

HHS FY 2024 Annual Performance Plan and Report Data Validation Table

Measure ID	Data Source	Data Validation
3A (ACF)	Classroom Assessment Scoring System (CLASS: Pre-K)	CLASS: Pre-K is a valid and reliable tool that uses observations to rate the interactions between adults and children in the classroom. Reviewers, who have achieved the standard of reliability, assess classroom quality by rating multiple dimensions of teacher-child interaction on a seven point scale (with scores of one to two being in the low range; three to five in the mid-range; and six to seven in the high range of quality); low range is defined as any CLASS review with a domain scoring below 2.5 for purposes of this performance measure. ACF will implement ongoing training for CLASS: Pre-K reviewers to ensure their continued reliability. Periodic double-coding of reviewers is also used, which is a process of using two reviewers during observations to ensure they continue to be reliable in their scoring.
3C (ACF)	Program Information Report (PIR)	The PIR is a survey of all grant recipients that provides comprehensive data on the services, staff, children, and families served in Head Start and Early Head Start programs nationwide. Head Start achieves a 100 percent response rate annually from nearly 1,600 Head Start grant recipients. Many years of PIR data is accessible to the public including summary reports at the national, state, and program level.
4A (ACF)	The Runaway and Homeless Youth - Homeless Management Information System (RHY-HMIS)	In FY 2015, ACF entered into a Memorandum of Understanding with HUD, SAMHSA, and VA to use Homeless Management Information Systems (HMIS) as primary information technology systems to enter data on clients served by Federally-funded homeless assistance services. Since FY 2015, RHY grantees have been using local HMIS systems to upload de-identified client-level data to the RHY national data repository called RhyPoint. Following each upload, grantee data are validated by RhyPoint

Measure ID	Data Source	Data Validation
Cont. 4A (ACF)		<p>and a report is sent to grantees to monitor and improve data completeness and quality.</p> <p>The aggregate data are then cleaned and validated using a set of business rules developed by FYSB to make sure that records are accurate and relevant using a number of logic checks.</p>
7B (ACF)	National Child Abuse and Neglect Data System (NCANDS)	<p>States report child welfare data to ACF through the NCANDS. Each state's annual NCANDS data submission undergoes an extensive validation process which may result in revisions to improve data accuracy. To speed improvement in these data, ACF funds a contractor to provide technical assistance to states to improve reporting and validate all state data related to outcome measures. The Children's Bureau, in ACF, and the NCANDS project team are working with states through national meetings, advisory groups, and state-specific technical assistance to encourage the most complete and accurate reporting of these data in all future submissions. All of these activities should continue to generate additional improvements in the data over the next few years.</p>
7D (ACF)	State Annual Reports	<p>States are required to submit an Annual Report addressing each of the CBCAP performance measures outlined in Title II of CAPTA. One section of the report must "provide evaluation data on the outcomes of funded programs and activities." The 2006 CBCAP Program Instruction adds a requirement that the states must also report on the OMB performance measures reporting requirements and national outcomes for the CBCAP program. States were required to report on this efficiency measure starting in December 2006. The three percent annual increase represents an ambitious target since this is the first time that the program has required programs to target their funding towards evidence-based and</p>

Measure ID	Data Source	Data Validation
Cont. 7D (ACF)		evidence-informed programs, and it will take time for states to adjust their funding priorities to meet these new requirements.
7I (ACF)	Regulatory title IV-E Foster Care Eligibility Reviews conducted by the Children’s Bureau in each of the 50 states, the District of Columbia, and Puerto Rico	Data validation occurs on multiple levels. Information collected during the onsite portion of the review is subject to quality assurance procedures to assure the accuracy of the findings of substantial compliance and reports are carefully examined by the Children’s Bureau Central and Regional Office staff for accuracy and completeness before a state report is finalized. Through the error rate contract, data is systematically monitored and extensively checked to make sure the latest available review data on each state is incorporated and updated to reflect rulings by the Departmental Appeals Board and payment adjustments from state quarterly fiscal reports. This ensures the annual program error rate estimates accurately represent each state’s fiscal reporting and performance for specified periods. The Children’s Bureau also has a database (maintained by the contractor) that tracks all key milestones for the state eligibility reviews.
14A (ACF)	Administrative Data of National Domestic Violence Hotline (NDVH)	Data are maintained by the National Domestic Violence Hotline and reported to ACF. All calls are counted electronically, including calls that are responded to and calls that are “abandoned” (callers hang up prior to answering by an advocate). Calls are tracked for time, location, status of caller, and reason for call.
15A (ACF)	Performance Report (ORR-6)	Data are validated by periodic desk and on-site monitoring, in which refugee cases are randomly selected and reviewed. During on-site monitoring, outcomes reported by service providers are verified with both employers and refugees to ensure accurate reporting of job placements, wages, and retentions.

