Data Aggregator Validation Program

Information for Auditors and Health Plans

Program Summary

The Data Aggregator Validation (DAV) program validates electronic clinical data that organizations collect and share with vendors and health care organizations that undergo an audit for reporting NCQA's HEDIS® measures. The DAV program ensures that NCQA's standards and protocols are met. It validates that data provided from the original source accurately reflect data reported for use as standard supplemental data. Validated CCD data streams are eligible for use as only standard supplemental data for 12 months from the date when they are validated by NCQA. Validated data can be shared through the validation cycle as frequently as determined by the organization and their clients.

Program Goals

- Ensure that data integrity is maintained from ingestion at the primary source (e.g., EMR/EHR) through transmission to vendors and health care organizations.
- Ensure that organizations accurately, consistently and appropriately follow the NCQA Continuity of Care Document (CCD) Implementation Guide (IG) for data output (see Appendix A).
- Minimize the audit burden on vendors and health care organizations that receive and use data for reporting HEDIS measures (i.e., no additional primary source verification (PSV)).

Auditor Requirements

Only DAV validated data streams, in the NCQA CCD format, are accepted as standard supplemental data. Auditors **do not** conduct PSV back to the original source on any of these data sources.

Auditors are required to:

- Ensure that data streams align with validated data streams listed on NCQA's DAV Directory.
  - Confirm the organization sharing validated CCD data is on the DAV Directory with a current **Validation Expires** date. *TBD is not considered current.*
  - Confirm the **Evaluation Product** for the organization shows Validated Data Stream. The *Certified Data Partner status is applicable to only organizations that support the DAV program and validated data streams.*
  - Confirm **Status** equals Validated or Validated/Seeking by supplemental data deadline. Only *Seeking is not acceptable.*
- Review Section 5 of the HEDIS Roadmap, specifically table 5.7, and applicable attachments, completed by the entity receiving the data (either the health plan or HEDIS Measure Vendor), for each DAV-validated data stream. The organization providing the data to the health plan does not complete a Roadmap section. However, if the DAV organization is processing the file, they need to provide information on their process.
- Review all documented mapping, Extract, Transform, Load (ETL) processes, et cetera, if the validated DAV CCD file is processed for integration for HEDIS reporting. If processing is done by the DAV entity

this information needs to be provided by them. Mapping and translation may be verified to the original validated CCD. Refer to *DAV for Measure Reporting.*

- Review how the health plan integrates data for measure reporting.
- Review the data's impact on final rates.

It is the organization's responsibility to identify validated data streams. If an organization sends a validated data stream to a health plan in addition to data sources that have not been DAV-validated, the auditor must treat the unvalidated data sources as nonstandard supplemental data. If data were previously audited, the auditor may use previous audit findings.

DAV for Measure Reporting

The final validated output of the DAV program is CCDs that comply with HL7 C-CDA R2.1. To support standard supplemental data for HEDIS reporting, **only validated CCDs from validated sources may be shared with organizations.**

Organizations must use DAV validated CCDs for HEDIS reporting and must complete *Section 5* of the HEDIS Roadmap, as with all supplemental data. Processing of the validated CCD (e.g., into a vendor file layout) is permitted, but the organization performing the processing must follow the criteria below, if applicable, which will be reviewed by a HEDIS Compliance Auditor.

- Document mapping.
- Document extract-transform-load (ETL) processes.
- Maintain an original copy of the CCD.

While processing of the validated CCD is permitted, organizations should work to ingest the validated CCD files directly rather than relying on the ability to process them.

Auditors may perform secondary source validation (SSV), which is examining processed data back to the validated CCD files for a minimum of five cases. SSV does not include PSV back to the original source on any of these data sources. PSV is not to be performed.

Program Questions

Refer to Appendix B for DAV definitions.

Send all inquiries through PCS via My NCQA. Select the Product/Program Type as **HEDIS Audit**; select the General Content Area as **Data Aggregator Validation Program**.

If you'd like to purchase the Data Aggregator Validation Program manual (this is not required), you can find it here: NCQA > Data Aggregator Validation - HEDIS & Quality Measurement

APPENDIX A

CONTINUITY OF CARE DOCUMENT IMPLEMENTATION GUIDE

Overview

This specification is a constraint on HL7 C-CDA R2.1 and references key Continuity of Care Document (CCD) templates to generate a CCD document with information that supports quality measure reporting (e.g., HEDIS measures).

