## HEDIS® 2013 Volume 5

HEDIS Compliance Audit™:

Standards, Policies and Procedures



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Acknowledgments

NCQA is proud to release HEDIS 2013 *Volume 5*, *HEDIS Compliance Audit*™*: Standards, Policies and Procedures*. The HEDIS Compliance Audit program was established in 1997 to assess accuracy and reliability of HEDIS data and promote fair comparison among organizations. Our primary goals—to establish the audit program as the gold standard for HEDIS auditing and to build capacity to support market demand—are met by maintaining consistent auditor participation and requiring audited data for organization accreditation, *America’s Best Health Insurance Plans,* *Quality Compass®*1 and the *State of Health Care Quality* Report.

HEDIS 2013 Volume 5 builds on earlier versions of the audit standards and the auditor certification manual, and guides NCQA Certified HEDIS Compliance Auditors, organizations undergoing HEDIS audits and others interested in the NCQA standardized audit methodology.

This volume is made possible through the contributions of many stakeholders, external and internal to NCQA. We extend our thanks to members of the HEDIS Expert Audit Methodology Panel, who dedicate their time and expertise throughout the year to help us improve the program.

We would also like to thank these NCQA staff for their contributions tothe volume’s production: Mary Braman, Courtney Breece, Ashley Lorusso, Lauren Niles, Suzanne Porter, and Anne Smith, for their help in refining the volume’s content; Carolyn Moeller, for her help in producing the final copy; Rick Moore, for his leadership on this project; Judy Lacourciere, for her editorial work.

Sincerely,



Margaret E. O’Kane  
President

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Overview

Overview

HEDIS 2013

HEDIS is one of the most widely used sets of health care performance measures in the United States. It is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization committed to assessing, reporting on and improving the quality of health care. The Health Plan Employer Data and Information Set and the term “HEDIS” originated in the late 1980s as the product of a group of forward-thinking employers and quality experts, and was entrusted to NCQA in the early 1990’s. NCQA expanded the size and scope of HEDIS to include measures for physicians, PPOs and other organizations, and changed the name to “Healthcare Effectiveness Data and Information Set*.*”HEDIS continues to be one of the most widely used sets of health care performance measures in the United States.

HEDIS 2013 is published in multiple volumes and includes 80 measures across 5 domains of care:

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| * Effectiveness of Care. * Access/Availability of Care. * Experience of Care. | | * Utilization and Relative Resource Use. * Health Plan Descriptive Information. |
| Volume 1: *Narrative* | A general overview of the HEDIS measurement set and how the data are used. | |
| Volume 2: *Technical  Specifications for Health Plans* | The technical specifications for the HEDIS nonsurvey measures; instructions on collecting data for each measure; general guidelines for calculations and sampling. | |
| Volume 2: *Technical Specifications for Physician Measurement* | The technical specifications for the HEDIS quality and cost of care measures for physician-level measurement. | |
| Volume 3: *Specifications for Survey Measures* | The technical specifications for HEDIS survey measures and standardized surveys from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program. | |
| Volume 4: *A Road Map for Information Systems* | An overview of the information systems necessary to support HEDIS. The most recent version of this archived volume was published in 1998. | |
| Volume 5: *HEDIS Compliance Audit™: Standards, Policies and Procedures* | The accepted method for auditing the HEDIS production process, including an information systems capabilities assessment and an evaluation of compliance with HEDIS specifications. Standards that Certified HEDIS Compliance Auditors must use when conducting a HEDIS audit. | |
| Volume 6: *Specifications for the Medicare Health Outcomes Survey* | The technical specifications for the Health Outcomes Survey (HOS). | |

WHP 2013

*Technical Specifications for Wellness and Health Promotion* (“WHP Technical Specifications”) is an addition to NCQA’s suite of products. It supports standardized measurement of wellness program quality by providing specifications to enable reliable, valid measurement and reporting of wellness-specific performance.

WHP 2013 is published in one volume and includes ten measures across four domains.

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| **Technical Specifications for Wellness and Health Promotion** | The technical specifications for the WHP measures; how to collect data for each measure; general guidelines for calculations. |

DM 2013

*Technical Specifications for Disease Management Programs* (“DM Technical Specifications”) supports standardized measurement of DM program quality by providing specifications to enable reliable, valid measurement and reporting of DM-specific performance.

DM 2013 is published in one volume and includes six measures across five conditions.

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| **Technical Specifications for Disease Management Programs** | The technical specifications for the DM measures; how to collect data for each measure; general guidelines for calculations. |

How Measures Are Developed

NCQA’s Committee on Performance Measurement (CPM), whose members are representatives of purchasers, consumers, organizations, providers and policy makers, oversees the evolution of the measurement set. The CPM is aided in its work by Measurement Advisory Panels (MAP), which provide the clinical and technical expert knowledge required to develop measures for particular clinical areas or specific populations. Additionally, the Expert Panels and the Technical Measurement Advisory Panel (TMAP) provide invaluable assistance by identifying methodological issues related to the current measurement set and recommending solutions, as well as by providing feedback on new measurement specifications.

What’s New in Volume 5?

* Modified the note for *Contract Execution* in the *Audit Process: Offsite Methods* section.
* Adopted a new process for medical record review validation (MRRV) in the *Audit Process: Offsite Methods* section.
* Modified the audit timeline in the *Audit Process: Offsite Methods* section.
* Added a sign-in sheet requirement to the onsite process in *Audit Process: Onsite Methods* section.
* Modified Final Audit Report requirements in the *Audit Process: Post-Onsite and Reporting* section*.*
* Modified the e-mail requirements for *Work Papers and Documentation,* in the *Post-Onsite and Reporting* section.

How Volume 5 Is Organized

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| Introduction | The origins of the HEDIS Audit program and an overview of the audit process. |
| Policies and Procedures | Policies and procedures for NCQA Licensed Organizations and Certified Auditors. |
| HEDIS Compliance Audit Standards | The Information Systems (IS) and HEDIS Determination (HD) audit standards that form the basis of the audit process. |
| Audit Process:  Offsite Methods | Offsite activities. |
| Audit Process:  Onsite Methods | Onsite activities. |
| Audit Process: Post-Onsite and Reporting | Post-onsite activities and procedures for reporting results. |

If You Have Questions About the Specifications...

Policy Clarification Support

NCQA provides different types of policy support to customers, including frequently asked questions (FAQ), Policy Updates and a function that allows customers to submit specific policy interpretation questions to NCQA staff. The Policy Clarification Support (PCS) system is accessible via the NCQA Web site at [www.ncqa.org/pcs](http://www.ncqa.org/pcs).

FAQs and Policy Updates

The FAQs and Policy Updates clarify HEDIS uses and specifications and are posted to the NCQA Web site on the 15th of each month.

Additional Resources

In addition to the specification volumes, NCQA provides a variety of resources to help organizations understand measure specifications, collect HEDIS data and report results.

