

Integrated Healthcare Association Pay for Performance Program

Audit Review Guidelines
Measurement Year 2010

Released November 2010



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Introduction

Background

The clinical quality measures can be found in the *P4P Integrated Healthcare Association California Pay for Performance Program: 2010 Measurement Year Manual* and should be used with this document. The clinical measures are adapted from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS[®]), the most widely used set of performance measures in the managed care industry. NCQA is a not-for-profit organization committed to assessing, reporting on and improving the quality of care provided by organized delivery systems.

P4P also includes an audit review to ensure that results are an accurate report of Physician Organization (PO) performance. The audit review of the clinical measures is based on NCQA's HEDIS Compliance Audit™ program. NCQA staff worked with P4P participants in 2003 to incorporate the relevant components of the HEDIS Compliance Audit and to adapt policies and procedures where necessary.

Because this program is an adaptation, it is not considered a HEDIS Compliance Audit, but a Pay for Performance Audit Review. This manual includes the information needed to collect, report and conduct an audit review of the clinical measures included for the P4P reporting initiative.

Contents of This Manual

Audit Review for Health Plans	This section contains information on additions to the audit process for health plans reporting P4P data on behalf of POs.
P4P Audit Standards for POs	This section includes the HEDIS Compliance Audit Standards that apply to the P4P data.
Audit Review for POs	This section includes all components of the audit review for POs, including an overview, audit standards and a detailed description of the audit review process.
Appendices	These sections contain P4P PO audit review documents, including the PO Record of Administration, Data Management, and Processes (Roadmap), a data source documentation checklist, decision point grid, IS standards compliance tool and a glossary.

If You Have Questions About the P4P Program

NCQA Policy Clarification Support	<p>NCQA's Policy Clarification Support (PCS) system provides policy support to P4P stakeholders by allowing them to submit their specific policy interpretation questions to NCQA staff. The PCS system is on the NCQA Web page at www.ncqa.org.</p> <p>To access the PCS, select Support at the left side of the Web page and click on Policy Clarification Support. For P4P questions, choose HEDIS: IHA Pay for Performance (P4P) in the Measures/Standards dropdown box. The direct URL for the PCS main menu page is www.ncqa.org/pcs.</p>
Frequently Asked Questions	Frequently Asked Questions (FAQ) clarify P4P specifications. NCQA posts FAQs to its Web site on the 15th of each month. P4P groups should refer to the following link on the NCQA Web site: http://app04.ncqa.org/faq/ . Select the IHA P4P product.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

P4P Audit Review for Health Plans

Modifications to the Health Plan HEDIS Compliance Audit

Enrollment in the PO	The Certified Auditor must confirm that the health plan appropriately calculated enrollment at the PO level as specified in the P4P General Guidelines. As part of this process, the Certified Auditor assesses if the health plan accurately maintains associations between the member and the PO.
Medical record data	The Certified Auditor must confirm that medical record review was not used to collect P4P data.
Encounter threshold	The Certified Auditor must validate that the health plan correctly calculated PO PMPY encounter rates according to the specification included in the P4P General Guidelines to ensure correct application of the encounter threshold specification.
Roadmap	The Certified Auditor may request additional detailed information about the health plan's processes for generating the measure results by PO.
Source code review	The Certified Auditor must conduct source code review for all uncertified P4P measures. Health plans must use the clinical specifications in the <i>P4P Integrated Healthcare Association California Pay for Performance Program: 2010 Measurement Year Manual</i> . If the plan uses certified HEDIS software or certified P4P software, auditors must review all additional steps, especially the attribution of results to individual POs, and workarounds used to generate the P4P measures.
Benchmarks and thresholds	The Certified Auditor must validate the reasonability of the PO data reported by the P4P health plans by: <ul style="list-style-type: none"> • Comparing PO rates reported in the current reporting year to, at least, those reported in prior P4P reporting year • Comparing mean PO rates to the plan's HEDIS administrative rates.

Other data checks

- General**
- Compare the ENRST denominator to total group enrollment for similarity
 - Check the PO master list to ensure all groups are reported
 - Check that the rate column equals the numerator column/denominator column
 - Check that each rate field has five digits after each decimal and no rounding
 - Ensure that no rate is >100%
 - Compare P4P total enrollment to the total plan enrollment
 - Check each P4P ID/Sub ID file:
 - For a record for each clinical measure
 - For ENCRATEs

-
- Measure-specific**
- *Chlamydia screening*: Ensure that the sum of the denominators and numerators of each age group adds up to the total for the overall age group.
 - Ensure that the denominators for CMC and CDC are the same for all reported numerators for each measure.
 - Ensure that the sum of all PO denominators for a specific measure is equal to or less than the health plan's HEDIS eligible member population

Compare the following rates

- The P4P current rate to the HEDIS current rate
- The P4P current rate to the P4P rate in the prior year
- The P4P current rate to the P4P NCQA plan-level percentiles and thresholds
- For new measures, compare the P4P current rate to prior year's HEDIS administrative rate

Audit results

The P4P Audit Review results in audited rates or calculations at the measure level and indicate if the measures can be publicly reported. All measures selected for reporting must have a final, audited result. A measure selected for reporting by a PO can receive a rate of *NR* if the auditor determines it is not reportable.

For P4P MY 2010 Measures Only

Health plan results

Audit reviews for health plans provide assessments for each of their contracted POs, indicating each measure's suitability for data aggregation. The auditor gives a designation for the rate of each measure included in the audit, as shown in the table below. Additional instructions for data submission are:

- For the Encounter Rate by Service Type 1–6: Overall Rate (ENRSTOV) measure, the rate must be rounded to two decimal places. For example:
 1. If the ENRSTOV is 4.004, round down to 4.00
 2. If the ENRSTOV is 4.005, round up to 4.01
- If the rounded ENRSTOV is less than 4.00, then the result must be NA for encounter rate metrics and all clinical measures for the PO.
- If the rounded ENRSTOV is 4.00 or greater, the individual Encounter Rate by Service Type results (ENRST1 through ENRST6 rates) and all clinical measures must be truncated to five decimal places in the input file.
- If the rounded ENRSTOV is 4.00 or greater, and the denominator for any other measure is 0, then the designated rate for that measure should be 0, BR or NB (or NR for testing measures only). Reporting a rate of 0 indicates that the health plan calculated the measure, but found that no members met the criteria specified for the denominator. Small Denominator (SD) is not a valid result for health plans.

Rate/Result	Description	Notes
0-XXX	Reportable	Reportable rate for P4P measure. The rate of 0 indicates that the health plan calculated the measure but found no members who met the criteria specified for the denominator.
BR	Biased Rate	The calculated rate was materially biased. The auditor determines a result is not reportable due to material bias.
NA	Not Available	The health plan-calculated PO encounter rate did not meet the PMPY threshold.
NB	No Benefit	The health plan did not offer the health benefit required by the measure (e.g., pharmacy).
NR	Not Reported	The health plan did not report the measure (may be used for only testing measures).

Note

- For measures reported as a rate, **materially biased** is any error that causes a (+/-) 5 percentage point difference in the reported rate.
- *Testing measures do not require an audit result. These measures are collected but not audited.*

Data submission	<p>The final date for audited P4P data submission to NCQA’s subcontractor, Diversified Data Design Corp. (DDD), is shown on the “Data Collection and Reporting Timeline” in the P4P General Guidelines. The timeline also shows the date when DDD provides the standard format for submitting data.</p> <p>The auditor will approve the health plan’s data submission file to DDD, which will include all data elements defined in the data submission file specifications.</p>
Final Audit Opinion	<p>At the close of the audit, the auditor renders the Final Audit Opinion. The Final Audit Opinion contains an Audit Review Statement for P4P data. The Final Audit Opinion for P4P must be submitted to NCQA no later than 30 days after the HEDIS commercial reporting deadline.</p>
Final Audit Report	<p>When the audit is complete, the auditor prepares a Final P4P Audit Review Report, which includes the Summary Report, the IS Assessment and Findings for all POs. The auditor must submit copies of the report to the health plan and to NCQA, which uses it to evaluate the audit process and ensure that all audits are conducted according to guidelines.</p> <p>The report must provide enough information for NCQA to evaluate and conclude that the rates and audit results are supported by the work that was done. The Final Audit Opinion for P4P must be submitted to NCQA no later than 30 days after the <i>HEDIS</i> commercial reporting deadline.</p>
Health Plan P4P Audit Review Statement	<p>The template for the Audit Review Statement is below. The auditor must submit this document electronically to the audit department at NCQA. There is only one Audit Review Statement for all P4P PO-level data the plan provides.</p>

Health Plan P4P Audit Review Statement

We have examined MY 2010 submitted measures of [insert Health Plan's Name here] for conformity with the Integrated Healthcare Association Pay for Performance Program: P4P MY 2010 Clinical Measure Specifications and the P4P MY 2010 Audit Review Guidelines. Our audit planning and testing were constructed to measure conformance to the P4P MY 2010 Manual (health plan sections only) for all measures presented at the time of our audit.

