

HEDIS MY2025 – patient eligibility and compliance by measure

This chart provides information on patient eligibility for each Healthcare Effectiveness Data and Information Set (HEDIS®) measure, including exclusion information. All information is based on HEDIS MY2025 Vol. 2 technical specifications.

Breast Cancer Screening (BCS-E)

Continuous enrollment: Oct. 1, 2024–Dec. 31, 2025 **Allowable gaps:** 45 days (2024–2025)

Anchor date: Dec. 31, 2025 **Ages:** Females 52–74 **Event/diagnosis:** None

Required exclusions*

- Medicare members 66 years of age and older (as of Dec. 31, 2025) enrolled in an Institutional Special Needs Plans (I-SNP) or living long-term in an institution (Long-Term Institutionalized [LTI] flag on enrollment file*) in 2025
- Patients from all product lines 66 and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Bilateral mastectomy in 2025 (or anytime before)
- Patients who had gender-affirming chest surgery with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) anytime during the patient's history through the end of the measurement period



* Exclusions for patients living long-term in an institution are excluded based on data (i.e., monthly Centers for Medicare & Medicaid Services [CMS] enrollment file).

Care for Older Adults (COA)

Continuous enrollment: 2025 enrolled in a Special Needs Plan (SNP) **Allowable gaps:** 45 days

Anchor date: Dec. 31, 2025 **Ages:** 66 years of age and older **Event/diagnosis:** None

Required exclusions

- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025

Colorectal Cancer Screening (COL-E)

Continuous enrollment: 2024–2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2025

Ages: 45–75 **Event/diagnosis:** None

Required exclusions

- Medicare patients 66 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 66 years of age and older (as of Dec. 31, 2025) with advanced illness during 2025 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients who were dispensed dementia medications
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Colorectal cancer or total colectomy in 2025 (or anytime before)

Controlling High Blood Pressure (CBP)

Continuous enrollment: 2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2026 **Ages:** 18–85

Event/diagnosis

Two of the following with different dates of service (DOS) on or between Jan. 1, 2024, and June 30, 2025, with a diagnosis of hypertension: outpatient visit, telephone visit and/or online assessment

Required exclusions

- Medicare members 66 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 81 years of age and older (as of Dec. 31, 2025) with frailty during 2025
- Patients from all product lines 66–80 years of age (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Diagnosis of pregnancy in 2025
- Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant on or prior to Dec. 31, 2025
- Patients who died anytime during 2025

Eye Exam for Patients With Diabetes (EED)

Continuous enrollment: 2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2025 **Ages:** 18–75

Event/diagnosis

2024 or 2025 claim/encounter data with at least two diagnoses of diabetes on different dates of service or pharmacy data: dispensed insulin or hypoglycemics/antihyperglycemics and at least one diagnosis of diabetes

Required exclusions

- Medicare patients 66 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 66 years of age and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Bilateral eye enucleation anytime during the patient's history through Dec. 31 of the measurement year:
 - o Two unilateral eye enucleations 14 days apart
 - Or
 - o A left and right unilateral eye enucleation on the same or different dates of service

Glycemic Status Assessment for Patients With Diabetes (GSD)

Continuous enrollment: 2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2025 **Ages:** 18–75

Event/diagnosis

2023 or 2024 claim/encounter data with at least two diagnoses of diabetes on different dates of service; or pharmacy data: dispensed insulin or hypoglycemics/antihyperglycemics and at least one diagnosis of diabetes

Required exclusions

- Medicare patients 66 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 66 years of age and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025

Kidney Health Evaluation for Patients With Diabetes (KED)

Continuous enrollment: 2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2025 **Ages:** 18–85

Event/diagnosis

2024 or 2025 claim/encounter data with at least two diagnoses of diabetes on different dates of service; or pharmacy data: dispensed insulin or hypoglycemics/antihyperglycemics and at least one diagnosis of diabetes

Required exclusions

- Medicare patients 66 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 81 years of age and older (as of Dec. 31, 2025) with frailty during 2025
- Patients from all product lines 66 years of age and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Patients with evidence of ESRD or dialysis anytime in or prior to 2025

Osteoporosis Management in Women Who Had a Fracture (OMW)

Continuous enrollment: 12 months before the episode date through 180 days after the episode date

Allowable gaps: 45 days (through continuous enrollment period) **Anchor date:** Episode date **Ages:** 67–85