* Each organization implementing HEDIS is strongly encouraged to join NCQA’s HEDIS Users Group (HUG) for technical assistance and guidance on interpreting the specifications. Membership benefits include NCQA HEDIS and Accreditation publications, newsletters, internet seminars, discount vouchers for HEDIS conferences and publications and up-to-date technical information.
* All HEDIS publications are available as easy-to-use electronic publications (e-pubs) that contain the complete text of NCQA printed publications and are sold by user licenses. E-pubs are protected Microsoft Word and Excel files sent to purchasers via e-mail; they are simple to download onto a PC, network or intranet.
* Save programming hours, eliminate the manual search for codes and reduce keying errors with the HEDIS Electronic Coding Table (ECT). The ECT provides an easy way to incorporate CPT2, HCPCS, ICD-9-CM, UB-Revenue and Type of Bill, MS-DRG and LOINC®3 codes into an organization’s data collection program. The ECT, available in XML, was released in early September with a final release scheduled for December.
* NCQA produces many publications that are relevant to organizations and physicians interested in improving the quality of health care. To obtain a list or to order publications, go to the NCQA Publications Center at web.ncqa.org or call Customer Support at 888-275-7585.
* NCQA educational seminars provide valuable information on NCQA standards and the survey   
  process. Course offerings range from a basic introduction to HEDIS and NCQA standards to   
  advanced techniques for quality improvement. For information about NCQA conferences, go to web.ncqa.org/education or call NCQA Customer Support at 888-275-7585.
* NCQA’s audit resources can be found at web.ncqa.org/HEDIS\_audit.aspx, which includes links to the list of Organizations Licensed by NCQA to conduct HEDIS Compliance Audit and to contact information for NCQA’s Certified HEDIS Compliance Auditors.

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2 CPT codes copyright 2012 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

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Introduction

Introduction

Background

In 1992, NCQA assumed responsibility for managing the evolution of HEDIS, a standardized set of performance measures used by purchasers and consumers to compare the quality of care rendered by organizations. As HEDIS became more widely used, it became apparent that organizations were implementing the measure specifications differently. Concerned that these variations could affect data comparability, purchasers began to require audits of HEDIS data. Eventually, purchasers and external regulators required multiple audits that varied in requirements and results.

In 1995, NCQA created a standardized audit for HEDIS data to ensure the credibility of results for public reporting and reduce organization burden by eliminating the need for multiple audits to satisfy different purchasers. To develop a standardized audit, NCQA convened a focus group that included public and   
private purchasers, regulators, organizations, consultants and audit experts.

In 1997, NCQA released the *HEDIS Compliance Audit Standards and Guidelines*. The audit standards allow auditors to validate the accuracy and reliability of HEDIS data by thoroughly assessing an organization’s information systems and the accuracy and reliability of its reported HEDIS data.

In 2006 and 2008, NCQA convened groups of auditors and organization representatives to assess specific activities related to changes in health care. The results were changes to significant audit activities and a new organization questionnaire.

In 2010 and 2011, NCQA expanded the Audit program to include assessing the collection of measures for its WHP and DM programs.

For 2013, NCQA adopted a new medical record review validation (MRRV) process. The statistical test used to determine bias in the medical record review process changed, as did the timeline for medical record abstraction.

Today, HEDIS is the standard for assessing organization performance—almost 90 percent of all organizations collect and report HEDIS results. The HEDIS Compliance Audit includes standards for assessing organization information system characteristics and capabilities and specification compliance for each measure. It has evolved to become an important strategic component of HEDIS and accreditation. Since 2000, NCQA has used only audited HEDIS data for its information products, including *Quality Compass®* and the *State of Health Care Quality* Report. NCQA Accreditation requires organizations to submit audited performance measure data annually, which further strengthens the HEDIS Audit and its role in ensuring accurate and reliable data for organization-to-organization comparison.

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| HEDIS Audit principles | * The HEDIS Audit verifies that the organization’s measure production processes conform to the technical specifications. * The HEDIS Audit measures the organization’s information system capabilities and evaluates its ability to process medical, member and practitioner information and accurately report data. * The results of a detailed source code review of a carefully selected and expandable subset of measures (the core set) can be extrapolated to all measures. * The goal of the audit is accurate, reliable and publicly reportable data that can be used by purchasers and consumers to compare organizations. * The HEDIS Audit must be conducted by an NCQA Licensed Organization and a Certified HEDIS Compliance Auditor using NCQA’s standard audit methodology, ensuring consistency across audits. |

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| Medicare audit requirements | NCQA works with the Center for Medicare & Medicaid Services (CMS) on the continuous improvement of the HEDIS Compliance Audit Program. CMS expects Certified Auditors to follow NCQA compliance audit standards and policies and procedures. CMS communicates directly with all of its contracted organizations and Licensed Organizations about additional Medicare audit requirements. |

## The Audit Process

NCQA audits promote accurate, reliable and publicly reportable data. We encourage organizations to collect data simultaneously with their audit. A concurrent audit lets the auditor detect errors in the data collection process while there is time for the organization to correct its methods and minimize the possibility of *Not Reportable (NR)* rates. While the organization collects measure data, the audit team schedules and conducts the activities described below.

Offsite Audit Process

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| The Roadmap | The HEDIS Audit begins when an organization completes or updates the Roadmap, which it uses to record information about its data systems and data reporting structure and processes. Refer to *Appendix 2: HEDIS Roadmap* and *Appendix 3: WHP Roadmap*. Electronic copies of the Roadmap are available from your NCQA Licensed Organization. |
| Survey sample frame validation | A Certified Auditor validates the survey sample frame before the Certified Survey Vendor draws the final sample and administers the survey. Performing the sample frame validation early in the audit allows the organization time to correct problems. |
| Core set selection | If the organization does not use an NCQA Certified Software Vendor, the Certified Auditor selects a core set of measures for detailed source code review. Selection is based on many considerations, including the initial assessment of the Roadmap and a review of the previous year’s results. |
| Source code review | The manual or automated process of examining original programming to verify that it is accurate and complete and that it complies with measure specifications. |
| MRR validation | Medical record review validation (MRRV) is a required component of the audit for organizations that use medical record data to report HEDIS. To validate the integrity of MRR processes, the Certified Auditor reviews the experience and credentials of the MRR staff, the staff’s training program, the MRR tools, interrater reliability (IRR) testing and the MRR oversight process.  MRR validation includes a review of a small set of completed abstraction tools from multiple hybrid measures and application of a final statistical validation to a sample of positive numerator events to confirm the accuracy of the process.  The new process for 2013 uses like-measure groupings for measure validation, includes hybrid measure exclusions, applies a different statistical test to the process and defines MRR milestones clearly to ensure consistency across organizations. |
| Preliminary rate review | Preliminary rate review provides the Certified Auditor with initial administrative and hybrid rate information. The auditor uses the initial rate review to assess data completeness and accuracy early in the audit. Significant rate variations found during preliminary rate review are recorded, discussed and corrected if needed. |

Onsite Audit Process

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| The onsite visit | A required onsite visit can take from one to four days and is conducted by an audit team that includes at least one Certified Auditor. During the site visit, the auditor observes systems used to collect and produce measure data. The number and content of onsite visits depends on the size and structure of the organization and the number of delegated vendors or offsite facilities relevant to measure reporting. NCQA requires all auditors and organizational staff who are present to sign an attendance form to document their involvement in the process.  The audit team conducts interviews; reviews systems, processes and measure-specific data collection; and assesses the level of the organization’s data completeness. The team concludes the onsite visit with a closing session, where it shares initial findings. |

Post-Onsite and Reporting

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| Documents and corrective actions | Based on requests from the auditor at the onsite visit or in the follow-up documentation, the organization submits additional documents and implements corrective actions. Timely completion of corrective actions gives the auditor enough time before the submission date to determine their effect on measure results. |
| Final rate review | At the end of the audit, final rates and results are compared to benchmarks, prior years’ data and national means and percentiles. All significant rate variations are noted, discussed and corrected if needed. |
| Audit results | HEDIS audits result in audited rates or calculations at the measure level for each indicator and designate if measures can be publicly reported. All measures selected for reporting by the organization have a final, audited result. |
| HEDIS data submission to NCQA | NCQA provides the Web-based, Interactive Data Submission System (IDSS) for each organization submitting data to NCQA for accreditation, inclusion in the HEDIS database, public reporting or special NCQA projects.  **Note:** Data submission tools for WHP and DM results are provided separately. |
| Final Audit Report | After the organization provides all requested documents, performs the recommended corrective actions and submits the measure results, the auditor prepares the Final Audit Report and sends it to the organization and to NCQA. |

