

**NCQA DAV for HIEs:
The Journey and What to Expect,
Presented by J2 Interactive**

May 14, 2026

Housekeeping Reminders



- This is a webinar where all participants are automatically muted and your video is not displayed.
- Use the chat feature to introduce yourself (name, org, location), share resources, etc.
- If you would like to ask a question, please use the Q&A function on the right-side taskbar.
- This webinar is being recorded, and the recording will be shared after today's event.
- For questions following the webinar, please reach out to contact@civitasforhealth.org.

Agenda

- **Welcome & Civitas Updates**
 - Jessica Little, Chief Operating and Programs Officer, *Civitas Networks for Health*®
- **NCQA DAV for HIEs: The Journey and What to Expect, Presented by J2 Interactive**
 - Nathan Elliott, *J2 Interactive* (Moderator)
 - Jason Buckner, *Manifest MedEx*
 - Matt Gigot, *WISHIN*

Civitas' Network



Upcoming Events

- **May 19** – [Contexture 2026 Healthier Together Summit](#), Phoenix, Arizona
- **May 20, 1-1:45 pm ET** – [CMS Webinar: Rural Health Sustainability – Practical Strategies & Real-World Approaches](#)
- **June 9-10** – [AHIP26](#), Las Vegas, Nevada
- **June 17, 1-2 pm ET** - [Civitas Network News](#)

Want to see more upcoming events? Click here [events](#)

Civitas 2026 Annual Conference Updates

Join 750+ leaders from across the health data and improvement ecosystem. Hosted in collaboration with our Mid-Atlantic Host Committee, just minutes from Washington, D.C. in Arlington, VA.

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Please note we will open registration and release the agenda within the next few weeks! Stay tuned for more information.



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2026 ANNUAL CONFERENCE
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WHY SPONSOR?
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**ARLINGTON, VIRGINIA
SEPT | 22-24 | 20**



NCQA DAV for HIEs: The Journey and What to Expect



Manifest
MEDEX



WISHIN



■ Today's Agenda

01 Meet the Presenters

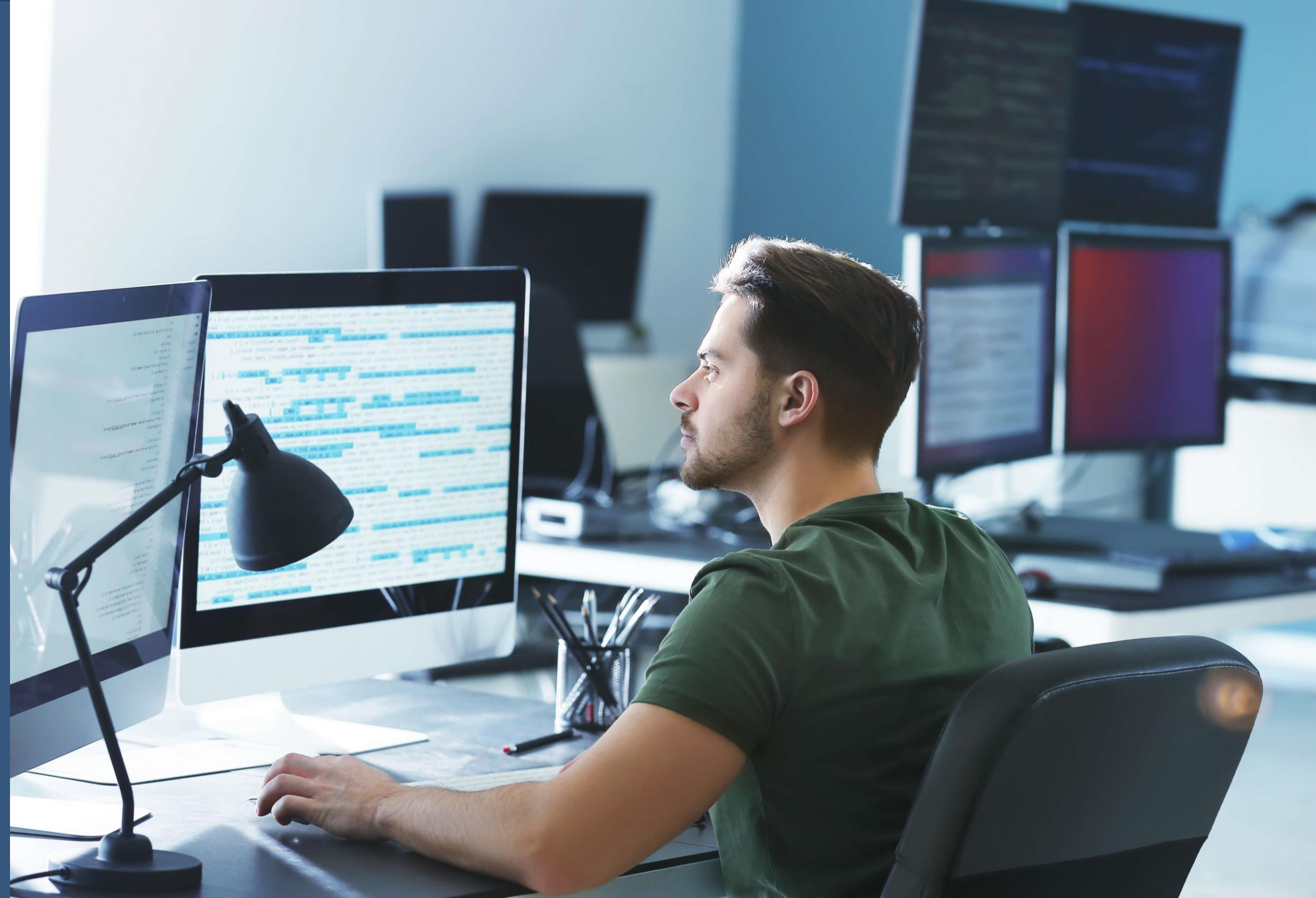
02 What Is NCQA DAV?

