May 21, 2019

Dear HEDIS Contact:

As you prepare to submit data for HEDIS® 2019, we want to remind you of the rules for NCQA's reporting programs, such as Quality Compass and Health Insurance Plan Ratings. This letter contains important information about IDSS conditions for public reporting, **so please read it carefully!**

To be included in NCQA's reporting programs, all submissions must meet the following criteria by the required deadlines:

- Audited by an NCQA-Certified HEDIS Compliance Auditor.

- Marked **Final** in the Interactive Data Submission System (IDSS).

- Have a corresponding electronic Attestation of Accuracy, Public Reporting Authorization & Data Use Agreement ("Attestation").

HEDIS 2019 Policy and Data Submission Deadlines

All HEDIS submissions and corresponding Attestations must be in the IDSS and marked *Final* on **June 17 by 11:59 p.m. (ET).**

All HEDIS submissions must be plan locked no later than **June 3 by 11:59 p.m. (ET).** This policy ensures that auditors have sufficient time to review, approve and audit lock all product-line submissions by the June 17 deadline.

After June 17, late submissions or resubmission requests will be charged a minimum processing fee of **$5,000** per submission. NCQA-Accredited health plans are also subject to the late submission penalties described in the accreditation contract. *Medicare Advantage, Special Needs Plan (SNP) and Medicare-Medicaid Plan (MMP) submissions will not be accepted after June 17.*

NCQA reserves the right to exclude a late submission or resubmission from any NCQA product or publication, if inclusion jeopardizes the data testing, publication date or quality of the product involved. *NCQA will not consider late submissions or resubmission requests after June 28.* Data corrections found after this date will be subject to a fee for correction and possible inclusion in NCQA programs.

Public Reporting

The Attestation is required for all health plans that submit HEDIS or CAHPS data. Plans attest to the accuracy of data submitted in the IDSS and state in the Attestation if they agree to publicly report data. Quality Compass and Health Insurance Plan Ratings include plans that choose to publicly report. Plans that do not choose to publicly report are listed in the Health Insurance Plan Ratings as "No Data Reported" and will be included only in aggregate for producing Quality Compass benchmarks.

Health plans that are NCQA Accredited and scored on HEDIS results, but do not choose to publicly report, are still eligible for Ratings. All measures are used to calculate the overall rating, but only scores for measures required for accreditation are displayed. Measures not required for accreditation are displayed as "NR." Plans that want to participate in the Ratings (i.e., choose to publicly report their data) are encouraged to submit data in IDSS for all measures scored in Health Insurance Plan Ratings. Plans

will receive a 0 score for any measure reported as NR, NQ or BR. Measures reported with valid rates will receive a score of at least 1 for each measure. A full list of Health Insurance Plan Ratings measures can be found [here](#).

Exclusions From NCQA Programs

In some circumstances, NCQA excludes data from reporting programs and analysis. A submission that meets any of the criteria listed below will not be included in NCQA's reporting programs and should be indicated on the Attestation as "No" for public reporting:[1]

1. For a SNP, for exclusive use by CMS.

2. For an MMP, for exclusive use by CMS.

3. FFS/Indemnity products for exclusive use by CMS.

4. For Qualified Health Plans (QHP-Marketplace), for exclusive use for the CMS Quality Ratings System (QRS).

5. For any of the following special projects or areas:

- CA CAHPS
- Child Plus
- CHIPS
- CHIPRA
- FFS
- HARP
- Healthy Kids

- HIVSNP
- HSAG-State
- LTSS
- MMP Demonstration
- MSHO
- PA CHIP
- QHP

- SCHIP
- SNBC
- SNBC-SNP
- SNBC-Non SNP
- SNP Chronic or Disabling Condition
- SNP Dual Eligible
- SNP Institutional

Public Reporting Scenarios

The following tables are for accredited and nonaccredited health plans that want to report publicly and have multiple submissions in the same product line or reporting product. To avoid double-counting members, use the tables to identify the scenario that matches your organization and complete each attestation accordingly.

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[1]Attestations marked "Yes" for public reporting for submissions that fall under excluded criteria will reflect "No" in IDSS.

Completing the Attestation for Accredited Health Plans With Multiple Submissions[2]

	Data Submission Scenario	Submission IDs	Public Reporting Box on Attestation
1.	The subset of the population in the submission for NCQA Accreditation is the same for state reporting, but the measures being reported are different.	1. Accreditation Submission 2. State Submission	1. Y 2. N
2.	The state requires populations to be separated by region, but data are combined into one submission for NCQA Accreditation.	1. Accreditation Submission 2. Regions/CMS	1. Y 2. N

Marking the Attestation for Nonaccredited Health Plans With Multiple Submissions

	Data Submission Scenario	Submission IDs	Public Reporting Box on Attestation
1.	The subset of the population in the submission for NCQA reporting programs is the same for state reporting, but the measures being reported are different.	1. NCQA Submission 2. State Submission	1. Y 2. N
2.	The state requires populations to be separated by region and data are not combined with a separate submission for NCQA reporting programs.	1. Region 1 2. Region 2 3. Region 3	1. Y 2. Y 3. Y
3.	The state requires populations to be separated by region, but data are combined into another submission for NCQA reporting programs.	1. NCQA Submission 2. Regions	1. Y 2. N
4.	Different populations are reported in separate submissions.	1. Special Project 1 2. Special Project 2	1. Y 2. Y

Refer to the tables below for information about how eligible submissions are used in NCQA's reporting programs.

Table 1: "Yes" on Attestation

"Yes" Selected on the Attestation—Displayed for Each Product		
Health Insurance Plan Ratings	**Quality Compass**	**Analysis Projects**
Health plan-level data are displayed.	Health plan-level data are displayed.	Health plan-level data are displayed.

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[2] For NCQA accredited health plans scored on HEDIS, if the submission indicates "No" for public reporting on the attestation, only accreditation measures are reported publicly.

Table 2: "No" on Attestation

"No" Selected on the Attestation—Displayed for Each Product		
Health Insurance Plan Ratings	**Quality Compass**	**Analysis Projects**
Data are used in aggregate to produce benchmarks; health plan is listed as "No Data Reported." *Exceptions* • Health plans with <8,000 members are excluded. • Accredited health plans scored on HEDIS as of June 30 are rated. Measures used in accreditation will display a score. All other measures will not be displayed.	Data are used in aggregate to produce benchmarks. *Exception:* Data for measures used in accreditation will be displayed as submitted. All other measures will be displayed as "NR."	No health plan level data are displayed. Data are used in aggregate.

How to Submit a Question to my.ncqa.org

If you have questions about completing the attestation, contact your account manager by submitting a request to my.ncqa.org portal.

In the portal, log in and click **My Questions**, then click **Ask a Question**, then click **Support**. In the drop-down menu, click **IDSS**. Enter the subject and your question and click **Submit Your Question**.

Information on Quality Compass can be found here or contact my.ncqa.org.

For information on Health Insurance Plan Ratings, please go here or submit questions to my.ncqa.org.

Sincerely,

Garcene Duckett, MSIS
Assistant Director, Data Collection