Measure ID	Data Source	Data Validation
16C (ACF)	Matching Grant Progress Report forms	Data are validated with methods similar to those used with Performance Reports. Data are validated by periodic desk and on-site monitoring, in which refugee cases are randomly selected and reviewed. During on-site monitoring, outcomes reported by service providers are verified with both employers and refugees to ensure accurate reporting of job placements, wages, and retentions. All of the grantees use database systems (online or manual) for data collection and monitoring of their program service locations.
17D (ACF)	Grantee of the National Human Trafficking Hotline, which provides reports to ACF on the number and profile of calls to the hotline.	The program engages in regular monitoring of grantee.
19A (ACF)	The Division of Children’s Services (DCS) Unaccompanied Children (UC) Portal database system and Office of Refugee Resettlement (ORR) Intakes Team monthly referral and UC pending data.	<p>The DCS - UC Portal database will provide close to real-time statistics on discharges, capacity availability, and UC pending placement by the Department of Homeland Security (DHS) post referral. Data collected by grantees through the UC Portal will be carefully tracked and verified by DCS, and grantees will be provided with detailed guidance to ensure consistent reporting.</p> <p>DCS collects grantee-related performance information including: Quarterly Program Progress Reports on program adjustments and progress toward meeting performance goals and objectives of the UC Cooperative Agreement; Monthly Statistical Reports (arrivals, departures, releases, and immigration case disposition); Daily grantees’ electronic updates and case file information (admission information - admission date, time, and type; and Discharge Information - discharge date, time, type, and detail). DCS also conducts annual program monitoring and site visits as needed for the purpose of ensuring that the grantee’s service delivery and financial management meet the requirements and standards of the DCS program. The ORR- DCS Intakes team also tracks the daily</p>

Measure ID	Data Source	Data Validation
Cont. 19A (ACF)		number of UC referrals and the number of UC pending placement in excess of 24 hours.
20.2LT and 20E (ACF)	Office of Child Support Enforcement (OCSE) Form 157	States currently maintain information on the necessary data elements for the above performance measures. All states were required to have a comprehensive, statewide, automated Child Support Enforcement system in place by October 1, 1997. Fifty-three states and territories were Family Support Act-certified and Personal Responsibility and Work Opportunity Reconciliation Act-certified (PRWORA) as of July 2007. Certification requires states to meet automation systems provisions of the specific act. Continuing implementation of these systems, in conjunction with cleanup of case data, will improve the accuracy and consistency of reporting. As part of OCSE's audit of performance data, OCSE Auditors review each state's and territory's ability to produce valid data. Data reliability audits are conducted annually. Self-evaluation by states and OCSE audits provide an on-going review of the validity of data and the ability of automated systems to produce accurate data. Each year OCSE Auditors review the data that states report for the previous fiscal year. The OCSE Office of Audit has completed the FY 2015 data reliability audits. Since FY 2001, the reliability standard has been 95 percent.
20B (ACF)	Office of Child Support Enforcement (OCSE) Form 157	States currently maintain information on the necessary data elements for the above performance measures. All states were required to have a comprehensive, statewide, automated Child Support Enforcement system in place by October 1, 1997. Fifty-three states and territories were Family Support Act-certified and Personal Responsibility and Work Opportunity Reconciliation Act-certified (PRWORA) as of July 2007. The remaining state is in systems development. Certification requires states to meet automation systems provisions of the specific act. Continuing

Measure ID	Data Source	Data Validation
Cont. 20B (ACF)		implementation of these systems, in conjunction with cleanup of case data, will improve the accuracy and consistency of reporting. As part of OCSE's audit of performance data, OCSE auditors review each state's and territory's ability to produce valid data. Data reliability audits are conducted annually. Self-evaluation by states and OCSE audits provide an on-going review of the validity of data and the ability of automated systems to produce accurate data. Each year OCSE auditors review the data that states report for the previous fiscal year. The OCSE Office of Audit has completed the FY 2015 data reliability audits. Since FY 2001, the data reliability audit standard for reliable data has been 95 percent.
22F (ACF)	TANF Financial Data, submitted by states through the ACF-196R	Data are validated via single state audits and internal HHS data checks.

Measure ID	Data Source	Data Validation
2.6 (ACL)	National Survey of Older Americans Act Participants.	ACL's Administration on Aging's (AoA) national survey uses a range of quality assurance procedures to validate data on OAA participants and services which covers all the steps in the survey process. The surveys have consistently achieved a cooperation rate of over 80% for the sampled Area Agencies on Aging and over 90% for the sample of clients who are currently participating in OAA programs. These high cooperation rates occur because of several important steps in the quality assurance process, including intensive follow-up to contact. They interview as many service participants as possible and call back at times that are convenient for respondents. After the surveys are complete, range and consistency checks and edits, in conjunction with the CATI software applications, ensure that only correct responses appear in

