



## MEASURE PRODUCTION QUALITY ASSURANCE (QA) WORKSHEET

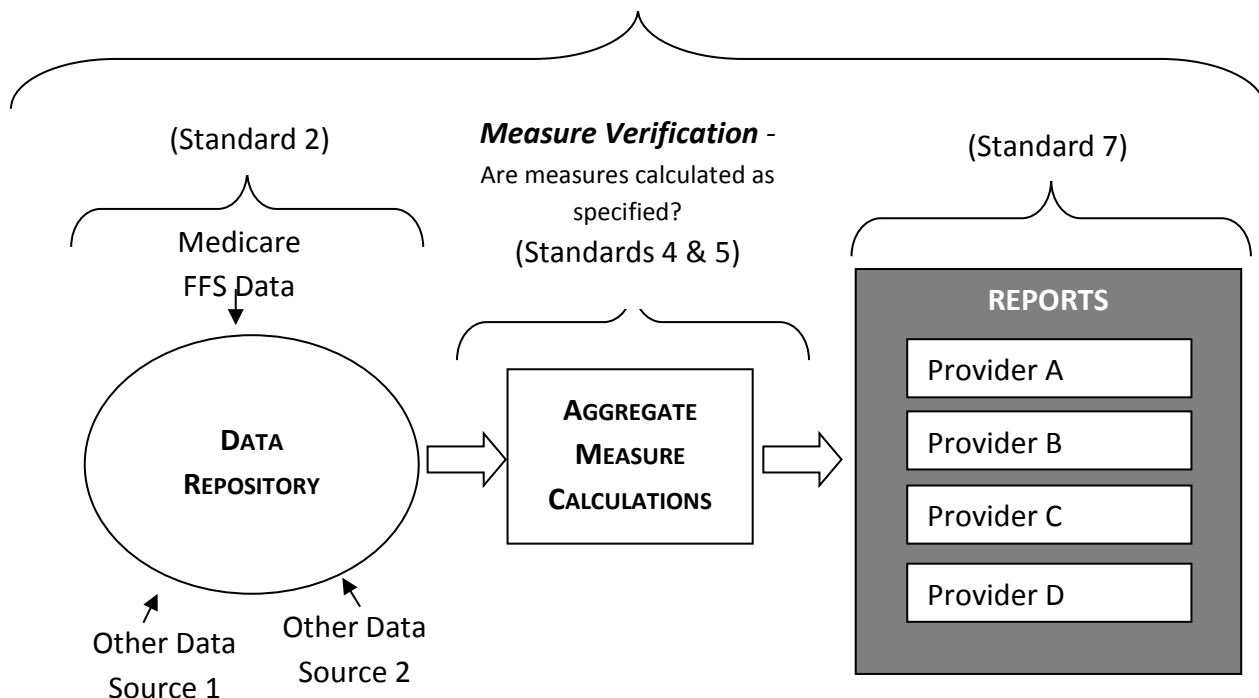
The purpose of this information collection worksheet (starting on page 2 of this document) is to provide the QECP team with a comprehensive and concise view of the QEs' measurement process from data integration to final reporting (Exhibit 1). The intent of the collected information is to present and describe the QE's error identification and correction approach in its measure production process (i.e., QE's quality assurance process). QEs must use this worksheet to describe how their organization:

- integrates data into a repository to calculate reported performance measures;
- addresses data completeness, accuracy, and consistency; and
- identifies, corrects, and mitigates errors during the measure calculation and reporting process once Medicare data are integrated.

The information QEs provide in this worksheet address several (but not all) of the evidence requirements for Element 6A. Refer to page 12 of the "Revisions to Phase 3 Assessments and Evidence" document for a complete list of evidence requirements for Element 6A. **QEs must complete and upload this worksheet, along with relevant policy/procedural supporting documents, to their secure QECP application portal under Element 6A in order to comply with Phase 3 of the QECP Minimum Requirements Review.**

### *Exhibit 1: Measure Production Quality Assurance*

(Standard 6)



**Table 1: Department/Vendor Responsibilities**

For each function listed in the table below, provide the name of the department or vendor responsible for completing each task; the name, credentials, and title of the responsible personnel; and the application or software used to complete each task.

