Performance Measures Coordinating Committee Meeting

Monday, October 13, 2025
9:00 a.m. – 11:00 a.m.

Washington State Health Care Authority

Housekeeping

- No formal break, so feel free to step out briefly if needed.
- For committee members:
  - Please keep your phone line muted when not speaking.
- For members of the public:
  - Please keep your phone line muted at all times.
  - There will be dedicated time for questions and comments.
  - Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- Maintaining a transparent process is important.
- Public comment opportunities:
  - PMCC meetings are open to the public.
  - There is time on the agenda for public comment prior to action on measures.
  - Meeting materials are posted on the Health Care Authority website*
  - Comments can be submitted to HCA anytime at hcapmcc@hca.wa.gov

*https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set

Welcome & Introductions

- Roll call for members
- Please share in the chat the following:
  - Your Name
  - Your Role
  - Your organization

Today's Objectives

- Welcome and Introductions
- Recap of the July PMCC meeting
- Biennial Review of the WSCMS: Final Recommendations
- Committee member discussion and preliminary vote
  - Next Steps
- PMCC updates for 2026
- Public Comment
- Wrap Up

Recap of the July Meeting

- Biennial Review of the WSCMS
  - The PMCC completed their formal review of the WSCMS and identified priority measures for addition to the core and supplemental sets.
  - Next steps: Bring recommendations for a preliminary vote to the October meeting.
  - Two areas will need further discussion from the PMCC in 2026:
    - Hospital measures
    - Patient experience measures (CAHPS)

Biennial Review of the WA State Common Measure Set

Laura Pennington, Health Care Authority

Washington State Health Care Authority

Reminders

- Goal today is to conduct a preliminary vote for the final list of proposed measures from July
- The final vote will occur at the December PMCC meeting, following a public comment period
- Total number of measures:
  - Core Set – Goal is to have no more than 8-10 measures
  - Supplemental Set – Goal is between 15-20 measures
- **Reminder:** Just because a measure is not identified as a priority for the Common Measure Set, it doesn't mean it is not important!

Final Core Set of Measures from July

1. Breast Cancer Screening (BCS-E)
2. Child and Adolescent Well-Care Visits (WCV)
3. Childhood Immunization Status (CIS-E) Combination 10
4. Colorectal Cancer Screening (COL-E)
5. Controlling High Blood Pressure (CBP)
6. Depression Remission or Response for Adolescents and Adults (DRR-E)
7. Follow-Up After ED Visit for Substance Use (FUA)
8. Follow-Up After Hospitalization for Mental Illness (FUH)
9. Glycemic Status Assessment for Patients with Diabetes (GSD)
10. Immunization for Adolescents (IMA)
11. Plan All-Cause Readmissions (30-day) (PCR)
12. Prenatal/Postpartum Care (PPC)

Updated proposed Core Set*

- Results of ranking exercise
  1. Breast Cancer Screening (BCS-E)
  2. Child and Adolescent Well-Care Visits (WCV) (2-"9/11")
  3. Childhood Immunization Status (CIS-E) Combination 10
  4. Colorectal Cancer Screening (COL-E) (1-"12")
  5. Controlling High Blood Pressure (CBP)
  6. Glycemic Status Assessment for Patients with Diabetes (GSD)
  7. Plan All-Cause Readmissions (30-day) (PCR) (2-"10/12")
  8. Prenatal/Postpartum Care (PPC) (2-"9/10")

*Results of ranking exercise (8 committee members submitted feedback)

Proposed to move to Supplemental set

1. Depression Remission or Response for Adolescents and Adults (DRR-E) (3-"4/8/8")
2. Follow-Up After ED Visit for Substance Use (FUA)
3. Follow-Up After Hospitalization for Mental Illness (FUH) (2-"5/6")
4. Immunization for Adolescents (IMA) (3-"2/8/8")

Brief discussion

Brief comments/Questions from public

- Please enter your question or comment into the chat box
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Preliminary vote for Core Set

1. Breast Cancer Screening (BCS-E)
2. Child and Adolescent Well-Care Visits (WCV)
3. Childhood Immunization Status (CIS-E) Combination 10
4. Colorectal Cancer Screening (COL-E)
5. Controlling High Blood Pressure (CBP)
6. Glycemic Status Assessment for Patients with Diabetes (GSD)
7. Plan All-Cause Readmissions (30-day) (PCR)
8. Prenatal/Postpartum Care (PPC)
9. Depression Remission or Response for Adolescents and Adults (DRR-E)
10. Follow-Up After ED Visit for Substance Use (FUA)

Ground Rules for voting for Core Set

- Only committee members will be voting.
- We are voting as a set, rather than by individual measures.
- Voting will be by verbal consensus.
- Motion to adopt the Core Set
  - All in favor say “Aye”
  - Any objects say “Nay”