Software Certification

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| Vendor software | In 2000, NCQA launched a HEDIS Software Certification Program and began Full Certification for vendors reporting complete HEDIS measure sets based on HEDIS Technical Specifications.  In 2004, NCQA began certifying vendors with HEDIS software packages that produce only a portion of the current measurement set. Many types of organizations purchase such software to meet specialized data reporting and quality improvement needs.  To validate a vendor’s software, NCQA generates unique sets of sample data known as “test cases.” The vendor processes the test cases and sends the results to NCQA, where they are compared to the expected results to determine if the software computes HEDIS measures accurately. |

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|  | Vendors that achieve certification may advertise that they are NCQA Certified, according to the *NCQA Advertising and Marketing Guidelines* applicable to the certification program*.* |
| Eligible groups | Certification is available to vendors that license or sell HEDIS or Pay for Performance (P4P) software applications. Automated source code review (ASCR) is available to any organization that develops its own software. |
| Measures included in certification | Certification applies to a vendor’s overall HEDIS software package, but testing is conducted on measure-specific source code.  Certification applies to only HEDIS measures typically programmed in commercial software applications; it does not extend to measures based on customized processes or manual procedures. Refer to Appendix 9 for measures and processes included in and excluded from software certification. |
| Achieving certification | A vendor earns certification when 100 percent of the measure set receives a *Pass* or *Pass With Qualifications* status. The vendor receives a Certification Report that shows the status of each measure tested. An organization that uses certified vendor software should request a copy of the vendor’s Certification Report. Auditors get a copy of this report from NCQA. The NCQA Web site lists certified vendors. |
| Certification and  the audit | The Certified Auditor should evaluate each vendor’s Certification Report and determine the status of the measures tested. Any decision to report rates for measures that received a *Pass With Qualifications* or *Fail* status must be documented by the auditor in the Final Audit Report.  Specific audit processes affected by software certification are noted throughout this volume. |
| ASCR and the audit | NCQA uses ASCR to test organizations’ in-house HEDIS programs. In this audit process, NCQA works with a Licensed Organization to apply the test-deck method to a selection of measures programmed by the organization. The process can be used for a portion of the core set measures or all measures in the core set. Testing results are sent to the auditor and can substitute for the HD grids. ASCR replaces manual source code review; measures that pass satisfy the requirements for the core set review.  ASCR applies to only HEDIS measures typically programmed in software applications; it does not extend to measures based on customized processes or manual procedures. Refer to Appendix 9 for measures and processes included in and excluded from software certification. |

Survey-Only Audits

Specific audit requirements apply to organizations that report only the CAHPS Health Plan Survey 5.0H, Adult Version, or the CAHPS Health Plan Survey 5.0H, Child Version.

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| Organization completes the HEDIS Roadmap | The organization must provide basic information.   * HEDIS Roadmap General Information and Section 2, indicating: * Surveys being collected. * Product lines. * Vendor administering survey. * Estimated eligible population. |
| Organization submits data to  the auditor | The organization must provide enough data and documents for the auditor to evaluate the survey sample frame:   * Program code used to populate sample frame or software vendor’s certification report. * Complete sample frame data. * Screen prints from membership system. |
| Auditor validates sample frames | The auditor can conduct conference calls and review all components of the survey sample frame without conducting an onsite visit, but the review must include all aspects of the project and be thorough enough for the auditor to approve the release of the sample frame to the survey vendor. The auditor should perform the following tasks, as appropriate:   * Review the HEDIS Roadmap for complete information needed for the survey. * Review all program code used to create the sample frame or software vendor’s certification report. * Review complete sample frame data to determine conformance with specifications; layout and content. * Review data system processes, including: * Membership system logs. * Process and procedure manuals. * Remote system demonstrations, if possible. * Prepare and request specific data queries.   As in any other type of HEDIS audit, the auditor asks for sufficient information and any corrective actions needed to approve the data for release. This type of audit also results in a formal notification of the results for each survey sample frame reviewed and a Final Audit Report and Statement. |

*Note*

* *Reduced requirements do not apply if the organization reports the* Children With Chronic Conditions *component.*
* *Organizations that report only survey results do not receive an NCQA audit seal.*

WHP Audits

Specific audit requirements apply to organizations that report NCQA’s WHP performance measures.

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| Negotiating a timeline | During the contracting phase, the organization and the Licensed Organization negotiate an audit timeline and review the number and configuration of the systems to be audited. They consider whether multiple products rely on the same information system; whether several key organization functions are performed at multiple offsite locations; and centralized systems. In all audits, the Certified Auditor uses findings from the WHP Roadmap to determine the systems to audit and the next steps in the audit process. |
| Organization completes the WHP Roadmap | The organization must provide the basic information needed for an audit, indicating:   * Measures being collected. * Health appraisal and intervention systems.   Electronic copies of the WHP Roadmap are distributed to NCQA Licensed Organizations. |
| System or source code review | The manual or automated process of examining original system reports or programming to verify that they are accurate and complete, and that they comply with the specifications in the WHP Technical Specifications. |
| The onsite visit | The required onsite visit takes one or two days and is conducted by an audit team that includes at least one Certified Auditor. During the onsite visit, the audit team observes systems used to collect and produce WHP data. The number and content of onsite visits depends on the organization’s size and structure.  The audit team conducts interviews; reviews systems, processes and measure-specific data collection; and assesses the level of the organization’s data completeness. The team concludes the onsite visit with a closing session and shares its initial findings. |
| Documents and corrective actions | The organization submits additional documents and implements corrective  actions based on requests from the auditor at the onsite visit or in the follow-up documentation. Timely completion of corrective actions gives the auditor enough time before the WHP submission date to determine their effect on results. |
| Audit results | WHP audits result in audited rates or calculations at the measure level and indicate if the measures can be reported publicly. All measures selected for reporting by the organization have a final, audited result. |
| Final Audit Report | After the organization provides all requested documents, performs the recommended corrective actions and submits the measure results, the auditor prepares the Final Audit Report and sends it to the organization and to NCQA. |

DM Audits

Specific audit requirements apply to organizations that report the NCQA’s DM performance measures.

