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## DESIGNATED PUBLIC HOSPITAL QUALITY INCENTIVE PROGRAM (QIP) DATA INTEGRITY POLICY

### Purpose

The California Department of Health Care Services (DHCS) understands the importance of collecting, maintaining, and sharing data as one of the vehicles for maximizing health care value through the Designated Public Hospital (DPH) Quality Incentive Program (QIP). As such and in accordance with [Welfare & Institutions Code §14197.4\(c\)\(1\)\(B\)](#), DHCS sets forth this QIP Data Integrity Policy specifying the data reporting requirements QIP entities must follow through the duration of the QIP program.

For the purposes of this document, 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 should:

- 1) Review this Policy;
- 2) Ensure that their data handling practices comply with the requirements outlined in this document; and
- 3) Have a senior official attest to the certification on Page 3 of this document.

### 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 document is not intended to interfere with any legal, privacy, regulatory, and/or security-related procedures that permit entities to conduct their regular business.

### Data Integrity Requirements

A senior official, authorized to do so on behalf of the participating QIP entity, shall attest to compliance with the QIP Data Integrity Policy, which consists of the following requirements:

- The QIP entity's leadership, management and staff, at all levels, must make a good faith effort to manage the risks that might undermine data integrity of the QIP Program.

- QIP entities must facilitate data integrity through a process of self-governance, meaning that QIP entities have the lead responsibility for preventing, deterring, identifying, and rectifying any data integrity issues within their respective programs.
- 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
- QIP entities must retain applicable supporting documentation for a period of five years after submission of Program Year 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 five years after submission of Program Year reports.
- QIP entities must report to DHCS within 10 business days of discovery, any breach of these QIP data integrity requirements that results in discrepancies from submitted QIP quantitative or qualitative reports.
  - QIP entities will report the breach by emailing their QIP liaison with a summary of the discovery. Further communication between DHCS and the reporting QIP entity will be determined on a case-by-case basis.

### **Data Modification**

Complete and accurate data meeting the above data integrity requirements must be submitted to DHCS by the applicable reporting deadline. DHCS and/or external oversight entities will evaluate reports for validity and accuracy. DHCS, at its sole discretion, may request data corrections, if necessary. After entities have made any requested corrections, data will be considered final and all QIP payments, future target rates, and publicly reported data will be based on this final data. QIP entities cannot request data modifications after the reporting deadline.

This 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 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 entity is aware of the delay.

**Certification**

A duly authorized senior official shall sign on behalf of the QIP entity, attesting adherence to the QIP Data Integrity Policy, and submit an electronic copy of the signed certification to DHCS via email to the entity's DHCS QIP liaison on, or prior to, December 15, 2018. Please retain the original signature page.

Checking this box indicates that the data submitted under QIP prior to this attestation was both valid and accurate. Checking this box also indicates that from this date forward, the QIP entity identified below shall adhere to the QIP Data Integrity Policy for the duration of the QIP program.

Signature and Date: 

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<b>Signatory's Name</b>	
<b>Health Care System/ Hospital Name</b>	
<b>Title</b>	
<b>Telephone number</b>	
<b>Email Address</b>	
<b>Mailing Address</b>	