Appendix 3

WHP Roadmap

WHP Roadmap

Introduction

Welcome to the NCQA Compliance Audit tool, *Wellness and Health Promotion Record of Administration, Data Management and Processes* (Roadmap).The Roadmap collects information about how your organization’s information management practices affect measure reporting; it is not meant to evaluate the effectiveness of your organization’s information systems.

The WHP Roadmap

Yearly completion of the WHP Roadmap is a required component of the NCQA Compliance Audit process. The Roadmap’s tables provide auditors with the preliminary information they need to conduct the audit. All information requested in the Roadmap is essential to the audit process, and auditors require the organization to answer each question accurately and completely. Keep the following in mind.

* Each organization that participates in the WHP audit process must complete or update a Roadmap every year.
* Auditors may not prepare the Roadmap for an organization.
* Provide answers only for programs under review (i.e., subject to audit).
* All questions relate to WHP systems and processes, unless otherwise indicated.

Requested Documents

The Requested Documents table lists at the end of each section lists workflow diagrams, reports and other documents you should attach. Label the attachments as directed. If you cannot provide the requested documents when you submit the Roadmap, indicate this in the table and tell your auditor when you will be able to provide them.

If you determine a separate document might provide a more complete or accurate response, you may include it as an attachment. You may also include documents previously requested by your auditor. Add the attachment name, description and label to the applicable Requested Documents table. You are not limited to providing only the requested documents; you are encouraged to provide additional information that helps clarify an answer or eliminates the need for a lengthy response.

Successfully Completing the WHP Roadmap

An organization that gives clear and complete responses has better onsite visits and receives fewer requests for follow-up documents. As you complete the Roadmap, keep the following in mind.

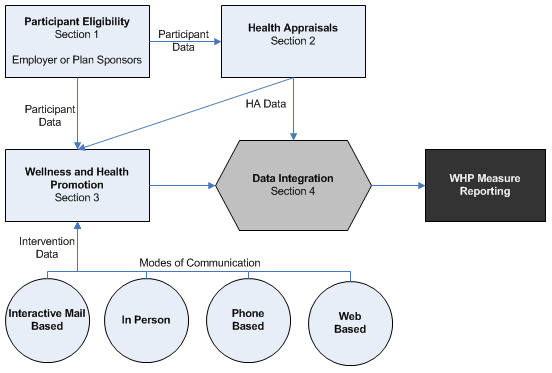
* Distribute a copy of the instructions to all persons involved in completing the Roadmap.
* Provide electronic copies of completed Roadmap sections and attachments where possible.
* Label all electronic documents clearly, indicating section or attachment number and description.
* Label all attachments accurately and add additional attachments to the applicable Requested Documents table.

Auditors hold the Roadmap and attached documents in strict confidence; however, NCQA uses the Roadmap and attached documents to assess auditor performance.

WHP Roadmap Data Workflow Diagram

The WHP Roadmap helps organizations of all types give auditors information about data they use for the WHP program—where data come from and how data are organized. It also helps you send the right set of questions to the right people.

Below is a visual representation of the possible data sources and variations for organizations completing the Roadmap.



General Information

Introduction

***About your organization.***

|  |  |
| --- | --- |
| Definitions |  |
| *Organization* | The entity reporting the audited measures. |
| *Program* | A wellness and health promotion system that is accountable for accepting a broad range of comprehensive health data for eligible individuals, specific to each employer and plan sponsor and includes health appraisals, health promotion interventions and other services. |
| Instructions | * Where there are differences by program, provide a separate response for each program subject to audit. * Complete applicable tables for each program, adding or removing columns when necessary. |

### Table GI.1: *About your organization.*

|  |  |  |
| --- | --- | --- |
| Organization name: | | |
| ***GI.1A*** | Year of incorporation. |  |
| ***GI.1B*** | Does your organization operate regionally or as part of a national organization? |  |
| ***GI.1C*** | Has your organization acquired or merged with another organization? If yes, explain. |  |
| ***GI.1D*** | What process improvement activities that affected measure rates were in place during the past measurement period? |  |