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| Negotiating a timeline | During the contracting phase, the organization and the Licensed Organization negotiate an audit timeline and review the number and configuration of the systems to be audited. They consider whether multiple products rely on the same information system; whether several key organization functions are performed at multiple offsite locations; and centralized systems. In all audits, the Certified Auditor uses findings from the DM Roadmap to determine the systems to audit and the next steps in the audit process. |
| Organization completes the DM Roadmap | The HEDIS Audit begins when an organization completes or updates the DM Roadmap, which it uses to record information about its data systems and data reporting structure and processes. Organizations should complete these sections for the audit:   * *General Information.* * *DM Roadmap Appendix 1 (Measure Reporting Table).* * *Medical Services and Processing* (Section 1). * All *Ancillary Services* sections *(Laboratory, Vision, and Pharmacy Services and Processing* [Sections 1A–1C]*)* that apply. * *DM Eligibility* (Section 2). * *Registry Data* (Section 3). * *Supplemental Data* (Section 4). * *Data Integration* (Section 5).   Electronic copies of the Roadmap are distributed to the NCQA Licensed Organizations. Refer to *Appendix 4: DM Roadmap.* |
| System or source code review | The system or source code review is a manual or automated process of examining original system reports or programming to verify that they are accurate and complete, and that they comply with the specifications in the DM Technical Specifications. |
| The onsite visit | The required onsite visit takes one or two days and is conducted by an audit team that includes at least one Certified Auditor. During the onsite visit, the audit team observes systems used to collect and produce disease management data. The number and content of onsite visits depends on the size and structure of the organization.  The audit team conducts interviews; reviews systems, processes and measure-specific data collection; and assesses the level of the organization’s data completeness. The team concludes the onsite visit with a closing session and shares initial findings. |
| Documents and corrective actions | The organization submits additional documents and implements corrective actions based on requests from the auditor at the onsite visit or in the follow-up documentation. Timely completion of corrective actions gives the auditor adequate time to determine their effect on the results before the DM submission date. |

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| Audit results | DM audits result in audited rates or calculations at the measure level and indicate if the measures can be reported publicly. All measures selected for reporting by the organization have a final, audited result. |
| Final Audit Report | After the organization provides all requested documents, performs the recommended corrective actions and submits the measure results, the auditor prepares the Final Audit Report and sends it to the organization and to NCQA. |

Policies and Procedures

Policies and Procedures

The NCQA HEDIS Compliance Audit

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| Healthcare organization responsibilities | Any organization that produces a HEDIS report may undergo an NCQA HEDIS Compliance Audit. Licensed Organizations contracting with a health care organization should ensure that NCQA’s requirements are met. Health care organization requirements and responsibilities are listed in the Technical Specifications*.* |
| Licensed Organization and Certified Auditor qualifications | NCQA has a licensing program for organizations interested in conducting HEDIS Audits and a certification program for individual auditors. NCQA posts lists of Licensed Organizations and Certified Auditors on its Web site under **HEDIS programs**. |
| Licensed Organization | Organizations that conduct HEDIS Audits must be licensed by NCQA. Organizations must have applicable auditing experience and a working knowledge of the managed care industry and HEDIS, a Certified Auditor to act as the organization’s practice leader, submit an application describing their experience and capabilities, pay a licensure fee and enter into a contract with NCQA.  Licensed Organizations are held to strict standards of conduct and accountability. Violations of the code of conduct can result in revocation of licensure and forfeiture of the licensure fee. Licensed Organizations must also comply with the Health Insurance Portability and Accountability Act (HIPAA). To maintain licensure, organizations must employ or contract directly with at least two Certified Auditors.  Licensure is effective for one year and is renewed after payment of the licensure fee and review of the Licensed Organization previous year’s auditing work. Contact the NCQA Licensure and Certification Department at [CHCA@ncqa.org](mailto:audit@ncqa.org). |
| Certified HEDIS Compliance Auditor | Applicants for certification must pass an application review. Applicants should have auditing experience and HEDIS knowledge and must submit at least two references that demonstrate exemplary professional skills and ethics. Following the application review, applicants must pass an auditor certification exam and enter into a certification agreement with NCQA. Certification is valid for two years for auditors who meet the following criteria:   * Participate in at least two audits per year under the supervision of a Licensed Organization. * Attend the annual Auditors’ Update Conference (AUC). * Obtain 12 hours of preapproved continuing education credits during the two-year certification period. * Adhere to the Code of Professional Conduct in *Appendix 1: Code of Professional Conduct for Certified HEDIS Compliance Auditors.*   **Note:** Auditors unable to complete 2 audits during one of the certification years may apply for an alternate requirement, which may include a leave of absence or a redistribution of the required audits; but any alternative is granted only at NCQA’s discretion.  Auditors may be recertified by completing the recertification form, providing evidence that all requirements were met and paying the recertification fee. Violations of the Code of Professional Conduct can result in revocation of certification and forfeiture of the certification fee. |

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|  | Individuals interested in certification should contact the NCQA Licensure and Certification Department at [CHCA@ncqa.org](mailto:CHCA@ncqa.org). |

Monitoring and Oversight of HEDIS Audits

To ensure the continued success of the audit program, NCQA administers a monitoring program that gives constructive feedback to Licensed Organizations and Certified Auditors. This program helps improve and evolve the practices of Certified Auditors and Licensed Organizations.

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| Program goals | * Ensure that audits are conducted in a manner consistent with NCQA specifications, standards and policies and procedures. * Ensure that the rigor of audits is consistent across all Licensed Organizations and Certified Auditors. * Identify opportunities for improvement (design and implementation). |
| Performance categories: | NCQA evaluates the consistency of audit practices across organizations and auditors by observing individual Certified Auditors as they conduct HEDIS Audits at organizations and reviewing work papers for evidence that audits conform with NCQA methodology and documentation standards. NCQA assesses performance by Certified Auditors and Licensed Organizations in five major categories. |
| *1. Pre-Audit* | Audit strategy, team selection, preparation and initial assessment. |
| *2. IS Assessment* | Evaluation of information systems and processes used to collect and report measures. |
| *3. Measure Compliance and Preliminary Rate Review* | Determination of compliance with technical specifications and evaluation of preliminary rates. |
| *4. Reporting* | Conclusion of audit findings and final rate review for rendering a final audit opinion. |
| *5. Work Papers* | Documentation and evidence that support the audit activity and decisions in all major areas: offsite, preliminary rate review, onsite, post-onsite, final rate review and overall audit effectiveness. |
| Monitoring results | NCQA focuses on client communication, Roadmap assessment, core set selection and source code review strategies (when appropriate), MRRV, information systems assessment and measure determination evaluation, documentation of issues and resolution, all rate validations, follow-up documentation, submission tool validation and Final Audit Reports.  Licensed Organizations receive an annual monitoring report from NCQA that identifies areas of achievement and areas for improvement. Licensed Organizations are required to submit a Corrective Action Plan (CAP) to NCQA for all identified areas of improvement.  NCQA may also monitor the quality and satisfaction of the HEDIS Audit Program through a survey provided to audited organizations after each reporting cycle. Organizations rate their Licensed Organization on various aspects of the audit process, and the findings are used in ongoing evaluation of Licensed Organizations and audit standards and guidelines. |

Portability of Opinion

Because accountability at the measure level is crucial to maintaining audit integrity, NCQA allows an audit result rendered by one Licensed Organization to be used in another Licensed Organization’s opinion without further review.

NCQA does not allow portability of audit opinions at the process level (i.e., IS review, MRR validation); therefore, one Licensed Organization’s assessment of vendor information systems is not transferable to another Licensed Organization.

Audit Appeal and Grievance Procedures

The Licensed Organization must maintain an appeal process that gives an audit client the opportunity to file a complaint or appeal an audit result issued by the Licensed Organization. The written appeal process must be submitted to NCQA for approval as a condition of licensure, and the Licensed Organization must conduct all appeals in compliance with the approved appeal process. Any changes to the appeal process must be approved in advance by NCQA.

