




The ultimate guide to year-round quality and HEDIS[®] success for 2025

A stylized illustration of a city skyline in shades of teal and white. In the foreground, a white dove with a red eye is flying towards the right. The background features a large building with solar panels on its roof, a rainbow, and various trees and clouds.

From strategy to execution, this guide delivers proven insights and best practices to help health plans excel in year-round quality and HEDIS performance, with actionable guidance that transforms improvement into lasting results.

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Executive summary

HEDIS is no longer just a regulatory checkbox, it is the engine of operational excellence, financial performance, and member trust for health plans. As the industry shifts to digital-first, full-population measurement, the stakes have never been higher. Success in HEDIS now requires a year-round, data-driven approach that unifies teams, technology, and strategy.

This guide distills the latest best practices and regulatory updates for Measurement Year 2025, equipping quality leaders with actionable insights to thrive in a rapidly evolving landscape. You'll find a clear breakdown of the new HEDIS reporting methodologies, a summary of key measure changes, and lessons learned from recent audit cycles. The guide details how leading organizations are moving beyond seasonal compliance to embrace continuous quality improvement, leveraging advanced analytics, seamless provider engagement, and robust data integration.

When you step into the world of HEDIS, you quickly realize it's more than a regulatory requirement, it's a barometer for the health and vitality of your entire organization. For health plans, HEDIS success is woven into the fabric of operational excellence, financial stability, and member trust.

Inside, you'll discover how to:



Navigate the transition to digital and ECDS reporting, including the reduction of hybrid measures and the expansion of digital-only requirements.



Build a unified data ecosystem and harness AI-powered analytics for real-time gap closure and evidence validation.



Foster year-round provider partnerships, streamline workflows, and design meaningful incentive programs that drive measurable results.



Prepare for audits with confidence through mock reviews, early auditor engagement, and rigorous documentation standards.



Partner with technology experts to automate, scale, and future-proof your HEDIS program.

The critical impact of HEDIS success



Imagine the annual rhythm: from January through May, quality teams are in high gear, gathering data from claims, medical records, and external sources to paint a picture of care quality across their networks. But the true impact of HEDIS stretches far beyond these months. Each measure, each data point, tells a story about how well your plan delivers preventive care, manages chronic conditions, and closes gaps that matter most to members and regulators alike.

HEDIS scores are the backbone of CMS STAR Ratings and state Medicaid quality programs. A single-point increase in STAR Ratings can translate into a double-digit percentage jump in enrollment, evidence that members and employers are paying attention to quality like never before. These ratings are not just about prestige; they unlock access to quality bonuses. For Medicaid plans, incentives and membership growth opportunities are directly tied to HEDIS results.

But the stakes are rising. The shift to digital reporting, the reduction of hybrid measures, and the demand for more granular health equity data mean that plans can no longer rely on sampling or manual processes. Now, success requires a holistic, population-wide approach, powered by robust data integration and year-round quality improvement.

For health plans, HEDIS is both a mirror and a lever. It reflects the quality of care delivered and, when used strategically, powers continuous improvement. Plans that invest in advanced analytics, seamless provider engagement, and proactive member outreach are not just meeting requirements, they're building stronger, more resilient organizations positioned for long-term growth.

Ultimately, HEDIS success is the difference between simply surviving in a crowded marketplace and thriving as a leader in quality, value, and member satisfaction. It's the foundation upon which reputations are built, bonuses are earned, and lives are improved.



Last year alone,
CMS distributed nearly
**\$11.8 billion in
bonus payments**
to plans that excelled in
HEDIS-driven performance¹.

1. Freed, Meredith, et al. "Medicare Advantage Quality Bonus Payments Will Total At Least \$11.8 Billion in 2024." KFF. (December, 2023).