### Table GI.2: *Contact information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Primary Audit Contact |  | Secondary Audit Contact |  |
| Name |  |  |  |  |
| Title |  |  |  |  |
| Company |  |  |  |  |
| Address |  |  |  |  |
| City, state, zip |  |  |  |  |
| Telephone |  |  |  |  |
| Fax |  |  |  |  |
| E-mail address |  |  |  |  |
|  |  |  |  |  |

### Table GI.3: *Program undergoing an audit.*

|  |  |  |
| --- | --- | --- |
| *GI.3A* | Program Name: | |
| ***GI.3B*** | Provide a list or count of employers or plan sponsors using this program. |  |
| ***GI.3C*** | WHP program start date. |  |
| ***GI.3D*** | Number of eligible participants on 12/31 of the calendar year. |  |
| ***GI.3E*** | Year of first WHP audit. |  |
| ***GI.3F*** | Prior year’s data submission IDs assigned by NCQA: |  |
| * Org ID. |  |
| * Submission ID. |  |
| ***GI.3G*** | Current NCQA Accreditation status. |  |
| ***GI.3H*** | Year of next NCQA Accreditation Survey. |  |
| ***GI.3I*** | WHP reporting deadline. |  |

### Table GI.4: *What measures are you reporting? For each measure, indicate one of the following:*

**R** The organization plans to report the measure.

**NR** The organization plans not report the measure.

|  |  |  |
| --- | --- | --- |
| *Keeping the Population Healthy* | | |
| **HAC** | Health Appraisal Completion |  |
| **HPP** | Health Promotion for the Population |  |
| **STH** | Staying Healthy |  |
| *Classifying Health Risk in the Population* | | |
| **PRI** | Prevalence of Core Risks Identified on Health Appraisals |  |
| **NRI** | Number of Core Risks Identified on Health Appraisals |  |
| *Participating in Wellness and Health Promotion Interventions* | | |
| **PAR** | Participation |  |
| *Measuring Program Outcomes* | | |
| **RRO** | Risk Reduction—Overall |  |
| **RRB** | Risk Reduction—BMI Reduction and Maintenance |  |
| **RRS** | Risk Reduction—Smoking and Tobacco Use Quit Rate |  |
| **RRP** | Risk Reduction—Physical Activity Level |  |

Requested Documents

Provide the documents listed below and label them as instructed in the table. Use “NA” if the document is not applicable.

|  |  |  |
| --- | --- | --- |
| Document | Details | Label |
| **Previous audit reports** | If your organization is using a new audit firm for this submission, attach the final report from the previous year’s audit. | **GI.1** |

Section Contact

***Who completed this section of the Roadmap?***

|  |  |  |
| --- | --- | --- |
|  | Contact |  |
| Name |  |  |
| Title |  |  |
| Company |  |  |
| Address |  |  |
| City, state, zip |  |  |
| Telephone |  |  |
| Fax |  |  |
| E-mail address |  |  |
|  |  |  |

Attestation\*

**Organization name:**

I declare that the information provided in this WHP Roadmap is accurate and complete, to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
|  |  |  |
| Name *(print or type)* |  | Title |

*\* This form must be completed by the staff member responsible for the completeness and accuracy of the entire Roadmap. The signature may be actual or an electronic version (e.g., a JPEG file) of an actual signature.*

Section 1: Participant Eligibility *(IS 8.1)*

Introduction

***Participant eligibility data source and system used.***

|  |  |
| --- | --- |
| Organization information | **Organization name:** |
| **Date of completion:** |
| Definitions |  |
| *Participant eligibility system* | Captures data about the participants and their eligibility information, including enrollment dates or spans and benefits. |
| *Significant change* | A change of (+/–)20% in participant volume, or a conversion, consolidation or upgrade to the eligibility data system. |
| Instructions | * Complete Section 1. |

Participant Eligibility System

**Table 1.1: *Participant eligibility system and data.***

|  |  |  |
| --- | --- | --- |
|  | | Description |
| ***1.1A*** | System name. |  |
| ***1.1B*** | From whom are participant eligibility files received? |  |
| ***1.1C*** | How often are participant eligibility files received? |  |
| ***1.1D*** | Describe how new participant data are obtained, processed and entered into the participant eligibility system. |  |
| ***1.1E*** | Describe procedures in place to ensure that transmissions are properly verified, monitored and controlled. |  |
| ***1.1F*** | What edit checks are performed to ensure the transferred participant eligibility files are: |  |
| * Accurately and completely received? |  |
| * Uploaded to the system? |
| ***1.1G*** | Describe how changes to participant information are obtained, processed and entered into the participant eligibility system. |  |
| ***1.1H*** | Describe how participant termination data are obtained, processed and entered into the participant eligibility system. |  |
| ***1.1I*** | Have there been changes to the system since the last submission? |  |

