

QCMetrix QCDR – Data Validation

Introduction

QCMetrix was founded in 2001 on the vision of:

1. Serving hospitals, surgical collaboratives and surgical practices by collecting, validating and analyzing surgical data to achieve significant and measurable improvement in quality and financial performance and
2. To do so by providing the surgical data expertise, technical infrastructure via software hosted in **HIPAA/HITECH** compliant private clouds, related services and support excellence.

The centerpiece of QCMetrix' offering is the platform for data collection and data management, analysis and reporting, and dissemination of actionable information. QCMetrix's robust data capture platform ensures the highest quality data available anywhere. Quality is ensured by more than **1700+** rules and data validation techniques that are proprietary to QCMetrix and are continuously developed. These rules and techniques have been applied to over **1,000,000+** surgical procedures and the captured data has been analyzed, transformed and reported as actionable information. This information is crucial for improving treatment processes, achieving better patient outcomes, and lowering healthcare costs.

Data Validation

Validating Data during Transition

QCMetrix provides a powerful **Business Rules Engine** to ensure highest data quality and accuracy. Data coming in from our secured web-based tools must go through a comprehensive set of clinical and business validation rules before storage in our database. Our ever-evolving rules engine is developed from our experience working with individual hospitals, surgical practices and regional/national quality collaboratives.

Validating Data at Rest (Data Scrubbing)

Data scrubbing involves detecting inaccuracies in records and correcting them so the data set remains consistent and accurate. QCMetrix has developed tools to perform data cleansing on the entire dataset at rest. This allows us to systematically and periodically examine data for flaws by using validation rules, algorithms, look-up tables and feedback from our user community.

QCMetrix knows the importance of quality data: by validating data during transition (before storage) and scrubbing data at rest (after storage) we make certain that the final data set used in analysis and submission is of the utmost possible quality and accuracy.

Eligibility of Eligible Clinician/GPRO

QCMetrix QCDR will use the definition of “Eligible Clinician” published by CMS.

Physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists qualify as “Eligible clinicians” if they

- Bill more than \$30,000 in Medicare Part B
- Or**
- Provide care to at least 100 Medicare patients.

For “Group Practices” we will require a copy of confirmation email of self-registration as a GPRO.

We will only report on QPP measures for Eligible Professionals and Group Practices who meet the definitions and criteria specified by CMS.

Verification of TIN/NPIs

QCMetrix QCDR will verify TIN/NPIs based on the following:

For TIN verification we use FEINSearch.com and/or tax documentation

For NPI verification we use NPPES API

Reporting and Performance rates

QCMetrix QCDR will use the following to calculate the reporting and performance rates:

$$\text{Report Rate (\%)} = \frac{\text{Performance Met} + \text{Performance Not Met} + \text{Excluded}}{(\text{Total Number of Eligible Patients}) \times 100}$$

$$\text{Performance Rate (\%)} = \frac{\text{Performance Met}}{(\text{Total Number of Eligible Patients} - \text{Excluded}) \times 100}$$

Verification of 2017 QPP Measures

QCMetrix QCDR will verify 2017 QPP measures based on the requirements, definitions and criteria provided by CMS to identify the numerator (performance met, performance not met and case exclusion) and the denominator. The data collected through our web-based registry or bulk uploaded using our secured FTPS site has to go through a comprehensive set of validation rules to maintain data quality.

Our team of experienced healthcare and IT professionals will work together to update all the required documentation, our web-based data collection tools/data validation rules engine and other education materials based on the latest specifications from CMS.

Data Audit

QCMetrix QCDR will conduct data audit with each participating entity before submitting the results to CMS.

Our current clients use our registry and risk adjusted reporting tools for quality improvement and they provide us a complete data set of patients from their EHRs. All new entities not using our registry tools will be required to upload a subset of data to our secured and encrypted FTPS site using unique site-specific credentials.

Our audit will be based on the following sampling methodology:

- A sample of 5 percent TIN/NPIs (between 15 TIN/NPIs and 50 TIN/NPIs)
- For each TIN/NPI sampled, 30 percent of the TIN/NPI's patients (between 5 patients and 50 patients) will be reviewed for all applicable measures.

QCMetrix QCDR will

- Select a random sample of patients for each measure per customer at least once during each reporting period.
- Request copies of related data to support reporting of a specific measure. For example, for tobacco cessation we will request a copy of the portion of the medical record documenting counseling.
- Compare patient data with submitted data to ensure the accuracy of each measure (numerator, denominator, and case exclusion criteria)

QCMetrix QCDR will conduct a detailed audit if our initial audit reveals inaccuracies. Each patient's data will be carefully validated and compared with the data from the patient records and other supporting documents to identify discrepancies and make corrections where necessary.

QCMetrix QCDR may also conduct a detailed on-site or remote Inter-Rater Reliability (IRR) audit to ensure data reliability and authenticity if our internal data validation and data audit reveal inaccuracies. We will calculate an overall IRR and IRR for individual variables using percentages of agreement between the data collector and the data auditor. Variables with higher than 5% disagreement are flagged to improve accurate collection.

QCMetrix QCDR reserves the right, as part of our data use agreement, to request a comprehensive data set and supporting documentation to verify data accuracy. QCMetrix QCDR will provide all the required information to CMS, including a copy of the data, if requested.

QCMetrix QCDR will submit all the required data validation reports to CMS through QualityNet Help Desk in the format specified by CMS.