Measure ID	Data Source	Data Validation
Cont. 2.6 (ACL)		the data files. The data are weighted during three post-survey steps to ensure accuracy. This includes using the inverse of the probability of selection to weight the sample of agencies and clients, adjusting for any non-response patterns and bias that might otherwise occur, and post-stratification of control totals to ensure consistency with official administrative records.
2.10 (ACL)	State Program Report and National Survey of Older Americans Act Participants.	This is a composite measure that utilizes data from multiple sources. One source is the State Program Report. Another source is the National Survey. The State Program Report data is submitted annually by States. The web-based submissions include multiple data checks for consistency. Multi-year comparison reports are reviewed by ACL's Administration on Aging (AoA) and State staff. AoA staff follow-up with States to assure validity and accuracy. After revisions, States certify the accuracy of their data. The National Survey draws a sample of Area Agencies on Aging to obtain a random sample of clients receiving selected Older Americans Act (OAA) services. Trained staff administers telephone surveys. Results are analyzed and compared to client population to assure representative sample.
8F (ACL)	Protection and Advocacy for Individuals with Developmental Disabilities (PADD) Annual Program Performance Report (PPR).	AoD uses web-based data collection templates. Besides the built-in data validations that check data during data entry, data is further validated and verified after the annual reports are submitted. Those verifications are, but not limited to, checking for large variances and outlier data.

Measure ID	Data Source	Data Validation
1.3.19 (AHRQ)	The number of tables included in the MEPS Tables Compendia can be verified at http://meps.ahrq.gov/mepsweb/data_s tats/quick_tables.jsp .	<p>Data published on website</p> <p>A number of steps are taken from the time of sample selection up to data release to ensure the reliability and accuracy of MEPS data including:</p> <ul style="list-style-type: none"> • Quality control checks are applied to the MEPS sample frame when it is received from NCHS as well as to the subsample selected for MEPS. • Following interviewer training, performance is monitored through interview observations and validation interviews. • A variety of materials and strategies are employed to stimulate and maintain respondent cooperation. • All manual coding and data entry tasks are monitored for quality by verification at 100 percent until an error rate of less than 2 percent is achieved for coding work or less than 1 percent for data entry. • All specifications developed to guide the editing, variable construction and file creation are monitored through data runs that are used to verify that processes are conducted correctly and to identify data anomalies. • Analytic weights are developed in a manner that reduces nonresponse bias and improves national representativeness of survey estimates. • The precision of survey estimates are reviewed to insure they are achieving precision specifications for the survey. • Prior to data release, survey estimates on health care utilization, expenditures, insurance coverage, priority conditions and income are compared to previous year MEPS data and other studies. Significant changes in values of constructed variables are investigated to determine whether differences are attributable to data collection or variable construction problems that require correction.

Measure ID	Data Source	Data Validation
Cont. 1.3.19 (AHRQ)		<ul style="list-style-type: none"> Expenditure data obtained from the MEPS medical provider survey are used to improve the accuracy of household reported data.
1.3.41 (AHRQ)	AHRQ FOAs, grant awards, and contract records	AHRQ staff (i.e., project officers, portfolio leads, grants management and contracts staff) monitor project completion and dissemination of results
2.3.7 (AHRQ)	The Preventive Services Self-Administered Questionnaire (PSAQ) in the AHRQ Medical Expenditure Panel Survey (MEPS).	Validated survey used to collect data on the receipt of appropriate clinical preventive services among adults
2.3.9 (AHRQ)	HCUP - https://hcup-us.ahrq.gov/ MEPS - http://www.meps.ahrq.gov/	Data validated by AHRQ contractors and grantee staff following the sampling collection and quality controls of the MEPS and HCUP data.

Measure ID	Data Source	Data Validation
1.4 (ASA)	DOE's Annual Energy Management Data Report	Program Support Center (PSC), Real Estate, Logistics and Operations (RLO)
1.5 (ASA)	Bill of Ladings, Municipal Waste Tracking forms, and Solid Waste and Recycling Tickets.	OpDiv energy managers validate prior to submission to ASA/PSC, PSC RLO is final validator
1.6 (ASA)	Metered data (i.e., utility bills)	OpDiv energy managers validate prior to submission to ASA/PSC, PSC RLO is final validator
1.7 (ASA)	Metered data (i.e., utility bills)	OpDiv energy managers validate prior to submission to ASA/PSC, PSC RLO is final validator
2.6 (ASA)	The Employee Engagement Index is comprised of three subindices: Leaders Lead, Supervisors, and Intrinsic Work Experience. Each subindex is assessed through multiple questions	OPM validates the data

Measure ID	Data Source	Data Validation
Cont. 2.6 (ASA)	on the Office of Personnel Management (OPM) Federal Employee Viewpoint Survey (FEVS) https://www.opm.gov/fevs/	
2.8 (ASA)	Intrinsic work experience index comprised 5 questions on the OPM FEVS https://www.opm.gov/fevs/	OPM validates the survey data
2.9 (ASA)	Employee Satisfaction with... Opportunities for Professional Development and Growth index looked at course satisfaction for all courses taken in the HHS Learning Management System (LMS) for the FY	OHR validates the data
3.3 (ASA)	Risk Management Framework Portal (RMFP)	The HHS Office of Chief Information Director of Information Security validates these data.
3.7 (ASA)	PhishMe Solution and PhishMe Report	The HHS Office of Chief Information Director of Information Security validates these data.