**Table 1.2:  *Participant* *and eligibility* *information maintained* *in the system.*** Complete this table with all required elements captured by the system.

|  |  |
| --- | --- |
| **General Information** | **Captured?** |
| Full name. |  |
| Address. |  |
| Date of birth. |  |
| Gender. |  |
| Social Security number. |  |
| Organization-designated number. |  |
| **Coverage Information** | **Captured?** |
| Relationship to subscriber. |  |
| Effective date: |  |
| * With organization. |  |
| * By program. |  |
| Termination date: |  |
| * With organization. |  |
| * By program. |  |
| Does the system assign a unique ID? |  |
| Under what circumstances, if any, does the system allow: | |
| * More than one participant to have the same ID? |  |
| * The same participant to have more than one ID? |  |
| * A participant’s ID to change (e.g., re-enrollment, name change, program switch, change in marital status)? |  |
| Regarding participant whose IDs change: |  |
| * Is the original eligibility date with the organization maintained? |  |
| * Are previous eligibility data maintained and linked to the new eligibility data? |  |
| Regarding eligibility requirements: |  |
| * Must members enroll or disenroll only on a particular date each month? |  |
| * How many updates (i.e., lines of history) can the eligibility system maintain for each participant? |  |
| **Program Eligibility Information** | **Captured?** |
| * Health appraisal. |  |
| * Intervention services. |  |
| * Risk-specific interventions. |  |
| **Participant Changes** | **Captured?** |
| Explain significant changes (+/–20%) in number of participants over the past year. | |
| * Increase in number of participants . |  |
| * Decrease in number of participants. |  |

|  |  |
| --- | --- |
| ***1.2A*** | ***Q.*** Was any data element in Table 1.2 marked “NA”? Explain.  ***A.*** |

**Table 1.3: *Timeliness and data completeness.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***1.3A*** | What were the time-to-process standards for participant eligibility data? |  |
| ***1.3B*** | What was the actual average time to process for participant eligibility data? |  |
| ***1.3C*** | Was there ever a backlog or delay in receiving data from data source? If yes, describe. |  |

**Table 1.4: *Accuracy of participant*** ***eligibility data.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***1.4A*** | Were there audits of participant eligibility data processing? What was audited, and how often? |  |
| ***1.4B*** | What were the audit findings? |  |
| ***1.4C*** | Were deficiencies detected? If yes, describe. |  |
| ***1.4D*** | Were participant eligibility data reconciled against an external data source? If yes, answer the following questions. |  |
| * Describe the reconciliation process, including what was reconciled and how often. |  |
| * What were the reconciliation findings? |  |
| * Were deficiencies detected? If yes, describe. |  |
| ***1.4E*** | Were there barriers to obtaining complete and accurate participant eligibility data? Consider all factors that might influence your organization’s ability to collect such information from employer groups, individual enrollees or government agencies. |  |

**Table 1.5: *Upgrades and consolidations during the past three years.***

|  |  |  |
| --- | --- | --- |
|  | Question | Description |
| ***1.5A*** | Did a change, upgrade or consolidation affect the ability to identify participants? If yes, describe. |  |
| ***1.5B*** | What data systems were affected? |  |
| ***1.5C*** | Project start and end dates. |  |
| ***1.5D*** | Regarding data conversion: |  |
| * Which participants were converted to the new system? |  |
| * Which participants were not converted to the new system? |  |
| * Which data elements were converted to the new system? |  |
| * Which data elements were not converted to the new system? |  |
| ***1.5E*** | How were data mapped for conversion from the previous system to the new system? |  |

Requested Documents

The documents requested for this section are listed below. Label all documents as described in the table. Complete with state reporting requirements, as applicable.

