



## Healthcare Organization Questionnaire (HOQ) Frequently Asked Questions

### General Information

#### What is the time frame for completing HOQ submission requests for 2017?

The HOQ will be available online on Monday, January 9, 2017. All HOQ submission requests are due by 11:59 pm (ET) on Friday, February 17.

#### What Web browsers does the HOQ support?

The HOQ supports Internet Explorer 9, 10 and 11.

### HOQ Training Information

#### I've never done this before, and I don't know how to complete the HOQ!

Don't panic! Download the User's Guide when you log in, attend a training session or review the training video. We are offering three sessions in January (dates to be announced). The HOQ release notification will contain the training schedule and instructions for reserving a spot.

#### Where can I get additional help completing the HOQ?

Contact your NCQA HEDIS Account Manager directly by e-mail, phone, or at [my.ncqa.org](http://my.ncqa.org). To find your HEDIS Account Manager, go to <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISDataSubmission.aspx> under **Data Submission Resources** for a complete listing.

### My.NCQA.org

[My.ncqa.org](http://my.ncqa.org) is a Web-based Q&A system that lets you track your questions and answers. If you are already registered in an NCQA system (other than ISS, the Interactive Survey System), use your existing NCQA credentials to sign into [my.ncqa.org](http://my.ncqa.org). If you do not have an NCQA login, create a new account in [my.ncqa.org](http://my.ncqa.org).

### Policy/Program Clarification Support (PCS)

NCQA provides different types of policy support to customers, including a function that allows customers to submit specific policy interpretation questions to NCQA staff; the Policy/Program Clarification Support (PCS) system. The PCS system can be accessed on the NCQA Web site (<http://pcs.ncqa.org>).

## User Agreement

### What is the IDSS Use Fee (Commercial produce line only)?

Any organization that utilizes IDSS and meets all five criteria below will be invoiced an IDSS Use Fee of **\$2,795 per applicable submission**. NCQA will send an electronic invoice to primary HEDIS contacts in September 2017, with payment due 30 days upon receipt of invoice. Plans are subject to a late fee if payment is not received, in full, within the 30-day time frame.

The IDSS Use Fee applies only to submissions meeting **all five of the following criteria**:

1. The submission product line is commercial
2. The submission does not contribute to an organization's **scheduled, in-process** or **active** commercial Health Plan Accreditation status from NCQA
3. The submission is not required by a federal project contracted with NCQA
4. The submission is not required by a state's HEDIS Data Collection Project contracted with NCQA
5. The submission includes HEDIS data (CAHPS-only submissions are not assessed a fee)

Commercial plans that would like to submit to NCQA to meet state reporting requirements but the state is *not* contracted with NCQA, are not required to use IDSS to submit their audited data. Plans that submit via IDSS for this purpose will be assessed the IDSS Use Fee. Contact your NCQA Certified Auditor for information on how to have your data audited outside of IDSS to meet your state's requirement.

## User Access

### How do I access the HOQ?

Open an Internet browser and type <http://CustomerCenter.ncqa.org> in the address bar; or you may go to <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISDataSubmission.aspx>

**New users** New users will not have access to the system; contact the Org Admin at the organization for access. (If you are the Org Admin and do not have access, please enter a request at [my.ncqa.org](http://my.ncqa.org).)

**Note to Org Admin:** Refer to "User Management" for information about adding users and auditors.

**Returning users** If you do not remember your password, click **Forgot your password?** When the **NCQA Password Assistance** displays, type the e-mail address associated with your account and type the characters you see in the Captcha image and click **Continue**.

**Note:** An **E-mail not found** message means that you have not been assigned a user ID and password.

**HOQ Updates**

- NCQA's Health Insurance Plan Ratings 2015-2016 are now available for health plan viewing only. NCQA will release the ratings to the public by posting them on [www.ncqa.org](http://www.ncqa.org) Thursday, September 17.

**System Login**

User Name:

Password:


[Forgot Your Password?](#)





**NCQA Password Assistance**

Enter the e-mail address associated with your NCQA account, and then click Continue. We'll email you a link to a page where you can easily create a new password.

**Email:**

Type the characters you see in this image.



[Privacy & Terms](#)

**User Access via Org Admin (Primary)**

Only the primary HEDIS contact (the organization administrator or Org Admin) has full access to the tool and can assign users and auditors to organizations. There is only one administrator per organization; all other plan users are Org Users. A user cannot create or modify user access.

**Note:** When giving multiple users access to the same organization, be sure to coordinate their work schedules: the database saves the most recent information, so the last person to make an update “wins.”

Role	Add/ Modify Users	Read Audit Validation	Apply Audit Validation	Mark HOQ Final
Org Admin (primary HEDIS contact)	✓	✓		✓
Org User (secondary HEDIS contact)		✓		✓
Auditor		✓	✓	

## Getting Started

Before you add or change organization information, print or save the Interim Summary Report located under Quick Links so you can review the information completed the previous year.

