

SUMMARY OF UPDATES TO THE ADULT CORE SET MEASURES 2025 CORE SET TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL MARCH 2025

Overall Changes

- Updated the reporting year to 2025, and data collection timeframe to 2024.
- Updated specifications, value set codes, copyright, and table source information to HEDIS Measurement Year (MY) 2024 Vol. 2 for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2024 for non-HEDIS measures.
- Added Electronic Clinical Data Systems (ECDS) technical specifications and guidelines to Chapter IV.
- For HEDIS measures, updated all exclusions to be required exclusions. Clarified that supplemental and medical record data can be used to identify all exclusions.
- For HEDIS measures, removed the Observation Value Set (and references to observation) from measures because codes in this value set were retired and replaced with codes that combine observation and hospital inpatient care.
- Added specifications for five new measures that are voluntary for 2025 reporting:
 - AIS-AD: Adult Immunization Status
 - EDV-AD: Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
 - LRCD-AD: Low-Risk Cesarean Delivery: Age 20 and Older
 - OEVP-AD: Oral Evaluation During Pregnancy: Ages 21 to 44
 - PRS-AD: Prenatal Immunization Status: Age 21 and Older
- Added specifications for one new provisional measure (voluntary for 2025 reporting):
 - PDS-AD: Postpartum Depression Screening and Follow-Up: Age 21 and Older
- Removed one appendix:
 - Appendix A: Adult Core Set HEDIS Value Set Directory User Manual
 - Renumbered appendices to correspond with the order cited in the Technical Specifications and Resource Manual.

I. The Core Set of Adult Health Care Quality Measures

- Inserted information about updates to the 2025 Adult Core Set.

II. Data Collection and Reporting of the Adult Core Set

- Updated the instructions for accessing the value set directories for HEDIS measures in the Adult Core Set. The value sets and Value Set Directory User Manual are now accessed through the NCQA website (<https://store.ncqa.org/hedis-2025-adult-core-set-value-set-directory-my-2024.html>).

- Clarified guidance related to beneficiaries with partial benefits:
 - For example, some states may only cover pregnancy-related services for beneficiaries enrolled in the “from conception to end of pregnancy” population in separate CHIP. These states will need to determine if the individuals in this program are eligible to receive the services assessed in the measure to determine whether the individuals are eligible for each measure.
- Added additional guidance related to 2025 stratified reporting requirements, including the measures subject to mandatory stratified reporting and the stratification categories. More information about the stratification categories and guidance on reporting them to CMS is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>.
- Added Electronic Clinical Data Systems (ECDS) to the list of data collection methods:
 - The Electronic Clinical Data Systems (ECDS) method uses multiple data sources to provide complete information about the quality of health services delivered. Data systems that are eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, electronic health records (EHRs), personal health records (PHRs), clinical registries, health information exchanges (HIEs), administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. Further information on the ECDS method can be found in the Guidelines for Measures Reported Using ECDS (Chapter IV). This data collection method applies to the following measures in the Adult Core Set: AIS-AD, BCS-AD, CCS-AD, COL-AD, PDS-AD, and PRS-AD.
- Added guidance on reporting separate rates for Medicaid and CHIP populations.
 - Added reference to a technical assistance resource on reporting Medicaid and CHIP data in the Quality Measure Reporting system: <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf>.
 - Added reference to a technical assistance resource on applying attribution guidance when calculating separate rates for Medicaid and CHIP populations: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-medicaid-chip-attribution.pdf>.

III. Technical Specifications

Measure AAB-AD: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older

- Clarified that laboratory claims (claims with POS code 81) should not be included when testing for negative comorbid condition history (Step 3) and testing for negative competing diagnosis (Step 5).

Measure AMM-AD: Antidepressant Medication Management

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and ED POS Value Set with direct reference codes.

Measure AMR-AD: Asthma Medication Ratio: Ages 19 to 64

- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries with persistent asthma (Step 2) and when identifying beneficiaries who had a diagnosis that requires a different treatment approach than beneficiaries with asthma (required exclusion).
- Removed Telehealth Modifier Value Set and Telehealth POS Value Set references.
- Updated required exclusions to refer to ‘beneficiaries who had a diagnosis that requires a different treatment approach than beneficiaries with asthma’ rather than ‘beneficiaries who had any diagnosis from any of the following value sets.’ This change reflects consolidated value sets rather than a change to the exclusion criteria.

Measure CBP-AD: Controlling High Blood Pressure

- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have an encounter for palliative care, evidence of end-stage renal disease, diagnosis of pregnancy, frailty, or advanced illness (required exclusions).
- Revised the method for identifying advanced illness (required exclusion).
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.

Measure CCS-AD: Cervical Cancer Screening

- Clarified that the measure is also now specified for the Electronic Clinical Data Systems (ECDS) methodology in addition to the Administrative and Hybrid methodologies. The ECDS specifications are included in Chapter IV. Administrative and Hybrid specifications are included in Chapter III.
- Replaced references to “women” with “beneficiaries recommended for routine cervical cancer screening.”
- Added criteria for “beneficiaries recommended for routine cervical cancer screening” to the eligible population.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have cervical agenesis or acquired absence of the cervix or an encounter for palliative care (required exclusions).
- Added an exclusion for beneficiaries who were assigned male at birth.
- Clarified that “Unknown” is not considered a result/finding for medical record reporting.

Measure CDF-AD: Screening for Depression and Follow-up Plan: Age 18 and Older

- Removed the exclusion for beneficiaries with a depression diagnosis. Beneficiaries with a previous diagnosis of depression are now counted in the measure.

Measure CHL-AD: Chlamydia Screening in Women Ages 21 to 24

- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying diagnoses of sexual activity.