03 Our DAV Journeys

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05 Building a Data Quality Infrastructure

06 The Business Model



Meet the Presenters



Jason Buckner
Chief Information Officer
Manifest MedEx



Matt Gigot
Director, Population Health
and Analytics
WISHIN



Nathan Elliott
Director, Professional Services
J2 Interactive



About J2 Interactive

- Technical expertise in all things interoperability
- NCQA DAV support
- 2000+ customer implementations
- 100M+ patient lives covered
- 25 years of experience in healthcare technology
- Award-winning partners for your technology needs, big and small, long or short-term
- Staff: 250+ employees in North America, Europe, and the Middle East



WISHIN

Wisconsin Statewide Health Information Network

2,000+

Participants

2.4B+

ADT Transactions

135M+

Care Summaries

16+

MCO/Health Plan
Participants

State-Designated HIE

Established by 2009 WI Act 274; independent not-for-profit founded by WHA, WI Medical Society, WHIO, and WCHQ.

WISHIN Analytics

Analytics platform built on AWS Athena/S3, powering quality reporting and population health.

Broad Connectivity

Hospitals, clinics, post-acute, behavioral health, public health, payers, pharmacies, and EMS across Wisconsin.

DAV-Certified

WISHIN participates in NCQA DAV, providing validated C-CDA supplemental data to health plan participants for HEDIS.



ABOUT MANIFEST MEDEX

As the largest nonprofit health data network in California, Manifest MedEx (MX) is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 38 million Californians across every county throughout the state.



185+
HOSPITALS



3,000+
PROVIDERS



21
HEALTH PLANS



3M+

ADT NOTIFICATIONS
DELIVERED/MONTH



10M

CCDAS DELIVERED
PER MONTH



52M

LONGITUDINAL
HEALTH RECORDS



What is NCOQA DAV?

NCQA Data Aggregator Validation (DAV)

WHAT IT IS

NCQA's DAV program validates electronic clinical data collected and shared by data aggregators—including HIEs—that is used by health plans for HEDIS quality measure reporting.

A validated HIE provides health plans with a trusted, audit-ready supplemental data source—reducing the burden on individual providers and health plans alike.

Three Pillars of Validation

1

Process Standards Review (VAT)

2

Primary Source Verification (PSV)

3

Output Format Conformance (C-CDA/FHIR)

PROGRAM GOALS

Data Integrity End-to-End

Ensures integrity from ingestion at the primary source through transmission to health plans and vendors.

IG Conformance

Ensures accurate, consistent adherence to C-CDA R2.1 (+ Companion Guide R4.1) or US Core STU6 FHIR.