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| Licensed Organization responsibility | The Licensed Organization must inform the audit client that any changes in rates resulting from an appeal may not be eligible for resubmission to NCQA for inclusion in NCQA’s reporting products or accreditation, due to publication timelines and other submission deadlines set by third-party stakeholders, including CMS.  The Licensed Organization must notify the NCQA assistant vice president of measure validation, in writing, within two business days of the filing, of:   * Any complaint filed against the Licensed Organization. * Any complaint filed against an auditor employed or directly contracted by the Licensed Organization to perform HEDIS Audits. * An appeal about a measure result.   The Licensed Organization shall investigate and respond in a timely manner (not to exceed 14 calendar days from filing). It must inform NCQA of the investigation’s progress and must notify NCQA of the outcome and the nature of any corrective action.  NCQA may investigate a grievance filed with NCQA regarding the actions of the Licensed Organization or a Certified HEDIS Compliance Auditor. The Licensed Organization agrees to cooperate fully in any investigation by NCQA and to institute corrective actions deemed necessary resulting from an investigation. A substantiated grievance may result in termination of the organization’s license or the auditor’s certification. |

***Note***

* *A HEDIS submission or resubmission after the established deadlines (June 15 for commercial, Medicaid and Medicare) is at risk of being excluded from NCQA’s public reports and programs.*

Revisions to Policies and Procedures

At its sole discretion, NCQA may amend its *Policies and Procedures,* appeal and grievance procedures or any other audit program policy.

HEDIS Compliance Audit  
Standards

HEDIS Compliance Audit Standards

HEDIS Compliance Audit standards describe requirements for measure data collection and reporting processes; they are the foundation on which Certified HEDIS Compliance Auditors base the organization’s ability to report data accurately and reliably.

The standards are divided into two sections:

1. Information System (IS) standards.
2. HEDIS Determination (HD) standards.

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| IS standards | Because measure data depend on the quality of an organization’s information systems, the **IS standards** measure how the organization collects, stores, analyzes and reports medical, customer service, member, practitioner and vendor data. An organization without adequate capabilities for processing health information cannot report measure information accurately and reliably.  The standards specify the minimum requirements for information systems and criteria for manual processes used in data collection. In short, meeting the IS standards ensures that the organization has effective IS practices and control procedures for data reporting. |
| HD standards | Auditors use the **HD standards** to assess the organization’s measure compliance  (i.e., determine if the organization adhered to the Technical Specifications). These standards describe specific information that the auditor looks for, such as proper identification of denominators and numerators and verifying algorithms and rate calculations. Auditors must take into account organization compliance with the IS and HD standards to fully assess reporting capabilities.  To verify compliance with these standards, NCQA requires that all applicable items be evaluated during an initial audit engagement or when applicable systems, processes or staffs have changed from an earlier evaluation. |
| Auditor review | Auditors review the recommended processes and documents for each IS and HD standard. The review focuses on the organization’s ability to comply with the standards and substantiate the measure results. The following sections list the typical process, systems and documents, but auditors may also review any items that affect compliance and reporting. |

## Information System Standards

### IS 1.0 Medical Services Data—Sound Coding Methods and Data Capture, Transfer and Entry

IS 1.1 Industry standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS) are used and all characters are captured.

Data submission documents and transaction files include industry standard codes with full character levels.

Claims and encounter data entry screens allow entry of all codes and characters.

Data entry processors enter all codes and characters.

Policy and procedure manuals document that codes cannot be altered or deleted and that default codes are not used or are mapped correctly.

IS 1.2 Principal codes are identified and secondary codes are captured.

Data submission documents and transaction files differentiate principal codes from secondary codes.

Claims and encounter data entry screens allow entry of all principal and secondary codes.

Data entry processors enter all principal and secondary codes accurately.

IS 1.3 Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the specifications.

Program code ensures that mapping documents are executed accurately.

IS 1.4 Standard submission forms are used and capture all fields relevant to measure reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.

Standard and nonstandard forms have policies, procedures and completion instructions to verify that all fields relevant to reporting are included.

Nonstandard submission forms include required data and capture all:

* Codes.
* Characters for all codes.
* Data fields listed in the Roadmap for the appropriate claims system.

Electronic file formats are consistent with industry standard forms and capture all data fields listed in the Roadmap for the appropriate claims system.

Policies and procedures for submitting information on electronic forms verify:

* The organization effectively monitors the quality and accuracy of electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

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IS 1.5 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files for measure reporting.

Claims and encounter data entry screens display:

* Edit checks for parity, field sizes, date ranges, code ranges.
* Cross checks with member and practitioner files.
* All data fields listed in the appropriate claims section of the Roadmap.

Reports for claim/encounter processing staff and hardware operations verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of the entry processes (refer to Roadmap Attachment 1.4).

Flowcharts clearly describe claim and encounter processing from all sources (refer to Roadmap Attachment 1.1).

Policies and procedures and training manuals for data submission and entry ensure accuracy and completeness.

Data transaction files confirm accuracy, including:

* Comparison of a sample of data entry files with source documents to ensure that all data are entered and are not changed or deleted during processing.
* Capture of denied claims for reporting, if applicable.

IS 1.6 The organization continually assesses data completeness and takes steps to improve performance.

The organization’s data completeness studies help determine their impact on reporting (refer to Roadmap Attachment 1.5).

Payment arrangements for all providers show their impact on reporting (refer to Roadmap   
Table 1.14).

Policies, procedures and performance standards require complete submission of claims or encounter data from all practitioners to assess data completeness.

IS 1.7 The organization regularly monitors vendor performance against expected performance standards.

Contracts with vendors confirm that the organization:

* Requires data for reporting.
* Provides inspection and onsite auditing of data, correction and resubmission of data.
* Has backlog control standards and procedures and enforces quality standards.

Studies and reports are used to:

* Determine that claim and encounter data from vendors are complete and accurate.
* Ensure that no data are lost or modified during transfer among vendors.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

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### IS 2.0 Enrollment Data—Data Capture, Transfer and Entry

IS 2.1 The organization has procedures for submitting measure-relevant information for data entry. Electronic transmissions of membership data have necessary procedures to ensure accuracy.

Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the organization has mechanisms for transferring information to the appropriate location within the organization.

Forms used by employers for additions, deletions and changes—including samples of completed forms, policies, procedures and instructions for completing membership forms—ensure that all fields relevant to reporting are included (refer to Roadmap Table 2.2).

Electronic file formats and protocols ensure capture of all data fields listed in Roadmap Table 2.2.

Policies and procedures for submitting and transmitting electronic information should include evidence that:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 2.2 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.

Standard monitoring reports for all membership operations personnel—including data entry, membership processing staff and hardware operations—verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of its entry processes.

Flowcharts describe membership processing from all sources (refer to Roadmap Attachment 2.1).

Data entry processors enter all required data elements (refer to Roadmap Table 2.2).

Data entry policies and procedures and training manuals ensure accuracy and completeness.

Membership data entry screens have:

* Proper edit checks for parity, field sizes, date ranges, code ranges, practitioner services by specialty and cross checks with member and practitioner files.
* All data fields listed in the Roadmap Table 2.2.

Data transaction files are accurate, including:

* Comparison of a sample of data-entry files with source documents to ensure that all data are entered and are not changed or deleted during processing.
* Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and are not changed or deleted during processing.

IS 2.3 The organization continually assesses data completeness and takes steps to improve performance.

The organization’s membership system can accommodate:

* Changes in family status.
* Changes in employment.
* Changes in product line.
* Changes in product.
* Methods for defining coverage start and end.
* Multiple membership status changes, including membership periods and disenrollment information.

Policies, procedures and performance standards require:

* Complete submission and entry of membership data.
* Proper control of transmissions through logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

Policies, procedures and performance standards:

* Require complete submission of data to ancillary vendors.
* Describe the process for submitting data to ancillary vendors and how often data are submitted.
* Describe the data oversight process for the ancillary vendor.

IS 2.4 The organization regularly monitors vendor performance against expected performance standards.

