

## Checklist for reporting HEDIS

Are you ready? Whether you're brand new to HEDIS or if you have performed HEDIS for decades, asking the right questions is the first step to improving your score.

Below is a month-by-month breakdown of some of the main activities that a health plan must complete when reporting HEDIS quality information to NCQA. Keep this tool at your desk and check off each task as completed.

### August–September:

- ☐ Determine the necessary internal and/or external HEDIS support needed for the upcoming season for the following components of HEDIS:
  - HEDIS Reporting
  - HEDIS Medical Record Review
- ☐ If kept internal, health plans must:
  - Identify staffing levels and resource needs
  - Develop HEDIS specific training
  - Develop software to gather information and calculate rates
- ☐ If seeking external support:
  - Seek out a vendor for HEDIS Reporting and/or Medical Record Review support

### October–December:

- ☐ NCQA distributes final Technical Specifications outlining rules and standards for the upcoming HEDIS season
- ☐ Seek out and contract with an NCQA Licensed Audit Organization
- ☐ Begin to address portions of the HEDIS Roadmap with internal staff and/or vendors
- ☐ If a vendor was selected for HEDIS Reporting and/or Medical Record Review, implementation activities should begin at this time

### January–February:

- ☐ Complete annual Health Organization Questionnaire (HOQ)
- ☐ Submit completed current year's Roadmap to your auditor
- ☐ Auditor selects core set of noncertified measures for code review
- ☐ Complete CAHPS survey sample frame validation

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### March–May:

- ☐ Auditor to finalize approval of all supplemental data, policies, procedures and content
- ☐ If external vendor chosen for HEDIS Reporting, auditor requests NCQA's final certification report and measure identifiers
- ☐ If performing HEDIS Reporting internally, health plan submits completed source code for auditor review
- ☐ IDSS opens for data loading and validation
- ☐ Develop Chase List or receive Project Start File from HEDIS Reporting vendor
- ☐ Begin scheduling chart retrieval with providers
- ☐ On-site visits to provider offices to retrieve charts
- ☐ Complete chart abstraction
- ☐ Coordinate administrative data refresh between internal/external teams
- ☐ Prepare Convenience Sample
- ☐ Select measures for MRRV
- ☐ Preliminary rate review
- ☐ Complete medical record abstraction process:
  - Send final numerator-compliant counts for all measures to internal HEDIS Reporting team or vendor
  - Send exclusions and numerator-compliant lists for selected measures to the auditor for MRRV
- ☐ Auditor selects 16 records for MRRV measure and exclusions
- ☐ Send selected MRRV records to auditor for validation
- ☐ Complete documentation prep for auditor showing proof of compliance for all selected records

### June–July

- ☐ Complete any Corrective Action Plans (CAP) and follow-up requests from auditor
- ☐ Submit plan-locked submissions to auditor
- ☐ Submit the auditor-locked IDSS submission, with attestation, to NCQA
- ☐ Patient-level data for Medicare products submitted by June 15
- ☐ Licensed Organization submits Commercial, Medicaid and Medicare Final Audit Reports to NCQA

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