Measure ID	Data Source	Data Validation
1.3 (ASPR)	Data sources for the performance measure 1.3 are collected and reported from the number of analytical tools and programs and represent the advanced adoption, implementation, training and engagement from federal to community level partners. Data is collected using these tools from a number of different systems that include: HHS emPOWER Map , HHS emPOWER Program Platform, HHS emPOWER Program Web-Based Training (TRAIN Learning Network), HHS emPOWER REST Service via ASPR's GeoHEALTH Platform, HHS emPOWER AI and Twitter, Facebook, Instagram and LinkedIn social media platforms. In FY22, Data collection methods were updated in response to both Google Analytic and ESRI enhanced analytical query capabilities that mitigated the need for user sub session adjustments.	All data are collected using analytical tools that include: Google Analytics (i.e. HHS emPOWER Map, HHS emPOWER Program Platform, HHS emPOWER AI Google Assistant, emPOWER informational resource download data), Amazon Alexa Developer Console (emPOWER AI Amazon Alexa Assistant), ESRI analytics (emPOWER REST Service data), TRAIN Learning Network analytics (HHS emPOWER Web-based Training data) and social media analytics (i.e. Twitter, Instagram, LinkedIn, Facebook). The HHS emPOWER Program staff and support contractors are experts in data analysis and commonly report accurate and complete data for departmental, interagency and other external documents, reports and peer-reviewed journals, etc. The HHS emPOWER Program staff and support contractors

Measure ID	Data Source	Data Validation
Cont. 1.3 (ASPR)		conduct additional analyses to clean, further validate and ensure interpretation accuracy prior to emPOWER data being reported.
2.4.13a (ASPR)	All performance measures related to licensure are captured through approval from appropriate regulatory agencies such as the United States Food and Drug Administration (FDA). This information is publicly available and has gone through rigorous review approval for the safety, efficacy, tolerability and immunogenicity of such medical countermeasure for the advancement of pandemic preparedness and critical lifesaving interventions.	Documentation from the FDA indicating approval is required. All data are checked against multiple databases to ensure accuracy and validation of the numbers reported. Contracts awarded and draft requests for proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR). Contractors and awardees are required by contract terms and conditions to report on inventions, discovery, and other advancements in the advanced development of medical countermeasures. This information is used for quality assurance and control purposes to ensure data reported is accurate.
2.4.15b (ASPR)	Data sources for performance measure 2.4.15b are collected and reported from the number of executed awards made during the fiscal year as it relates to the advanced research and development of influenza vaccines and therapeutics. Data sources will include www.USASpending.gov , www.fbo.gov , UFMS, and other government systems. BARDA staff are experts in analysis. They double check and carefully report a great deal of accurate and complete data.	All data are quality checked against multiple databases to ensure accuracy and validation of the numbers reported. Contracts awarded and draft requests for proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR).

Measure ID	Data Source	Data Validation
1.3.3a (CDC)	<p>Behavioral Risk Factor Surveillance System (BRFSS)</p> <p>Behavioral Risk Factor Surveillance System (BRFSS), interviews conducted September-June for an influenza season (e.g., September 2011-June 2012 for the 2011-12 influenza season) and provided to ISD from NCCDPHP by August (e.g. August 2012 for the 2011-12 influenza season). Final results usually available by September (e.g. September 2012 for the 2011-12 influenza season). BRFSS is an on-going state-based monthly telephone survey which collects information on health conditions and risk behaviors from ~400,000 randomly selected persons ≥ 18 years among the non-institutionalized, U.S. civilian population.</p> <p>Numerator: BRFSS respondents were asked if they had received a ‘flu’ vaccine in the past 12 months, and if so, in which month and year. Persons reporting influenza vaccination from August through May (e.g., August 2011-May 2012 for the 2011-12 flu season) were considered vaccinated for the season. Persons reporting influenza vaccination in the past 12 months but with missing month or year of vaccination had month and year imputed from donor pools matched for week of interview, age group, state of residence and race/ethnicity.</p> <p>The cumulative proportion of persons receiving influenza vaccination coverage during August through May is estimated via Kaplan-Meier analysis in SUDAAN using monthly interview data collected September through June.</p> <p>Denominator: Respondents age ≥ 18 years responding to the BRFSS in the 50 states and the District of Columbia with interviews conducted September-June for an influenza season (e.g., September 2011-June 2012 for the 2011-12 influenza season) and provided to ISD</p>	<p>Data validation methodology: Estimates from BRFSS are subject to the following limitations. First, influenza vaccination status is based on self or parental report, was not validated with medical records, and thus is subject to respondent recall bias. Second, BRFSS is a telephone-based survey and does not include households without telephone service (about 2% of U.S. households) and estimates prior to the 2011-12 influenza season did not include households with cellular telephone service only, which may affect some geographic areas and racial/ethnic groups more than others. Third, the median state CASRO BRFSS response rate was 54.4% in 2010, and nonresponse bias may remain after weighting adjustments. Fourth, the estimated number of persons vaccinated might be overestimated, as previous estimates resulted in higher numbers vaccinated than doses distributed.</p>