|  |  |  |
| --- | --- | --- |
| Document | Details | Label |
| **Participant eligibility data system flowchart** | A flowchart of the participant eligibility data system and processes, indicating steps in the data process and the flow of participant and eligibility data from all sources. | **1.1** |

Section Contact

***Who completed this section of the Roadmap?***

|  |  |  |
| --- | --- | --- |
|  | Contact |  |
| Name |  |  |
| Title |  |  |
| Company |  |  |
| Address |  |  |
| City, state, zip |  |  |
| Telephone |  |  |
| Fax |  |  |
| E-mail address |  |  |
|  |  |  |

Section 2: Health Appraisals *(IS 8.2)*

Introduction

***Health appraisal data system and processes.***

|  |  |
| --- | --- |
| Organization information | **Organization name:** |
| **Completion date:** |
| Definitions |  |
| *Health appraisal* | A tool that identifies and quantifies a participant’s health status from demographic, medical and lifestyle information; sometimes referred to as a “health risk appraisal” or “HRA.” |
| *Health appraisal data system* | The system where completed health appraisal responses are stored for processing and analysis. |
| *Significant change* | A change of (+/–)10% in volume of data processed, or a conversion, consolidation or upgrade to the data processing system. |
| Instructions | * Complete Section 2. |

General Information

### Table 2.1: *Health appraisal* *data system described in this section.*

| Question | | Description |
| --- | --- | --- |
| ***2.1A*** | Name of health appraisal system. |  |
| ***2.1B*** | Type of data processed. |  |
| ***2.1C*** | Location (city, state). |  |
| ***2.1D*** | Percentage of completed health appraisals submitted: |  |
| * Electronically. |  |
| * On paper. |  |
| ***2.1E*** | Were changes made to the system since the last submission? |  |

**Table 2.2: *Software used for health appraisal data system described in this section.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***2.2A*** | Was the health appraisal system internally developed? |  |
| ***2.2B*** | How often is the system or software updated? |  |

Health Appraisal Submission Form

**Table 2.3: *Data elements captured in your health appraisal.***

|  |  |  |
| --- | --- | --- |
| Demographic Information | Required? | Description |
| First name. |  |  |
| Last name. |  |  |
| Social Security number. |  |  |
| Age. |  |  |
| Gender. |  |  |
| Self-Reported Risk Factors | Required? | Description |
| Body mass index (BMI). |  |  |
| Cigarette smoking/tobacco use status. |  |  |
| Physical activity level. |  |  |

|  |  |
| --- | --- |
| ***2.3A*** | ***Q.*** Are demographic information captured through the health appraisal, in the eligibility data system or through both? Explain.  ***A.*** |
| ***2.3B*** | ***Q.*** Does the health appraisal meet all WHP Technical Specification requirements?  ***A.*** |

Policies and Procedures

**Table 2.4: *Health appraisal* *data processes and system edit checks, including checks on parity, field sizes and cross checks with eligibility files.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***2.4A*** | How are health appraisals obtained, processed and entered into the system? |  |
| ***2.4B*** | How is a health appraisal handled if it is submitted with one or more required fields missing, incomplete or invalid? |  |
| ***2.4C*** | Can a processor change health appraisal information submitted by a participant? |  |
| ***2.4D*** | Were health appraisals completed during a specified period (e.g., open enrollment, onsite biometric screening)? |  |
| ***2.4E*** | Describe the process for obtaining and processing health appraisal data received from third parties, if applicable. |  |
| System Edit Checks | | Description |
| Checks for valid participant. | |  |
| Checks for valid gender. | |  |
| Checks on field size. | |  |
| Checks on date ranges (e.g., no future dates). | |  |

System Upgrades or Conversions

**Table 2.5: *Complete this table if significant changes were made to the health appraisal data system or a new data system was implemented during the past three years.***

| Question | | Description |
| --- | --- | --- |
| ***2.5A*** | Describe the change, upgrade or consolidation. |  |
| ***2.5B*** | Which systems and programs were affected? |  |
| ***2.5C*** | Project start and end dates. |  |
| ***2.5D*** | Regarding data conversion: | |
| * Which data were converted to the new system (e.g., health appraisal data as of a certain date of service or receipt; all health appraisal data)? |  |
| * Which health appraisal data were not converted to the new system? |  |
| * Which data elements were converted to the new system? |  |
| * Which data elements were not converted to the new system? |  |
| ***2.5E*** | How were data mapped for conversion from the previous system to the new system? |  |
| ***2.5F*** | How did your organization ensure accuracy and completeness of data in the new system? |  |