Event/diagnosis

Earliest fracture during the intake period (July 1, 2024–June 30, 2025)

Required exclusions

- Medicare patients 67 years of age and older (as of Dec. 31, 2025) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2025
- Patients from all product lines 81 years of age and older (as of Dec. 31, 2025) with frailty during 2025
- Patients from all product lines 67–80 years of age and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Bone mineral density (BMD) test claim or encounter in the 24 months prior to the episode date or medication to treat osteoporosis in the 12 months before the episode date

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Continuous enrollment: 2024–2025 **Allowable gaps:** 45 days **Anchor date:** Dec. 31, 2025

Ages: Females 40–75, Males 21–75

Event/diagnosis

Diagnosis of ischemic vascular disease in 2024 and 2025 in either an inpatient or outpatient visit (criteria need not be the same across both years)

2024 events:

- Myocardial infarction (discharge from inpatient setting)
- Coronary artery bypass graft
- Percutaneous coronary intervention
- Other revascularization procedure

Required exclusions

- Patients from all product lines 66 years of age and older (as of Dec. 31, 2025) with advanced illness during 2024 or 2025 and frailty during 2025
- Patients receiving palliative care during 2025
- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025
- Myalgia or rhabdomyolysis caused by a statin anytime in the patient's history through Dec. 31 of the measurement year
- Pregnancy diagnosis
- Invitro fertilization
- Dispensed at least one prescription of clomiphene
- ESRD or dialysis
- Cirrhosis diagnosis
- Patients with myalgia or rhabdomyolysis caused by a statin anytime during the patient's history (reaction does not have to occur in the current year but must be documented yearly)

Transitions of Care – Medication Reconciliation Post-Discharge (TRC) – 18 and older

Continuous enrollment: Date of discharge through 30 days after discharge (31 total days)

Allowable gaps: None **Anchor date:** None **Ages:** 18 years of age and older

Event/diagnosis

An acute or nonacute inpatient discharge on or between Jan. 1, 2024, and Dec. 1, 2025

Required exclusions

- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)

Continuous enrollment: 365 days prior to the emergency department (ED) visit through seven days after the ED visit **Allowable gaps:** No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the seven days following the ED visit **Anchor date:** None **Ages:** 18 years of age and older (as of the ED visit)

Event/diagnosis

- An ED visit on or between Jan. 1, 2025, and Dec. 24, 2025
- Patient has two or more chronic conditions prior to the ED visit identified via claim/encounter data during 2024 or 2025 from two outpatient/nonacute inpatient or one acute inpatient

Eligible chronic conditions:

- Chronic obstructive pulmonary disease (COPD) and asthma; Alzheimer's disease and related disorders; chronic kidney disease; depression; heart failure; acute myocardial infarction; atrial fibrillation; stroke or transient ischemic attack
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Required exclusions

- Patients in hospice or using hospice services anytime during 2025
- Patients who died anytime during 2025

Continuous enrollment

Continuous enrollment specifies the minimum amount of time that a patient must be enrolled in an organization before becoming eligible for a measure. It ensures that the organization has enough time to render services.

Allowable gaps

A gap is the time when a patient is not covered by the organization (e.g., the time between disenrollment and re-enrollment). An allowable gap can occur anytime during continuous enrollment.

Anchor date

Anchor date for a measure requires a patient to be enrolled and to have a benefit on a specific date; the allowable gap must not include that date. The patient must also have the benefit on that date.

Event/diagnosis

In addition to age, this event or diagnosis triggers the patient's eligibility for the measure and must occur in the time frame noted.

Required exclusions

Eligibility criteria that excludes the patient from the denominator, based on claims or enrollment data. The three main indicators include patients living in long-term care, advanced illness and frailty, and hospice care. This criteria is mandatory and must be used, regardless of measure compliance.

Optional exclusions

Eligibility criteria that excludes the patient from the denominator, based on claims or medical record data. This data can be considered when measure compliance is absent.

Valid data error exclusions (hospice anytime in 2025 for all)

An event or condition that makes the patient no longer eligible for the measure, based on claims or enrollment data; for example, misdiagnosis of a disease or condition.

Valid data errors are identified only for hybrid measures during medical record review.

Note: Exclusions for advanced illness and frailty and patients living long-term in an institution are excluded based on data (e.g., monthly Centers for Medicare & Medicaid Services [CMS] enrollment file or claims/encounters).