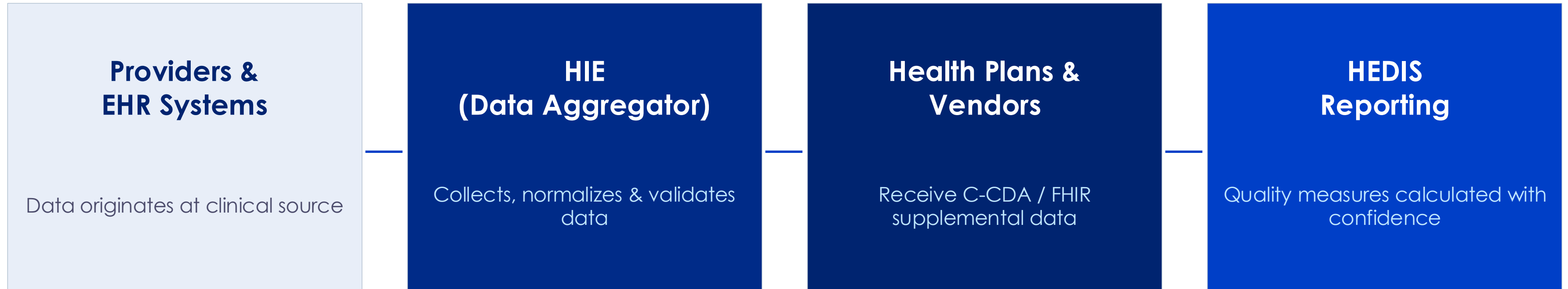
Reduce Audit Burden

Minimizes duplicate auditing for health plans and vendors that rely on supplemental data for HEDIS.

12 or 24-Month Status

Certification is valid for 12 or 24 months; revalidation examines changes and improvements since prior cycle.

Where HIEs Fit in the HEDIS Data Ecosystem



✓ DAV CERTIFIED

DAV does NOT validate measure compliance

It validates data input/output process quality—not HEDIS measure calculations.

The HIE is the 'Responsible Party'

Contractually obligated to conduct PSV and validation; may partner with a 'Data Partner' for specific functions.

Scope: Data Streams (Clusters)

Validation applies to defined groups of ingestion sites (clusters), not the entire HIE at once.

Our Day Journeys





MANIFEST MEDEX'S DAV JOURNEY

| Year | PSV Cases | PSV Cases Passed | Notes |
|------|-----------|------------------|-----------------------|
| 2020 | 50 | 32 (64%) | Early adopter program |
| 2021 | 63 | 52 (83%) | |
| 2022 | 101 | 83 (82%) | |
| 2023 | 131 | 100 (76%) | 2-year certification |
| 2024 | 56 | 42 (75%) | Additive sites only |
| 2025 | 141 | 107 (76%) | |

WISHIN's DAV Journey

2020

Initial Decision to Pursue DAV

Health Plans begin participating in WISHIN in 2019; strong interest in supplemental clinical data

2021

First Cohort

19 hospitals and health system data contributors; significant health plan engagement; smooth audit process