Contracts with vendors require data for reporting and provide inspection and onsite auditing of data; correction and resubmission of data and backlog control standards and procedures; and enforce quality standards.

Studies and reports show that:

* Membership level data from vendors are complete and accurate.
* No data are lost or modified during transfer.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### IS 3.0 Practitioner Data—Data Capture, Transfer and Entry

IS 3.1 Provider specialties are fully documented and mapped to provider specialties necessary for measure reporting.

Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the specifications.

Program code ensures that mapping documents are executed accurately.

IS 3.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of practitioner data are checked to ensure accuracy.

Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the organization has mechanisms for transferring information to the appropriate location within the organization.

Forms used to process practitioner additions, deletions and changes—including samples of completed forms, policies, procedures and instructions for completing the forms—ensure that all fields relevant to measure reporting are included (refer to Roadmap Tables 3A.2, 3B.3).

Electronic file formats and protocols ensure capture of all data fields listed in Roadmap Tables 3A.2 and 3B.3, including credentialing dates.

Policies and procedures for submission and transmission of electronic information ensure:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 3.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

Standard monitoring reports for all provider operations personnel—including data entry, provider processing staff and hardware operations—verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of its entry processes.

Flowcharts describe provider processing from all sources (refer to Roadmap Attachments   
3A.1, 3B.2).

Data entry processors enter all required data elements (refer to Roadmap Tables 3A.2, 3B.3) in both the claims processing system and the provider credentialing system.

Data entry policies and procedures and training manuals ensure accuracy and completeness.

Provider claims processing and provider credentialing data entry screens have:

* Proper edit checks for parity checks, field sizes, date ranges, cross checks with claims/ encounter and practitioner file, code ranges and practitioner services by specialty.
* All data fields listed in the Roadmap (refer to Roadmap Tables 3A.2, 3B.3).

Data transaction files and provider credentialing files are accurate, including:

* Comparison of a sample of data entry files with source documents to ensure that all data are entered and that data are not changed or deleted during processing.
* Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and that data are not changed or deleted during processing.

IS 3.4 The organization continually assesses data completeness and takes steps to improve performance.

Policies, procedures and performance standards require:

* Complete submission and entry of provider data.
* Proper control of transmissions through logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

Policies, procedures and performance standards require reconciliation of data:

* Between the credentialing and claims processing systems.
* Between the credentialing and the claims processing systems used by external entities.

IS 3.5 The organization regularly monitors vendor performance against expected performance standards.

Contracts with vendors require data for measure reporting and provide inspection and onsite auditing of data; correction and resubmission of data and backlog control standards and procedures; and enforce quality standards.

Studies and reports show that:

* Practitioner-level data from vendors are complete and accurate.
* No data are lost or modified during transfer.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### IS 4.0 Medical Record Review Processes—Training, Sampling, Abstraction and Oversight

IS 4.1 Forms capture all fields relevant to measure reporting. Electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off and sign-off).

Forms or tools used for medical record review—including samples of completed forms, policies, procedures and instructions for completing the forms—ensure:

* All fields relevant to measure reporting are included (refer to Roadmap Attachment 4.3).
* Forms guide the reviewer to the medical record data elements.

Electronic file formats and protocols ensure that all data fields are captured for each measure.

Policies, procedures and program code for files used to transfer administrative data to the medical record review tools are complete and available.

Policies and procedures for submission and transmission of electronic information show:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 4.2 Retrieval and abstraction of data from medical records is reliably and accurately performed.

Policies, procedures, and training manuals (refer to Roadmap Attachment 4.4) for medical record review—including chase logic and chart retrieval—ensure accuracy and completeness and verify that the organization has mechanisms for transferring information to the appropriate location within the organization.

Educational and professional credentials, including resumes or curriculum vitae, and experience of the medical record review team members.

Interrater reliability standards and results ensure medical record review is accurate and complete (refer to Roadmap Attachment 4.5).

IS 4.3 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.

Standard monitoring reports for all data entry operations personnel verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of its entry processes (refer to Roadmap Attachment 4.5).

Flowcharts and timelines describe medical record review processing from all sources (refer to Roadmap Attachments 4.1, 4.2).

Data entry processors enter all required data elements for each measure.

Data entry policies and procedures and training manuals ensure accuracy and completeness.

Medical record review data entry screens have:

* Proper edit checks for parity checks, field sizes, date ranges, cross checks with claims/ encounter and practitioner file, code ranges and practitioner services by specialty.
* All necessary data fields for each measure.

Data transaction files are accurate, including:

* Comparison of a sample of data entry files with source documents to ensure that all data are entered and that data are not changed or deleted during processing.
* Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and that data are not changed or deleted during processing.

The convenience sample, if applicable, ensures that the medical record review process begins accurately.

Medical record review validation verifies that the medical record review process worked as planned.

IS 4.4 The organization continually assesses data completeness and takes steps to improve performance.

Tracking documents indicate the progress of the medical record review and the number of numerator-compliant members and exclusions.

Policies and procedures and performance standards require:

* Complete submission and entry of medical record data.
* Transmissions to be properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 4.5 The organization regularly monitors vendor performance against expected performance standards.

Contracts with vendors require data for measure reporting and provide inspection and onsite auditing of data; correction and resubmission of data and backlog control standards and procedures; and enforce quality standards.

Studies and reports show that:

* Data from vendors are complete and accurate.
* No data are lost or modified during transfer.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### IS 5.0 Supplemental Data—Capture, Transfer and Entry

IS 5.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the specifications.

Program code ensures that mapping documents are executed accurately.

IS 5.2 The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.

Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the organization has mechanisms for transferring information to the appropriate location within the organization.

Forms—including samples of completed forms, policies, procedures and instructions for completing the forms—ensure that all fields relevant to measure reporting are included (refer to Roadmap Table 5.1).

Electronic file formats and protocols ensure capture of all data fields listed in the Roadmap (refer to Roadmap Table 5.1, Attachment 5.1).

Policies and procedures for collecting supplemental data specify:

* Exclusions are not collected for previous reporting years for members with clinical conditions that can change.
* Information obtained by the provider’s office or clinician directly from the member was entered in the medical record by the deadline established for the measure.
* Information obtained by the provider’s office or clinician directly from the member is verified when taking a patient history of a disease management system.
* Information obtained from a simple provider attestation is not used.
* Information obtained from member surveys is not used.

Policies and procedures for submission and transmission of electronic information:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 5.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

Standard monitoring reports for all personnel—including data entry, provider processing staff and hardware operations—verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of its entry processes (refer to Roadmap Attachments 5.3, 5.4).

Flowcharts describe data from all sources.

Data entry processors enter all required data elements (refer to Roadmap Table 5.1).

Policies and procedures and training manuals for data entry ensure accuracy and completeness.

Data entry screens have:

* Proper edit checks for parity checks, field sizes, date ranges, cross checks with claim/ encounter and practitioner files, code ranges and practitioner services by specialty.
* All data fields listed in Roadmap Table 5.1.

Data transaction files are checked for accuracy, including:

* Comparison of a sample of data entry files with source documents to ensure that all data are entered and are not changed or deleted during processing.
* Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and are not changed or deleted during processing.

IS 5.4 The organization continually assesses data completeness and takes steps to improve performance.

Policies, procedures and performance standards require:

* Complete submission and entry of data.
* Proper control of transmissions by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs to ensure that all data are received.

Contracts with vendors require data for measure reporting and provide inspection and onsite auditing of data, correction and resubmission of data and backlog control standards and procedures.

Policies, procedures and performance standards require reconciliation of data between the originating system and the repository.