HEDIS reporting methodologies and changes



As the HEDIS landscape evolves, so too does the way health plans must approach measurement, data collection, and reporting. In years past, teams would brace themselves for a flurry of activity each winter, gathering claims, medical records, and lab results to meet the rigid demands of the season. But today, the story is one of transformation, driven by both regulatory change and the relentless push for more accurate, real-time insight into member care.

At the heart of this transformation are the three core HEDIS

reporting methodologies:

administrative, hybrid, and ECDS (Electronic Clinical Data Systems). Each offers a unique lens for viewing quality, and each is being reshaped by the demands of 2025 and beyond.

1

Administrative measures have long been the backbone of HEDIS reporting. These measures rely on claims, encounters, and pharmacy or lab codes to assess outcomes across the entire member population. Their strength lies in scale and efficiency, if the data is complete and accurate, the results are robust. Yet, administrative measures can only be as good as the underlying documentation and coding, making data quality a perpetual focus for health plans.

2

Hybrid measures once offered a middle ground, blending claims data with targeted medical record reviews. By sampling a subset of members, plans could extrapolate findings to the broader population. However, this approach is resource-intensive, and its days are numbered. In 2025, the number of hybrid measures has been reduced again, leaving just eight. The message from NCQA is clear: the future is full-population, digital-first reporting.

3

ECDS, or digital measures, represent the next frontier. These measures draw on a constellation of data sources, claims, EHRs, HIEs, and more, to assess care for every member, not just a sample. The ECDS transition is accelerating for measurement year 2025, nine traditional HEDIS measures must be reported digitally, with the goal of full digital submission by 2030. This shift demands new capabilities: seamless data integration, interoperability, and the ability to extract structured and unstructured data from across the care continuum.

The 2025 HEDIS season brings specific, high-impact changes:



Reduction in hybrid measures: Only eight remain, requiring plans to invest in population-wide data completeness and documentation.



Expansion of digital (ECDS) measures: Nine measures, including immunizations and cancer screenings, are now digital-only, with more to follow in coming years.



New and retired measures: For example, Documented Assessment After Mammogram and Follow-up for Abnormal Breast Cancer Assessments debut, while others, like Antidepressant Medication Management, are retired or transitioned to digital-only formats.



Health equity requirements: Additional measures must now be stratified by race, ethnicity, and gender identity, raising the bar for demographic data quality.



Broader mental health and immunization updates: Inclusion of more provider types and expanded age ranges demand even more granular and accurate reporting.

For health plans, this is not just a technical challenge, it's an opportunity. The move to digital, year-round quality management is enabling a new era of proactive, data-driven improvement. Leading plans are investing in AI-powered evidence validation, real-time gap closure, and unified data platforms that turn episodic reporting into continuous quality enhancement.

The lesson is clear: the days of scrambling for records in the eleventh hour are fading.

The future belongs to those who can unify data, automate evidence capture, and engage providers and members with actionable insights, every day, not just during HEDIS season. By embracing these new methodologies and requirements, health plans can not only meet the demands of 2025 but set the stage for sustained excellence in quality and member care.

Lessons learned from MY2024 and prior seasons



To capture the real-world challenges and breakthroughs of the most recent HEDIS cycle, we interviewed several of Reveleer's HEDIS experts with deep experience in payer quality operations and audit readiness. Their firsthand perspectives offer practical lessons for health plans aiming to excel in the new, data-driven HEDIS environment.

A quick look back

Looking back on the 2024 HEDIS reporting season, the landscape felt markedly different, leaner, faster, and more demanding than ever before. As hybrid measures continued to shrink, our teams were challenged to adapt, not just in process, but in mindset. The days of relying on a handful of sampled charts were truly behind us. Instead, success hinged on the ability to manage and leverage comprehensive, real-time data for the entire population.

The impact of reduced hybrid measures was immediate and profound. "There's a lot of data out there that technology can grab much faster, but it really depends on what your auditor will allow. Some will allow supplemental data to be used for validation and others will not." Said one Reveleer HEDIS leader. This reality forced health plan teams to become more nimble and collaborative, ensuring that every piece of data, whether from claims, EHRs, or external sources, was both accessible and audit-ready. The

reduction in hybrid measures also meant that teams needed to invest in systems and workflows that could support full-population digital reporting, rather than rely on manual chart review.

