

TO: Interested Parties
FROM: NCQA
DATE: June 2026
RE: HEDIS® Measurement Year 2026 Measure Trending Determinations

This memo communicates trending determinations for measures in the HEDIS MY 2026 Volume 2 Technical Specifications that will be reported publicly. Determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

Trending determinations are predictions based on specification changes and are meant as information only. NCQA does not predict rate increase or decrease from the prior year. Final trending determinations will be released in Quality Compass®.

HEDIS Compliance Auditors will continue to benchmark all measures, regardless of trending determinations, to assess whether rate changes align with NCQA's predictions or are organization specific. Do not rely solely on this memo as an explanation for rate and performance changes.

Trending Determinations by Measure

The following measures had revisions for HEDIS MY 2026 that may affect trending. For these measures, we recommend:

1. Allow trending with caution (specification changes may cause fluctuation in results compared with the prior year), *or*
2. Do not allow trending by breaking the link to the prior year's measure results.

Submit questions about this memo to NCQA staff through [My NCQA](#).

Lead Screening in Children (LSC-E)

Change:

- This is the first year this measure has been reported using ECDS.
- Removed the Administrative and Hybrid Data Collection Methods.

Anticipated Trending Determination: **Caution flag to the Medicaid product line** due to the removal of the hybrid method.

Statin Therapy for Patients With Cardiovascular Disease (SPC-E)

Change:

- This is the first year the measure has been reported using ECDS.
- Removed the Administrative Data Collection Method.
- Removed sex-specific age bands.
- Removed the requirement to use the same data source for rate 1 and rate 2.
- Updated the initial population criteria to identify persons with ASCVD diagnosis.
- Expanded ASCVD diagnosis criteria in the initial population to allow diagnosis in the measurement period or the year prior to the measurement period.
- Removed denominator exclusion for persons enrolled in an I-SNP or LTI.

Anticipated Trending Determination: **Break in trending to all product lines** due to significant changes during re-evaluation.

Follow-Up After Hospitalization for Mental Illness (FUH)

Change:

- This is the first year this measure has been reported using ECDS.
- Removed the Administrative Data Collection Method.
- Removed the requirement to use the same data source for rate 1 and rate 2.
- Updated the ASCVD diagnosis criteria in the denominator exclusions to allow diagnoses to occur in the measurement period or the year prior to the measurement period.
- Removed denominator exclusion for persons enrolled in an I-SNP or living long-term in an institution.
- Updated the denominator exclusion to remove persons with an ASCVD diagnosis.

Anticipated Trending Determination: **Break in trending for all product lines** due to significant changes during re-evaluation.