



**For Public Comment**  
November 12–December 17, 2024  
Comments due 11:59 p.m. ET  
December 17, 2024

# Overview of Proposed Measure Updates

## *Health Plan Ratings 2025 and 2026*

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# Health Plan Ratings 2025 and 2026: Overview of Proposed Measure Updates

## Stakeholders Participating in Public Comment

NCQA shares these changes for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

## HEDIS/CAHPS Update for Health Plan Ratings Scoring in 2025 and 2026

NCQA seeks feedback on proposed measure changes for the required measures list for 2025 Health Plan Ratings, using results from HEDIS measurement year (MY) 2024, and for 2026 Health Plan Ratings, using results from HEDIS MY 2025.

A critical issue for any quality rating tool is the certainty of the judgment—we want to be sure that plans assigned a higher value deserve it. If a rating system includes redundant measures, or measures with poor statistical properties, we risk rewarding random variation over true quality differences.

NCQA used the following Measure Selection Criteria when determining the measures proposed for inclusion in or removal from Health Plan Ratings.

### Measure Selection Criteria

All HEDIS and CAHPS measures eligible for use in NCQA programs were reviewed against the following selection criteria:

#### 1. Measure exhibits desirable statistical properties.

- *Reliable.* A reliable measure permits statistical differentiation of one plan from the overall pattern of performance across plans. With higher reliability, we are less likely to make a mistake on a performance rating.
- *Room to improve.* If all plans perform at a very high level, there is little reason to push for higher performance. We set this criterion as average performance of <90%.
- *Meaningful variation.* The more variation in performance, the more certain we can be that a plan is “high performing.” And if most plans score above 90%, it becomes harder to distinguish the best performers from the next-best performers. Based on our experience, we defined a  $\geq 10\%$ – $15\%$  range difference between the 10th and 90th percentiles as meaningful variation, for measures where higher rates indicate better performance.
- *Consistently scoreable.* At least 40% of plans must have a valid reported rate. We continue to exempt plans that have small sample sizes or absence of benefit, because not having a valid rate is not under the plan’s control.

#### 2. Use in programs and value-based payment initiatives.

NCQA considered a measure’s use in external programs (e.g., CMS Star Ratings, Medicaid Core Set), performance trends (e.g., declining performance) and strategic objectives.

**3. Measures address risk-adjusted utilization of health care practices.**

This criterion eliminated utilization measures that do not apply risk adjustment (no optimal volume of services without reference to a case-mix adjusted population).

**4. Eliminate redundancy between paired measures.**

For “paired” measures (e.g., 7-day and 30-day rates in the *Follow-Up After Hospitalization for Mental Illness* measure), choose the measure closest to the ultimate clinical outcome.

**Recommendations for HPR 2025**

Remove the following measures.

Measure	Commercial	Medicare	Medicaid
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)—Advising Smokers and Tobacco Users to Quit			<b>Remove</b>
Pharmacotherapy for Opioid Use Disorder (POD)	<b>Keep</b>	<b>Remove</b>	<b>Keep</b>
Hospitalization Following Discharge From a Skilled Nursing Facility (HFS)—30-Day		<b>Remove</b>	

**MSC—Medicaid; POD—Medicare; HFS—Medicare.** These measures were all removed from Health Plan Ratings 2024 (MY 2023) due to insufficient data reported in the product lines indicated. NCQA recommends permanent removal of these measures in Health Plan Ratings 2025 and beyond. We recommend keeping POD in Health Plan Ratings for the commercial and Medicaid product lines because there is sufficient data and room for improvement.

**Recommendations for HPR 2026**

1. Revise the following measures.

Replace...	With...	Commercial	Medicare	Medicaid
Childhood Immunization Status (CIS)—Combination 10	Childhood Immunization Status (CIS-E)—Combination 10	✓		✓
Immunizations for Adolescents (IMA)—Combination 2	Immunizations for Adolescents (IMA-E)—Combination 2	✓		✓
Cervical Cancer Screening (CCS)	Cervical Cancer Screening (CCS-E)	✓		✓

**CIS, IMA, CCS.** For HEDIS MY 2025, NCQA retired the traditional reporting method for these measures from HEDIS. When comparing measure performance rates generated from traditional reporting methods to the ECDS method, results showed minimal to no difference between rates. Additionally, the use and sharing of electronic clinical data have the potential to enrich the information available to the health care team and to patients. For these reasons, NCQA recommends replacing the traditional measures with their ECDS counterparts for 2026.

2. Remove the following measures.

Measure		Commercial	Medicare	Medicaid
AMM	Antidepressant Medication Management	✓	✓	✓
CAHPS	Rating of Personal Doctor	✓	✓	✓
CAHPS	Rating of Specialist Seen Most Often	✓		✓
CWP	Appropriate Testing for Pharyngitis	✓	✓	✓
URI	Appropriate Treatment for Upper Respiratory Infection	✓	✓	
PCE	Pharmacotherapy Management of COPD Exacerbation— Systemic Corticosteroid	✓	✓	✓
	Pharmacotherapy Management of COPD Exacerbation— Bronchodilator	✓	✓	✓
PSA	Non-Recommended PSA-Based Screening in Older Men		✓	
OSW	Osteoporosis Screening in Older Women		✓	
LBP	Use of Imaging Studies for Low Back Pain	✓	✓	✓

**Measures for Removal from Health Plan Ratings 2026.** NCQA is reducing burden and eliminating redundancy of measurement in certain areas. Apart from the AMM measure, which is being retired from HEDIS *Volume 2: Technical Specifications for Health Plans*, the measures in the table above represent areas of care that are addressed in existing measures in Health Plan Ratings, and are not used in external programs such as the CMS Star Ratings or Core Set.