Year-round documentation and data management emerged as non-negotiables. The old cycle of a frantic HEDIS "season" gave way to a more continuous approach. As our SMEs noted, plans that waited until the last minute to collect or validate data found themselves at a disadvantage. Instead, the most successful teams built a culture of documentation excellence, ensuring that evidence was captured at the point of care and that gaps were identified and closed throughout the year, not just in the final quarter. This shift wasn't just operational; it was cultural, requiring ongoing education, workflow integration, and provider engagement.

Early and ongoing auditor engagement proved essential. One of the most practical lessons from MY2024 was the importance of understanding your primary source verification (PSV) audit needs from the outset. As one SME shared, "If you can use CCD, there's a lot of data out there that can be grabbed much faster, but it really depends on what your auditor will allow." Teams that established open lines of communication with auditors early in the process were able to clarify expectations, avoid surprises, and ensure that their data strategies would stand up to scrutiny.

Continuous quality improvement became a strategic imperative. The most effective organizations didn't treat HEDIS as a one-time compliance hurdle, but as an ongoing journey. They embraced feedback loops, shared lessons learned, and were willing to iterate on processes in real time. As Alexandra put it, "Things are coming together slowly but surely." This spirit of continuous improvement, of synthesizing feedback, testing new approaches, and being willing to adjust course, proved to be a key differentiator for high-performing teams.

In summary:



The **reduction of hybrid measures** accelerated the need for robust, year-round data management.



Early auditor engagement and clarity on data sources are critical to avoid last-minute setbacks.



Teams that fostered a **culture of continuous improvement** and documentation excellence were best positioned to thrive in the new HEDIS environment.

The MY2024 season taught us that adaptability, transparency, and a commitment to ongoing learning are now the hallmarks of HEDIS success. As we move forward, these lessons will continue to shape our approach, not just for compliance, but for true, measurable quality improvement.

Key HEDIS updates for measurement year MY2025



The 2025 HEDIS season introduces a series of targeted updates that reflect both the rapid evolution of healthcare quality measurement and the industry's commitment to more comprehensive, equitable reporting.

New, retired, and modified measures

This year, NCQA has introduced new measures that emphasize timely follow-up and preventive care, such as Documented Assessment After Mammogram and Follow-up for Abnormal Breast Cancer Assessments. At the same time, several legacy measures, including Antidepressant Medication Management, have been retired or transitioned to digital-only reporting. These changes are designed to ensure HEDIS remains aligned with current clinical priorities and advances in care delivery.

New measures for MY2025

- Documented Assessment After Mammogram (using BI-RADS)
- Follow-up for Abnormal Breast Cancer Assessments
- Blood Pressure Control for Patients with Hypertension

Retired measures for MY2025

- Antidepressant Medication Management
- Pain Assessment indicator in the Care for Older Adults measure
- Childhood Immunization Status – only the digital measure CIS-E will be reported
- Immunizations for Adolescents – only the digital measure IMA-E will be reported
- Cervical Cancer Screening – only the digital measure CCS-E will be reported

Modifications to existing measures (not all inclusive)

- Eye Exam for Patients with Diabetes (EED)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Use of High-Risk Medications in Older Adults (DAE)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Acute Hospitalization Utilization (AHU)
- Adult Immunization Status (AIS-E)
- Chlamydia Screening (CHL)
- Care of Older Adults (COA)
- Controlling High Blood Pressure (CBP)
- Transitions of Care



Expansion of digital/ECDS reporting

The shift toward digital measurement continues to accelerate. For 2025, nine measures, including high-volume areas like immunizations and cancer screenings, are now required to be reported exclusively through Electronic Clinical Data Systems (ECDS). This expansion underscores the expectation that health plans move beyond traditional sampling and manual chart review, embracing full-population, real-time reporting powered by integrated data from claims, EHRs, and HIEs.