Measure ID	Data Source	Data Validation
Cont. 1.3.3a (CDC)	from NCCDPHP by August (e.g. August 2012 for the 2011-12 influenza season). Persons with unknown, refused or missing status for flu vaccination in the past 12 months are excluded.	
3.5.2 (CDC)	Electronic Laboratory Reporting Repository – automated	The ELR Implementation Support and Monitoring team (collaboration between (NCEZID and OSELS) will analyze data for anomalies.
3.D (CDC)	WGS data uploaded to the PulseNet National database.	Data can be directly queried from the PulseNet National Database to validate it.
4.6.2a (CDC)	US Census and Treasury; Alcohol Tobacco Tax and Trade Bureau (TTB), Monthly Statistical Reports, and the Census Bureau Annual Census Estimates	Data is pulled from public reports from US Census and Treasury, and validated through HHS and CDC calculations.
4.10.1 (CDC)	Behavioral Risk Factor Surveillance System (BRFSS)	The BRFSS question for arthritis has been validated and cognitively tested. The question on counseling for physical activity has been used in the National Health Interview Survey for many years to support the relevant Healthy People 2020 arthritis objective, so it has presumably been through cognitive testing by the National Center for Health Statistics.
4.11.9 (CDC)	National Health Interview Survey (NHIS), CDC, NCHS	Data are reported from a national surveillance system and follow predetermined quality control standards.
5.3.2 (CDC)	<i>Public Health Surveillance Project for Bleeding Disorders (PHSPBD)</i>	<i>The data will be validated through follow-up with the patients' physician on elevated titers measured and reported to them by CDC's blood disorders laboratory. Also, as part of a research project, some of the patients who have elevated titers reported will be followed with serial repeat inhibitor titer measurements and data collection about treatment to confirm that the reported inhibitor was a valid case</i>

Measure ID	Data Source	Data Validation
6.C (CDC)	Data reported to CDC through a performance management system by state and local health departments funded by CDC's National Environmental Public Health Tracking Program.	Each recipient is evaluated using criteria the program has developed to meet this and other requirements.
7.2.6 (CDC)	CDC/NCHS, National Vital Statistics System, Mortality	See http://www.cdc.gov/nchs/nvss/about_nvss.htm . NVSS data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events including deaths.
7.F (CDC)	Programmatic data	Data are observed and reported by program officers within Injury and will be available annually.
7.G (CDC)	Injury Prevention web content	Data will be available on an ongoing as-needed basis, as they are drawn directly from publicly observable data and content on Injury web pages (across all content areas)
8.A.1.1b (CDC)	Interviews with Federal Power Users	In-person survey of survey users based on input from NCHS senior staff and the Board of Scientific Counselors.
10.C.4 (CDC)	Internal CDC records; Specimen Tracking and Retrieval Laboratory Information Management Systems (STARLiMS)	Each year, CDC laboratories receive hundreds of thousands of human and environmental specimens from its various partners in public health throughout the United States and abroad. Many of these specimens contain organisms or products that other laboratories could not identify, and virtually all of these specimens are automatically archived because of their potential importance to public health and safety. These specimens are collected for the purpose of detecting, controlling, and preventing morbidity and mortality from diseases. Specimens are used for a variety of purposes, including research, pathogen discovery, diagnostics, reference diagnostics, vaccine development, and supporting external scientific research activities within multiple National Centers across CDC.

Measure ID	Data Source	Data Validation
Cont. 10.C.4 (CDC)		Upon receipt, CDC logs, tracks, and examines these specimens and provides reports of any laboratory tests to the submitter of the specimen or other appropriate authorities. Specimen logging, tracking, and reporting is managed by the automated Specimen Tracking and Retrieval Laboratory Information Management Systems (STARLiMs).
10.F.1c (CDC)	WIDB FETP quarterly data based on calendar year	DGHP OD M&E team collaborates with the Monitoring Assessment and Evaluation Unit in WIDB to obtain and clarify data, via Division-Wide Indicators. WIDB works directly with countries' FETPs to validate graduate numbers.

Measure ID	Data Source	Data Validation
CHIP 3.3 (CMS)	Statistical Enrollment Data System (SEDS), Line 7 Unduplicated Number of Children Ever Enrolled in the Year, forms CMS 21E, CMS 64.21E, and CMS 64. EC.	The annual enrollment report published on Medicaid public website (https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/index.html) is annotated with descriptions of state data limitations. Enrollment numbers are subject to change as states may update their data in the Statistical Enrollment Data System (SEDS) at any time.
MCR23 (CMS)	The Prescription Drug Event (PDE) data	CMS has a rigorous data quality program for ensuring the accuracy and reliability of the PDE data. The first phase in this process is on-line PDE editing. The purpose of on-line editing is to apply format rules, check for legal values, compare data in individual fields to other known information (such as beneficiary, plan, or drug characteristics) and evaluate logical consistency between multiple fields reported on the same PDE. On-line editing also enforces business order logic which ensures only one

