

2023 NCQA DAV CERTIFICATION – COHORT 6

IMAT FINAL REPORT SUMMARY DECEMBER 2023



- For the 3rd COHORT in a row, IMAT has achieved DAV Certification
- Certification is for the 2024-2025 HEDIS Season (2-year certification)
- IMAT improved upon their DAV process with an additional 15 fully compliant PSD processes
- The PSV (Primary Source Verification) has certified 15 of 16 clusters
- The one failing cluster (NextGen Labs) was passed last year, this year was more stringent

PSD SUMMARY (PROCESS IN PLACE TO INGEST AND EXPORT DATA)



COHORT	Not Applicable	Compliant	Partially Compliant	Not Compliant
CH4 – 2022	17	22	9	3
CH6 – 2023	9	37	4	1
Difference	-8	+15	-5	-2
Applicable compliant stat		Increased our fully compliant state by 15 (30% more)	5 partially compliant processes converted to fully compliant	 2 non-compliant processes now fully compliant The 1 non-compliant item is associated to the failed PSV / NextGen Lab cluster.

CORRECTIVE ACTION PLANS (CAPS) PSD



1 NON-COMPLIANT

Standard #	Standard	Final Review Findings	Final Disposition
PSD 3.4	Laboratory codes are evaluated systematically: • Tests and values are evaluated for accuracy and appropriateness. • Preliminary results are differentiated from final results. • Ordered vs. completed tests are identified clearly.	IMAT performs multiple quality checks to ensure the accuracy of data received. For lab data specifically, IMAT utilizes its concept code validation report to verify the validity of received codes. Clinical specialists also perform Primary Source Verification (PSV). IMAT performed a walkthrough of this process with a specific focus when reviewing laboratory data. Specialists focus on various aspects such as confirming whether the data service was ordered versus completed, examining the actual lab tests, assessing the code, code description, result, and determining if the result is primary or final. In response to prior year corrective actions, IMAT is working with impacted ingestion sites to perform correction. Results of PSV identified multiple LOINC code description inaccuracies as part of the XML results section. Please refer to the PSV Detail Tab for CL05 for additional detail. Corrective Action: IMAT must develop and implement a process to systematically evaluate code descriptions to align with industry-standard code descriptions. The integration of root cause analysis can play a pivotal role in identifying underlying process improvement needs, fostering a continuous cycle of refinement and optimization. This approach ensures compliance with industry standards and cultivates a culture of ongoing enhancement within the organization.	Not ~ Compliant

Ingestion Site Data Workflow Analysis:

•	Practice	→ Assess compliance and correct
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- EMR → Assess compliance and correct
- → Automate code description evaluation (or manually)
 - → Put NextGen Lab into PSV for CH7
- Qmetrics → IMAT will appeal given accepted in CH4

PSV SUMMARY - PASSED (PRIMARY SOURCE VERIFICATION)



COHORT	EMR's	Clusters	Clinical	Labs
CH4 – 2022	9	15	9	6
CH6 – 2023	9	15	9	6
Difference	0	0	0	0
Notes				 Previously failed eClinicalWorks-Flat File Diagnostic – Lab passed Previously passed NextGen - Enterprise Diagnostic – Lab failed



	2022			2023				
Reviewed Status	Individual Cases		Clusters		Individual Cases		Clusters	
	Count	Percent	Count	Percent	Count	Percent*	Count	Percent
Failed - Submitted	4	9%	1	6%	4	9%	1	6%
Pass	42	91%	15	94%	41	91%	15	94%

• Same percentage passed as last cohort.

CORRECTIVE ACTION PLANS (CAPS) PSV



1 Failed Cluster

Ingestion Site Name	Cluster Name	▼ ODI 3.0 Status	▼ Error Reason	Corrective Action Plan
Blackstone Valley Community Health Centers (BVCHC)	NextGen - Enterprise Diagnostic - Lab	Non-Compliant	The XML results section contains 711-2 Eos (line 626) with a result value of 0.5%. The standard description for 711-2 is Eosinophils [#/volume] in Blood by Automated count. Per EHR pg. 6, Eos by volume is 0.02 and Eos by ratio is 0.5.	The organization should re-evaluate their policies and procedures in the storage and handling of lab data including conducting an internal validation to ensure data accuracy.
East Bay Community Action Program (EBCAP)	NextGen - Enterprise Diagnostic - Lab	Non-Compliant	The XML results section contains 12628-4 GLUCOSE FINGERSTICK (line 1814) with a result value of 139. The standard code description for 12628-4 is Glucose [Mass/volume] in Peritoneal dialysis fluid. Peritoneal Dialysis fluid is fluid in the abdomen used to clean patient's blood (e.g dialysis) due to a chronic disease such as CKD. Per pg. 3, the glucose test conducted was a fingerstick glucose.	The organization should re-evaluate their policies and procedures in the storage and handling of lab data including conducting an internal validation to ensure data accuracy.
Tri-County Community Action Agency	NextGen - Enterprise Diagnostic - Lab	Non-Compliant	The XML results section contains 17856-6 Hemoglobin (line 728) with result 13.4 g/dL. The standard description for 17856 6 is Hemoglobin A1c/Hemoglobin.total in Blood by HPLC. Pe pg. 4, A1c result is 6.2 and per pg. 5 Hemoglobin from CBC is 13.4.	The organization should re-evaluate their policies and procedures in the storage and handling of lab data including conducting an internal validation to ensure data accuracy.
Wood River Health Services (WRHS)	NextGen - Enterprise Diagnostic - Lab	Non-Compliant	The XML Results section contains 13457-7 CHOL/HDL with result value 2.5 (line 853). Per LOINC.org, the standard definition for 13457-7 is Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation. Per EHR pg. 3, the result value of 2.5 is for the CHOL/HDL test.	The organization should re-evaluate their policies and procedures in the storage and handling of lab data including conducting an internal validation to ensure data accuracy.

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Outbound CCD

Inbound CCD



Documentation

Glucose F	ingerstick		2000	08/10/2023 13:29
Flag	Result	Range	Component	Units
	139	50-100	GLUCOSE FINGERSTICK	mg.dl

LOINC Code

LOINC CODE 12628-4	LONG COMMON NAME Glucose [Mass/volume] in Peritoneal dialysis fluid	LOINC STATUS Active