Additional requirements

Regulatory and accreditation bodies are also raising expectations around the granularity and inclusiveness of quality data. For 2025, more measures must be stratified by race, ethnicity, and gender identity, reflecting a broader push toward health equity. Updates to mental health and immunization measures expand provider types and age ranges, requiring plans to capture and report on a wider spectrum of care encounters.

What's new/what's retired—2025 summary



New: Documented Assessment After Mammogram, Follow-up for Abnormal Breast Cancer Assessments



Retired/transitioned: Antidepressant Medication Management (retired or digital-only), several hybrid measures phased out



Digital-only: Nine measures, including key immunization and screening categories, now require ECDS submission



Expanded stratification: More measures require demographic breakdowns for equity reporting



Broader scope: Mental health and immunization measures now include additional provider types and age groups

These updates signal a clear direction: HEDIS is moving rapidly toward digital, comprehensive, and equity-focused measurement. Health plans that adapt quickly will not only stay compliant but will also be better positioned to demonstrate value and quality in an increasingly competitive market.

Year-round HEDIS excellence: best practices



The most successful health plans have moved beyond treating HEDIS as a once-a-year scramble. Instead, they've embraced a year-round discipline, one that blends proactive planning, agile data management, and cross-functional teamwork. This approach not only drives better results at submission but also fosters a culture of continuous quality improvement that pays dividends across the organization.

Off-season (June–December)

The months following HEDIS submission are a critical window for reflection, recalibration, and innovation. Rather than winding down, top-performing teams use this period to lay the groundwork for the next cycle.

Post-season analysis and debrief

The first step is a rigorous debrief. Teams review final metrics, analyze where targets were met or missed, and dig into the root causes behind both successes and setbacks. This isn't just about looking at rates, it's about understanding workflow bottlenecks, data gaps, and process breakdowns. By bringing together quality, IT, analytics, and clinical leaders, organizations can ensure that lessons learned translate into actionable improvements.

Building cross-functional HEDIS improvement teams

Year-round excellence depends on collaboration. High-performing organizations break down silos by establishing cross-functional teams that include quality, provider relations, IT, analytics, and care management. These teams meet regularly to review progress, share insights, and coordinate interventions, ensuring that quality improvement is everyone's responsibility, not just the HEDIS department's.

Data analytics upgrades

The off-season is the ideal time to invest in analytics infrastructure. Plans are increasingly leveraging advanced tools to identify care gaps in real time, monitor performance trends, and project future results. Integrating artificial intelligence and machine learning can help automate evidence validation, flag missing documentation, and prioritize outreach, making the next HEDIS cycle more efficient and less reactive.

Developing and executing a comprehensive, year-round quality strategy

With insights from the debrief and upgraded analytics, teams can build a comprehensive strategy that spans the entire year. This strategy should include timelines for provider education, member outreach, technology enhancements, and regular performance checkpoints. By mapping out the full cycle, organizations can move from reactive fire-fighting to proactive, strategic quality management.

In-season (January–May)

As the official HEDIS reporting window opens, the focus shifts to flawless execution. The groundwork laid in the off-season pays off here, enabling teams to move quickly and confidently.

Efficient chart retrieval

With the reduction of hybrid measures and the rise of digital reporting, efficient chart retrieval is more important than ever. Leading plans are automating requests, integrating directly with provider EHRs, and leveraging digital platforms to minimize manual effort. Provider engagement is key, clear communication, education, and even incentives can ensure timely, accurate documentation.

Real-time quality measure tracking and daily performance monitoring

Gone are the days of waiting for monthly or quarterly reports. Today's quality teams monitor measure performance daily, using dashboards and alerts to track progress and address issues as they arise. This real-time visibility enables rapid course correction and ensures that improvement efforts stay on target.