Incentives for Health Appraisal Completion

**Table 2.6: *Incentives activities.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***2.6A*** | Do any of your employers or plan sponsors offer incentives for health appraisal completion? |  |
| No incentive offered. |  |
| Small incentive offered (cash value is ≤$100). |  |
| Large incentive offered (cash value is >$100). |  |
| Unknown whether incentive is offered. |  |
| Other (calculate the monetary value). |  |
| ***2.6B*** | Are all participants eligible to receive incentives? |  |
| ***2.6C*** | Are other activities undertaken to encourage health appraisal completion? |  |
| ***2.6D*** | Does your organization maintain data on incentives offered for health appraisal completion? |  |

Requested Documents

Provide the documents listed below and label them as instructed in the table. Use “NA” if the document is not applicable.

|  |  |  |
| --- | --- | --- |
| Document | Details | Label |
| **Data system flowchart** | A flowchart of the data system and processes, indicating the steps in the process, as well as the flow of health appraisal data from all sources. | **2.1** |
| **Health appraisal forms** | Health appraisal forms used during the past 3 years. | **2.2** |
| **HA completion reports** | Documentation of participant completion reports at the time data files were generated for WHP reporting. | **2.3** |
| **Incentive reports** | If applicable, attach copies of reports used to conduct for incentive distribution. | **2.4** |

Section Contact

***Who completed this section of the Roadmap?***

|  |  |  |
| --- | --- | --- |
|  | Contact |  |
| Name |  |  |
| Title |  |  |
| Company |  |  |
| Address |  |  |
| City, state, zip |  |  |
| Telephone |  |  |
| Fax |  |  |
| E-mail address |  |  |
|  |  |  |

Section 3: Wellness and Health Promotion Interventions *(IS 8.3)*

Introduction

***WHP systems used to track interventions.***

|  |  |
| --- | --- |
| Organization information | **Organization name:** |
| **Date of completion:** |
| Definitions |  |
| *Health promotion interactive contact* | A connection made between a wellness and health promotion intervention and an eligible participant. Contact must be a two-way interaction in which health education or health coaching is conducted using one of the following methods.   * Interactive, mail-based communication. * Phone (including interactive voice response [IVR] module). * In person (individual or group). * Online, including: * Interactive Web-based module. * Live chat. * Secure e-mail.   **Note:** An interactive contact must include bidirectional communication. |
| *Health promotion intervention* | A planned, defined action taken to increase the probability that a desired outcome will occur. Interventions provide implementation of content developed to help individuals or practitioners manage health and disease, and may include phone calls, e-mails, mailings, coaching, home visits, advice, reminders, tools and biometric devices. |
| Instructions | * Complete all tables for each system used, adding columns when necessary. |

General Information

### Table 3.1: *WHP* *processing system used to track interventions described in this section.*

| Question | | Description |
| --- | --- | --- |
| ***3.1A*** | Name of WHP system. |  |
| ***3.1B*** | Type of interventions offered. |  |
| ***3.1C*** | Type of data processed. |  |
| ***3.1D*** | Location (city, state). |  |
| ***3.1E*** | What modes of communication does your WHP programs include? If this varies by program, indicate the program name: |  |
| * Interactive mail based. |  |
| * Phone. |  |
| * In person. |  |
| * Online. |  |
| ***3.1F*** | Were changes made to the system since the last submission? |  |

Intervention Policy Questions

|  |
| --- |
| ***3.1A.*** Regarding WHP interventionspolicies, what is the time limit for activity completion?  ***A.*** |
| ***3.1B.*** How do you handle activities submitted past the deadline?  ***A.*** |

Software

**Table 3.2: *Software used for WHP intervention data described in this section.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***3.2A*** | Name of system or software. |  |
| ***3.2B*** | Programming language or application. |  |
| ***3.2C*** | Was the software Internally developed? |  |
| ***3.2D*** | How often is the system or software updated? |  |