This report is the [insert Health Plan's Name here] management's responsibility. Our responsibility is to express an opinion on the report based on our examination pursuant to the audit guidelines established in the MY 2010 P4P Manual. Our examination included procedures necessary to obtain reasonable assurance that the MY 2010 submitted measures were generated according to the P4P MY 2010 Manual, and accordingly included procedures we considered necessary to obtain a reasonable basis for rendering our opinion. Our opinion does not constitute a warranty or any other form of assurance as to the nature or quality of the health services provided by or arranged by any of the participating Provider Organizations (PO), the adequacy of the PO information systems, or the PO policies and procedures for submission of data to the Health Plan.

In our opinion, MY 2010 submitted measures of [insert Health Plan's Name here] were prepared according to the P4P MY 2010 Manual and presents fairly, in all material respects, the Health Plan's adherence to these specifications.

We understand that if the signatures we submit below are electronic, they have the same legal effect, validity and enforceability as original signatures submitted on paper.

(NCQA-Certified HEDIS Auditor)

(Date)

(Responsible Officer)

(Date)

Organization ID: _____

Submission ID(s): _____

Audit review work papers

In addition to the Final Audit Report submitted to NCQA, Certified Auditors must retain additional work papers related to the P4P audit review that are available on request for monitoring purposes. The NCQA monitoring program includes a review of these papers and ensures adherence to program policies and procedures. Work papers also include all relevant documentation completed, requested or reviewed during the P4P audit review.

For a complete list of documents, see *HEDIS 2011 Volume 5: HEDIS Compliance AuditTM: Standards, Policies and Procedures*.

P4P Audit Standards for POs

Overview

P4P Audit Review Standards for POs are derived from NCQA's HEDIS Compliance Audit Standards, the foundation on which Certified HEDIS Compliance Auditors assess a health plan's ability to report HEDIS data accurately and reliably. These standards represent key processes involved in P4P clinical data collection and reporting.

This section includes the standards and assessments that apply to POs that self-report the P4P clinical data, and which are a derived *subset* of the HEDIS Compliance Audit Standards that health plans must meet during HEDIS audits.

Standards are divided into two sections.

1. **Information System (IS) standards used in P4P Audit Review.** Because P4P clinical data depend on the quality of the PO's information systems, the **IS standards** measure how the PO collects, stores, analyzes and reports medical, service, member and vendor data. A PO unable to process health care data cannot accurately and reliably report P4P clinical information.

The standards specify the minimum requirements that information systems should meet, and criteria that the manual processes used in P4P clinical data collection must meet. The audit review assesses the IS standards and ensures that the PO has effective systems information practices and control procedures for reporting P4P clinical data.

2. **Measure Determination (HD) standards used in P4P Audit Review.** The **HD standards** are the foundation on which auditors assess P4P clinical data compliance (i.e., if a PO adhered to specifications). The standards describe specific information that the auditor should look for, such as proper identification of denominators and numerators and verifying algorithms and rate calculations.

Auditors must take into account PO compliance with the IS and HD standards to fully assess P4P reporting capabilities. To verify compliance with these standards, NCQA requires that all applicable items be evaluated during an audit engagement.

Information System Standards

IS 1.0 Medical Services Data—Sound Coding Methods and Data Capture, Transfer and Entry

IS 1.1 Industry standard codes (e.g., ICD-9-CM, CPT, DRG, HCPCS) are used and all characters are captured.

- Data submission documents and transaction files include industry standard codes with full character levels
- Claims and encounter data entry screens allow entry of all codes and all characters
- Data entry processors enter all codes and characters
- Policy and procedure manuals document that codes cannot be altered or deleted and that default codes are not used or are mapped correctly

IS 1.2 Principal codes are identified and secondary codes are captured.

- Data submission documents and transaction files differentiate principal codes from secondary codes
- Claims and encounter data entry screens allow entry of all principal and secondary codes
- Data entry processors enter all principal and secondary codes accurately

IS 1.3 Nonstandard coding schemes are fully documented and mapped back to industry standard codes.

- Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the General Guidelines
- Program code ensures that mapping documents are executed accurately

IS 1.4 Standard submission forms are used and capture all fields relevant to P4P reporting. All proprietary forms capture equivalent data. Electronic transmission procedures conform to industry standards.

- Standard and nonstandard forms have policies, procedures and completion instructions to verify that all fields relevant to P4P reporting are included
- Nonstandard submission forms include required data and capture all:
 - Codes
 - Characters for all codes
 - Data fields listed in the PO Roadmap for the appropriate claims system
- Electronic file formats are consistent with industry standard forms and capture all data fields listed in the PO Roadmap for the appropriate claims system
- Policies and procedures for submitting information on electronic forms verify:
 - The PO effectively monitors the quality and accuracy of electronic submissions
 - Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs

IS 1.5 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files for P4P reporting.

- Claims and encounter data entry screens display:
 - Edit checks for parity, field sizes, date ranges, code ranges
 - Cross checks with member and practitioner files
 - All data fields listed in the appropriate claims section of the PO Roadmap
- Reports for claim/encounter processing staff and hardware operations verify that the PO effectively monitors the quality, accuracy, timeliness and productivity of the entry processes (refer to Roadmap Attachment 1.4)
- Flowcharts clearly describe claim and encounter processing from all sources (refer to the Roadmap Attachment 1.1)
- Policies and procedures and training manuals for data submission and entry ensure accuracy and completeness
- Data transaction files confirm accuracy, including:
 - Comparison of a sample of data entry files with source documents to ensure that all data are entered and are not changed or deleted during processing
 - Capture of denied claims for P4P reporting

IS 1.6 The PO continually assesses data completeness and takes steps to improve performance.

- The PO's data completeness studies help determine their impact on P4P reporting (refer to Roadmap Attachment 1.5)
- Payment arrangements for all providers show their impact on P4P reporting (refer to Roadmap Table 1.14)
- Policies, procedures and performance standards require complete submission of claims or encounter data from all practitioners to assess data completeness

IS 1.7 The PO regularly monitors vendor performance against expected performance standards.

- Contracts with vendors confirm that the PO:
 - Requires data for P4P reporting
 - Provides inspection and onsite auditing of data, correction and resubmission of data
 - Has backlog control standards and procedures and enforces quality standards
- Studies and reports are used to:
 - Determine that claim and encounter data from vendors are complete and accurate
 - Ensure that no data are lost or modified during transfer among vendors

Software Certification

The auditor is not required to assess compliance with this standard. No item is affected by software certification.

IS 2.0 Enrollment Data—Data Capture, Transfer and Entry

IS 2.1 The PO has procedures for submitting P4P-relevant information for data entry. Electronic transmissions of membership data have necessary procedures to ensure accuracy.

- Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the PO has mechanisms for transferring information to the appropriate location within the PO
- Forms used by employers for additions, deletions and changes—including samples of completed forms, policies, procedures and instructions for completing membership forms—ensure that all fields relevant to P4P reporting are included (refer to Roadmap Table 2.2)
- Electronic file formats and protocols ensure capture of all data fields listed in the PO Roadmap Table 2.2
- Policies and procedures for submitting and transmitting electronic information should include evidence that:
 - The PO effectively monitors the quality and accuracy of its electronic submissions
 - Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs

IS 2.2 Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.

- Standard monitoring reports for all membership operations personnel—including data entry, membership processing staff and hardware operations—verify that the PO effectively monitors the quality, accuracy, timeliness and productivity of its entry processes
- Flowcharts describe membership processing from all sources (refer to Roadmap Attachment 2.1)
- Data entry processors enter all required P4P data elements (refer to Roadmap Table 2.2).
- Data entry policies and procedures and training manuals ensure accuracy and completeness
- Membership data entry screens have:
 - Proper edit checks for parity, field sizes, date ranges, code ranges, practitioner services by specialty and cross checks with member and practitioner files
 - All data fields listed in the PO Roadmap Table 2.2.
- Data transaction files are accurate, including:
 - Comparison of a sample of data-entry files with source documents to ensure that all data are entered and are not changed or deleted during processing
 - Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and are not changed or deleted during processing

IS 2.3 The PO continually assesses data completeness and takes steps to improve performance.

- The PO's membership system can accommodate:
 - Changes in family status
 - Changes in employment
 - Changes in product line
 - Changes in product
 - Methods for defining coverage start and end
 - Multiple membership status changes, including membership periods and disenrollment information

- Policies, procedures and performance standards require:
 - Complete submission and entry of membership data
 - Proper control of transmissions through logs, record count verification, redundancy checking receipts, retransmissions and sign-offs
- Policies, procedures and performance standards:
 - Require complete submission of data to ancillary vendors.
 - Describe the process for submitting data to ancillary vendors and how often data are submitted
 - Describe the data oversight process for the ancillary vendor

IS 2.4 The PO regularly monitors vendor performance against expected performance standards.

- Contracts with vendors require data for P4P reporting and provide inspection and onsite auditing of data; correction and resubmission of data and backlog control standards and procedures; and enforce quality standards
- Studies and reports show that:
 - Membership level data from vendors are complete and accurate
 - No data are lost or modified during transfer

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

IS 3.0 Practitioner Data—Data Capture, Transfer and Entry

IS 3.1 Provider specialties are fully documented and mapped to P4P provider specialties.

- Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the *General Guidelines*
- Program code ensures that mapping documents are executed accurately

IS 3.2 The organization has effective procedures for submitting P4P-relevant information for data entry. Electronic transmissions of practitioner data are checked to ensure accuracy.

- Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the organization has mechanisms for transferring information to the appropriate location within the organization
- Forms used to process practitioner additions, deletions and changes—including samples of completed forms, policies, procedures and instructions for completing the forms—ensure that all fields relevant to P4P reporting are included (refer to Roadmap Table 3.3)
- Electronic file formats and protocols ensure capture of all data fields listed in PO Roadmap Table 3.3
- Policies and procedures for submission and transmission of electronic information ensure:
 - The organization effectively monitors the quality and accuracy of its electronic submissions
 - Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs

IS 3.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

- Standard monitoring reports for all provider operations personnel—including data entry, provider processing staff and hardware operations—verify that the organization effectively monitors the quality, accuracy, timeliness and productivity of its entry processes
- Flowcharts describe provider processing from all sources (refer to Roadmap Attachment 3.1)
- Data entry processors enter all required P4P data elements (refer to Roadmap Table 3.3) in the claims processing system
- Data entry policies and procedures and training manuals ensure accuracy and completeness
- Provider claims processing screens have:
 - Proper edit checks for parity checks, field sizes, date ranges, cross checks with claims/ encounter and practitioner file, code ranges and practitioner services by specialty
 - All data fields listed in the PO Roadmap (refer to Table 3.3)
- Data transaction files are accurate, including:
 - Comparison of a sample of data entry files with source documents to ensure that all data are entered and that data are not changed or deleted during processing
 - Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and that data are not changed or deleted during processing

IS 3.4 The organization continually assesses data completeness and takes steps to improve performance.

- Policies, procedures and performance standards require:
 - Complete submission and entry of provider data
 - Proper control of transmissions through logs, record count verification, redundancy checking receipts, retransmissions and sign-offs

IS 3.5 The organization regularly monitors vendor performance against expected performance standards.

- Contracts with vendors require data for P4P reporting and provide inspection and onsite auditing of data; correction and resubmission of data and backlog control standards and procedures; and enforce quality standards
- Studies and reports show that:
 - Practitioner level data from vendors are complete and accurate
 - No data are lost or modified during transfer

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

IS 4.0 Supplemental Data—Capture, Transfer and Entry

IS 4.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

- Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the *General Guidelines*
- Program code ensures that mapping documents are executed accurately

IS 4.2 The PO has effective procedures for submitting P4P-relevant information for data entry. Electronic transmissions of data have checking procedures to ensure accuracy.

- Policies, procedures, log forms and training manuals for data submission ensure accuracy and completeness and verify that the PO has mechanisms for transferring information to the appropriate location within the PO
- Forms—including samples of completed forms, policies, procedures and instructions for completing the forms—ensure that all fields relevant to P4P reporting are included (refer to Roadmap Table 4.1)
- Electronic file formats and protocols ensure capture of all data fields listed in the PO Roadmap (refer to Table 4.1, Attachment 4.1)
- Policies and procedures for collecting supplemental data specify:
 - Exclusions are not collected for previous reporting years for members with clinical conditions that can change
 - Information obtained by the provider’s office or clinician directly from the member was entered in the medical record by the deadline established for the measure
 - Information obtained by the provider’s office or clinician directly from the member is verified when taking a patient history of a disease management system
 - Information obtained from a simple provider attestation is not used
 - Information obtained from member surveys is not used
- Policies and procedures for submission and transmission of electronic information:
 - The PO effectively monitors the quality and accuracy of its electronic submissions
 - Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs

IS 4.3 Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.

- Standard monitoring reports for all personnel—including data entry, provider processing staff and hardware operations—verify that the PO effectively monitors the quality, accuracy, timeliness and productivity of its entry processes (refer to Roadmap Attachment 4.3, 4.4)
- Flowcharts describe data from all sources
- Data entry processors enter all required P4P data elements (refer to Roadmap Table 4.1)
- Policies and procedures and training manuals for data entry ensure accuracy and completeness
- Data entry screens have:
 - Proper edit checks for parity checks, field sizes, date ranges, cross checks with claim/ encounter and practitioner files, code ranges and practitioner services by specialty
 - All data fields listed in PO Roadmap Table 4.1

- Data transaction files are checked for accuracy, including:
 - Comparison of a sample of data entry files with source documents to ensure that all data are entered and are not changed or deleted during processing
 - Comparison of a sample of electronically transmitted files with source documents to ensure that all data are transmitted and are not changed or deleted during processing

IS 4.4 The PO continually assesses data completeness and takes steps to improve performance.

- Policies, procedures and performance standards require:
 - Complete submission and entry of data
 - Proper control of transmissions by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs to ensure that all data are received
- Contracts with vendors require data for P4P reporting and provide inspection and onsite auditing of data, correction and resubmission of data and backlog control standards and procedures
- Policies, procedures and performance standards require reconciliation of data between the originating system and the repository

IS 4.5 The PO regularly monitors vendor performance against expected performance standards.

- Documentation acquired by the PO shows that the responsible agency has reasonable processes in place for data collection and accuracy
- Studies and reports show that:
 - Data from vendors are complete and accurate
 - No data are lost or modified during transfer

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

IS 5.0 Data Integration—Accurate P4P Reporting, Control Procedures That Support P4P Reporting Integrity

IS 5.1 Nonstandard coding schemes are fully documented and mapped to industry standard codes.

- Mapping documents show that all nonstandard codes and code systems are identified and mapped according to the requirements in the *General Guidelines*
- Program code ensures that mapping documents are executed accurately

IS 5.2 Data transfers to P4P repository from transaction files are accurate.

- Standard monitoring reports for all operations personnel, including IS staff and hardware operations verify that the PO effectively monitors the quality, and accuracy of its processes
- Flowcharts describe data from all sources (Roadmap attachment 5.1)
- P4P repository data entry and data transfer processes produce the intended result
- Policies and procedures document building, maintaining, testing and reporting for the P4P reporting repository
- Data samples from transaction files and medical record abstraction are compared with the P4P repository to ensure accurate procedures for populating the repository
- P4P repository edits lists explain all edit failures
- Electronic file formats and protocols ensure capture of all data fields
- Policies and procedures for submission and transmission of electronic information show:
 - The PO effectively monitors the quality and accuracy of its electronic submissions
 - Transmissions are properly controlled by logs, record count verification, redundancy checking receipts, retransmissions and sign-offs
- Training materials and procedure manuals for operator staff ensure accuracy and completeness

IS 5.3 File consolidations, extracts and derivations are accurate.

- P4P repository data manipulation programs and processes produce the intended result, including programs that consolidate information from multiple transaction files
- Flowcharts describe data from all sources
- Mechanisms link data across all data sources to satisfy P4P data integration requirements
- Data entry screens show all data are captured

IS 5.4 Repository structure and formatting are suitable for P4P measures and enable required programming efforts.

- The repository design ensures that it can accommodate analysis that produces P4P results (refer to Roadmap attachment 5.2). Documents available for review include:
 - Record and file formats
 - Descriptions for entry and intermediate files

IS 5.5 Report production is managed effectively and operators perform appropriately.

- Policies, procedures and dated job logs govern the production process
- Report run controls are reviewed by operators

IS 5.6 P4P reporting software is managed properly with regard to development, methodology, documentation, revision control and testing.

- P4P repository manuals cover the application system development methodology, database development and design and the decision support system used to validate proper controls
- Report documentation, including code review methodology and testing, meets industry standards
- Programming specifications, work flow diagrams, data sources and diagrams or narrative descriptions meet industry standards
- A list of measures indicates the programmer responsible for each measure (refer to Roadmap attachment 5.5)

IS 5.7 Physical control procedures ensure P4P data integrity such as physical security, data access authorization, disaster recovery facilities and fire protection.

- P4P repository computer operations and system security schemes, documentation and procedures ensure that data are not compromised by physical security, data access authorization, disaster recovery procedures, power failures, fire or smoke (refer to Roadmap attachment 5.6).
- Adequate copies of the repository and documentation are maintained
- Policy, procedures, and log forms for monitoring control, security hardware functions, hardware activities, back-ups, recovery, archiving, capacity, physical states and access are available for review

Software Certification

If the software vendor maintains a repository, documents describing the repository structure are included with the PO Roadmap. The link mechanisms and analysis code are tested as part of the software certification program

If the PO uses NCQA-Certified software, this information is included in the vendor's portions of the PO Roadmap. The PO and auditor must discern the appropriate version of software was used to produce the P4P results.

P4P Measure Determination Standards

HD 1.0 Denominator Identification

HD 1.1 Members and service events are correctly categorized into member subgroups.

- Code and program flowcharts ensure accurate calculation of:
 - Age
 - Age range
 - Gender
 - Product
 - Product line
 - Enrollment determination date
 - Newborns
- Member level files ensure accuracy:
 - Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed

HD 1.2 Relevant medical and service events are correctly considered in terms of time and services.