3. Add the following new measures.

Measure		Commercial	Medicare	Medicaid
W30	Well-Child Visits in the First 30 Months of Life— <i>Well-Child Visits in the First 15 Months</i>	✓		✓
	Well-Child Visits in the First 30 Months of Life— <i>Well-Child Visits for Age 15 Months–30 Months</i>	✓		✓
WCV	Child and Adolescent Well-Care Visits	✓		✓

**W30, WCV.** These long-standing measures in HEDIS assess the percentage of child and adolescent members who had the expected number of well-care visits based on their age. Because they are used in external quality programs and continue to exhibit desirable statistical properties, NCQA recommends adding them to Health Plan Ratings 2026.

Refer to [Appendix 1: Proposed 2026 Health Plan Ratings Measure List](#) for the complete measure list with changes highlighted.

### Targeted Questions

#### 2025 Ratings Measure Changes

1. Do you support NCQA's recommendation to remove the *Medical Assistance With Smoking and Tobacco Use Cessation (MSC)* measure for the Medicaid product line from 2025 Health Plan Ratings? If you do not, please explain.
2. Do you support NCQA's recommendation to remove the *Pharmacotherapy for Opioid Use Disorder (POD)* measure for the Medicare product line from 2025 Health Plan Ratings? If you do not, please explain.
3. Do you support NCQA's recommendation to remove the *Hospitalization Following Discharge From a Skilled Nursing Facility (HFS)* measure for the Medicare product line from 2025 Health Plan Ratings? If you do not, please explain.

#### 2026 Ratings Measure Changes

1. Do you support NCQA's recommendation to replace the *Childhood Immunization Status (CIS)* measure with the CIS-E measure in the 2026 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.
2. Do you support NCQA's recommendation to replace the *Immunizations for Adolescents (IMA)* measure with the IMA-E measure in the 2026 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.
3. Do you support NCQA's recommendation to replace the *Cervical Cancer Screening (CCS)* measure with the CCS-E measure in the 2026 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.
4. Do you support NCQA's recommendation to remove the *Antidepressant Medication Management (AMM)* measure from all product lines in the 2026 Health Plan Ratings? If you do not, please explain.
5. Do you support NCQA's recommendation to remove the *Rating of Personal Doctor* measure from all product lines in the 2026 Health Plan Ratings? If you do not, please explain.
6. Do you support NCQA's recommendation to remove the *Rating of Specialist Seen Most Often* measure from the commercial and Medicaid product lines in the 2026 Health Plan Ratings? If you do not, please explain.
7. Do you support NCQA's recommendation to remove the *Appropriate Testing for Pharyngitis (CWP)* measure from all product lines in the 2026 Health Plan Ratings? If you do not, please explain.
8. Do you support NCQA's recommendation to remove the *Appropriate Treatment for Upper Respiratory Infection (URI)* measure from the commercial and Medicaid product lines in the 2026 Health Plan Ratings? If you do not, please explain.
9. Do you support NCQA's recommendation to remove the *Pharmacotherapy Management of COPD Exacerbation (PCE)* measure from all product lines in the 2026 Health Plan Ratings? If you do not, please explain.
10. Do you support NCQA's recommendation to remove the *Non-Recommended PSA-Based Screening in Older Men (PSA)* measure from the Medicare product line in the 2026 Health Plan Ratings? If you do not, please explain.
11. Do you support NCQA's recommendation to remove the *Osteoporosis Screening in Older Women (OSW)* measure from the Medicare product line in the 2026 Health Plan Ratings? If you do not, please explain.

12. Do you support NCQA's recommendation to remove the *Use of Imaging Studies for Low Back Pain (LBP)* measure from all product lines in the 2026 Health Plan Ratings? If you do not, please explain.
13. Do you support NCQA's recommendation to add the *Well-Child Visits in the First 30 Months of Life (W30)* measure to 2026 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.
14. Do you support NCQA's recommendation to add the *Child and Adolescent Well-Care Visits (WCV)* measure to 2026 Health Plan Ratings for the commercial and Medicaid product lines? If you do not, please explain.

**General Ratings Question**

1. Do you have any additional feedback regarding the Health Plan Ratings measure list and/or methodology?

## How to Submit Comments

### Submitting Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select "**2025 and 2026 Health Plan Ratings**" from the drop-down box.
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
  - a. If you choose **Do not support**, include your rationale in the text box.
  - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

**Note:** *There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

**All comments must be entered by Tuesday, December 17, by 11:59 p.m. ET**

### Next Steps

The methodology and final set of required HEDIS/CAHPS measures for Health Plan Ratings in 2025 (for HEDIS MY 2024) and 2026 (for HEDIS MY 2025) will be released April 2025, following approval by the NCQA Standards Committee and the Board of Directors.