

If Your Vendor Can't Pass an Audit, Neither Can You

Quality teams have seen it before: a vendor's pitch sounds clean, but the reality after implementation is anything but. As health plans prepare for digital quality measures (dQMs), choosing the right vendor matters even more. The wrong decision can leave your team cleaning up the mess for years.

WHAT THE WRONG VENDOR COULD COST YOU:

A drop in CMS Stars • A failed audit • Missed deadlines • Lost bonus dollars • Your job

01 – Ten questions every quality leader should ask a vendor before signing

THE QUESTION	OTHER VENDORS	INOVALON
How long has the engine been NCQA-certified?	A few years, maybe. Short certification track records mean an auditor digging into your rates can find inconsistencies you weren't expecting.	Twenty-five years straight. Our track record of HEDIS certification is the answer to the auditor's first question.
Are they ECDS-ready today, or building it next quarter?	Building. They'll get there – probably. The question is: do you want to be the test case?	Ready now. ECDS interoperability is built in. When CMS shifts the rules, the platform updates.
What member volume can the solution process?	Hard to say. Their demo may run fast on a small data set. What happens in January when you're processing your full book against a deadline is a different story.	205M+ lives each year. Volume is the test, and we've already passed – 12 of the top 15 U.S. health plans run on our platform. ²
Is this a full-service partner, or just a point solution?	Point solution. You're stitching together multiple technology stacks, reporting cycles, invoices, and have divided audit accountability. When something breaks, you're refereeing between vendors.	Full-service partner. One vendor running technology and expert services end-to-end. HEDIS submission, dQM readiness, audit support, CMS Stars analysis, MRR tools – one single relationship, full accountability.
How do they forecast MA cut points?	Last year's numbers. Which is fine until your cut point insights miss the mark. Then you find out what you missed in October, and have to answer, "how did this happen?" to leadership.	A real model. The cut point forecast pulls from years of CMS movement and current measure performance, delivering at over 97% accuracy .
What's their burst capacity for a tight deadline?	Fixed cycles. If you find a data issue at 11 PM and the NCQA submission window closes Friday, you're calling support with your fingers crossed. Not a great place to be.	10x faster data retrieval. ¹ Burst processing turns a 3-day rerun into hours. The deadline becomes a deadline again, not a reason to panic.
Are quality and risk talking to each other?	No. Two tools, two outreach campaigns, two member touches. The same diabetic gets called twice this month for two different gaps. Member abrasion goes up, engagement goes down.	One conversation. Quality, risk, and outreach run off one feed. The same encounter closes the gap, captures the code, and updates both books.
Will the move to dQM impact your rates?	You'll find out the hard way. Most vendors flip you to digital and hope the numerators hold. By the time you see the gap between your old rate and your new one, the measurement year is already lost.	Comparative testing built in. We run your current HEDIS submission and the digital track side-by-side through 2029. You see where the rates drift before CMS does, so you can adjust before it impacts your CMS Stars.
Will their team show up for your audit?	Maybe a newbie account manager. If you have a team with limited NCQA experience, you can left explaining the methodology yourself when an auditor examines the dQM approach.	Former NCQA auditors. People who've been on the other side of the table. With 19 years as an NCQA beta tester audits goes from scary to procedural. ²
Can the solution cover every measure your contracts require?	The federal ones. You're left cobbling State Medicaid, CHIP, dual-eligible, and custom VBC measures together in spreadsheets.	40+ catalogs. Every state and federal program, plus custom measures you can build yourself. NCQA, CMS, AHRQ, PQA, HHS QRS – it's all there.
How fast can you actually go live?	Six to twelve months. Custom builds. Scope creep. Go-live dates that move twice. By the time you're running, you've burned a measurement year.	Four to six weeks. Fast enough to use this measurement year, not next.

02 – Inovalon by the numbers



5% Lift

In quality bonus payments per 1-Star Rating improvement



70%

Of MA enrollees in 4+ Star plans run on Inovalon



205M+

Lives processed annually



#1

Best in KLAS, Payer Quality



25 years

NCQA HEDIS certified



95%

Customer satisfaction year over year³

The vendor problem that's easy to miss

Every extra vendor in your stack is one more integration that can break at 2 AM on submission day. One more contract, one more procurement cycle, one more handoff where something gets dropped. When dQM rules shift mid-year, the cracks become canyons. And you can be left explaining to the board why your Star rating dropped half a point.

03 – The difference between stress and strategy starts here

WITH INOVALON

Peace of mind

- ✓ One feed runs your quality, risk, and member outreach.
- ✓ You know which members to engage, and exactly when.
- ✓ 1,100 data integrity checks catch issues before they hit the auditor.
- ✓ Snowflake-native data sharing. Your data, no overnight ETLs.
- ✓ Custom measures for your state contracts and value-based care programs.
- ✓ Best in industry measure benchmarks and predictive cut points. No guessing on how you are performing against the market.

WITH OTHER VENDORS

Sleepless nights

- ✗ No industry benchmarks. You're flying on your own data alone.
- ✗ Uncoordinated outreach. Members get called twice for the same visit.
- ✗ Fixed data processing schedules. Tight deadlines mean late nights.
- ✗ Lack of first-hand NCQA experience. Low confidence when facing audits.
- ✗ Blackbox transition to dQMs. You're their proof of concept and can't control when your program cuts over.
- ✗ Complex vendor stack. You're stuck reconciling tools and negotiating accountability when something goes wrong.



Converged Quality is a mature solution. It has become the standard when it comes to prediction tools, ingesting quality data from providers, and getting credit for the work being done."

— Chief Medical Officer, KLAS Research, August 2025

The Bottom Line

Hit your CMS Stars goal. Pass your audit. Sleep easy this October.

That's what Inovalon's [Converged Quality](#)™ delivers. One platform handling HEDIS, dQM, audits, and CMS Stars forecasting. We have 25 years of experience helping health plans manage quality programs when there's no room for do-overs. If you're still piecing together a quality stack from three vendors and a spreadsheet, you already know the problem. We're the fix.

Leading Health Plans Choose Inovalon
12 of the top 15 health plans use Converged Quality⁴

If you're scoping vendors for next measurement year, give us 30 minutes. Bring your hardest dQM questions and we'll walk you through the platform and how our dedicated service team will handle the transition.

[Book a Working Session](#)

1. Inovalon internal reporting, March 2025.
2. Inovalon internal reporting, December 2022.
3. Based on Inovalon's 2025 Annual Customer Survey results, September 2025.
4. Top 15 U.S. health plans based on AIS enrollment data, May 2026. Converged Quality customer count reflects parent companies and/or subsidiary organizations represented in the top 15, based on Inovalon internal customer/account mapping, May 2026.

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