Supplemental Set of Measures from July

1. Adult Immunization Status (AIS-E)
2. Cervical Cancer Screening (CCS)
3. Chlamydia Screening (CHL)
4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
6. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
7. Kidney Health Evaluation for Patients with Diabetes (KED)
8. Patient Safety for Selected Indicators (composite measure)
9. Statin Therapy for Patients with Cardiovascular Disease (SPC)
10. Well Child Visits in the First Thirty Months of Life (W30)

Moved from Core to Supplemental Set

1. Follow-Up After Hospitalization for Mental Illness (FUH)
2. Immunization for Adolescents (IMA)

Preliminary vote for Supplemental Set

1. Adult Immunization Status (AIS-E)
2. Cervical Cancer Screening (CCS)
3. Chlamydia Screening (CHL)
4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
6. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
7. Kidney Health Evaluation for Patients with Diabetes (KED)
8. Patient Safety for Selected Indicators (composite measure)
9. Statin Therapy for Patients with Cardiovascular Disease (SPC)
10. Well Child Visits in the First Thirty Months of Life (W30)
11. Follow-Up After Hospitalization for Mental Illness (FUH)
12. Immunization for Adolescents (IMA)

Proposal to move to Supplemental from Removal List

1. Blood Pressure Control for Patients with Diabetes (BPD)
2. Patients Prescribed High-Dose Chronic Opioid Therapy (Bree)
3. Use of Opioids at High Dosage (HDO)

Brief discussion

Brief comments/Questions from public

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- If speaking, please limit your comments to 2 minutes

Preliminary vote for Supplemental Set

1. Adult Immunization Status (AIS-E)
2. Cervical Cancer Screening (CCS)
3. Chlamydia Screening (CHL)
4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
6. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
7. Kidney Health Evaluation for Patients with Diabetes (KED)
8. Patient Safety for Selected Indicators (composite measure)
9. Statin Therapy for Patients with Cardiovascular Disease (SPC)
10. Well Child Visits in the First Thirty Months of Life (W30)
11. Follow-Up After Hospitalization for Mental Illness (FUH)
12. Immunization for Adolescents (IMA)

Ground Rules for voting for Supplemental Set

- Only committee members will be voting.
- We are voting as a set, rather than by individual measures.
- Voting will be by verbal consensus.
- Motion to adopt the Supplemental Set
  - All in favor say “Aye”
  - Any objects say “Nay”

Final* Core Set and Supplemental Sets

- Core Set:
  1. Breast Cancer Screening (BCS-E)
  2. Child and Adolescent Well-Care Visits (WCV)
  3. Childhood Immunization Status (CIS-E) Combination 10
  4. Colorectal Cancer Screening (COL-E)
  5. Controlling High Blood Pressure (CBP)
  6. Depression Remission or Response for Adolescents and Adults (DRR-E)
  7. Follow-Up After ED Visit for Substance Use (FUA)
  8. Glycemic Status Assessment for Patients with Diabetes (GSD)
  9. Plan All-Cause Readmissions (30-day) (PCR)
  10. Prenatal/Postpartum Care (PPC)

- Supplemental Set:
  1. Adult Immunization Status (AIS-E)
  2. Cervical Cancer Screening (CCS)
  3. Chlamydia Screening (CHL)
  4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
  5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
  6. Follow-Up After Hospitalization for Mental Illness (FUH)
  7. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
  8. Immunization for Adolescents (IMA)
  9. Kidney Health Evaluation for Patients with Diabetes (KED)
  10. Patient Safety for Selected Indicators (composite measure)
  11. Statin Therapy for Patients with Cardiovascular Disease (SPC)
  12. Well Child Visits in the First Thirty Months of Life (W30)

*Preliminary (Subject to final approval following formal public comment period.

Next steps

- The measures will be sent out for public comment prior to the end of October.
- Public comments will be shared with the committee at the December meeting, prior to the final vote.
- The measures in the Core set will be prioritized by the state for inclusion in value-based agreements with health plans.
- The measures in the Supplemental set provide alternatives or additional measures to the Core Set.
- We will implement an annual review process to ensure we are monitoring state performance on these measures.

NCQA 2026 Updates to HEDIS Measures and Reporting

Heleena Hufnagel, HCA

Washington State Health Care Authority

Overview of NCQA HEDIS 2026 updates

- NCQA has released updates for MY2026 including:
  - Retirement of the following:
    - Asthma Medication Ratio (AMR)
    - Medical Assistance With Smoking and Tobacco Use Cessation (MSC)
  - Added the following ECDS measures:
    - Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)
    - Tobacco Use Screening and Cessation Intervention (TSC-E)
  - Transitioned to ECDS-only reporting:
    - Blood Pressure Control for Patients With Diabetes (BPD-E)
    - Lead Screening in Children (LSC-E)
    - Statin Therapy for Patients With Cardiovascular Disease (SPC-E)
    - Statin Therapy for Patients With Diabetes (SPD-E)
  - As of Measurement Year (MY) 2026, source system of record (SSoR) reporting will no longer be required for ECDS reporting. HEDIS Electronic Clinical Data Systems (ECDS) Reporting - NCQA