Intervention Form

**Table 3.3: *Data elements captured in your health promotion system.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WHP Intervention | | | | |
| Mode of Communication | Mail Based | Phone Based | In Person | Web Based |
| First name. |  |  |  |  |
| Last name. |  |  |  |  |
| Date of contact. |  |  |  |  |
| Topics or risks addressed. |  |  |  |  |
| Task/program completion. |  |  |  |  |
| Remeasurement data. |  |  |  |  |
| Desired action. |  |  |  |  |
| Action status. |  |  |  |  |
| Desired outcome. |  |  |  |  |
| Outcome status. |  |  |  |  |

**Table 3.4: *System edit checks.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| System Edit Checks | | | | |
| Mode of Communication | Mail Based | Phone Based | In Person | Web Based |
| Checks for valid participant. |  |  |  |  |
| Checks on field size. |  |  |  |  |
| Checks on date ranges (e.g., no future dates). |  |  |  |  |

System Upgrades or Conversions

**Table 3.5: *Complete this table if significant changes were made to the WHP intervention data system or if a new data system was implemented during the past three years.***

| Question | | Mail Based | Phone Based | In Person | Web Based |
| --- | --- | --- | --- | --- | --- |
| ***3.5A*** | Describe the change, upgrade or consolidation. |  |  |  |  |
| ***3.5B*** | Which systems and programs were affected? |  |  |  |  |
| ***3.5C*** | Project start and end dates. |  |  |  |  |
| ***3.5D*** | Regarding data conversion: | | | | |
| * Which data were converted to the new system (e.g., intervention data as of a certain date of service or receipt; all contact and intervention data)? |  |  |  |  |
| * Which data were not converted to the new system? |  |  |  |  |
| * Which data elements were converted to the new system? |  |  |  |  |
| * Which data elements were not converted to the new system? |  |  |  |  |
| ***3.5E*** | How were data mapped for conversion from the previous system to the new system? |  |  |  |  |
| ***3.5F*** | How did your organization ensure accuracy and completeness of data in the new system? |  |  |  |  |

Policies and Procedures

**Table 3.6: *WHP intervention* *data processes.***

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***3.6A*** | How is information on interactive mail-based contacts obtained, processed and tracked? |  |
| ***3.6B*** | How are data on interactive phone contacts obtained, processed and tracked? |  |
| ***3.6C*** | How are data on interactive online contacts obtained, processed and tracked? |  |
| ***3.6D*** | How are data on interactive in-person contacts obtained, processed and tracked the system? |  |
| ***3.6E*** | Are there situations where processors may change information submitted by a participant? |  |

Requested Documents

Provide the documents listed below and label them as instructed in the table.

|  |  |  |
| --- | --- | --- |
| Document | Details | Label |
| **Intervention flowchart** | Graphic workflow to show how interventions are handled. | **3.1** |
| **Mail-based communication reports** | If applicable. | **3.2** |
| **IVR tracking reports** | If applicable. | **3.3** |
| **Web-based communication reports** | If applicable. | **3.5** |

Section Contact

***Who completed this section of the Roadmap?***

|  |  |  |
| --- | --- | --- |
|  | Contact |  |
| Name |  |  |
| Title |  |  |
| Company |  |  |
| Address |  |  |
| City, state, zip |  |  |
| Telephone |  |  |
| Fax |  |  |
| E-mail address |  |  |
|  |  |  |

Section 4: Data Integration *(IS 8.4, 8.5)*

Introduction

***General information about how your organization manages its WHP report production process, maintains its WHP software, ensures data integrity and calculates WHP rates.***

|  |  |
| --- | --- |
| Organization information | **Organization name:** |
| **Date of completion:** |
| Definition |  |
| *WHP repository* | A central system into which all participant eligibility, health appraisal, intervention and other data are loaded and where calculations are performed to produce measure rates and results. |
| Instructions | * All questions relate to the systems and processes used in the reporting period, unless otherwise indicated. |