BCS-E – Breast Cancer Screening

BMD – Bone mineral density test

BP – Blood pressure

CABG – Coronary artery bypass graft

CBP – Controlling High Blood Pressure

COA – Care for Older Adults

COL-E – Colorectal Cancer Screening

DC – Discharge

DOS – Date of service

ECP – Eye care professional

ED – Emergency department

EED – Eye Exam for Patients With Diabetes

ESRD – End-stage renal disease

FMC – Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions

GSD – Glycemic Status Assessment for Patients With Diabetes

IESD – Index episode start date

KED – Kidney Health Evaluation for Patients With Diabetes

MCD – Medicaid

MI – Myocardial infarction

MRP – Medication Reconciliation Post-Discharge

OMW – Osteoporosis Management in Women Who Had a Fracture

PCI – Percutaneous coronary intervention

PCP – Primary care physician

PED – Patient Engagement After Inpatient Discharge

SNP – Special Needs Plan

SPC – Statin Therapy for Patients With Cardiovascular Disease

TRC – Transitions of Care

Measurement criteria

Measure	Compliance	Medical record or visit type
BCS-E	Documented between Oct. 1, 2023, and Dec. 31, 2025: <ul style="list-style-type: none"> Mammogram (any type, including 3D) 	Patient-reported data acceptable: YES Outpatient: Any visit type
CBP	Documented in 2025: <ul style="list-style-type: none"> The most recent BP reading on or after the date of the second diagnosis (per claim data) BP must be less than 140/90 to be considered controlled 	Patient-reported data acceptable: YES Outpatient: PCP or practitioner managing patient's BP
GSD	Documented in 2025: <ul style="list-style-type: none"> Most recent hemoglobin A1c test or glucose management indicator (GMI) and result 	Patient-reported data acceptable: YES Managing provider record: Any visit type
KED	Documented in 2025: <ul style="list-style-type: none"> eGFR and uACR (or a quantitative urine albumin and urine creatinine test four days or less apart if using in place of uACR) 	Patient-reported data acceptable: YES Managing provider record: Any visit type
EED	Documented within the appropriate time frame: <ul style="list-style-type: none"> Screening (retinal or dilated eye exam) performed by ECP for diabetic retinal disease in 2025 (negative or positive) Negative retinal or dilated eye exam, performed by ECP, in 2024 	Patient-reported data acceptable: YES Managing provider record: Any visit type
COA	Documented in 2025: <ul style="list-style-type: none"> Medication review (signature required for medication review done by prescribing practitioner or clinical pharmacist) Functional status assessment 	Patient-reported data acceptable: NO Outpatient: Any visit type Inpatient: Nonacute setting
TRC (MRP and PED)	Documented within the appropriate time frame: <ul style="list-style-type: none"> Medication Reconciliation Post-Discharge: Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 days total) Patient engagement within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. 	Patient-reported data acceptable: NO Outpatient: Any visit type
FMC	Documented within the appropriate time frame: <ul style="list-style-type: none"> A follow-up service within seven days after the ED visit (eight total days). Include visits that occur on the same day as the ED visit. 	Patient-reported data acceptable: NO Outpatient: Any visit type

Measure	Compliance	Medical record or visit type
COL-E	Documented in the appropriate time frame, any of the following: <ul style="list-style-type: none"> • Fecal occult blood testing (FOBT) during 2025 • Stool DNA (sDNA) with fecal immunochemical test (FIT) test between 2023 and 2025 • Flexible sigmoidoscopy between 2021 and 2025 • Computed tomography (CT) colonography between 2021 and 2025 • Colonoscopy between 2016 and 2025 	Patient-reported data acceptable: YES Outpatient: Any visit type Inpatient: Any visit
OMW	Documentation on the date of or in the six months after a fracture (fractures occurring between July 1, 2024, and June 30, 2025): <ul style="list-style-type: none"> • Bone mineral density testing • Therapy/prescription for drug to treat/prevent osteoporosis 	Patient-reported data acceptable: NO (meds), YES (BMD testing) Outpatient: Any visit type
SPC	Documented in 2025: <ul style="list-style-type: none"> • Proof of a dispensing event (medication fill) for high- or moderate-intensity dose statin therapy 	Patient-reported data acceptable: NO Outpatient: Any visit type

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