Measure ID	Data Source	Data Validation
Cont. MCR23 (CMS)		PDE is active for each prescription drug event. The second phase of our data quality program occurs after PDE data has passed all initial on-line edits and is saved in our data repository. We conduct a variety of routine and ad hoc data analysis of saved PDEs to ensure data quality and payment accuracy.
MCR36 (CMS)	Medicare Shared Savings Program Financial Reconciliation Reports; Master Data Management (MDM) System; Integrated Data Repository (IDR); TAP files; CCW claims data; CMS Office of the Actuary (OACT) annual Part A and B expenditure data	<p><i>Numerator:</i> Model payment actuals for CMS downside risk APMs based on model specific data, such as the number of aligned beneficiaries and annual per beneficiary spending.</p> <p><i>Denominator:</i> The CMS Office of the Actuary (OACT) actual or estimated annual Part A and B expenditure.</p> <p>CMS staff and contractors provide beneficiary alignment and expenditure data to CMMI. Model teams and contractors use quality assurance measures and data cleaning, including an audit and validation process of the programs that calculate the results to ensure the reliability of the results.</p>
MIP1 (CMS)	The Comprehensive Error Rate Testing (CERT) Program	<p>The CERT program selects a statistically valid stratified random sample of Medicare Fee-for Service (FFS) claims from a population of claims submitted for Medicare FFS payment. CMS performs complex medical review on the sample of Medicare FFS claims to determine if the claims were properly paid under Medicare coverage, coding, and billing rules.</p> <p>CMS monitors the CERT program for compliance through monthly reports from contractors. In addition, the HHS OIG conducts annual reviews of the CERT program and its contractors.</p>
MIP5 (CMS)	The Part C Improper Payment Measurement process measures the extent to which diagnostic data used in payment is substantiated by medical records submitted to CMS by MAOs. The diagnostic data is used to determine risk adjusted payments made to MAOs.	<p>Data used to determine the Part C program improper payment rate is reviewed by several contractors.</p> <p>The Part C Improper Payment Measurement is based on data obtained from a rigorous Part C Improper Payment Measurement</p>

Measure ID	Data Source	Data Validation
Cont. MIP5 (CMS)		process in which medical records are reviewed by independent coding entities in the process of confirming that medical record documentation supports risk adjustment diagnosis data submitted by Medicare Advantage Organizations for payment.
MIP6 (CMS)	The payment error measurement in the Part D program is an estimate based on differences between Prescription Drug Event (PDE) records and a prescription or medication order. A PDE record represents a Part D claim for a prescription filled by a beneficiary.	For the Part D Improper Payment Measurement, the data to validate payments comes from multiple internal and external sources, including CMS' enrollment and payment files. During the PDE Validation process, CMS validates PDEs through contractor review of supporting documentation submitted to CMS by Part D sponsors.
MIP9.1 (CMS)	As part of a national contracting strategy, adjudicated claims data, medical policies, and eligibility policies are gathered from the states for purposes of conducting medical reviews, data processing reviews, and eligibility reviews on a sample of the claims paid in each state.	CMS and our contractors are working with the 17 States each year to ensure that the Medicaid and CHIP universe data and sampled claims are complete and accurate and contain the data needed to conduct the reviews. In addition, the OIG conducts annual reviews of the PERM program and its contractors.
MIP9.2 (CMS)	As part of a national contracting strategy, adjudicated claims data, medical policies, and eligibility policies are gathered from the states for purposes of conducting medical reviews, data processing reviews, and eligibility reviews on a sample of the claims paid in each state.	CMS and our contractors are working with the 17 states each year to ensure that the Medicaid and CHIP universe data and sampled claims are complete and accurate and contain the data needed to conduct the reviews. In addition, the OIG conducts annual reviews of the PERM program and its contractors.