Measure Production Responsibility

### Table 4.1: *Staff or type responsible for key steps in the WHP production process. Enter the number of persons responsible for each step; provide explanations where relevant.*

|  |  |  |
| --- | --- | --- |
| WHP Production Functions | | Number of Internal Staff and Type |
| Data integration. | |  |
| Name of software used for rate calculation or measure production. | |  |
| Programming language or application used for rate calculation or measure production. | |  |
| Was the software internally developed? | |  |
| How often is the software updated? | |  |
| Project management. | |  |
| Other (indicate). | |  |
| Question | | Description |
| ***4.1A*** | Were significant changes made from the previous year’s WHP cycle? |  |

Data Sources and Completeness

### Table 4.2: *Data files used: the date when files were loaded into the WHP repository for measure reporting.*

|  |  |  |  |
| --- | --- | --- | --- |
| Sources | | Data File Name | Date |
| ***4.2A*** | Participant eligibility files. |  |  |
| ***4.2B*** | Health appraisals. |  |  |
| ***4.2C*** | Wellness and health promotion interventions. |  |  |

### Table 4.3: *Data integration and file consolidation in the WHP repository.*

|  |  |  |
| --- | --- | --- |
| Data Integration | | |
|  | Question | Description |
| ***4.3A*** | How are data integrated and consolidated for WHP reporting? Consider data from all sources and indicate if rates are calculated by querying the processing system online, creating extract files or through a separate database, data repository or warehouse. |  |
| ***4.3B*** | How does your organization ensure that all data are transferred and properly formatted? |  |
| ***4.3C*** | Describe any changes made to the data integration process. |  |
| ***4.3D*** | Describe testing activities used to validate changes. |  |
| ***4.3E*** | Describe the procedures used to link: |  |
| * Health appraisal data and participant data. |  |
| * Intervention data and participant data. |  |
| ***4.3F*** | With regard to accuracy of data integrated for WHP reporting: | |
| * How does your organization identify and handle duplicate records? |  |
| * How does your organization identify and handle erroneous data? |  |
| * How does your organization identify and handle missing data elements? |  |
| * How does your organization ensure that no data are lost in the data integration process? |  |
| * What algorithms does your organization use to check the reasonableness of data integrated to report WHP? |  |

### Table 4.4: WHP measure production used to prepare and calculate the WHP report. Consider all programs used to create denominators and numerators.

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***4.4A*** | What is the background and relevant experience of the staff involved in WHP measure production? |  |
| ***4.4B*** | How is staff work overseen and monitored? |  |
| ***4.4C*** | What is your organization’s process for development, over-sight, review, testing and version control? |  |
| ***4.4D*** | How does your organization conduct internal review for final rates for reasonability? |  |
| ***4.4E*** | What tests and checks are performed to validate the accuracy and completeness of: | |
| * Measure-specific rates? |  |
| * Measure-specific denominators (i.e., eligible participants)? |  |

System Security or Back-Ups

### Table 4.5: *WHP* *processing systems.*

|  |  |  |
| --- | --- | --- |
| Question | | Description |
| ***4.5A*** | How does your organization back up its data or systems? |  |
| ***4.5B*** | How is data-access authorization assigned? |  |
| ***4.5C*** | What type of physical security is in place, including fire protection and UPS? |  |
| ***4.5D*** | Explain and describe how data integrity and completeness were validated if: | |
| * Your organization experienced any unexpected or unplanned system downtime during the reporting period. |  |
| * Your organization restored data from back-up files during the reporting period. |  |
| * Your organization experienced data loss during the reporting period. |  |

Requested Documents

Provide the documents listed below and label them as instructed in the table. Use “NA” if the document is not applicable.

|  |  |  |
| --- | --- | --- |
| Document | Details | Label |
| **Data integration flow chart** | Provide a flowchart that gives an overview of your management information systems structure, including how all data are integrated for WHP reporting. | **4.1** |
| **WHP repository file structure (if applicable)** | Provide a complete file structure, file format and field definitions for your WHP repository. | **4.2** |
| **Disaster recovery or routine back-up processes** | Provide documentation that describes your routine back-up processes and disaster recovery procedures. If documentation was previously submitted to the audit firm, submit it only if it has been revised since the last submission. | **4.3** |

Section Contact

***Who completed this section of the Roadmap?***

|  |  |  |
| --- | --- | --- |
|  | Contact |  |
| Name |  |  |
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