- Code and program flowcharts ensure that they:
 - Adhere to the P4P time frame requirements for periods of membership
 - Properly identify events that require linking Visit codes, Procedure codes and Practitioner Type codes
 - Properly identify events that require matching claim/encounter and pharmacy data
 - Properly identify claim/encounter-dependent events
 - Use all the correct clinical codes
 - Include all members in the denominator, whether or not they had services
 - Include all model types and practitioners in the measures and a correct count
- Member level files ensure accuracy:
 - Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed

HD 1.3 Membership parameters and continuous enrollment are computed as defined by P4P.

- Code and program flowcharts ensure that the software:
 - Adheres to the P4P time frame requirements for periods of membership
 - Determines continuous enrollment in the specified period, including any allowable gaps in enrollment followed by reenrollment
 - Tracks member enrollment history, separate coverage periods, change in ID numbers, change in relationship to subscriber and change in product or product line
 - Provides a complete and unduplicated count of member months and other membership variables
 - Properly assigns members to products and product lines for reporting
- Member level files ensure accuracy, including:
 - Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed

Software Certification

If the PO uses NCQA-Certified software, the auditor should review the vendor's Certification Report. The auditor should not review the denominator identification logic for measures with a *Pass* status.

If any measure received a *Pass With Qualifications* status, the auditor should review the Certification Report to determine the reasons for this status and any PO or vendor workarounds to assess if there is material bias in the PO's denominator or eligible population.

If any measure received a *Fail* status, the auditor must evaluate the process used by the PO or vendor to produce the results. The auditor must review all source code associated with measures not included in the Certification Report.

HD 2.0 Numerator Identification

HD 2.1 Claims or encounter, membership, practitioner and vendor data are analyzed properly in the assessment of numerator qualifications.

- Program code and program flowcharts ensure:
 - Compliance with specified time frames for medical and service events
 - Accurately computed multiple numerator events
 - Use of correct clinical codes
 - Evaluation of correct time periods for numerator events
- Member-level files ensure accuracy, including:
 - Comparison of a sample of member-level files with source documents to ensure that all data are correctly processed
- Code and program flowcharts ensure:
 - Identification of specified medical and service events (e.g., diagnoses, procedures, prescriptions, volume of calls)

Software Certification

If the PO uses NCQA-Certified software, the auditor should review the vendor's Certification Report. The auditor should not review the logic for measures that received a *Pass* status.

If any measure received a *Pass With Qualifications* status, the auditor should review the Certification Report to determine the reasons for the status and review any PO or vendor workarounds to assess if there is material bias in the PO's numerator. If any measure received a *Fail* status, the auditor must evaluate the process used by the PO or vendor to produce a numerator.

The auditor must review all source code associated with measures not included in certification.

HD 3.0 Algorithmic Compliance

HD 3.1 Rate calculations are arithmetically correct and precise.

- Code and program flowcharts ensure accurate:
 - Computation of row and column totals
 - Computation of percentages

HD 3.2 Rates are accurately entered into the data submission tool.

- Numerator and denominator counts are accurately entered into the submission tool

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

HD 4.0 Outsourced or Delegated P4P Reporting Function

HD 4.1 If the PO delegates any aspect of P4P data collection or reporting to an external vendor, vendor data meet all applicable NCQA P4P Compliance Audit standards.

- Materials for all previous IS and HD standards ensure that the vendor complies with standards
- Contracts ensure:
 - Communication of quality standards
 - Data submission is required on a timeline consistent with P4P reporting

HD 4.2 The PO regularly monitors vendor performance against expected performance standards.

- Studies and reports:
 - Determine if the PO reviews vendor performance against quality and timeliness standards
 - Ensure that no data are lost or modified during transfer among vendors
 - Ensure that vendor errors and deficiencies are addressed completely and in a timely manner

HD 4.3 If aspects of P4P data collection or reporting are delegated to multiple vendors, the PO coordinates vendor activities to safeguard the integrity of P4P data.

- Flowcharts determine if the data flow among vendors will impede accuracy or timeliness of the P4P report

Software Certification

The auditor is required to assess compliance with this standard. No item is affected by software certification.

P4P Audit Review for POs

Policies and Procedures

Who Must Undergo an Audit Review?

Any organization that produces P4P data must undergo a P4P Audit Review. Licensed organizations contracting with a health plan or PO should ensure that NCQA's requirements are met. Health plan and PO requirements and responsibilities are listed in *Integrated Healthcare Association California Pay for Performance Program: P4P 2010 Measurement Year Manual*.

Licensed Organization and Certified Auditor Qualifications

NCQA has a licensing program for organizations interested in conducting HEDIS Audits and a certification program for individual auditors. NCQA posts lists of Licensed Organizations and Certified Auditors on its Web site under **HEDIS programs**.

Audit Monitoring and Oversight

To ensure the continued success of the audit program, NCQA administers a monitoring program that gives constructive feedback to Licensed Organizations and Certified Auditors. This program helps improve and evolve the practices of Certified Auditors and Licensed Organizations.

Program goals

- Ensure that audits are conducted in a manner consistent with NCQA specifications, standards and polices and procedures.
- Ensure that the rigor of audits is consistent across all Licensed Organizations and Certified Auditors.
- Identify opportunities for improvement (design and implementation).

NCQA evaluates the consistency of audit practices across organizations and auditors by observing individual Certified Auditors as they conduct Audits at health plans and POs and reviewing work papers for evidence that audits conform with NCQA methodology and documentation standards. NCQA assesses performance by Certified Auditors and Licensed Organizations in five major categories.

Performance categories:

- 1. Pre-audit** Includes audit strategy, team selection, preparation and initial assessment.
- 2. Information system assessment** Includes evaluation of systems and processes used to collect and report P4P measures.
- 3. Measure compliance** Includes determination of compliance with P4P technical specifications.
- 4. Reporting** Includes formation about the initial audit findings and the process for finalizing rates and rendering a final audit opinion.
- 5. Work papers** Includes documentation and evidence that support the audit activity and decisions in four major areas: offsite, onsite, post-onsite and overall audit effectiveness.

Monitoring results	<p>NCQA focuses on client communication, Roadmap assessment, core set selection and source code review strategies (when appropriate), information systems assessment and P4P determination evaluation, documentation of issues and resolution, follow-up documentation, submission tool validation and Final Audit Reports.</p> <p>Licensed Organizations receive an annual monitoring report from NCQA that identifies areas of achievement and areas for improvement. Licensed Organizations are required to submit a corrective action plan to NCQA for all identified areas of improvement.</p> <p>NCQA also monitors the quality and satisfaction of the Audit Program through a survey provided to audited health plans and POs after each reporting cycle. The health care organization rates its Licensed Organization on various aspects of the audit process, and the findings are used in ongoing evaluation of Licensed Organizations and audit standards and guidelines.</p>
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Portability of Audit Opinion

Because accountability at the measure level is crucial to maintaining audit integrity, NCQA allows an audit result on a measure rendered by one Licensed Organization to be used in another Licensed Organization's opinion without further review.

NCQA does not allow the portability of audit opinions at the process level (i.e., IS review); therefore, one Licensed Organization's assessment of vendor information systems is not transferable to another Licensed Organization.

Confidential communication	<p>Communications other than the PO's data submission file and the Certified Auditor's Final Audit Report to NCQA are confidential and are known only by the PO and the Certified Auditor. The auditor's working papers are the property of the Licensed Organization and are subject to review by NCQA under the Audit Monitoring Program. NCQA may disclose additional information to third parties if it determines that the PO misrepresented Audit Review results.</p>
Disclaimer	<p>NCQA bears no responsibility for any use by third parties of the Final Audit Report or other information concerning the PO released as provided herein, or for any effect of such release on the PO.</p>

Audit Appeal and Grievance Procedures

Licensed Organization's responsibility	<p>The Licensed Organization must maintain an appeals process acceptable to NCQA that gives organizations the opportunity to file a compliant or appeal an audit result it has issued. The Licensed Organization's appeal process must meet all NCQA requirements stated in HEDIS 2011 Volume 5.</p>
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Software Certification

NCQA-Certified Software Vendors

POs and health plans that self-report clinical measures may find value in using software certified by NCQA.

If the PO or health plan uses an NCQA-certified software vendor, the auditor reviews source code for only those measures that are not certified.

If the PO does not use an NCQA-certified software vendor, the auditor must review source code for all measures. If the health plan does not use an NCQA-certified software vendor, the auditor reviews the source code for all HEDIS measures in the core set; the core set should include, or be augmented to include, measures that represent P4P reporting.

In addition, the auditor must review the source code for the distribution of services to specific providers, any variations from the HEDIS specifications (e.g., a different continuous enrollment period), the ENCRATE measure, and all non-HEDIS measures.

Software Certification does not include the testing measures. If the PO or health plan reports any of the testing measures, they have the option of including the measure in the audit process.

Software vendors are now participating in the 2010 certification testing process. A list of vendors is available on the NCQA Web site (<http://www.ncqa.org/Programs/HEDIS/SoftCert/index.htm>). The 2010 certified software products will be available in January 2010.