## Organization Information

### How to request a New Organization?

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All new organization requests must be approved prior to starting the submission process. Please contact your NCQA Account Manager or [my.ncqa.org](http://my.ncqa.org) to request a new Org ID.

## Contact Information

### How do I edit an existing contact's information? Do I need to inactivate the contact first?

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Edits can be made to only an existing contact's last name (e.g., if recently married). Changes to the first name require that you inactivate the contact and add a new person.

### Is an Accreditation or CAHPS contact needed?

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If the organization is NCQA Accredited or submitting a CAHPS survey, we ask that you add those contacts.

## Product Information

HEDIS 2017 includes four Product Lines; commercial, Medicaid, Medicare and Marketplace which includes reporting products (HMO, POS, PPO, EPO and IND {Medicare only}). Contact information collected by NCQA for organizations participating in QRS reporting will be shared with CMS.

### Why is the enrollment field grayed-out when updating product information?

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To ensure the most accurate numbers possible, NCQA will sum the state numbers to calculate up to the total product enrollment.

### What date do I use for my enrollment information?

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NCQA is increasing our efforts to collect more accurate enrollment numbers from organizations. Organizations should report the most accurate numbers possible. Do not estimate these numbers. Count members in the product line they are reported in and dually enrolled members should not be double counted.

For each product, provide a list of the states where you have license to operate and report the total unduplicated membership as of December 31 of the measurement year. Any enrollment in a non-licensed state should be reported in the home state for which the product has the license. NCQA will sum these state numbers to calculate the total product enrollment.

### What is the CAHPS Scoring Component field?

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All Medicaid plans that submit CAHPS are required to select which CAHPS scoring component (*Not Required, Adult, Child or Child with CCC*) NCQA will use for its evaluation and reporting products. Based on this selection, NCQA will use these CAHPS results for Accreditation scoring, the Health Insurance Plan Ratings (HPR), in Quality Compass (QC) and other products. The CAHPS Scoring Component field does not apply to commercial, Medicare or Marketplace plans. When the organization marks the HOQ final, no changes can be made to the CAHPS scoring selection.

*Note: For Medicaid product lines, the organization may choose to be scored on either the adult or the child version of the CAHPS Health Plan Survey. If an organization administers the child survey that includes Children With Chronic Conditions (CCC), only the General Population results are used for accreditation scoring (CCC results are not used for accreditation scoring).*

## Submission Information

### **Why is the Medicaid CAHPS scoring component I selected listed on the submission edit page?**

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A reminder has been placed showing the scoring component selected under Medicaid products to ensure the same component is requested for the CAHPS survey for your complete population.

### **Can organizations conduct the Child or Child with Chronic Conditions CAHPS survey versions for the commercial product line for 2017 reporting year (MY 2016)?**

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No. Starting with 2017 reporting, NCQA retired the Child and Child with Chronic Conditions CAHPS survey versions from the commercial product line; it is only available for the Medicaid product line.

### **Why do I need to select a Submission Type for my product lines?**

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You must select a Submission Type for every submission, other than Marketplace. NCQA pre-selects the Submission Type for this Product Line.

For plans with multiple submissions (e.g., two submissions with the same Product Lines and same Reporting Product), you must select one of three the submission types. Your selection helps NCQA understand how you intend to use each submission. Refer to the submission section of the HOQ User's Manual to view different scenarios to help guide you through for details about this field.

### **Submission Types (for Commercial, Medicaid and Marketplace):**

- NCQA Programs (eligible for Public Reporting, Accreditation, etc.)
- State Programs (for state/county purposes, not reported publically or accredited)
- Other Programs (e.g., federal programs or another scenario that does not apply to the selections)

NCQA requires all CMS submissions (MA, SNP, MMP, HOS) to have specific special project and special area information. Your selection is based on your plan's specific CMS requirement. After you make your selection, the page will refresh with predefined special project and special area options:

### **Submission Type (Medicare only):**

- CMS (Medicare Advantage) Submission
- Special Needs Plan (SNP) Submission
- Other (e.g., Accreditation, State, etc.)
- Medicare-Medicaid (MMP) HMO Demonstration

### **For the Health Outcome Survey (HOS), how do I know what to report?**

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Plans are instructed by CMS to select one or both options: Baseline or Follow-up. If you are unsure, you can check with your NCQA HEDIS Account Manager.

**Why do I receive a warning for my Commercial HMO/POS/PPO/EPO combined submission when I try to mark it final?**

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You must get approval from the NCQA Policy Department for any of these Reporting Product combination types:

- HMO/PPO
- HMO/POS/EPO
- HMO/EPO
- POS/PPO
- HMO/POS/PPO
- POS/EPO
- HMO/POS/EPO
- POS/PPO/EPO
- HMO/POS/PPO/EPO

**Why this year's submission ID different from last year's?**

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You get a new ID when you change a submission's components. To trend the submission based on a previous submission ID (commercial and Medicaid only), you must get approval from the NCQA Policy Department. You may contact them through the Policy/Program Clarification Support (PCS) system at [www.ncqa.org/pcs](http://www.ncqa.org/pcs). When you have approval, contact your account manager, who will enter the information for you.

