

DATE: January 24, 2024

QIP POLICY LETTER 24-002

TO: ALL QIP ENTITIES

SUBJECT: QIP DATA INTEGRITY POLICY

SUPERCEDES: DESIGNATED PUBLIC HOSPITAL QUALITY INCENTIVE PROGRAM (QIP) DATA INTEGRITY POLICY (*previously issued*)

PURPOSE:

The purpose of this policy letter is for the California Department of Health Care Services (DHCS) to provide guidance on collecting, maintaining, and sharing data as one of the vehicles for maximizing healthcare value through the Quality Incentive Pool (QIP) Program.

In accordance with [Welfare & Institutions Code §14197.4\(c\)\(1\)\(B\)](#), this QIP Data Integrity Policy letter sets forth the data reporting requirements QIP entities must follow through the duration of the QIP program.

For the purposes of this letter, data integrity is defined as the quality, consistency, reliability, accuracy, and completeness of data collected and reported under the QIP program.

QIP Entity Responsibilities

Each QIP entity must:

- 1) Review this Policy, and
- 2) Ensure that their data handling practices comply with the requirements outlined in this letter.

Scope

The QIP Data Integrity Policy applies to all entities participating in the QIP program. This Policy constitutes a minimum viable standard for maintaining data quality and integrity under the QIP program. This letter is not intended to interfere with any legal, privacy, regulatory, and/or security-related procedures and requirements that permit entities to conduct their regular business.

Data Integrity Requirements

As a requirement for participating in the QIP program, by submitting its QIP data, QIP entities agree and attest that they comply with the following QIP Data Integrity Policy requirements, which consist of the following:

- The QIP entity's leadership, management, and staff, at all levels, must make a good-faith effort to manage the risks that might undermine the data integrity of the QIP Program.
- QIP entities must have adequate documentation governing the rate production process. Except for MCP-reported rates, QIP entities must, at a minimum, be able to show access to source data and show the detailed process to produce rates. When requested, QIP entities must provide DHCS with supporting documentation of the change, impact on the numerator, denominator, and rate for DHCS review and determination. This could include summary of identified error, correction applied, screenshots of the code change and/or revised documentation (correction), count differences Before/After, rationale for the correction, and plan to mitigate future discrepancy.
- QIP entities must facilitate data integrity through a process of self-governance, such that QIP entities have the lead responsibility for preventing, deterring, identifying, and rectifying any data integrity issues within their respective programs.
- QIP entities must host and maintain policies and procedures defining the data governance process, which outlines how the entity ensures data integrity and prevents any data integrity issues.
- QIP entities must ensure that QIP data meet the following standards:
 - Attributable – establishing who performed an action and when;
 - Legible – recorded permanently in a durable medium, readable by others, with traceable changes;
 - Contemporaneous – with activities recorded at the time they occur (when an activity is performed, or information is obtained); and
 - Accurate – reflecting the true information.
- For the purpose of data corrections in the QIP portal, QIP entities must distinguish between current Program Year (PY) data, prior PY data, measures in scope of audit, and measures not in scope of audit:
 - For measures in scope of audit, the current PY quantitative data can be corrected in the portal if the auditor concurs with the corrections and validates the data during the audit period. For measures in scope of audit, the current PY qualitative (e.g. narrative) data can be corrected in the portal at the discretion of DHCS during the review period.
 - For measures not in scope of audit, the current PY quantitative and qualitative data can be corrected in the portal at the sole discretion of