Integrating multiple data sources

No single data source tells the whole story. The best-performing organizations pull from a wide array of inputs: medical records, health information exchanges (HIEs), claims, pharmacy, and lab data. Seamless integration and normalization of these sources are essential for capturing every opportunity to close care gaps and validate evidence.

Staying current with NCQA requirements and technical specifications

Finally, HEDIS is a moving target. Each year brings new specifications, measure updates, and technical requirements. The most agile teams dedicate resources to monitoring NCQA releases, attending webinars, and updating internal protocols as changes arise, ensuring there are no surprises when audit season arrives.

In summary:

◆ ◆ ◆ **Year-round HEDIS excellence is built on a foundation of continuous learning, cross-functional collaboration, and proactive strategy.** ◆

By investing in both off-season preparation and in-season execution, health plans can transform HEDIS from a compliance task into a true driver of quality and organizational success.

Data and technology enablement



The digital transformation of HEDIS is no longer a future vision, it's the new reality. For health plans, the ability to unify, analyze, and act on data from across the care continuum is now the foundation of quality improvement and regulatory compliance. The organizations that excel are those that treat technology not as a bolt-on, but as a strategic enabler woven into every aspect of their HEDIS program.

1 Building a unified data ecosystem

The foundation of modern HEDIS excellence is a unified data ecosystem. Health plans are moving beyond fragmented systems by investing in platforms that aggregate information from EHRs, HIEs, claims, pharmacy, and lab sources. This integration creates a single source of truth, supporting real-time gap identification, evidence validation, and seamless reporting. By normalizing and mapping data from diverse sources, organizations ensure that every relevant clinical encounter is captured and measurable, setting the stage for more accurate and comprehensive quality assessments.

2 Leveraging artificial intelligence and advanced analytics

Artificial intelligence and advanced analytics have become essential tools for HEDIS teams. AI technologies, such as natural language processing, can extract clinical concepts from unstructured notes, improving the accuracy and completeness of reporting. Predictive analytics help identify members at risk of falling through the cracks, enabling proactive outreach and intervention before reporting deadlines. With dashboards and performance tools providing daily visibility into measure status, teams can make rapid course corrections and support ongoing improvement throughout the year.

3 Optimizing workflows through technology

Workflow optimization is a key benefit of advanced technology solutions. Unified platforms allow teams to address both quality and risk initiatives from a single interface, streamlining operations and reducing duplication of effort. Automated chart retrieval and abstraction tools significantly reduce manual work, enabling year-round monitoring and faster audit preparation. Features such as in-app messaging, audit logs, and real-time feedback loops foster cross-team collaboration and ensure that every action is traceable and auditable.

4

Selecting the right technology partner

Choosing a technology partner is a strategic decision that can shape the success of a HEDIS program. The most effective solutions support seamless integration with existing EHRs, HIEs, and claims systems, and offer proven AI and analytics capabilities for evidence validation and gap closure. Robust data governance, security, and compliance features are essential to protect sensitive information. A strong track record of customer support, training, and continuous improvement further distinguishes leading technology partners.



Provider engagement and incentives



Building lasting provider partnerships

Sustained HEDIS success is built on strong, collaborative relationships with providers. The most effective health plans approach engagement as a year-round partnership, not a seasonal transaction. By fostering trust, transparency, and shared accountability, plans empower providers to take an active role in quality improvement. This partnership is reinforced through regular communication, clear expectations, and a mutual commitment to closing care gaps and improving outcomes.

Summary:



Collaboration and trust are the foundation for high-performing provider networks, enabling both sides to work together toward shared quality goals.



1

Empowering providers with actionable insights

Timely, relevant data is essential for provider engagement. Health plans that deliver real-time visibility into open care gaps, performance trends, and measure progress enable providers to focus their efforts where they matter most. Integrating these insights directly into provider workflows, such as pre-visit planning and post-visit documentation, makes it easier for clinicians to act on quality opportunities during routine care, without adding administrative burden.