Advertising

Following completion of an audit, the PO may use the NCQA audit seal to market itself as having completed a NCQA Audit Review. (see Advertising and Marketing Section in the *P4P Integrated Healthcare Association California Pay for Performance Program: 2010 Measurement Year Manual*)

Revisions to Policies and Procedures

At its sole discretion, NCQA may amend its *Policies and Procedures*, Appeal and Grievance Procedures or any other audit program policy.

The Audit Process

The P4P Audit Review process includes all parts of the HEDIS Compliance Audit that are relevant to POs reporting P4P clinical data. There are three key parts to the audit review; each is described in detail in the following sections.

- **Offsite Process**
 - Contract Execution
 - Roadmap Assessment
 - Site Visit Planning
 - Manual Source Code Review
- **Onsite Process**
 - Site Visit and Follow-Up Documents
- **Post Onsite and Reporting**
 - Corrective Actions
 - Audit Results
 - Data Submission
 - Audit Review Report

The Offsite Process

During a P4P Audit Review, many activities occur away from the PO's location. The audit preparation phase includes all activities that occur before the site visit, such as selecting and contracting with a Licensed Organization, negotiating a timeline, completing the Provider Organization Record of Administration, Data Management and Processes (PO Roadmap), and planning the site visit. Other offsite activities include source code review. The following activities occur prior to the site visit:\.

- Contract execution
- PO Roadmap assessment
- Manual source code review
- Site visit planning and conference calls

Contracting

Select an NCQA-Licensed Audit Organization

The first activity in audit preparation is contract execution. The PO selects and contracts with an NCQA-Licensed Organization to conduct the P4P Audit Review. NCQA lists Licensed Organizations on its Web site at www.ncqa.org/Programs/P4P/index.htm.

All Licensed Organizations employ or contract with Certified HEDIS Compliance Auditors. The PO should contact these organizations for audit bids. The contracting phase includes defining the scope of the audit, executing the contract with all the necessary ancillary agreements (e.g., confidentiality and conflict of interest) and negotiating a timeline.

Negotiate a timeline

During the contracting phase, the PO and the Licensed Organization negotiate an audit timeline. To guide this negotiation, NCQA suggests completion dates for several audit milestones. Although the auditor and PO may select a different timeline, all parties should be aware of the consequences for the remaining audit activities. If key milestones are missed, the PO might not have sufficient time to respond to the auditor's requested corrective actions. As a result, PO measures could be deemed *Not Reportable (NR)*.

Task	Date
PO contracts with an NCQA-Licensed Organization	December 31*
PO submits the completed Roadmap to auditors	January 28*
PO submits the completed source code to auditors for review	April 1*
Onsite visits completed	April 20*
PO completes all corrective action and follow-up requests and submits the data submission file to the auditor for final review	May 6*
Submit final auditor approved data submission file to DDD	May 13
Licensed Organizations submit Final Audit Reports to NCQA	July 15

*Suggested dates.

Roadmap Assessment

The PO Roadmap

Auditors use the **Provider Organization Record of Administration, Data Management, and Processes (PO Roadmap)** to review information about the PO's systems for collecting and processing data to produce measure reports. The PO Roadmap describes the operational and organizational structure of the PO and is also used by auditors to plan the site visit. As an initial activity, the PO completes or updates the PO Roadmap included in this manual. (Refer to *Appendix 1: Physician Organization Roadmap [PO Roadmap]*; electronic copies are available from your NCQA-Licensed Organization.)

NCQA requires organizations to give auditors a completed PO Roadmap each year, with adequate responses to all questions. PO Roadmaps submitted subsequent to the initial year should indicate clearly what information is new or changed, and the "Date of completion or update" at the end of each section should be filled in. It is the organization's responsibility to provide information, and if it does not, the auditor must obtain clarification.

The organization must submit a current signed copy of the "Attestation" every year. An electronic version is acceptable.

The PO Roadmap is the basis for the Certified Auditor's assessment of compliance with audit standards. The auditor must use the PO Roadmap and its supporting documentation for initial assessment and may include additional questions, but may not delete any items.

Timing

The PO Roadmap must be completed for the auditor to plan onsite activities. The auditor uses the PO Roadmap responses to identify areas that require further clarification, and must maintain the completed PO Roadmap and all supplements received during the audit as part of the working papers.

Manual Source Code Review

Manual source code review is the process of examining original programming to verify that the program is accurate and complete. Measure source code is requested in advance so it can be reviewed before the onsite visit. Certified Auditors in charge of code review should be proficient in programming languages, knowledgeable about the PO's systems and familiar with P4P clinical specifications and guidelines.

The audit team is responsible for reviewing and confirming the accuracy of source code for all calculations (denominator, numerator and algorithms) for each measure reviewed.

The following processes may be reviewed for each measure, as shown below with examples of information reviewed.

Processes

- Determine eligible members based on criteria such as age, gender, dates, clinical indicators and membership
- Examine use of date ranges or date of birth (DOB)
- Identify codes used for gender, usually alpha (M/F) or numeric (0/1)
- Verify specificity of coding, use of proprietary codes and timing
- Determine if sufficient data are available, and their effect on reporting (e.g., under-reporting the denominator)
- Validate continuous enrollment in the physician organization

- Determine how family status, plan membership, product line/product or other changes affect membership identification
- Verify that the system tracks multiple termination and effective dates for members in the PO and for multiple health plans
- Verify logic used to compare multiple termination and effective dates to determine the length of coverage and length of lapses in coverage
- Examine the date on which the continuous enrollment period begins
- Verify membership by product lines/products and by plan
- Verify members who satisfy the numerator event
- Verify dates of service by reviewing computer printouts, paper copies of claims/encounters or microfilm
- Ensure that global fee services are documented with actual dates of service
- Verify specificity of coding, use of proprietary codes and timing of codes
- Examine documentation showing that services are actually rendered and not only authorized or prescribed
- Examine documentation that describes how the measure (or part of the measure) is collected, if calculated by the vendor
- Identify how members are tracked from vendor classifications to PO classifications

Source code process

To ensure that the reviewer can perform a thorough assessment of source code, the PO must provide flowcharts; software documents that explain the programming logic and design; input and output file record layouts and field descriptions; input and output record counts and run logs.

The source code review process can be completed in one of two ways.

1. The Certified Auditor analyzes the code independently, before or after the onsite review, and communicates perceived discrepancies to PO staff
2. The Certified Auditor examines source code with PO staff during the onsite visit

The first approach saves time, but may result in more questions if the reviewer does not fully understand the PO's systems. The joint review may be more efficient if it can be completed during the onsite visit.

One advantage of onsite code review is that it allows the reviewer to determine quickly and easily if certain tests have not been performed. Verifying that the code properly checks for continuous enrollment may be difficult, but it is easy to ascertain if it tests the proper age range or performs a required gender test. Similarly, exclusions based on clinical codes can be readily determined.

A common challenge of code review is that viewing a program sequence does not ensure that the code was executed properly—the examined code may have been partly or completely bypassed. The auditor must check that the program ran as specified.

One way to test the code is to rerun it against the original files, which requires a file freeze of the P4P clinical data repository. Another way is to run the code against a test file prepared by the auditor, in the format of the expected input file. If the subset is small, the auditor can select a subset of the total file (before the denominator extract)

and hand-check the results. An alternative is to prepare a set of data (a test deck) with known results, modify the PO's program to read it and compare program results with expected results.

Decision Point Grid The auditor completes a Decision Point Grid for each measure to document that measure elements have been checked and verified.

Review results The source code review can have one of three results.

1. Agreement that the code produces the intended and appropriate output
2. Questions about aspects of the code that require programmer review and possible job reruns
3. Determination that the code is inadequate and must be rewritten before the results can be accepted

Supplemental Data Validation

Supplemental Data Validation is an important component of the audit. It tests that supplemental data collected or received by the organization meet audit standards for sound processes and that data are accurate. All supplemental electronic data are subject to audit review and differ only in the degree of review required. For each source of supplemental data, the auditor must conduct separate validations, which includes reviewing policies and procedures, data file formats and any quality control processes. Primary source validation may also be required.

– Audit requirements

– ...for standard electronic files

The auditor is not required to conduct primary source verification to check the accuracy and validity of data obtained from standard files such as laboratory data, but must request documentation to ensure that the agency or organization responsible for the data has reasonable processes in place for data collection and accuracy.

– ...for non-standard electronic files

For internal or external nonstandard files, the auditor must perform primary source verification every year that the database is changed and the previous verification is not applicable. If the auditor does not perform primary source verification, the work papers should include a database-specific explanation. Primary source verification involves the following tasks:

- Create a randomly selected sample using acceptable methods (e.g., the sample feature in Excel). After evaluating the measures and databases, the auditor is responsible for selecting the appropriate number of records for primary source verification.
- Review the original paper chart or electronic record (e.g., EHR screen) for each member in the sample.
- After evaluating the measures and databases, the auditor is responsible for selecting the appropriate number of records for primary source verification.