Templates and references to examples are based on the C-CDA R2.1 CCD, which is backward compatible with CCD R1.1. Refer to Table 1 for a summary of templates within the scope of the DAV program.

The version of C-CDA R2.1 referenced in the CCD IG is in the June 2020 errata package available on the HL7 C-CDA product page.

An online navigation tool allows searches of C-CDA by description, template OID or conformance number.

Find specific CDA examples developed and approved by the HL7 Structure Documents Work Group at HL7 C-CDA Example Search.

The reason and rank entries from the Quality Reporting Document Architecture Category I are included because there is no CCD equivalent available. Refer to Table 2 for the templates. These templates are allowed in CCD due to its "open" template design.

The version of QRDA Category I referenced in the CCD IG is STU 5.2 with errata and is available on the HL7 QRDA product page.

No Information

The CCD includes a nullFlavor of No Information ("NI") at the section level if a section has no pertinent information.

A non-relevant section may include this nullFlavor. The HL7 SDWG approved this approach after publication of C-CDA R1.1; the ONC Cures validator (https://site.healthit.gov/home) supports this change.

Table 1: C-CDA R2.1 CCD Templates

Template Title	Template Type	Template ID
US Realm Header	header	2.16.840.1.113883.10.20.22.1.1:2015-08-01
Continuity of Care Document (CCD)	document	2.16.840.1.113883.10.20.22.1.2:2015-08-01
Allergy and Intolerances Section*	section	2.16.840.1.113883.10.20.22.2.6.1:2015-08-01
Allergy Concern Act (V3)	entry	2.16.840.1.113883.10.20.22.4.30:2015-08-01
Allergy - Intolerance Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.7:2014-06-09
Severity Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.8:2014-06-09
Reaction Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.9:2014-06-09
Encounters Section (entries required) (V3)	section	2.16.840.1.113883.10.20.22.2.22.1:2015-08-01
Encounter Activities (V3)	entry	2.16.840.1.113883.10.20.22.4.49:2015-08-01
Service Delivery Location	participant	2.16.840.1.113883.10.20.22.4.32
Encounter Diagnosis (V3)	entry	2.16.840.1.113883.10.20.22.4.80:2015-08-01
Problem Observation (V3)	entry	2.16.840.1.113883.10.20.22.4.4:2015-08-01
Functional Status Section (V2)	section	2.16.840.1.113883.10.20.22.2.14:2014-06-09
Assessment Scale Observation	entry	2.16.840.1.113883.10.20.22.4.69
Functional Status Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.67:2014-06-09
Self-Care Activities (ADL and IADL)	entry	2.16.840.1.113883.10.20.22.4.128
Immunizations Section (entries required) (V3)	section	2.16.840.1.113883.10.20.22.2.2.1:2015-08-01
Immunization Activity (V3)	entry	2.16.840.1.113883.10.20.22.4.52:2015-08-01
Immunization Medication Information	entry	2.16.840.1.113883.10.20.22.4.54:2014-06-09
Medical Equipment Section (V2)	section	2.16.840.1.113883.10.20.22.2.23:2014-06-09
Non-Medicinal Supply Activity (V2)	entry	2.16.840.1.113883.10.20.22.4.50:2014-06-09
Product Instance	sub-entry	2.16.840.1.113883.10.20.22.4.37
Procedure Activity Procedure (V2)	entry	2.16.840.1.113883.10.20.22.4.14:2014-06-09
Product Instance	sub-entry	2.16.840.1.113883.10.20.22.4.37