2 Streamlining workflows and reducing burden

Reducing administrative complexity is critical to provider satisfaction and engagement. Automated evidence collection, digital documentation tools, and simplified submission processes allow providers to close gaps and meet quality requirements with minimal disruption. When providers can submit evidence, track progress, and receive feedback through intuitive, user-friendly platforms, they are more likely to participate actively in quality initiatives.

3 Incentivizing quality performance

Meaningful incentives, both financial and non-financial, motivate providers to prioritize quality improvement. The most effective programs offer transparent, attainable rewards tied directly to performance on key measures. Regular progress updates, clear criteria, and timely recognition of achievements reinforce the value of quality work and encourage sustained engagement.

4 Fostering two-way communication and support

Open, ongoing communication is essential for addressing challenges and maintaining momentum. Health plans that provide regular updates, offer responsive support, and create opportunities for providers to share feedback build stronger, more resilient partnerships. This dialogue ensures that providers feel heard, supported, and equipped to succeed in a dynamic quality environment.

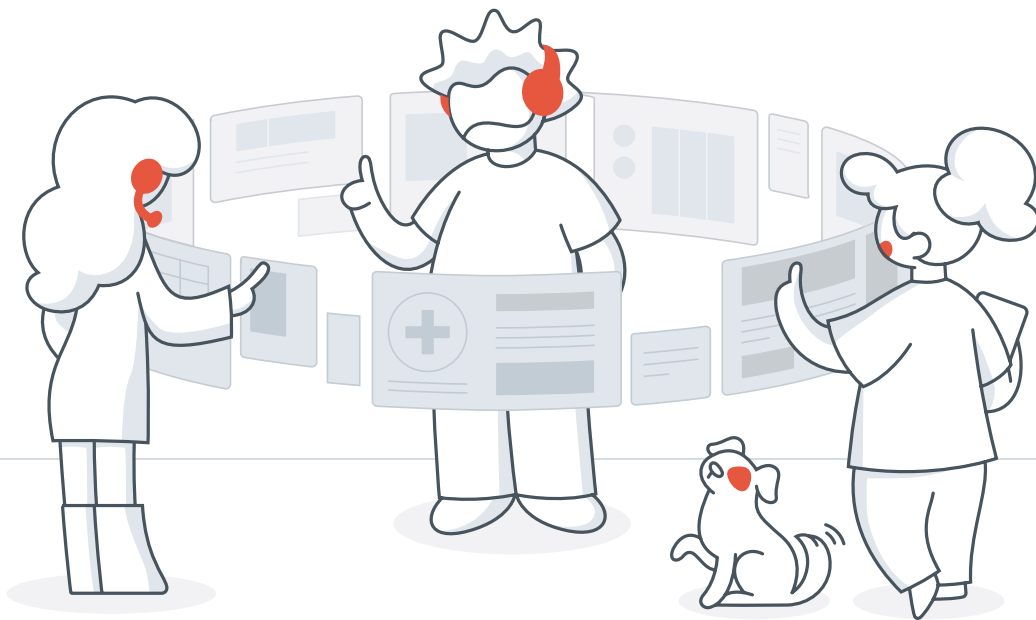


Compliance, audit readiness, and continuous improvement



Mock audits have become a cornerstone of audit readiness for leading health plans. By simulating the rigor of official reviews, teams can identify documentation gaps, refine processes, and ensure that every piece of evidence is audit-ready before external scrutiny begins. Early and ongoing engagement with auditors is equally important. Establishing open lines of communication and clarifying expectations from the outset helps avoid last-minute surprises and ensures that data strategies align with regulatory requirements.

Consistent documentation standards are essential. Clear protocols for evidence capture, storage, and retrieval must be applied across all teams and workflows, so that supplemental and administrative data can withstand any audit. Beyond simply meeting compliance, the most effective organizations are committed to continuous improvement. They systematically capture lessons learned from each audit cycle, debrief with cross-functional stakeholders, and operationalize these insights into updated workflows, training, and technology enhancements. This culture of learning and adaptation ensures that each year's experience builds a stronger, more resilient HEDIS program.

