HEDIS MY 2024 AUDIT TIMELINE	
Task	**NCQA Deadline**
Measure Certification deadline for HEDIS Health Plan and HEDIS Allowable Adjustments measures.	July 1, 2024
Organization contracts with an NCQA Licensed Organization. *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.*	October 1, 2024
Validating supplemental data may begin only if all Roadmap documentation, including attachments, are complete and submitted to the auditor.	November 1, 2024
If applicable, organization submits source code for measures being audited as part of the HEDIS audit process. *See Source Code Review section.*	By December 2, 2024
Audit review meetings begin. *Audit review meetings are not to be held prior to receipt of the Roadmap.*	After December 2, 2024
Measure Certification deadline for survey sample frames.	December 16, 2024
Organization submits the completed current year's Roadmap to the auditor. This includes supplemental data Roadmap documentation. *The auditor must receive the Roadmap by the January deadline or at least 2 weeks before the audit review meeting, whichever date is earlier.*	By January 31, 2025
Auditor completes the survey sample frame validation. *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.*	January 31, 2025
Organization stops all nonstandard supplemental data collection and entry. All amendments to supplemental data Roadmap documentation must be complete. *There are NO exceptions!* Failure to meet this deadline could result in inability to use supplemental data to report rates. Supplemental data sources not identified with a complete Roadmap documentation by this date cannot be used for HEDIS reporting.	February 28, 2025
Auditor finalizes approval of *all* supplemental data. *There are NO exceptions!*	March 28, 2025
Organization submits preliminary rates, through the IDSS, for auditor review. *Auditors must review preliminary rates based on the current year's specifications.*	By April 11, 2025
Audit review meetings are completed.	By April 25, 2025
Preliminary rate review is completed by the auditor. *NCQA encourages preliminary rate review to take place earlier in the audit process.*	By April 25, 2025
Organizations respond to preliminary rate review findings. Not responding to issues could result in an *NR* or *BR* finding during final rate review.	April 25–May 9, 2025
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. *There are NO exceptions!* 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 2, 2025
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. *It is up to the organization and auditor to determine the timing.*	May 5–23, 2025
Organization completes all audit corrective actions and follow-up requests.	By May 16, 2025
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	May 30, 2025

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submitted. *There are NO exceptions! Data must be final. The lock should be removed only to correct data.*	
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 May 2.	June 13, 2025
Organization submits the auditor-locked commercial, Exchange, Medicaid and Medicare IDSS submission, with attestation, to NCQA on ***Friday, June 13, by 9pm ET.***	June 13, 2025
Organization submits patient-level detail file, for Medicare products only, to designated CMS contractor on ***Friday, June 13, by 9pm ET.*** ***Note:*** *Star rating results will be affected if PLD submission deadline is not met. Ensure that all Medicare plans submit PLDs after approval.*	June 13, 2025
Licensed Organization submits commercial, Exchange, Medicaid and Medicare Final Audit Reports to NCQA.	July 15, 2025