When deciding how many records to review, the auditor must also consider variable factors.

- *Timing of access:* The audit review may occur before or after the database is used to help calculate measures. The auditor must assess the effect of the measures based on the timing of the review.

- *Timing relevance: A supplemental database may be created and augmented across multiple years. The auditor must assess and review use of records pertaining only to the year being measured.*

- *Use for multiple measures: The auditor must determine the primary source validation based on the number of measures affected and the number of records effecting each measure.*

The database may not be used if the auditor is not granted access to the primary source. Because of the variety of files, sources and results, the auditor must assess the processes and their impact, perform primary source verification and determine the validity of the database for use in calculating the selected measures.

– ...for all files

The auditor will evaluate the policies and procedures for collecting and managing, mapping, importing and reporting the data. For each supplemental database, provide the auditor with the following documentation.

- Method used to create supplemental database
- Quality assurance or oversight used
- Data quality controls in place
- Data security in place
- Ongoing maintenance
- Method used to transmit the supplemental data file

The auditor evaluates the organization's policies and procedures for collecting and managing, mapping, importing and reporting data.

Database Bias Assessment

If the auditor determines that the supplemental data source is biased, the organization cannot use this data for HEDIS reporting. Bias determination is based on the degree of data completeness as determined by the auditor's review of the primary source documents.

Note

Medical records collected as a part of supplemental data validation may be destroyed after the monitoring visit.

Planning the Onsite Visit

Onsite audit team

After the initial PO Roadmap review, the auditor forms the onsite audit team, selecting team members based on the unique characteristics of the entity being audited. The team will have a minimum of one Certified Auditor (CHCA), with additional auditors as necessary to meet the required mix of skills.

Team skills

- P4P knowledge
- Data modeling skills
- Claims experience
- Information systems experience
- Programming experience
- Interviewing skills
- Merger/acquisitions knowledge
- Data warehousing experience

The lead auditor may structure the team based on the number and type of locations that require site visits. NCQA recommends one to two individuals for the onsite visit, with the Certified Auditor serving as the team leader; however, a minimum of one

Certified Auditor is required per PO site visited.

**Offsite
conference call**

After the onsite visit and audit team are organized, the lead auditor conducts a conference call to finalize the P4P-relevant locations for audit onsite visits, identifies offsite issues and makes offsite requests. If the PO's source code is complete at this time, the audit team may ask the PO to submit the source code and supporting documentation for the core set measures.

About two weeks before the onsite visit, the team has a conference call with the PO to review the onsite agenda, resolve issues and ensure availability of requested documentation and staff. For a single location PO, NCQA recommends that the onsite visit last from one to four days.

If the audit team will visit multiple locations, additional days may be necessary to evaluate information needed to complete the onsite visit. The audit team should develop an agenda that satisfies these requirements, addresses audit risk areas and accommodates the PO.

Sample Onsite Agenda	
<i>10:00–10:15 a.m.</i>	Introductions and Overview of Audit Process <ul style="list-style-type: none"> • Review objectives and agenda • Review audit process
<i>10:15–10:30</i>	Overview of Physician Organization <ul style="list-style-type: none"> • Management structure • Contracting arrangements
<i>10:30–11:00</i>	Overview of P4P Reporting Process <ul style="list-style-type: none"> • Timeline, staff responsibilities • Measures and methods of calculation • Data sources
<i>11:00–12:00 p.m.</i>	Claims/Encounter Data System and Processes <ul style="list-style-type: none"> • Policies and procedures • Forms and coding • Data entry • Data flow • Claims/encounter processing system walkthrough
<i>12:00–12:30</i>	Data Completeness <ul style="list-style-type: none"> • Factors that impact data completeness • Methods for estimating data completeness
<i>12:30–1:00</i>	Lunch
<i>1:00–1:30</i>	Eligibility/Membership Data System and Process <ul style="list-style-type: none"> • Overview of eligibility/membership processing and procedures • Membership system walkthrough
<i>1:30–2:30</i>	Information Systems/Decision Support Systems <ul style="list-style-type: none"> • Supplemental database systems • Data warehousing/creation of P4P data repository • Development of source code • Incorporating ancillary and vendor data • Data control/security procedures
<i>2:30–4:15</i>	Detailed Measure Review
<i>4:30...</i>	Conclusion <ul style="list-style-type: none"> • Present findings from site visit

The Onsite Process

Opening Meeting

The opening meeting introduces the audit team to the PO staff in charge of P4P development and reporting, and gives the PO an opportunity to present an overview of the entire P4P data collection process.

The members of the audit team explain how they conduct a P4P Audit Review. They reiterate the audit's purpose, the scope of the work, the required documentation, the interviews and tests they will perform and how audit results are assigned to each measure. Before the end of the meeting, interviews may be scheduled and, based on the review of the PO Roadmap, the NCQA Certified Compliance Auditors either receive or request additional information.

Onsite Audit Methodologies

The Certified Auditor assesses how well the PO systems and processes can produce reliable P4P results, and the extent to which the PO staff has accurately interpreted the P4P clinical specifications. The auditor uses several tools and techniques, including interviewing, primary source verification, process review, system or program review, observation, data file content review and source code review.

Interviewing Throughout the onsite visit, the Certified Auditor and audit team members interview PO staff to gain insight into the accuracy and reliability of the reported P4P results. Members of the audit team may also accompany a staff member to another site where information is processed, or communicate via conference call with the staff located off site.

On site, the auditor verifies responses in the PO Roadmap and obtains more detail by interviewing staff members who are familiar with the PO's information systems and involved in the P4P data collection process. The auditor records the name and title of everyone interviewed.

Examples of Discussion Topics and Recommended PO Personnel to Be Interviewed

P4P team leader	<ul style="list-style-type: none"> • Overall data collection and reporting • <i>Results</i>: The PO's impression and rationale
Quality improvement director	<ul style="list-style-type: none"> • Use of P4P information • Underlying data issues
Information systems (services)	All systems and databases supporting P4P reporting
Operations management director	Claims/encounter processing

Interview questions Interviews are tailored to the PO's P4P data production environment and issues raised by the PO Roadmap.

- What coding methods are used and what degree of specificity is maintained?
- Is proprietary coding used? If so, how is it mapped to standard codes?
- On what forms are the clinical data captured, and what formats are used for the delivery vehicle?
- How are data delivered to the PO, and what are the proportions, by delivery type (electronic, mail, courier, fax)?
- How are data manipulated to produce the P4P repository from the entry/transaction files?
- What are the procedures for file and system back-up, access security, power protection, system upgrade and system modification?

Primary source verification

This task confirms the validity of the source data described in the PO Roadmap. The auditor examines all paper forms and other input media (e.g., claims/encounters, practitioner credentialing documents, EDI protocols) used to produce P4P measures.

The review verifies that the information from the primary source matches the output information used for P4P reporting. The review addresses content and format and traces the movement of data from the originating source to the P4P clinical repository to assess accuracy and completeness. This process is especially appropriate for electronic transmission of primary source data.

The auditor reviews the processes used to input, transmit and track the data, confirm entry and detect errors. For example, an answer in the PO Roadmap may state that all claims contain certain data (e.g., codes and dates) and the procedure manual may state that the data is required. The data entry process may provide for it and the data entry system may require it, but a review of actual claim forms may disclose that the data are often not submitted and replacement codes are used when the data are not present.

Forms and data to review

Examples of forms (including electronic submissions or EDI) that typically contain P4P-relevant data and which should be reviewed include the following.

- Practitioner claims/encounters
- Prescription data
- Registry or other supplemental data
- Claims log (receipt and mailed payment tracking)
- Lab result forms or files

Process review

The PO should have documentation describing the processes that apply to each IS standard: collecting, storing and reporting data. The auditor reviews the documents and explores methods used by the PO to ensure that policies and procedures are followed, focusing on the integrity and completeness of the data required for P4P.

Documentation describing incentives to perform procedures properly is critical.

- Instructions and forms for submitting member-level information regarding enrollment additions, deletions and changes. Documents should specify data required to open and update records and problems resulting from non-compliance.
- Training and procedure manuals for claims/encounter data-entry staff. Documentation should describe objectives, methods and processes involved, how performance is monitored and measured and how proper execution is rewarded.
- Manuals for application system development methods, database development and design and decision support system use.
- Procedures for monitoring hardware function, capacity, physical state and access.
- Log forms for all hardware activities, including backup, failure response and recovery and system optimization techniques that clearly describe the data required and do not allow routine execution.

System or program review

To ascertain the accuracy of data in a file, the auditor must understand the systems and programs that govern the entry, transfer, editing and manipulation of the data. The PO supplies documents describing how particular computer systems or computerized files operate. Computer processes can be described in different ways, including text, code and flowcharts. Electronic files can be described by text, file layouts and data dictionaries.

The auditor must review and understand data and systems-oriented documents. NCQA requires the auditor to review P4P relevant systems and processes during an onsite visit. Below are examples of systems or programs that might be reviewed.