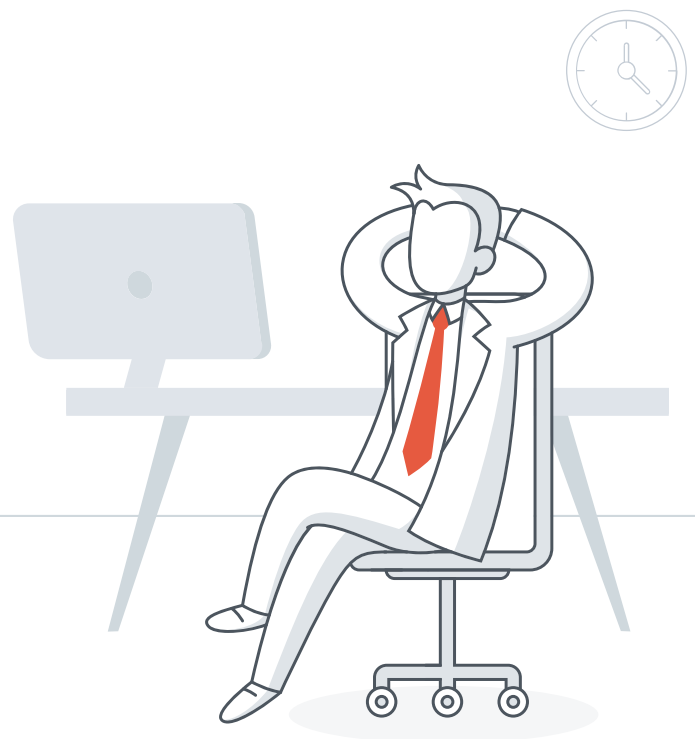


Partnering for HEDIS success



Technology partnerships are now essential for achieving HEDIS excellence in a complex, data-driven environment. The right partner brings more than just software, they deliver expertise in data integration, medical record retrieval, and workflow automation that can transform the efficiency and accuracy of quality programs. By leveraging advanced platforms, health plans can unify disparate data sources, automate evidence collection, and streamline the entire HEDIS lifecycle from gap identification to submission.

These partnerships often include dedicated support teams, ongoing training, and regular performance reviews to ensure solutions evolve alongside regulatory and operational needs. The impact is measurable: health plans have reported significant reductions in manual chart retrieval time, improved retrieval rates, and faster audit preparation, all of which translate into higher quality scores and reduced administrative burden.



Be ready to jump out of the gate in January



Preparation for HEDIS success begins well before the reporting season officially starts. Leading organizations treat January not as the starting line, but as the culmination of months of proactive planning and outreach. Early preparation includes reviewing measure specifications, updating internal protocols, and ensuring all data sources and workflows are aligned for the new cycle. Proactive outreach to providers and internal teams sets expectations, clarifies documentation requirements, and addresses any anticipated challenges before they escalate.

Many teams use visual timelines or checklists to map out key milestones, responsibilities, and deadlines for the first quarter, ensuring that everyone is aligned and accountable from day one. This structured, forward-looking approach minimizes the risk of last-minute scrambles and positions the organization to capitalize on every opportunity for quality improvement as soon as the reporting window opens. Early, organized preparation and clear communication ensure health plans are ready to execute their HEDIS strategy with confidence and agility as soon as the new year begins.



Ready to transform your quality programs?



Discover how our experts and technology can help you achieve year-round HEDIS excellence, streamline workflows, and drive measurable improvements in quality and operational performance.

Request a personalized demo with our quality improvement experts today, see firsthand how our unified platform and best practices can elevate your results and simplify your next HEDIS season.

REQUEST A DEMO



Contact us now to schedule your demo and start your journey toward quality success!