow-Up	Guidance—Programming Guidance	
689	Social Need Screening and Intervention	Guidance—Programming Guidance	
561	Breast Cancer Screening	Initial population	
572	Cervical Cancer Screening	Initial population	
561	Breast Cancer Screening	Initial population	In the third bullet, replace the reference to “Female-typical” with “female-typical.”
572	Cervical Cancer Screening	Initial population	
560	Breast Cancer Screening	Guidance—Programming Guidance	Delete the following text: SES and product line stratifications are not included in the measure calculation logic, and must be programmed manually.  Replace it with the following text: Product line stratifications are not included in the measure calculation logic, and must be programmed manually.
580	Colorectal Cancer Screening	Guidance—Programming Guidance	



Page	Measure/Guideline	Head/Subtitle	Update
560	Breast Cancer Screening	Guidance—Programming Guidance	Delete the following text: For Medicare plans, I-SNP and LTI exclusions are not included in the measure calculation logic, and must be programmed manually.
580	Colorectal Cancer Screening	Guidance—Programming Guidance	
689	Social Need Screening and Intervention	Guidance—Programming Guidance	
608	Depression Screening and Follow-Up for Adolescents and Adults	Depression screening instrument—Instruments for Adolescents (≤17 years)	In the “Edinburgh Postnatal Depression Scale (EPDS)” row, replace LOINC code 71354-5 with 99046-5 in the “Total Score LOINC Codes” column.
667	Prenatal Depression Screening and Follow-Up	Depression screening instrument—Instruments for Adolescents (≤17 years)	
668	Prenatal Depression Screening and Follow-Up	Depression screening instrument—Instruments for Adults (18+ years)	
679	Postpartum Depression Screening and Follow-Up	Depression screening instrument—Instruments for Adolescents (≤17 years)	
680	Postpartum Depression Screening and Follow-Up	Depression screening instrument—Instruments for Adults (18+ years)	
611	Depression Screening and Follow-Up for Adolescents and Adults	Direct reference codes and codesystems:	
672	Prenatal Depression Screening and Follow-Up	Direct reference codes and codesystems:	
683	Postpartum Depression Screening and Follow-Up	Direct reference codes and codesystems:	
656	Prenatal Immunization Status	Guidance—General Rules	In the second bullet, replace the second dash with the following text: – Determine the delivery date using the date as of the end of the delivery.
666	Prenatal Depression Screening and Follow-Up	Guidance—General Rules	
678	Postpartum Depression Screening and Follow-Up	Guidance—General Rules	
657	Prenatal Immunization Status	Initial population—Initial population 1	In the second bullet, replace the first sentence with the following text: • Have a gestational age assessment (SNOMED CT code 412726003; value is not null) or gestational age diagnosis within 1 day of the start or end of the delivery.
668	Prenatal Depression Screening and Follow-Up	Initial population—Initial population 1	