2023

Program Maturation

Data Governance Committee formation; increased audit scrutiny

Today

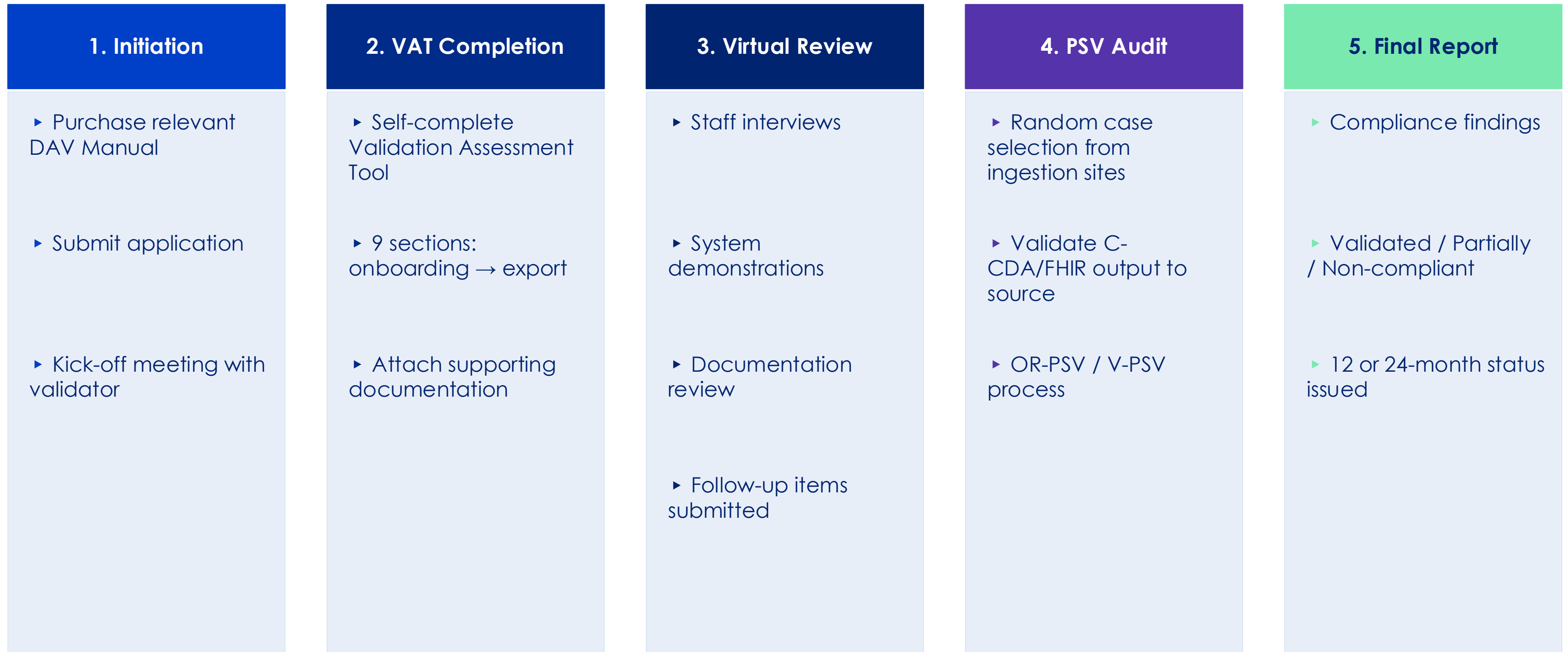
Program Growth & Looking to the Future

Acceleration in health plan interest; data contributor engagement; data quality as a continuous activity



The Accreditation Process

From Application to Certification: The DAV Process



Timeline: Typically 6–9 months from application to final certification report.

PSV: The Most Rigorous Step in DAV

WHAT IS PSV?

1. Randomly selected patient cases are drawn from all ingestion sites in the data cluster
2. Validator verifies that each element in the outbound C-CDA or FHIR file matches the original source (EHR, lab system, etc.)
3. Two types: Validator PSV (V-PSV) and Over-Read PSV (OR-PSV) for quality assurance
4. PSV findings cannot be appealed—only clarifications may be requested

Why It's Hard

- ⚠ Coordinating access to source EHR records across many sites
- ⚠ Ensuring every data element in C-CDA traces back cleanly
- ⚠ Volume: each cluster has many cases to validate
- ⚠ Any discrepancy = finding; no room for ambiguity

HOW TO PREPARE

- ✓ Establish strong DSL (Data Submission Log) process — know every ingestion site
- ✓ Pre-validate your C-CDA conformance before PSV begins
- ✓ Build relationships with ingestion site contacts to facilitate source record retrieval
- ✓ Invest in data reconciliation tooling — confirm your ETL is traceable end-to-end

■ Building a Data Quality Infrastructure



What 'Holistic' Data Quality Looks Like

Ingestion & Onboarding Rigor

Formal onboarding process for every ingestion site. Document data transfer evaluations, quality verifications, and practice workflow assessments before a site goes live.

Data Repository & Security Controls

Fully documented repository layouts and data dictionaries. Automated reconciliation of inbound to stored data. HIPAA-aligned security policies—documented and regularly audited.

Transformation, Normalization & Code Mapping

Every ETL rule documented. Code mapping libraries maintained and versioned. Validity checks verifying accuracy of all transformations—especially for non-standard codes.

Data Quality Governance Program

A standing data governance structure that owns quality performance standards, ongoing evaluation, and corrective action. PSD 5.0 requires this—and it's often what organizations lack.

C-CDA / FHIR Output Conformance

Outbound files must conform to C-CDA R2.1 + Companion Guide R4.1 or US Core STU6 FHIR. ODI 2.0 testing on actual files is required before PSV can begin.

