

**Note:** Some dates on the audit timeline fall on a weekend. NCQA will not move dates unless there is significant impact on deadlines (e.g., plan lock, submission). Plans, vendors and auditors should pay careful attention to dates and plan accordingly.

HEDIS MY 2022 AUDIT TIMELINE	
Task	NCQA Deadline
Measure Certification deadline for HEDIS Health Plan and HEDIS Allowable Adjustments measures.	July 1
Organization contracts with an NCQA Licensed Organization. <i>Contracting can occur after this date, but it could be difficult for organizations to meet all audit requirements if this does not occur by early October.</i>	October 1
Validating supplemental data may begin only if all Roadmap documentation, including attachments, are complete and submitted to the auditor and data collection is complete for nonstandard supplemental data sources. <b>Note:</b> <i>Because the collection of some nonstandard electronic clinical data files does not stop, auditors may validate these data starting on this date as long as the completed Roadmap section has been submitted.</i>	November 1
If applicable, organization submits source code for measures being audited as part of the HEDIS audit process. See <i>Source Code Review in Volume 5.</i>	By December 1
Measure Certification deadline for HEDIS CAHPS and QHP Enrollee Survey sample frames and Long-Term Services and Support (LTSS) measures.	December 15
Audit review <b>meetings</b> begin (onsite or virtual). <i>Audit review meetings are not to be held prior to the start of the reporting year and receipt of the Roadmap.</i>	After January 1
Organization submits the completed current year's Roadmap to the auditor. <i>The auditor must receive the Roadmap by the January deadline or at least 2 weeks before the audit review meeting, whichever date is earlier.</i>	By January 31
Auditor completes the survey sample frame validation. <i>This is only the date when the sample frame must be approved by the auditor and sent to the survey vendor. Approval in the Healthcare Organization Questionnaire (HOQ) must be done by the HOQ deadline.</i>	January 31
Organization submits all documentation, including Roadmap Sections 5 and 5a and all applicable attachments, and stops all nonstandard supplemental data collection and entry. <i>There are NO exceptions!</i> Failure to meet this deadline could result in inability to use supplemental data to report rates. Supplemental data sources not identified with a completed Roadmap section by this date cannot be used for HEDIS reporting.	March 1
Auditor finalizes approval of <i>all</i> supplemental data. PSV for nonstandard supplemental data must not occur prior to March 1 unless the organization has finished all supplemental data processes, collection and entry. <i>There are NO exceptions!</i>	March 31
Organization submits preliminary rates, through the IDSS, for auditor review. <i>Auditors must review preliminary rates based on the current year's specifications.</i>	By April 15
Audit review <b>meetings</b> (onsite or virtual) are completed.	<b>By</b> April 29
Preliminary rate review is completed by the auditor. <i>NCQA encourages preliminary rate review to take place earlier in the audit process.</i>	By April 29
Organizations respond to preliminary rate review findings. Not responding to issues could result in an NR or BR finding during final rate review.	April 29–May 13
Organization completes the medical record abstraction process for all measures and sends the final numerator-compliant counts for all measures and exclusion counts for MRRV. <i>There are NO exceptions!</i> Failure to meet this deadline could result in inability to use medical record data to report rates. Note: This includes the abstraction of case management records for LTSS reporting.	May 5

## HEDIS MY 2022 AUDIT TIMELINE

Task	NCQA Deadline
<p>Auditor picks measures from each measure group and all exclusions, selects 16 records from each for MRRV review, and informs the organization of the selections; organization sends selected records to the auditor for validation; auditor shares the results and corrective actions with the organization.</p> <p><i>It is up to the organization and auditor to determine the timing.</i></p>	<p style="color: red;">May 5–26</p>
<p>Organization completes all audit corrective actions and follow-up requests.</p>	<p style="color: red;">By May 15</p>
<p>Organization submits the plan-locked commercial, Exchange, Medicaid and Medicare submissions and patient-level detail files to auditor. Final supplemental data impact reports must also be submitted. <i>There are NO exceptions! Data must be final. The lock should be removed only to correct data.</i></p>	<p>June 1</p>
<p>Auditor reviews all IDSS warnings, performs final rate review, compares Medicare PLD file to summary data, ensures that the MRR numerator and exclusion counts entered in IDSS match the lists submitted on <span style="color: red;">May 5</span>.</p>	<p>June 15</p>
<p>Organization submits the auditor-locked commercial, Exchange, Medicaid and Medicare IDSS submission, with attestation, to NCQA.</p>	<p>June 15</p>
<p>Organization submits patient-level detail file, for Medicare products only, to designated CMS contractor.</p> <p><b>Note:</b> <i>Star rating results will be affected if PLD submission deadline is not met. Ensure that all Medicare plans submit PLDs after approval.</i></p>	<p>June 15</p>
<p>Licensed Organization submits commercial, Exchange, Medicaid and Medicare Final Audit Reports to NCQA.</p>	<p>July 15</p>