- Record file formats and descriptions for entry, intermediate and repository files that contain the information necessary for the auditor to perform a file scan and understand the results of the scan
- Documentation for data receipt, entry, transfer and manipulation showing how the programs interact with the operations; if documentation is explicit about user options and program paths
- Flowcharts describing the data flow and the systems involved
- Descriptive documents of third-party code; date of receipt, especially procedure, diagnostic, revenue and other codes
- Control system documentation, including logs, flowcharts and codes for backups, recovery, archiving and other control functions
- Documentation of system upgrades and changes, including:
 - Project plans
 - Project milestones
 - Impact studies
 - Test plans
 - Test activity
 - Results
 - Sign-offs

The auditor carefully records all PO documentation received and examined and includes the record with the Final Audit Report. It may be necessary in the reporting process to refer to documents examined by the auditors and to pinpoint evidence sources by document and section or subsection.

Observation

The auditor observes a process to ascertain the reliability and accuracy of reported information and whether procedures are followed. Observation may assess data entry or other data manipulation. Operations that might be observed include the following.

- Data entry of claims/encounters. The auditor should confirm that all fields described as mandatory are entered with complete coding.
- Claims operations that may have overrides and exceptions and which require explanations if they occur.
- Computer operations and system security plans to confirm that prescribed procedures are followed.

During the observation process, the auditor follows a systems operator through receipt and entry or processing of several types of source data and documents how well the operator adheres to procedural guidelines.

The auditor has a prepared observation guide for each process and interviews the operator about the routine. The auditor may also use the observation guide to verify that all procedures ensure data integrity. The auditor may ask a claims processor to perform the following tasks.

- Enter information in the required fields
- Enter as many Diagnosis codes as the system will accept
- Enter procedure codes to the maximum number of digits

The auditor should also observe situations where data are processed inaccurately or incompletely. In observing the claims process, the auditor may ask the claims processor to:

- Enter an incomplete member number
- Process the claim without a provider ID
- Enter an inconsistent member diagnosis combination (e.g., male and cervical cancer)

NCQA requires the audit team to observe onsite the systems and processes necessary to ensure compliance with IS and HD standards. At a minimum, the audit team must ensure onsite that all systems and processes used to produce P4P measures are verified and understood.

Data file content review

The auditor also examines data files, and may review and validate a number of file types to verify that the data are stored and processed properly and can be manipulated to produce accurate results. Files that might be examined include:

- Transaction files created to contain clinical events and membership changes
- Intermediate files created by extracts, queries and analysis applications
- P4P repository files (i.e., input to P4P-measure computation programs)
- Denominator files for P4P measures
- Sample files randomly selected from denominator files
- Numerator files based on administrative data

The first three file types above are related to the IS standards because they are associated with preserving the integrity of the data in the P4P repository; the last three pertain to the HD standards. The auditor confirms the integrity of files for all categories. The methods vary, depending on file type, potential for corruption, complexity of the programs that build and update the file and file access capability. By examining file layouts, the auditor determines if certain fields may be missing, such as:

- Multiple practitioner locations
- Number of prior membership segments
- Prior membership IDs

File content examination

- Request transaction file output and compare to a sample set (e.g., 20 or 30 records) of source documents. The auditor compares the data entry result to the content of the entry documents and checks for completeness, accuracy and format.
- Request a query to scan a file and produce a record whose contents match a given source document. Repeat this process for 20 or 30 records for a source document to transaction file comparison.
- Study the process that manipulates transaction files to produce an integrated repository record. Access a sample of repository records and look in the transaction files for data sources that support the final integration result.
- Simulate the actions that create numerator and denominator files by running queries against their predecessors. Since the programs producing the files may be complex, the auditor may run a query with some of the criteria and confirm that the output contains all records that resulted from a more rigorous filter. For example, the auditor might use age and sex criteria only to build a query and to confirm that the output has a related denominator file as a subset.
- Test for reasonableness (e.g., membership data by age and sex).
- Review third-party data.
- Examine documentation that describes how the measure (or part of the measure) is collected, if calculated by the vendor.
- Identify how members are tracked from vendor classifications to PO classifications.
- Verify codes used to identify members who meet the P4P criteria (denominator or numerator). Verify adherence to small eligible population guidelines.

Data Completeness Findings and Impact Determination

Before the onsite visit, the Certified Auditor must review the PO Roadmap *Data Completeness* sections and identify possible areas of concern. During the onsite component of the audit, the auditor should assess the PO's claims lag and encounter data submission rates, along with studies on data completeness that the PO may have performed. Data completeness issues must be quantified, and any *Biased Rate* must be supported by a determination of material bias.

NCQA provides the Certified Auditor with commercial HEDIS rate means and percentiles, and will also provide them with results from the 2008 measurement year/2010 P4P reporting year. The auditor may use the rate means and percentiles and other available information to conduct reasonability assessments of the initial and final results calculated by the PO. An *BR* should not be assigned to a measure whose rate is either well below or well above the mean rate without further investigation of data completeness concerns.

To help the auditor assess data completeness, NCQA provides enrollment ratios of eligible members to commercial enrollment. As with the HEDIS means and percentiles, a *Biased Rate* should not be assigned to a measure whose enrollment ratio is significantly above or below the mean enrollment ratio. Further investigation of the measure must be conducted to determine if data completeness issues affect the PO's P4P clinical measure rate.

Closing Conference

At the conclusion of the onsite visit, the audit team conducts a closing session to summarize the visit and discuss preliminary findings and follow-up items.

At or after the onsite visit, the auditor provides *written* confirmation of the initial findings conveyed in the closing conference, giving the PO reasonable time to review and respond. The documents contain these important items.

- A list of outstanding Roadmap documents and unresolved questions from the visit, with corrective actions and completion dates
- The auditor's conclusions and preliminary assessments, with supporting evidence
- The affect that these items have on data collection and reporting, specifically indicating the measures at risk
- A timeline for finalizing the audit

Note: *If written confirmation is not presented at the closing conference, the auditor must send the follow-up documentation no later than 10 business days after the onsite visit.*

The Post-Onsite and Reporting Process

The nature of post-onsite work depends on the outcome of the onsite visit. While onsite, the Certified Auditor usually finds issues that the PO must resolve before the Final Audit Report is issued. The auditor reviews and re-audits the corrective actions and determines if they justify a change in the initial findings or audit results. The audit team sends the audit results to the PO and NCQA in the Reporting phase of an NCQA P4P Audit Review.

Corrective Actions and Reassessment

Improving accuracy and reliability

The post-onsite phase may be an iterative process in which the PO responds to requests and the auditor incorporates the PO's documented comments and corrective actions, as appropriate. After the last review of material forwarded by the PO, the auditor approves the final rates and results and produced the Final Audit Report. For some measures initially assessed *NR*, the PO can follow the auditor's recommendations to improve the accuracy and reliability of the reported rate. The auditor reviews the documents showing that the PO made the improvements and that the P4P measure rate accurately reflects performance. Corrective actions may include the following.

- Change software programs
- Recalculate rates
- Repeat file extracts with logic or parameter changes
- Re-review medical records
- Modify documents to match onsite findings
- Initiate a new procedure and review its impact on reporting-year results

The PO and the auditor agree on a completion date for corrective actions, usually no less than two weeks before data file submission. On or before the completion date, the PO must give the results, supporting documentation and comments to the auditor, who determines whether modification is necessary. If the PO declines to revise a noncompliant methodology, the auditor assesses if noncompliance affects reporting and designates the *NR* measures. This information and the recommendations are included in the Final Audit Report. If the PO does not take corrective action and if noncompliance does not significantly bias accuracy or comparability, this is noted and included in the Final Audit Report.

Review for sufficient corrective action

To determine if a corrective action is sufficient, the auditor reviews the following:

- Written or electronic documentation of revised numerator and denominator data and other data used in P4P determinations.
 - Undocumented verbal communication or statements made by the PO are insufficient to complete the assessment.
- The revised programming logic used in measurement computation.
- The primary data source, such as claims or encounter forms, or summarized claim detail. The auditor may also review other primary data sources that affect the PO's data and algorithmic integrity.

Note: To meet the P4P data submission deadline, all follow-up activities and corrective actions must be completed two weeks before the data file submission to DDD.

Audit Results

PO results For self reporting POs, audit results indicate the suitability of each measure for public reporting. The auditor approves the rate or result of each measure included in the audit, as shown in the table below. Additional instructions for data submission are:

- If the denominator for any measure is 0, then the result should be 0, BR, NB, or NR. The rate of 0 indicates that the PO calculated the measure, but found that no members met the criteria specified for the denominator.

Rate/Result	Description	Notes
0-XXX	Reportable	Reportable rate for P4P measure. The rate of 0 indicates that the PO calculated the measure, but found that no members met the criteria specified for the denominator.
BR	Biased Rate	The calculated rate was materially biased. The auditor determines a result is not reportable due to material bias.
SD	Small Denominator	The PO calculated the result but the denominator was too small to report a valid rate (denominator between 1 and 29 members).
NB	No Benefit	The health plan did not offer the health benefit required by the measure (e.g., pharmacy).
NR	Not Reported	The PO did not report the measure.