Measure ID	Data Source	Data Validation
223215 (FDA)	Review performance monitoring is being done in terms of cohorts, e.g., the FY 2015 cohort includes applications received from October 1, 2014, through September 30, 2015. FDA uses the CDER Informatics Platform to capture the data used to calculate the performance metric. FDA has a quality control process in place to ensure the reliability of the performance data in the Platform.	The CDER Informatics Platform is CDER’s enterprise-wide system for supporting Abbreviated New Drug Application (ANDA) regulatory activities. The Platform is a multi-component system comprised of Integrity, Panorama, and Mercado. Integrity manages the master date ensuring its quality and accuracy; Panorama handles the workflow assuring timely completion of application review and related work; and Mercado provides the reporting necessary for data-driven decisions. The type of information tracked in the Platform includes status, type of document, review assignments, status for all assigned reviewers, and other pertinent comments. CDER has in place a quality control process for ensuring the reliability of the performance data in the Platform. Document room task leaders conduct one hundred percent daily quality control of all incoming data done by their ANDA technicians. Senior task leaders then conduct a random quality control check of the entered data in the Platform. The task leader then validates that all data entered into the Platform are correct and crosschecks the information with the original document.
291101 (FDA)	The Office of Scientific Program Development (OSPD) produces annual evaluation reports which offer a detailed summary of the outcomes, including the number of applications and selections, demographics, research contributions to FDA product centers, and yearly percentage of FDA hires	Recruitment and graduation records are created, maintained and verified by FDA’s Office of Scientific Program Development (OSPD).
292203 (FDA)	Sentinel uses a distributed data approach in which Data Partners maintain physical and operational control over electronic data in their existing environments. The distributed approach is achieved by using a standardized data structure referred to as the Sentinel Common Data Model . The combined collection of datasets across all Data Partners is known as the Sentinel Distributed Database (SDD).	The Sentinel Data Quality Review and Characterization Programs are used by the Sentinel Operations Center (SOC) for data quality review and characterization of the Sentinel Distributed Database (SDD). To create the SDD, each Data Partner transformed local source data into the Sentinel Common Data Model (SCDM) format. The SOC created a set of data quality review and characterization programs to ensure that the SDD meets reasonable standards for data transformation consistency and

Measure ID	Data Source	Data Validation
Cont. 292203 (FDA)		quality and that the SDD data meets expectations needed for a distributed health data network.

Measure ID	Data Source	Data Validation
1010.01 (HRSA)	Grantee report into HRSA Bureau of Primary Health Care's Uniform Data System	Validated using over 1,000 edit checks, both logical and specific. These include checks for missing data and outliers and checks against history and norm.
1010.07 (HRSA)	Grantee report into HRSA Bureau of Primary Health Care's Uniform Data System	Validated using over 1,000 edit checks, both logical and specific. These include checks for missing data and outliers and checks against history and norm.
1010.08 (HRSA)	Grantee report into HRSA Bureau of Primary Health Care's Uniform Data System	Validated using over 1,000 edit checks, both logical and specific. These include checks for missing data and outliers and checks against history and norm.
1010.09 (HRSA)	Grantee report into HRSA Bureau of Primary Health Care's Uniform Data System	Validated using over 1,000 edit checks, both logical and specific. These include checks for missing data and outliers and checks against history and norm.
1010.10 (HRSA)	Grantee report into HRSA Bureau of Primary Health Care's Uniform Data System	Validated using over 1,000 edit checks, both logical and specific. These include checks for missing data and outliers and checks against history and norm.
1010.11 (HRSA)	HRSA/Bureau of Primary Health Care contractors that perform PCMH surveys	Data validated by Health Center program staff.
2000.03 (HRSA)	Grantee report into HRSA through Bureau of Health Workforce Performance Management Handbook System	Data are entered through a web-based system that incorporates extensive validation checks (first level of review). Once approved by the project officer (second level of review), data are cleaned, validated, and analyzed by scientists within BHW's National Center for Health Workforce Analysis (third level of review).

Measure ID	Data Source	Data Validation
Cont. 2000.03 (HRSA)		Inconsistencies in data reported identified throughout the 2nd level of review are flagged and sent to the project officer for follow-up and correction.
2000.04 (HRSA)	Grantee report into HRSA through Bureau of Health Workforce Performance Management Handbook System	Data are entered through a web-based system that incorporates extensive validation and completion checks (first level of review). Once approved by the project officer (second level of review), data are cleaned, validated, and analyzed by scientists within BHW's National Center for Health Workforce Analysis (third level of review). Inconsistencies in data reported identified throughout the 2nd level of review are flagged and sent to the project officer for follow-up and correction.
3110.08 (HRSA)	Grantee report through annual progress/continuation reports	Data are validated by project officers
3110.09 (HRSA)	Grantee report through annual progress/continuation reports	Data are validated by project officers
4000.03 (HRSA)	The RWHAP Services Report (RSR). The RSR contains client-level data and enables the Program to un-duplicate the estimated number of people who received at least one RWHAP-funded service within the reporting period.	This web-based data collection method communicates errors and warnings in the built-in validation process. To ensure data quality the Program conducts data verification for all RSR submissions. Recipients receive reports detailing items in need of correction and instructions for submitting revised data. The web system has an array of reports available through which the grantees and their funded providers can identify data issues that need to be resolved. In addition, the Program provides technical assistance and training during and after the submission period to address quality issues. A complete list of validations can be found here: https://targethiv.org/library/rsr-data-validation-messages
6010.01 (HRSA)	Grantee report	Data are first reviewed by project officers prior to a discussion between the project officer and grantee where they discuss each measure. Based on the outcome of that discussion, project officer

Measure ID	Data Source	Data Validation
Cont. 6010.01 (HRSA)		either returns the report to the grantee to make the requested changes or accepts the submission.
6070.01 (HRSA)	Grantee submission	The data for this measure are maintained in the Performance Improvement Measurement System (PIMS). Data are first reviewed by project officers upon submission and cross-checked with historical submissions for irregularities. A secondary review of data submissions is also conducted by the program coordinator.
6090.03 (HRSA)	Grantee report	Data are validated by project officers and external evaluation team funded by Federal Office of Rural Health Policy. Based on feedback from both parties, grantee data will be accepted as is or returned to grantee for requested changes.
8000.01 (HRSA)	Grantee report	Software program is used to ensure data is within acceptable ranges and flags data if substantially different than data reported the year before