IS 5.5 The organization regularly monitors vendor performance against expected performance standards.

Documentation acquired by the organization shows that the responsible agency has reasonable processes in place for data collection and accuracy.

Studies and reports show that:

* Data from vendors are complete and accurate.
* No data are lost or modified during transfer.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### IS 6.0 Member Call Center Data—Capture, Transfer and Entry

IS 6.1 Member call center data are reliably and accurately captured.

Documentation demonstrates:

* Types of calls processed.
* Product or product lines affected.
* Parameters on the ACD system (refer to Roadmap Attachment 6.3).
* ACD system flow (refer to Roadmap Attachment 6.1).
* Call volume (refer to Roadmap Attachment 6.2).

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### IS 7.0 Data Integration—Accurate Reporting, Control Procedures That Support Measure Reporting Integrity

IS 7.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the specifications.

Program code ensures that mapping documents are executed accurately.

IS 7. 2 Data transfers to repository from transaction files are accurate.

Standard monitoring reports for all operations personnel, including IS staff and hardware operations, verify that the organization effectively monitors the quality and accuracy of its processes.

Flowcharts describe data from all sources (refer to Roadmap Attachment 7.1).

Repository data entry and data transfer processes produce the intended result.

Policies and procedures document building, maintaining, testing and reporting for the reporting repository.

Data samples from transaction files and medical record abstraction are compared with the repository to ensure accurate procedures for populating the repository.

Repository edit lists explain all edit failures.

Electronic file formats and protocols ensure capture of all data fields.

Policies and procedures for submission and transmission of electronic information show:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

Training materials and procedure manuals for operator staff ensure accuracy and completeness.

IS 7.3 File consolidations, extracts and derivations are accurate.

Repository data manipulation programs and processes produce the intended result, including programs that consolidate information from multiple transaction files.

Flowcharts describe data from all sources.

Mechanisms link data across all data sources to satisfy measure data integration requirements.

Data entry screens show all data are captured.

IS 7.4 Repository structure and formatting are suitable for measures and enable required programming efforts.

The repository design ensures that it can accommodate analysis that produces measure results (refer to Roadmap Attachment 7.2). Documents available for review include:

* Record and file formats.
* Descriptions for entry and intermediate files.

IS 7.5 Report production is managed effectively and operators perform appropriately.

Policies, procedures and dated job logs govern the production process.

Report run controls are reviewed by operators.

IS 7.6 Measure reporting software is managed properly with regard to development, methodology, documentation, revision control and testing.

Repository manuals cover the application system development methodology, database development and design and the decision support system used to validate proper controls.

Report documentation, including code review methodology and testing, meets industry standards.

Programming specifications, work flow diagrams, data sources and diagrams or narrative descriptions meet industry standards.

A list of measures indicates the programmer responsible for each measure (refer to Roadmap Attachment 7.5).

IS 7.7 Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.

Repository computer operations and system security schemes, documentation and procedures ensure that data are not compromised by physical security, data access authorization, disaster recovery procedures, power failures, fire or smoke (refer to Roadmap Attachment 7.6).

Adequate copies of the repository and documentation are maintained.

Policy, procedures, and log forms for monitoring control, security hardware functions, hardware activities, back-ups, recovery, archiving, capacity, physical states and access are available for review.

Software Certification

If the software vendor maintains a repository, documents describing the repository structure are included with the Roadmap. The link mechanisms and analysis code are tested as part of the software certification program.

If the organization uses NCQA Certified software, this information is included in the vendor’s portions of the Roadmap. The organization and auditor must discern whether the appropriate version of software was used to produce measure results.

### IS 8.0 Wellness and Health Promotion Data—*WHP Audits*

IS 8.1 Participant eligibility data have necessary procedures to ensure accuracy.

Policies and procedures for data transmission from employers or plan sponsors ensure accuracy and completeness.

Forms for additions, deletions and changes ensure that all fields relevant to reporting are included (refer to WHP Roadmap Table 1.2).

Electronic file formats and protocols ensure capture of all data fields listed in the WHP Roadmap Table 2.2.

Policies and procedures for collecting electronic information should include evidence that:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* The organization’s system can accommodate:
  + - Changes in family status.
    - Changes in employment.
    - Changes in product.
    - Methods for defining coverage start and end.
    - Multiple status changes, including eligibility periods and disenrollment information.

IS 8.2 Health appraisal forms and systems capture all fields relevant to WHP reporting.

The organization ensures that the HAs have all required questions.

Standard forms have completion instructions to verify that all fields relevant to WHP reporting are included, or the organization ensures that the eligibility system contains required data elements not included in the HA.

The organization has policies and procedures for information submitted on electronic forms:

* The organization effectively monitors the quality and accuracy of electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 8.3 WHP intervention tools and systems capture all data relevant to WHP reporting.

Standard tools capture evidence that the intervention meets measure requirements.

Policies and procedures for submitting information on electronic tools verify:

* The organization effectively monitors the quality and accuracy of electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

IS 8.4 Data transfers to WHP repository are accurate and repository structure and formatting are suitable for WHP measure production.

Standard monitoring reports for all operations personnel, including IS staff and hardware operations verify that the organization effectively monitors the quality, and accuracy of its processes:

* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

Training materials and procedure manuals for operator staff ensure accuracy and completeness.

Flowcharts describe data from all sources (refer to WHP Roadmap Attachment 4.1).

Policies and procedures document building, maintaining, testing of and reporting from the WHP repository.

Electronic file formats and protocols ensure capture of all data fields.

WHP repository data produce the intended result.

IS 8.5 Physical control procedures ensure WHP data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.

WHP repository computer operations and system security schemes, documentation and procedures ensure that data are not compromised by physical security, data access authorization, disaster recovery procedures, power failures, fire or smoke (refer to WHP Roadmap Attachment 4.3).

Adequate copies of the repository and documentation are maintained.

Policy, procedures and log forms for monitoring control, security hardware functions, hardware activities, back-ups, recovery, archiving, capacity, physical states and access are available for review.

### IS 9.0 Disease Management Data—*DM* *Audits*

IS 9.1 Medical Services Data—Sound Coding Methods and Data Capture, Transfer and Entry.

Industry standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS) are used and all characters are captured.

Principal codes are identified and secondary codes are captured.

Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

Standard submission forms are used and capture all fields relevant to measure reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.

Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files for measure reporting.

The organization continually assesses data completeness and takes steps to improve performance.

The organization regularly monitors vendor performance against expected performance standards.

IS 9.2 DM eligibility data have necessary procedures to ensure accuracy.

Policies and procedures for data transmission from employers or plan sponsors ensure accuracy and completeness.

Forms for additions, deletions and changes ensure that all fields relevant to reporting are included (refer to DM Roadmap Table 2.2).

Electronic file formats and protocols ensure capture of all data fields listed in DM Roadmap   
Table 2.2.

Policies and procedures for collecting electronic information should include evidence that:

* The organization effectively monitors the quality and accuracy of its electronic submissions.
* The organization’s system can accommodate changes.

IS 9.3 DM registry tools and systems capture all data relevant to reporting.

DM tools capture evidence that the service meets measure requirements.

Policies and procedures for submitting information on electronic tools verify:

* The organization effectively monitors the quality and accuracy of electronic submissions.
* Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

**IS 9.4 Supplemental Data—Capture, Transfer and Entry.**

Nonstandard coding schemes are fully documented and mapped to industry standard codes.

The organization has effective procedures for submitting measure-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.

Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

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The organization continually assesses data completeness and takes steps to improve performance.