HEDIS MY 2026: What's New, What's Changed, What's Retired - NCQA

Planned Timeline to Sunset Hybrid Reporting Method

Goal: ***Hybrid*** measure specification and reporting method removed from HEDIS my ***MY2029.***

Measure	MY 2025	MY 2026	MY 2027	MY 2028	MY 2029
Lead Screening in Children (LSC)		• +ECDS			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)			•		
Prenatal and Postpartum Care (PPC)				•	
Controlling High Blood Pressure (CBP)	+ECDS			•	
Blood Pressure Control for Patients with Diabetes (BPD)		+ECDS		•	
Glycemic Status Assessment for Patients With Diabetes (GSD) (formerly Hemoglobin A1c Control for Patients With Diabetes)			+ECDS		•
Transitions of Care (TRC)			+ECDS		•
Care for Older Adults (COA)			+ECDS		•

• = *Removal of the hybrid reporting method only.*

HEDIS Electronic Clinical Data Systems (ECDS) Reporting - NCQA

Understand the Difference in the Reporting Methods in HEDIS

	Administrative *Administrative + supplemental*	Hybrid *Administrative + supplemental + medical record review*	ECDS *Administrative, EHRs, HIEs, Registries, Case Management*
Population	Full eligible population	Systematic Sample	Full eligible population
Can administrative claims information be used?	Yes	Yes	Yes
Can clinical data be used for the denominator?	No, must follow "supplemental" data rules which do not allow non-administrative data to be used for the denominator	No, must follow "supplemental" data rules which do not allow non-administrative data to be used for the denominator	Yes, all relevant data sources can be used for **any** part of the measure.
Considerations	Routinely collected and readily available Limited clinical detail	Enables tailoring to non-standard local health data environments Resource intensive, less actionable	Captures clinical data more efficiently and more actionable Health plan capabilities vary

HEDIS Electronic Clinical Data Systems (ECDS) Reporting - NCQA

Changes to Existing HEDIS Measures

- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI):
  - Updated the measure to allow substance use disorder diagnoses in any position on the follow-up claim. The measure expanded the numerator to include peer support services as an appropriate follow-up visit.
- Statin Therapy for Patients With Cardiovascular Disease (SPC-E) and Statin Therapy for Patients With Diabetes (SPD-E):
  - Updated the cardiovascular measure to remove sex-specific age bands. Both measures removed the "I-SNP or long-term institutional (LTI) care" exclusion, and the approach for identifying atherosclerotic cardiovascular disease (ASCVD) was updated.
- Adult Immunization Status (AIS-E):
  - Added a COVID-19 indicator to the measure that targets persons 65 and older.
- Social Need Screening and Intervention (SNS-E):
  - Updated the measure to add codes to identify screening numerator events and intervention denominator and numerator events and updated the I-SNP and LTI exclusions to include all ages.

Struggling to Implement the HEDIS Social Need Screening Measure? We Can Help! – NCQA

Other NCQA Updates for 2026

- NCQA is overhauled their measure specifications to better align with digital quality measures format and FHIR standards
- The specifications will have a new look: GSD Template Example
- Some terminology is changing to align with FHIR:
  - "Eligible Population" is replaced with "Initial Population."
  - "Measurement Year" is replaced with "Measurement Period."
  - "Member" is replaced with "Person."
  - "Required exclusions" is replaced with "Denominator exclusions."
- Alignment with Updated OMB Federal Standards for Race and Ethnicity
  - Added Middle Eastern or North African (MENA) as a minimum reporting category.
  - Updated narrative terminology for category descriptions to modernize and improve clarity.

To learn more…

- Helping States Move Towards a Digital Quality System – NCQA
- HEDIS Frequently Asked ECDS Questions – NCQA
- Webinar: Decoding the HEDIS MY 2026 Tech Specs
- Fundamentals of FHIR in HEDIS® with Firely - NCQA

Looking Forward to 2026

Heleena Hufnagel, HCA

Washington State Health Care Authority

Revisit in 2026

- The committee will take time in 2026 to discuss the following areas included in the current WSCMS:
  - Patient experience measures (CAHPS)
  - Hospital performance measures
  - Areas to monitor

Potential areas of interest for 2026

- Are there areas of interest you would like to discuss as a committee in 2026?
- Any guest speakers or presentations you are interested in?
- We will finalize focal areas for 2026 at the December PMCC meeting.

Public Comment

Drew Oliveira, WHA

Washington State Health Care Authority

Public Comment

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Departing members

- Frances Gough, MD, Molina will be stepping down from her role as a longtime member of the PMCC
- Kelly Shaw, DOH is transitioning into a new role at DOH and will be stepping down from the PMCC
- Thank you both for your participation and best of luck!

Wrap Up and Next Steps

Wrap Up/Next steps

- Next Meeting:
  - Dec 15, 2025, 9:00 a.m. -11:00 a.m.
  - Proposed agenda topics:
    - Final vote following formal public comment period
    - Year in review
    - Proposed topics for 2026
    - PMCC Charter
  - Send additional questions to hcapmcc@hca.wa.gov, ATTN: Heleena H. and Laura P.