Measure ID	Data Source	Data Validation
23 (IHS)	Extraction of data from Resource and Patient Management System	Data verification by Public Health Nursing
68 (IHS)	IHS Integrated Data Collection System Data Mart	Monthly review of reports for completeness regarding full participation and monitoring of outliers.
81 (IHS)	IHS Integrated Data Collection System Data Mart	Monthly review of reports for completeness regarding full participation and monitoring of outliers.
EPI-5 (IHS)	Information for this performance measure comes from awardee reports, submitted as part of the cooperative agreement oversight process.	Awardees have internal quality control processes for ensuring their reports to Program are accurate and complete. Program collates the reports across all grantees.

Measure ID	Data Source	Data Validation
CBRR-1.1 (NIH)	Doctorate Records File and the NIH IMPAC II administrative database	Analyses of career outcomes for predoctoral NRSA participants, compared to individuals who did not receive NRSA support, using the Doctorate Records File and the NIH IMPAC II administrative database.
CBRR-25 (NIH)	Administrative records and internal databases	Program staff, the NIGMS budget office, and the NIH Query/View/Report tool provided the number of funded slots/participants funded for NIGMS training programs in FY 2022. The NIGMS Division of Data Integration, Modeling, and Analytics and program staff provided the proportion of trainees/participants in each program estimated to be from diverse backgrounds based on the best available data on current trainees and historical program demographics.
CBRR-26 (NIH)	Administrative records and public documents	Program staff review annual Research Performance Progress Reports (RPPRs) submitted by awardees and assess progress and compliance with terms and conditions of awards. The internal Scientific Information Reporting captures supplemental information to RPPRs and undergoes routine data quality checks.
SRO-5.2 (NIH)	Administrative records and publications	Program staff review annual Research Performance Progress Reports (RPPRs) submitted by grantees and assess progress and compliance with terms and conditions of grants. They also review publications related to the grants.
SRO-5.18 (NIH)	Administrative records and public documents	Program staff review annual Research Performance Progress Reports (RPPRs) submitted by grantees and assess progress and compliance with terms and conditions of grants. They also review publications related to the grants.
SRO-5.19 (NIH)	Administrative records and publications	Program staff review annual Research Performance Progress Reports (RPPRs) submitted by grantees and assess progress and

Measure ID	Data Source	Data Validation
Cont. SRO-5.19 (NIH)		compliance with terms and conditions of grants. They also review publications related to the grants.
SRO-5.20 (NIH)	Administrative records and publications	Program staff review annual Research Performance Progress Reports (RPPRs) submitted by grantees and assess progress and compliance with terms and conditions of grants. They also review publications related to the grants.

Measure ID	Data Source	Data Validation
6.1.8 (OASH)	Count of total officers	Total number of onboard officers from payroll reports.

Measure ID	Data Source	Data Validation
1.1.0 (SAMHSA)	The program has two sources of data. The first are the reports that are entered into Electronic Research Administration (eRA) operated by NIH with a special module for SAMHSA which are entered on a regular schedule. The other source are the progress reports and data that are entered into the SAMHSA's Performance, Accountability and Reporting System (SPARS).	The two systems, eRA and SPARS have internal validation checks and upload function that must be met to accept a file and data upload/entry. The validation of the reports in eRA are accomplished by the Government Project officers (GPOs) responsible for the grant program. They must review and approve the report before they can be accepted. In addition, GPOs have a responsibility to have monthly calls with their grantees where they can discuss in addition to program activities the information that is reported into SPARS
2.3.19L (SAMHSA)	National Survey on Drug Use and Health (NSDUH)	NSDUH uses audio computer-assisted self-interviewing to provide the respondent with a highly private and confidential

Measure ID	Data Source	Data Validation
Cont. 2.3.19L (SAMHSA)		<p>mode for responding to questions in order to increase the level of honest reporting of illicit drug use and other sensitive behaviors.</p> <p>Mental Health Services is defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health.</p>
2.3.19O (SAMHSA)	National Survey on Drug Use and Health (NSDUH)	<p>NSDUH uses audio computer-assisted self-interviewing to provide the respondent with a highly private and confidential mode for responding to questions in order to increase the level of honest reporting of illicit drug use and other sensitive behaviors.</p> <p>Treatment for depression is defined as seeing or talking to a health or alternative service professional or using prescription medication for depression in the past year.</p>
2.4.00 (SAMHSA)	S1. TRAC for both LAUNCH and Indigenous Project LAUNCH	All TRAC data are automatically checked as they are input into the TRAC system. Validation and verification checks are run as they are being entered. The system will not allow any data that are out of range or violate skip patterns to be saved into the TRAC database