- DHCS during the review period. The QIP entity must provide a written justification and supporting documentation, e.g. summary of identified error, correction applied, screenshots of the code change and/or revised documentation (correction), count differences Before/After, rationale for the correction, and plan to mitigate future discrepancy to DHCS for review and approval.
- For the prior PY data (baseline data reported in a previous PY) for all measures, the reporting QIP entity will not be able to make any data corrections to the affected measure in the portal. However, for awareness and tracking purposes, the entity needs to:
 - i) Inform the QIP Liaison and/or the assigned auditor (depending on the measure). *Example: for Q-SSI and Q-CDI measures, QIP entity needs to reach out directly to QIP Liaison;* and
 - ii) Report the corrected data, issues that required corrections, impact on the reported rate, and any action plans taken to mitigate them in the current PY measure's narrative. See "Data Modification" section for limitations on calculating targets (e.g. for gap closure).
 - QIP entities must retain applicable supporting documentation for a period of ten (10) years after submission of PY reports and make such documentation available in case of an audit conducted by external parties. This retention of applicable supporting documentation includes maintenance of all patient-level data used to create submitted QIP Reports.
 - QIP entities must document and retain records of all incentive payment amounts earned under QIP, as well as clinical and quality improvement data for QIP reports for a period of ten years after submission of PY reports.
 - Until DHCS sends an official notification that the PY reporting is officially approved and closed, QIP entities must retain copies of files and databases used for performance measure reporting in the event results need to be reproduced and/or re-calculated based on identified need for corrections. QIP entities must ensure no new data post the submission period is introduced into re-calculation and/or re-produced rates.
 - QIP entities must report to DHCS and the auditor within ten (10) business days of discovery of any breach of these QIP data integrity requirements that results in discrepancies from submitted QIP quantitative or qualitative reports.
 - QIP entities must report the breach by emailing their QIP Liaison (and auditor if audit is ongoing and the measure is under audit) with a summary of the discovery inclusive of the following information:
 - a) *Date of the discovery of the data breach?*
 - b) *How was the discrepancy discovered?*
 - c) *What measure(s) was impacted? Please provide a detailed list of the measure(s) and a description of the findings.*
 - d) *How was the error(s) corrected?*

e) What kind of mitigation process is implemented to prevent any future incidents?

As requested and directed by DHCS, the QIP entity must participate in further communication with DHCS.

PCS Responses

As QIP entities, auditors, and DHCS evaluate measures and related data, the most recent NCQA Policy Clarification Support System (PCS) response will supersede prior PCS responses (when conflicts or discrepancies in PCSs exist). PCS responses will only be included in the audit process if the PCS is submitted within 30 calendar days of the QIP PY reporting submission deadline. After that date, no additional PCS responses can be considered when evaluating or auditing measures and related data. After that deadline, entities and auditors should only use previously released measure specifications, PCSs (recognizing that PCSs submitted by the deadline will come back after the deadline), prior QIP policies, and prior DHCS communications. Any exceptions that would pertain to the scope of the audit must be reviewed and approved by DHCS. Additionally, any exception that is approved by DHCS must be implemented within the designated timeframe decided by DHCS. If these documents result in a dispute between any parties, then see the “Dispute Resolution” section.

Data Modification

The QIP entities must submit complete and accurate data in accordance with all the requirements set forth in this letter to DHCS by the applicable reporting deadline. QIP entities cannot request data modifications after the reporting deadline, unless the QIP Entity has obtained a prior approval from DHCS and/or DHCS external auditor to do so. DHCS and/or the DHCS external auditor will evaluate reports for validity and accuracy. DHCS, at its sole discretion, may request data corrections if the data fails to meet necessary requirements. The submitted data will be considered final and all QIP payments, future target rates, and publicly reported data will be based on this final data. For example, if a data integrity issue is recognized in a future PY and that issue would have changed the measure rate, no changes to the prior finalized rates will be allowed.

The prohibition on data modifications after the reporting deadline does not relieve QIP entities of their duty to report any breach of QIP data integrity requirements, nor does it prohibit DHCS and/or external oversight entities from evaluating the data submitted for data errors resulting from data breaches, fraud, willful negligence, or unintentional errors.

DHCS may grant an entity a reporting deadline extension if there has been an unexpected significant impact on data systems completely out of the QIP entity's control, such as incapacitation of data systems or natural disasters affecting operations. When system incapacitation events affect reporting to the point of a delay beyond the reporting deadline, the QIP entity must notify DHCS in writing as soon as the QIP entity is aware of the delay.

Dispute Resolution

DHCS and external auditors will partner with QIP entities to make every best effort to resolve disputes prior to escalation. If significant audit disputes arise between auditor and entity, the QIP entity should immediately notify DHCS via an email to their QIP Liaison and provide the following information:

- *What is the exact issue that the entity encountered?*
- *What specific measure(s) were impacted and are being disputed?*
- *Are there any concerns with the metric specification interpretation, timeline, code review and/or other audit tasks by the auditor?*

For measure-related issues not addressed in the measure specification, DHCS and the external auditor will determine if a PCS should be submitted. DHCS, auditors, and entities should accept and follow the most recent PCS response.

DHCS has the sole authority to make decisions to resolve disputes when current QIP policies, measure specifications, PCS responses, or other formal QIP documents do not give clear guidance.

Sincerely,

ORIGINAL SIGNED BY JEFFREY NORRIS

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