Change Management & Ingestion Site Monitoring

Proactive monitoring of EHR changes at ingestion sites. Documented impact analyses for every system upgrade, migration, or data format change.



THE ACCOUNTABILITY SHIFT

- Providers generate the data. You own its clinical validity.
- PSV does not ask the provider why a code was wrong, it asks you why you transmitted it.
- Most HIEs think of themselves as trusted conduits: receive, normalize, transmit.
- DAV redefines that role entirely. You become the last line of defense.
- While painful, this is what makes the certification meaningful.

Go in with clear eyes: *You will be held responsible for data quality problems you did not cause.*



WHERE FAILURES ACTUALLY COME FROM

| Failure Type | Failure Origination | Responsibility |
|----------------------------|--|-----------------------|
| Non-standardized coding | Provider uses local codes instead of LOINC, SNOMED, ICD-10 | Aggregator |
| Specimen type mismatch | Lab submits inaccurate or mismatched specimen data | Aggregator |
| Auditor code determination | NCQA determines a more appropriate code should have been used | Aggregator |
| EHR data entry errors | Provider types wrong code or description at point of documentation | Aggregator |



THE UPSIDE: WHAT DAV REVEALS

- **EHR data has errors no one else is systematically catching.**
- **Practice setup and documentation gaps:** Coding issues trace back to how a practice was originally configured or has evolved. Incorrect templates, workflows, and habits are baked in over years.
- **EHR-to-C-CDA/FHIR conversion errors:** The translation of a clinical record to a structured output is not lossless. Codes get mapped incorrectly. Specimen types get dropped or mismatched.
- **DAV surfaces a level of data integrity scrutiny that is rare in this industry.**



The Business Model

The DAV Business Case for HIEs

Core Value Proposition: Validated data is more trusted, more usable, and more valuable to health plan partners.

REVENUE DRIVERS

- ▶ Annual participation/subscription fees from health plan participants
- ▶ Per-transaction or per-member-month fee structures
- ▶ Premium pricing for certified vs. uncertified data streams
- ▶ New health plan participants attracted by DAV status

COST CONSIDERATIONS

- ▶ NCQA DAV Manual and validator fees (annual)
- ▶ Internal staff time: VAT, documentation, PSV coordination
- ▶ Infrastructure investment in data quality tooling
- ▶ C-CDA / FHIR conformance tooling and testing

VALUE TO PARTICIPANTS

- ▶ Reduces HEDIS audit burden for health plan partners
- ▶ Trusted, validated data = faster supplemental data acceptance
- ▶ NCQA seal signals data quality commitment
- ▶ Differentiated from non-validated HIE data sources

Building the business case: Start with 1–2 willing health plan partners; demonstrate value; expand.



LESSONS LEARNED AND MESSAGE TO LEADERSHIP

- **Shift your approach from passive data conduit to active clinical data validator.**
 - Interrogate source data deeply: Not just whether it is structured correctly, but whether it is clinically correct by NCQA standards.
 - Establish ongoing surveillance: Point-in-time audits are a recipe for failure.
 - Budget to find problems before the auditor does.
- **Build ingestion site relationships** before you need them. PSV coordination is a major operational lift.
- **The certification is worth it:** trusted data, differentiated market position, and a ground-level understanding of your data reap many benefits beyond DAV.

The organizations that succeed in DAV don't just pass an audit. They understand their data in a way other do not.

What to Expect: Advice for HIEs Starting DAV

1

Expect 6–9 months for your first cohort

The VAT, virtual review, and PSV each take significant time. Buy the manual early. Start documentation immediately.

2

PSV is your heaviest lift

Plan for ingestion site coordination logistics. Establish direct contacts at each participating EHR organization before your cohort starts.

3

Data governance must exist before you apply

PSD 5.0 requires a formal data quality program and governance structure. If you don't have one, build it first—it takes time.

4

C-CDA/FHIR conformance is not optional

ODI 2.0 conformance testing on actual files is required. Invest in conformance tooling early. Surprises here delay PSV.

5

Think in clusters, not whole-network

You don't validate everything at once. Start with your most data-mature ingestion sites. Expand clusters in subsequent cycles.

6

The revalidation cycle is your friend

12 or 24-month cycles give you time to improve. Use partially-compliant findings as a roadmap. The program rewards continuous improvement.



Questions & Discussion



Manifest
MEDEX



WISHIN



Keep in Touch with the Civitas Networks for Health Team

Scan me!