<b>General Measure Production Functions</b>	<b>Internal Department Name or Vendor Name<sup>1</sup></b>	<b>Internal Staff (Name, Credentials, and Title)</b>	<b>Contracted Staff (Name, Credentials, and Title)</b>	<b>Application/Software<sup>1</sup></b>
<b>Data Integration</b>				
<b>Medicare Data Integration</b> (if different than above)				
<b>Data Warehouse Maintenance</b>				
<b>Measure Repository Maintenance</b>				
<b>Measure Calculation</b>				
<b>Setting Quality Assurance (QA) Standards or Policies</b>				

<sup>1</sup> If applicable, documentation and/or purchase orders of the software and/or systems vendor utilized in the applicant’s QA process **must** be uploaded as evidence to Element 6A in the QE’s application portal.

<b>Conducting QA Reviews</b>				
<b>Reviewing QA Reports</b>				
<b>Other</b> (Specify: _____)				
Information Request		Response		
List measures calculated for the first time (list only those that will include Medicare data).				
List and briefly describe your organization's QA policy document(s).  [A complete QA policy may be uploaded as evidence for Element 6A in the QE's application portal]		<i>{List the name of each QA policy document, and provide a brief description of its contents.}</i>		
What data circumstance (e.g. performance above or below expected performance - 3 <sup>rd</sup> standard deviation) triggers additional review and scrutiny for accuracy by your organization?				
How does your organization determine compliance with measure specifications?				

**Table 2: Data Files and Data Accuracy**

Describe each source of data combined with Medicare data; add rows as necessary (i.e., two sources of enrollment data will require two rows of “Enrollment or Membership”).

<b>Data Sources</b>	<b>File Description (e.g., Enrollment data from Happy Health Plan)</b>	<b>Size of File (e.g., # of claims lines or covered lives)</b>	<b>Date Loaded into Data Repository</b>	<b>Date Integrated with Medicare Data</b>	<b>Proportion of Data File in Final QE Data File (% of all claim lines or covered lives in integrated data file)</b>
<b>Enrollment or Membership</b>					
<b>Practitioner</b>					
<b>Claim or Encounter</b>					
<b>Behavioral Healthcare</b>					
<b>Pharmacy</b>					
<b>Public Registry</b> (e.g. immunizations)					

<b>Other</b> <i>(Specify: _____)</i>					
<b>Information Request</b>		<b>Response</b>			
Are standard code sets used (e.g. ICD-9, CPT)? If not, how is consistency between data elements ensured?					
How is data loading and mapping assessed for accuracy and completeness?					
What methods are used to QA each data source?					
Were any data excluded from measure reporting?					
Why were data excluded (e.g., incomplete data from a claims vendor)?					
What percentage of members, practitioners, or claims was affected by these exclusions?					
How does your organization assess whether individual elements are missing, incomplete or invalid?					

**Table 3: QA Reports**

Information Request	Response
<p>What types of QA reports are produced by your organization?</p> <p>[Sample reports generated by the QA process <b>must</b> be attached as evidence to Element 6A in QE’s application portal]</p>	<p><i>{List the file name of each QA sample report, and provide a brief description of its contents.}</i></p>
<p>Who receives the QA reports?</p>	
<p>Are corrective actions assigned as part of the QA process?</p>	
<p>How does your organization correct errors in the measurement and reporting processes?</p> <p>[A complete QA policy may be uploaded as evidence for Element 6A in the QE’s application portal]</p>	<p><i>{If response can be found in a QA policy document, list the file name, page number, and relevant section of the document.}</i></p>
<p>If an error is identified during the QA process, how does your organization update the reports to the providers and consumers?</p> <p>[A complete QA policy may be uploaded as evidence for Element 6A in the QE’s application portal]</p>	<p><i>{If response can be found in a QA policy document, list the file name, page number, and relevant section of the document.}</i></p>