The organization regularly monitors vendor performance against expected performance standards.

IS 9.5 Data transfers to DM repository are accurate and repository structure and formatting are suitable for DM measure production.

Standard monitoring reports for all operations personnel, including IS staff and hardware operations verify that the organization effectively monitors the quality and accuracy of its processes.

Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs.

Training materials and procedure manuals for operator staff ensure accuracy and completeness.

Flowcharts describe data from all sources (refer to DM Roadmap Attachment 5.1).

Policies and procedures document building, maintaining, testing of and reporting from the DM repository.

Electronic file formats and protocols ensure capture of all data fields.

DM repository data produce the intended result.

IS 9.6 Physical control procedures ensure DM data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.

DM repository computer operations and system security schemes, documentation and procedures ensure that data are not compromised by physical security, data access authorization, disaster recovery procedures, power failures, fire or smoke (refer to DM Roadmap Attachment 5.3).

Adequate copies of the repository and documentation are maintained.

Policy, procedures and log forms for monitoring control, security hardware functions, hardware activities, back-ups, recovery, archiving, capacity, physical states and access are available for review.

## HEDIS Determination Standards

### HD 1.0 Denominator Identification

HD 1.1 Members and service events are correctly categorized into member subgroups.

Code and program flowcharts ensure accurate calculation of:

* Age.
* Age range.
* Gender.
* Product.
* Product line.
* Enrollment determination date.
* Newborns.

Member level files ensure accuracy:

* Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed.

HD 1.2 Relevant medical and service events are correctly considered in terms of time and services.

Code and program flowcharts ensure that they:

* Adhere to the time frame requirements for periods of membership.
* Properly identify events that require linking visit codes, procedure codes and practitioner type codes.
* Properly identify events that require matching claim/encounter and pharmacy data.
* Properly identify claim/encounter-dependent events.
* Use all the correct clinical codes.
* Include all members in the denominator, whether or not they had services.
* Include all model types and practitioners in the measures and a correct count.

Member level files ensure accuracy:

* Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed.

HD 1.3 Membership parameters and continuous enrollment are computed as defined by the specifications.

Code and program flowcharts ensure that the software:

* Adheres to the time frame requirements for periods of membership.
* Determines continuous enrollment in the specified period, including any allowable gaps in enrollment followed by reenrollment.
* Tracks member enrollment history, separate coverage periods, change in ID numbers, change in relationship to subscriber and change in product or product line.
* Provides a complete and unduplicated count of member months and other membership variables.
* Properly assigns members to products and product lines for reporting.

Member level files ensure accuracy, including:

* Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed.

Software Certification

If the organization uses NCQA Certified software*,* the auditor should review the vendor’s Certification Report. The auditor should not review the denominator identification logic for measures with a *Pass* status.

If any measure received a *Pass With Qualifications* status*,* the auditor should review the Certification Report to determine the reasons for this status and any organization or vendor workarounds to assess if there is material bias in the organization’s denominator or eligible population.

If any measure received a *Fail* status*,* the auditor must evaluate the process used by the organization or vendor to produce the results. The auditor must review all source code associated with measures not tested in the Certification Report.

### HD 2.0 Sampling

HD 2.1 A systematic sampling method is used to produce the sample and is performed correctly.

Code and program flowcharts ensure:

* The sampling methodology produces an unbiased sample that represents the entire eligible population in all relevant dimensions.
* The sampling methodology follows the systematic sampling specifications, unless another methodology is approved by NCQA.
* Sample size that exceeds the eligible population size is properly managed.

HD 2.2 Proper provisions are made for correcting faulty samples.

Code and program flowcharts ensure:

* The population file is accurately maintained, in case the sample must be redrawn or additional members must be added.

HD 2.3 Sample sizes are correct.

Code and program flowcharts ensure:

* The sample is properly reduced based on this year’s administrative rate or on last year’s final rate.
* Oversampling is completed properly, with a letter from NCQA for an oversample of >20 percent.
* Sampling is performed at the appropriate time (no earlier than December 1 of the prior year).

Software Certification

If the organization uses NCQA Certified software, the auditor should request the vendor’s Certification Report.

If the sampling methodology received a *Pass* status*,* the auditor does not review the sampling source code. If the sampling methodology received a *Pass* *With Qualifications* status*,* the auditor reviews the Certification Report to determine the reasons for the status and reviews any organization or vendor workarounds. The auditor must determine if there is material bias in the organization’s sample.

If the sampling methodology received a *Fail* status*,* the auditor must evaluate the process used by the organization or vendor to produce a sample. The auditor must review the sampling source code if it is not certified.

### HD 3.0 Numerator Identification

HD 3.1 Claims or encounter, membership, practitioner and vendor data are analyzed properly in the assessment of numerator qualifications.

Program code and program flowcharts ensure:

* Compliance with specified time frames for medical and service events.
* Accurately computed multiple numerator events.
* Use of correct clinical codes.
* Evaluation of correct time periods for numerator events.

Member-level files ensure accuracy, including:

* Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed.

Code and program flowcharts ensure:

* Identification of specified medical and service events (e.g., diagnoses, procedures, prescriptions, volume of calls).

Software Certification

If the organization uses NCQA Certified software*,* the auditor should review the vendor’s Certification Report. The auditor should not review the numerator logic for measures that received a *Pass* status.

If any measure received a *Pass* *With Qualifications* status*,* the auditor should review the Certification Report to determine the reasons for the status and review any organization or vendor workarounds to assess if there is material bias in the organization’s numerator.

If any measure received a *Fail* status*,* the auditor must evaluate the process used by the organization or vendor to produce a numerator.

The auditor must review all source code associated with measures not included in certification.

### HD 4.0 Algorithmic Compliance

HD 4.1 Rate calculations are arithmetically correct and precise.

Code and program flowcharts ensure accurate computing of:

* Row and column totals.
* Percentages.
* Average length of stay.
* Average adjusted probability.

HD 4.2 Algorithms for combining administrative numerator events with numerator events abstracted from medical records are accurate.

Code and program flowcharts ensure that numerator counts for hybrid measures properly include administrative and medical record data.

HD 4.3 The organization correctly reported last year’s audited and reported rate for rotated measures.

The organization ensured that the previous year’s rates were audited and reportable.

HD 4.4 Rates are accurately entered into the data submission tool.

Numerator and denominator counts are accurately entered into the submission tool.

HD 4.5 Member-level and summary-level data should match (e.g., CMS Medicare summary-level data in IDSS and the member-level data in the CMS Patient-Level Detail File).

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

### HD 5.0 Outsourced or Delegated Reporting Function

HD 5.1 If the organization delegates any aspect of measure data collection or reporting to an external software vendor, software vendor data meet all applicable NCQA HEDIS Compliance Audit standards.

Materials for all previous IS and HD standards ensure that the software vendor complies with standards.

Contracts ensure:

* Communication of quality standards.
* Data submission is required on a timeline consistent with measure reporting.

HD 5.2 The organization regularly monitors software vendor performance against expected performance standards.

Studies and reports:

* Determine if the organization reviews software vendor performance against quality and timeliness standards.
* Ensure that no data are lost or modified during transfer among software vendors.
* Ensure that software vendor errors and deficiencies are addressed completely and in a timely manner.

HD 5.3 If aspects of measure data collection or reporting are delegated to multiple software vendors, the organization coordinates software vendor activities to safeguard the integrity of measure data.

Flowcharts determine if the data flow among software vendors will impede accuracy or timeliness of the measure report.

HD 5.4 The organization works with the vendor to get preliminary and final rates according to the audit timeline.

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.