Template Title	Template Type	Template ID
Medications Section*	section	2.16.840.1.113883.10.20.22.2.1.1:2014-06-09
Medication Activity	entry	2.16.840.1.113883.10.20.22.4.16:2014-06-09
Medication Dispense	entry	2.16.840.1.113883.10.20.22.4.18:2014-06-09
Medication Information	entry	2.16.840.1.113883.10.20.22.4.23:2014-06-09
Mental Status Section	section	2.16.840.1.113883.10.20.22.2.56:2015-08-01
Assessment Scale Observation	entry	2.16.840.1.113883.10.20.22.4.69
Payers Section	section	2.16.840.1.113883.10.20.22.2.18:2015-08-01
Coverage Activity	entry	2.16.840.1.113883.10.20.22.4.60:2015-08-01
Policy Activity	entry	2.16.840.1.113883.10.20.22.4.61:2015-08-01
Plan of Treatment Section (V2)	section	2.16.840.1.113883.10.20.22.2.10:2014-06-09
Planned Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.44:2014-06-09
Planned Supply	entry	2.16.840.1.113883.10.20.22.4.43:2014-06-09
Product Instance	sub-entry	2.16.840.1.113883.10.20.22.4.37
Planned Procedure	entry	2.16.840.1.113883.10.20.22.4.41:2014-06-09
Planned Immunization Activity (Order)	entry	2.16.840.1.113883.10.20.22.4.120
Planned Medication Activity (Order)	entry	2.16.840.1.113883.10.20.22.4.42:2014-06-09
Medication Information	entry	2.16.840.1.113883.10.20.22.4.23:2014-06-09
Immunization Medication Information	entry	2.16.840.1.113883.10.20.22.4.54:2014-06-09
Problem Section (entries required) (V3)*	section	2.16.840.1.113883.10.20.22.2.5.1:2015-08-01
Problem Concern Act (V3)	entry	2.16.840.1.113883.10.20.22.4.3:2015-08-01
Problem Observation (V3)	entry	2.16.840.1.113883.10.20.22.4.4:2015-08-01
Procedures Section (entries required) (V2)	section	2.16.840.1.113883.10.20.22.2.7.1:2014-06-09
Procedure Activity Procedure	entry	2.16.840.1.113883.10.20.22.4.14:2014-06-09
Procedure Activity Observation (Diagnostic Studies Performed)	entry	2.16.840.1.113883.10.20.22.4.13:2014-06-09
Results Section (entries required) (V3)*	section	2.16.840.1.113883.10.20.22.2.3.1:2015-08-01
Result Organizer (V3)	entry	2.16.840.1.113883.10.20.22.4.1:2015-08-01

Template Title	Template Type	Template ID
Result Observation (V3)	entry	2.16.840.1.113883.10.20.22.4.2:2015-08-01
Social History*	section	2.16.840.1.113883.10.20.22.2.17:2015-08-01
Vital Signs Section (entries required) (V3)*	section	2.16.840.1.113883.10.20.22.2.4.1:2015-08-01
Vital Sign Observation (V2)	entry	2.16.840.1.113883.10.20.22.4.27:2014-06-09
Vital Signs Organizer (V3)	entry	2.16.840.1.113883.10.20.22.4.26:2015-08-01

*Required section.

Table 2: QRDA STU5.2 Templates

Template Title	Template Type	Template ID
Reason	entry	2.16.840.1.113883.10.20.24.3.88:2017-08-01
Rank	entry	2.16.840.1.113883.10.20.24.3.166:2019-12-01

Reason Observation

This template describes the rationale for performing (or not performing) an action.

Rank

Rank is an item's position in a hierarchy, defined by an integer to indicate its relative importance. In the CCD IG, rank indicates the principal diagnosis.

APPENDIX B
DEFINITIONS

Definitions

ingestion site	Unique data sources (e.g., provider, practice or hospital) contributing to a cluster. An ingestion site may have one or many submitters.
submitter	A provider office or care location submitting data to the Data Aggregator through an ingestion site.
cluster	A group of similar ingestion sites by EMR type and care setting that contribute to a data stream.
validated data stream	One or more validated clusters that have processed through and passed all DAV standards, including PSV. The data stream can be used as standard supplemental data and for other clinical and quality programs.
responsible party	The organization seeking validation of the data stream, contractually obligated to conduct PSV and validation of the data stream and responsible for identifying and alerting NCQA to changes that could impact validity or usability.
standard	Specific process and documentation requirements (e.g., PSD 1.0, ODI 2.0) that must be met to ensure accuracy and integrity of the data stream.
data partner	An organization that supports responsible parties for validation of the data stream by meeting one or more DAV standard. Data partners do not conduct PSV but may support PSV efforts for responsible parties. Findings from a data partner's validation apply only if they contribute to the responsible party's data stream validation. They are not valid outside the DAV program.
DSL	Data submission log. Organization ingestion sites that are being considered for validation. Includes site name, EHR product, care setting and other fields to assist with determining clusters.