Note

- For measures reported as a rate, **materially biased** is any error that causes a (+/-) 5 percentage point difference in the reported rate.
- Testing measures do not require an audit result. These measures are collected but not audited.

P4P Data Submission

Final Audit Opinion	At the close of the audit, the auditor renders the Final Audit Opinion, which contains an Audit Review Statement. The Final Audit Opinion must be submitted to NCQA 30 days after the P4P reporting deadline. The auditor submits this report to the audit coordinator at NCQA.
Data submission file (rates and results)	<p>NCQA will register all P4P POs in December to determine their intent to self-report clinical measures, and will provide information on data submission responsibilities to all self-reporting groups. In January, NCQA's subcontractor, Diversified Data Design Corp. (DDD), will provide POs with a standard file format for submitting data. The PO's data submission file includes numerators, denominators, rates, and audit results.</p> <p>In May, the auditor signs off on the PO's data submission file to DDD, which includes all data elements defined in the data submission file.</p>
Final date for submission	The final date for audited P4P data submission to DDD is the P4P reporting deadline listed in "Data Collection and Reporting Timeline" in the General Guidelines section of <i>Integrated Healthcare Association California Pay for Performance Program: P4P 2010 Measurement Year Manual</i> .
P4P PO Audit Review Statement	The template for the P4P PO Audit Review Statement follows. The auditor must submit this document electronically to the audit coordinator at NCQA.

P4P PO Audit Review Statement

We have examined the 2010 submitted measures of [insert PO name] for conformity with the MY 2010 P4P Manual. Our audit planning and testing was constructed to measure conformance to the MY 2010 P4P Manual for all measures presented at the time of our audit.

This report is the [insert PO name] management's responsibility. Our responsibility is to express an opinion on the report based on our examination. Our examination included procedures to obtain reasonable assurance that the submitted 2010 Performance Report presents fairly, in all material respects, the PO's performance with respect to the P4P MY 2010 Physician Organization Manual. Our examination was made according to P4P Manual, and accordingly included procedures we considered necessary to obtain a reasonable basis for rendering our opinion. Our opinion does not constitute a warranty or any other form of assurance as to the nature or quality of the health services provided by or arranged by the PO.

In our opinion, the 2010 submitted measures of [insert PO name] was prepared according to the MY 2010 Physician Organization Manual and presents fairly, in all material respects, the PO's performance with respect to these specifications.

We understand that if the signatures we submit below are electronic, they have the same legal effect, validity and enforceability as original signatures submitted on paper.

(NCQA-Certified HEDIS Audit Reviewer)

(Date)

(Responsible Officer)

(Date)

Organization ID: _____

Submission ID(s): _____

Final Audit Report Contents

When the audit is complete, the auditor prepares a Final Audit Report that includes the Summary Report and the IS Assessment findings. Within 30 days after the P4P reporting deadline, the auditor must submit copies of the report to the PO and to NCQA, which uses it to evaluate the audit process and ensure that all audits are conducted according to guidelines. The report must provide enough information for NCQA to evaluate and conclude that the auditor's results are supported, and must include the following information.

- *Licensed Organization name and address* of the office responsible for the audit project
- *Company officer* responsible for the audit
- *Audit team information:*
 - Certified Auditor leading the audit
 - Role of each team member, including dates of involvement and level of effort
 - Team structure (e.g., Certified Auditor, direct reports, others)
 - Qualifications of each team member, including education, years of HEDIS experience and years of audit experience

- *PO information:*
 - PO names and addresses
 - Organization and submission IDs
 - Name, position and address of PO staff member responsible for P4P reporting (i.e., sign-off authority)
 - Locations of P4P report preparation activity, with contact name and address for each location
 - Certified software vendor's name and the Software Certification Report, if applicable
- *Audit information:*
 - Scope of the audit indicating the measures reported
 - Supplemental database findings
- Databases reviewed and results
 - Summary of offsite activities, including auditor strategy and considerations
- Supplemental database findings
 - Databases reviewed and results
- Source code review findings
 - Vendor used, if applicable
 - Source code review results
- Results and rationales for the P4P measures
- A summary of the auditor's findings from the *Describe Impact on P4P Reporting Capability* column in *Appendix 2: PO IS Standards Compliance Tool* (the auditor must assess PO performance on each IS standard)
- *Final Audit Opinion*, comprising:
 - Audit Statement
 - Audit results and associated rates

Other Reporting Requirements

In addition to the Final Audit Report submitted to NCQA, the Certified Auditor must retain additional working papers that are available on request for monitoring purposes. Work papers include all relevant documentation completed, requested or reviewed during the P4P audit review. The NCQA monitoring program includes a review of these papers and ensures adherence to program policies and procedures. NCQA recommends that organizations and Licensed Organizations retain P4P audit review documentation for three years.

- *Current PO and Licensed Organization information:*
 - Organization name, address, primary contact, additional audit participants names and titles
 - Audit team members, titles, skills and audit responsibilities, auditing and consulting history or relationship between the Licensed Organization and the PO or any PO affiliates for the past three years (e.g., IS consulting, or HEDIS consulting, HEDIS or information systems)
- *Copies of all current audit contracts or letters of intent* (with price expunged)
- *Copies of all current Attestations*, including:
 - IS auditing, financial auditing, financial advising, auditing, partnerships, stock ownership, participation in board-of-director activities)
 - Relationship between the Licensed Organization and any other group hired by the organization to participate in the audit; for example, the organization's software vendor

- *An audit timeline* that includes negotiated and actual dates for at least:
 - Opening meetings or conference calls
 - Receipt of PO Roadmap
 - Offsite data requests and subsequent deliveries
 - Onsite visits for each location
 - Offsite activities such as source code review, document review, conference calls
 - Follow-up documentation to the PO
 - PO responses
 - DDD submissions by the PO to the Licensed Organization
 - Final DDD submissions
- *Audit correspondence (e-mail):*
 - Key correspondence among team members
 - Key correspondence between auditors and the PO

Offsite Activities

- *The PO Roadmap papers:*
 - The PO Roadmap as executed by the organization and certified software vendor, if applicable
 - A paper or electronic copy of the Attestation with the appropriate signature and date
 - Auditor notes from reviewing the PO Roadmap, including all preliminary issues and items to discuss before or during the onsite visit
 - All requested documents
 - All documents received from the PO (before the onsite visit) and auditor's notes and analysis for each, including if the issue is resolved or under discussion
- *Source code review:*
 - If the PO does not use certified software, or for measures not covered under certification, the auditor's review notes (including reviewers, location, work dates and level of effort) and source code review reports for:
 - Repository creation and extraction programs
 - Denominator identification, including separate review of systems for determining continuous enrollment and member-month calculations sampling algorithms
 - Numerator algorithms
 - Core set selection documents including rationales and results
 - A completed Auditor's Decision Point Grid for each measure with reference to applicable HD standards and comments on the compliance with each standard
 - For plans with certified software, an Auditor's Decision Point Grid for each measure not covered in the Software Certification Report
 - Certified Software Vendor's Final Certification Report, if applicable
 - Documents that validate activities for measures where the certified software vendor status was *Pass With Qualifications* or *Fail*
- *Supplemental database findings:*
 - Source code (if appropriate)
 - Source code review results
 - Policies and procedures documents
 - Data mapping and integration assessment
 - Sample files with format and content information (samples only)
 - Primary source verification notes, results, and exemption rationales

Note: NCQA does not require PSV files with data or charts for each PO selected for review, but reserves the right to request the data or charts used for the supplemental database validation, selected at random from an auditor, PO, or measure. NCQA will notify the Practice Leader of this request when the list of selected plans is provided. Data or charts collected as part of the documentation above may be destroyed after the monitoring visit.

- *Interim versions of the IS standards compliance tool*
- *Audit correspondence (e-mail):*
 - Key correspondence among team members
 - Key correspondence between auditors and the PO

Onsite Activities

- *A complete record of onsite activities*, including agenda, participants, and supplements to the PO Roadmap
- *Comprehensive interview and demonstration notes or tools* with participants, dates and times of sessions, other participants present during sessions and any issues discovered during the session
- *A summary of the visit*, including follow-up documentation and follow-up requirements with target dates
- *Interim versions of the IS standards compliance tool* with preliminary audit findings (indicate measures at risk)

Audit Results

- *Standard compliance tools:*
 - A Final IS Standards Compliance Tool, with auditor's notes on the adequacy of data collection, storage and manipulation of key files to produce accurate measures, including issues and possible problem areas and comments on compliance with each standard as it affects P4P reporting; and sufficient evidence to support audit results for all measures
 - Preliminary rate submission tool with review notes, including this year/last year comparison, benchmark comparison, auditor's notes, questions and requests for additional information
 - The PO's response to preliminary submission tool issues and rates
 - Final locked DDD submission
 - Final Audit Report
- *Audit correspondence (e-mail):*
 - Key correspondence among team members
 - Key correspondence between auditors and the PO

The NCQA monitoring program includes a review of these papers and ensures adherence to program policies and procedures. Licensed Organizations must provide a complete set of work papers for review.