**When I create a new submission, why do I see (\*\*\*\*) instead of a new submission ID?**

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New submissions must go through an approval process to get an ID. After the submission is approved, you will receive the actual submission ID. You can then give this number to your HEDIS Auditor or CAHPS vendor when the IDSS is released in April.

**May I request a regular HEDIS submission and a state-mandated submission for the same organization?**

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Yes, you may create two submissions if you need an additional submission for the same product line and reporting product (e.g., Commercial HMO). For one submission, select the state's *Special Project* (e.g., TX Commercial).

For the second (duplicate) submission – your regular HEDIS submission – leave the *Special Project* and *Special Area* fields set to “None.”

**How do I request a new SNP submission?**

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Select **Special Needs Plan (SNP) Submission** in the *Submission Type* field. The key components for requesting a SNP submission are **Special Area** (scroll down to the series of SNP Plan ID numbers), **Special Project** (scroll down to the series of SNP Plan Types) and CMS contract number.

**Why can't I add HOS to my SNP submission if the SNP meets the eligibly criterion for HOS?**

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The HOS survey selection can only be added to a Medicare Advantage (CMS) submission for each SNP that meets the enrollment criterion. SNP submission do not have HOS surveys.

**How do I get the Survey Sample Frame (SSF) audited if I'm submitting audited CAHPS data?**

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Follow these steps for the CAHPS Survey:

1. Click on the **Request Submission** link to request the same Sub ID as the previous year, or click on the **Request New Submission** link (the Sub ID is assigned after the HOQ upload).
2. Click on the **Validate HOQ** button on the **2017 Submission Request** page after completing all submission requests or updates. (This option runs the HOQ through the second-tier validations.) You will receive an error message instructing you to give your auditor access.
3. Notify and give access to the auditor, who will validate the SSF and close the submission request.

Follow these steps for the QHP Enrollee Survey:

1. Click on the **Validate HOQ** button on the **2017 Submission Request** page after completing all submission requests or updates. (This option runs the HOQ through the second-tier validations.) You will receive an error message instructing you to give your auditor access.
2. Notify and give access to the auditor, who will validate the QHP SSF and close the submission request.

**Our plan has an accredited Medicaid product. Must we complete the CAHPS Scoring Component field before giving the auditor access to enter the results of the survey sample frame validation?**

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Yes, you must complete the CAHPS Scoring Component field in Products before the system allows you to request a Medicaid submission.

**If we participate in commercial or Medicaid CAHPS, must we request submissions before giving the auditor access to enter the survey sample frame results?**

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Yes, you must request the commercial or Medicaid submissions before the auditor can enter results. Medicare submission requests for the same organization, Medicare-only organizations or unaudited submissions with CAHPS, do not need auditor approval.

The same rule applies to Marketplace; you must request an QHP Enrollee Survey submission before the auditor can enter results.

**Should we mark the HOQ final before we give the auditor access to enter the results of the survey sample frame validation?**

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No, you do not have to mark the HOQ final before the auditor enters results. If you cannot request submissions before the survey sample frame results are due to the survey vendor, you may get approval directly from the auditor, send the sample frame (with the auditor's approval) to the survey vendor and finalize the HOQ before the February 17 deadline.

**Does the auditor need to enter the survey sample frame validation results before the survey vendor can start fielding the survey?**

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No, the sample frame approval process is not dependent on a complete HOQ. The auditor can enter the survey sample frame validation results any time prior to the February 17 deadline.

## Reports

### Are there any key reminders we need to know once the HOQ is completed?

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Yes, key reminders are listed on the Interim Summary/Final Report.

- Commercial submissions with certain criteria are subject to an IDSS Use fee. [Click here](#) for more information.
- No changes can be made to the Medicaid CAHPS scoring component once the organization has marked final.
- Medicare CAHPS and Marketplace QHP EES survey are collected by CMS, not NCQA.
- Not all Marketplace submissions are CMS ratings eligible. [Click here](#) for more information on these requirements.

### Where do I find the commercial OPM FEHB Carrier codes required on the submission page?

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The Yes or No designation for OPM appears on the submission information chart at the bottom of the Interim Summary Report page. When you click the Export Submissions to Excel, the codes entered are located here.

### Can I save a copy of the work I have completed for the HOQ?

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Yes, you can save and export the Interim Summary Report.

## Mark As Final

### How do I review the HOQ before I mark my submission final?

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When you complete the HOQ, click **Reports** on the menu bar to generate a Final Report. Review the report to ensure that the data are correct. NCQA recommends this step, because *no further modifications may be made after you submit the HOQ.*