Measure COB-AD: Concurrent Use of Opioids and Benzodiazepines

- Removed anchor date.

Measure CPA-AD: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid)

- Added required exclusion for beneficiaries who die any time during the measurement year.

Measure FUA-AD: Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older

- Replaced Partial Hospitalization POS Value Set and Community Mental Health Center POS Value Set with direct reference codes.
- Added the Substance Abuse Counseling and Surveillance Value Set to identify substance use disorder service criteria.

Measure FUH-AD: Follow-Up After Hospitalization for Mental Illness: Age 18 and Older

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and Ambulatory Surgical Center POS Value Set with direct reference codes.

Measure FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and Ambulatory Surgical Center POS Value Set with direct reference codes.

Measure GSD-AD: Glycemic Status Assessment for Patients with Diabetes

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Updated the event/diagnosis criteria for identifying beneficiaries with diabetes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis), beneficiaries who had an encounter for palliative care, indications of frailty, or advanced illness (required exclusions), and to identify the most recent glycemic status assessment (numerator).
- Revised the method for identifying advanced illness.
- Removed the required exclusion for beneficiaries who did not have a diagnosis of diabetes.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.
- Clarified that “Unknown” is not considered a result/finding.

Measure HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0%

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set and ED POS Value Set with direct reference codes.
- Updated the event/diagnosis criteria for identifying beneficiaries with diabetes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis), beneficiaries who had an encounter for palliative care, indications of frailty, or advanced illness (required exclusions), and to identify the most recent glycemic status assessment (numerator).
- Removed the required exclusion for beneficiaries who did not have a diagnosis of diabetes.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.
- Clarified that “Unknown” is not considered a result/finding.

Measure HVL-AD: HIV Viral Load Suppression

- Added Guidance for Reporting:
 - States can find technical assistance resources to assist in calculating the measure at https://targethiv.org/spns/medicaid_data_set.
 - Users should convert the test results reported in logs copies/mL to copies/mL. For example, if the HIV viral load result is 103 or 3 on a logarithmic scale, it would be equal to 10 x 10 x 10 copies, or 10³ or 1,000 copies/mL.
- Added clarification in the numerator that user will need to convert the test results reported in logs copies/mL to copies/mL.

Measure IET-AD: Initiation and Engagement of Substance Use Disorder Treatment

- Replaced Partial Hospitalization POS Value Set and Community Mental Health Center POS Value Set with direct reference codes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when testing for negative SUD diagnosis history (step 2).
- Added alcohol use disorder treatment medications table.

Measure MSC-AD: Medical Assistance with Smoking and Tobacco Use Cessation

- Added required exclusion for beneficiaries who die any time during the measurement year.

Measure OHD-AD: Use of Opioids at High Dosage in Persons Without Cancer

- Removed anchor date.
- Removed conversion factor language from the additional notes.

Measure OUD-AD: Use of Pharmacotherapy for Opioid Use Disorder

- Changed the measure steward to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Updated the age range of beneficiaries from ages 18 to 64 to age 18 years and older.

Measure PPC2-AD: Prenatal and Postpartum Care: Age 21 and Older

- Updated the event/diagnosis criteria to clarify which delivery is counted when there are multiple deliveries.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used.
- Added ‘encounter for postpartum care’ to the criteria for meeting the postpartum care visit numerator. Clarified that that laboratory claims (claims with POS code 81) should not be included when identifying encounters for postpartum care.

Measure PQI 01-AD: Diabetes Short-Term Complications Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Measure PQI 05-AD: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Measure PQI 08-AD: Heart Failure Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Measure PQI 15-AD: Asthma in Younger Adults Admission Rate

- Removed exclusion for obstetric discharges because the numerator definition already precludes discharges with an obstetric principal diagnosis.

Measure SAA-AD: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

- Added direct reference codes for calculating number of days covered for long-acting injections.
- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and ED POS Value Set with direct reference codes.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of dementia, indications of frailty, and advanced illness (required exclusions)
- Revised the method for identifying advanced illness.
- Updated the Long-Acting Injections table.

Measure SSD-AD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Replaced Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, and ED POS Value Set with direct reference codes.
- Updated the method for identifying beneficiaries with diabetes for the required exclusions.
- Clarified that laboratory claims (claims with POS code 81) should not be included when identifying beneficiaries who have a diagnosis of diabetes and who were dispensed insulin or hypoglycemics/antihyperglycemics (event/diagnosis) and when using the Glucose Test Result or Finding or HbA1C Test Result or Finding value sets (numerator).
- Revised the numerator to clarify where CPT Category II code modifiers should not be used.

IV. Core Set Measures Reported Using Electronic Clinical Data Systems

- Added reporting guidelines for Core Set measures reported using ECDS.
- The following measures previously included in the Adult Core Set have only ECDS specifications starting with the 2025 Core Set: BCS-AD and COL-AD. States can also use electronic clinical quality measure (eCQM) specifications to report these measures.
- The following measure previously included in the Adult Core Set has administrative and hybrid specifications (Chapter III) and ECDS specifications (Chapter IV) starting with the 2025 Core Set: CCS-AD.
- The following new voluntary measures added to the 2025 Adult Core Set only have ECDS specifications: AIS-AD and PRS-AD.
- The following new provisional measure which is voluntary for 2025 Adult Core Set reporting only has ECDS specifications: PDS-AD.

Measure BCS-AD: Breast Cancer Screening

- Updated specification to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.

Measure COL-AD: Colorectal Cancer Screening

- Updated specification to Electronic Clinical Data Systems (ECDS) methodology. Note that the ECDS data collection method includes use of administrative data, such as claims and encounters.