Introduction to the Data Accuracy Validation Engine (DAVE) Tool

CRISP

Background

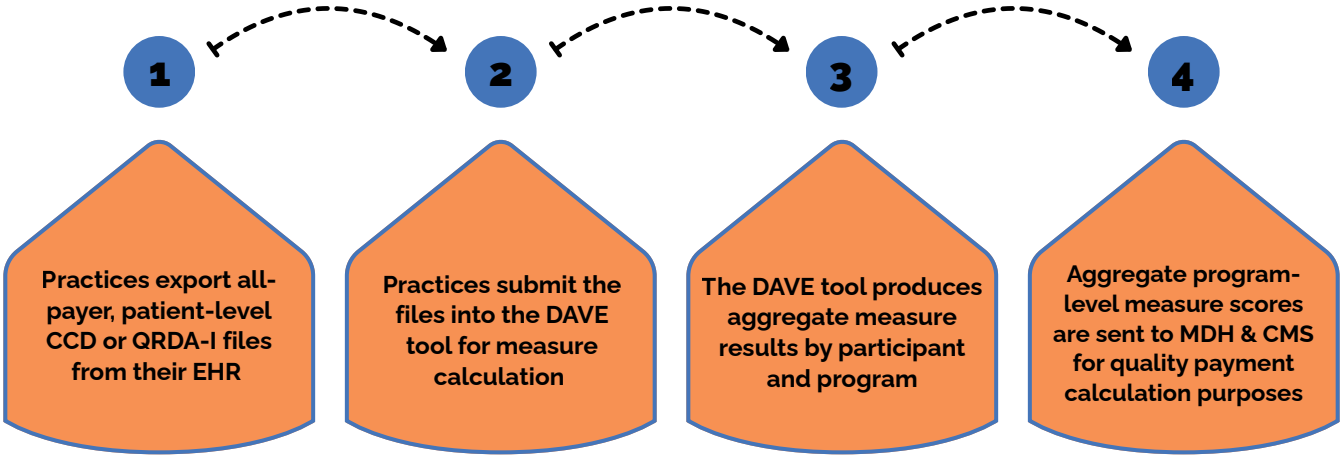
Maryland AHEAD Primary Care Program participants are required to participate in the Medicaid Advanced Primary Care Program and many also participate in either the Maryland Primary Care Program (MDPCP-AHEAD) or Primary Care AHEAD (PC AHEAD). All of these programs require Electronic Clinical Quality Measure (eCQM) reporting, which means many practices will be reporting quality data for multiple programs.

For PY 2026 eCQM reporting, all Maryland AHEAD Primary Care Program participants will use the Data Accuracy Validation Engine (DAVE) tool. For participants that have been in MDPCP-AHEAD, this will be a transition from the previous manual submission tool.

The DAVE tool is a secure, web-based platform in the CRISP Reporting Services Portal (Reports tile). This tool allows practices to provide one submission across all of their program participation, reducing the need for duplicative workflows while also providing a more accurate, complete, and standardized quality measurement.

Submission Information

The DAVE tool opens for submissions in January 2027. Practices will submit patient-level files directly exported from their EHR, either Clinical Care Document (CCD) or Quality Reporting Document Architecture Category I (QRDA-I) files. These files enable the DAVE tool to calculate measure results across primary care program participation, creating a single solution for quality reporting. The files will capture the all-payer population of the practice, fulfilling program measure requirements.



Preparing for the DAVE Tool

The steps below and the suggested timeline on the next page are provided to help your practice prepare to use the DAVE tool for eCQM reporting beginning in January 2027.

1 ASSESS YOUR EHR CAPABILITIES

Contact your EHR vendor to determine whether your system can generate CCD or QRDA-I files for the required measures. Please refer to the AHEAD Primary Care Comparison Tool for a list of measures required for each program. Work with your EHR vendor to learn more about configuration requirements, licensing, modules, or updates needed to generate CCD or QRDA-I files.

2 UNDERSTAND THE FILE EXPORT PROCESS

Questions to consider when working with your EHR vendor:

- Who should you contact for support with generating these files?
- Can your vendor provide you with instructions or training materials for exporting CCD or QRDA-I files?
- Are there any settings that must be enabled to generate these files?
- How long do updates typically take and is there any associated cost?
- How can you test that your files are generating accurate data?
- How can you verify that all required clinical data is included?
- Can your vendor review sample files with you?

3 TEST FILE EXPORT & VALIDATE DATA

Generate sample CCD or QRDA-I files from your EHR and confirm that the export process works successfully. Review sample files to ensure they:

- Include patients across all payers
- Contain complete and accurate clinical information for each patient
- Reflect the data documented in your EHR

4 RESOLVE TECHNICAL OR WORKFLOW ISSUES

Work with your EHR vendor and practice staff to address any issues that could affect data quality, file generation, or successful submission.

5 CONDUCT A FINAL READINESS REVIEW

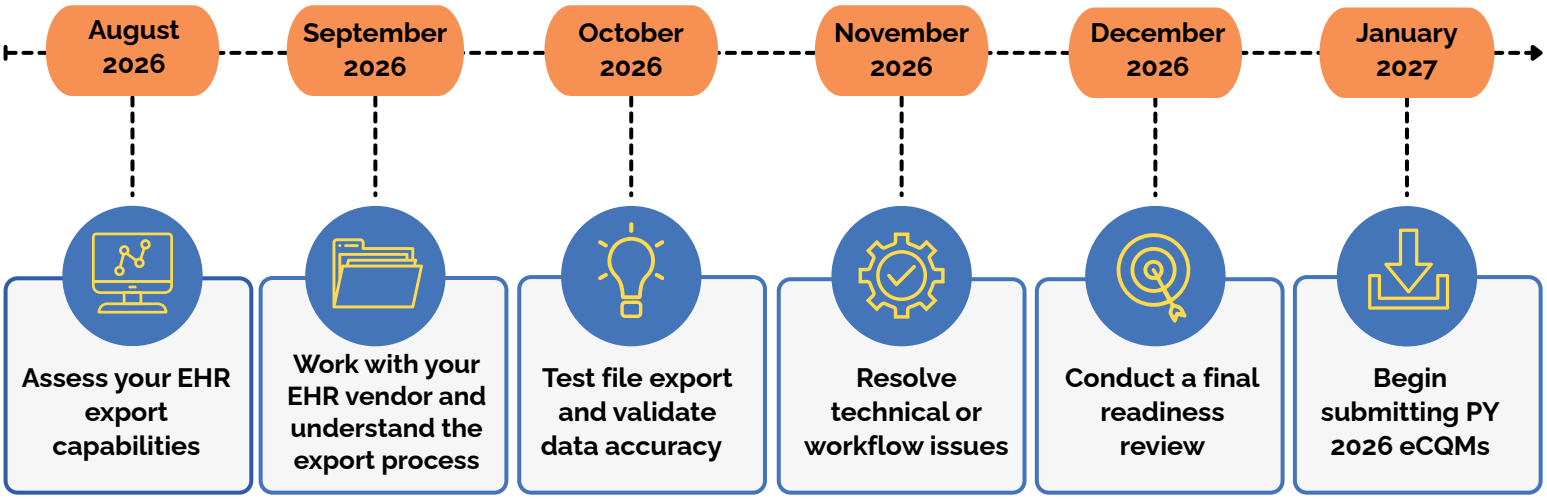
Before January 2027, confirm that:

- File exports can be generated consistently
- Data quality issues have been addressed
- Staff understand the submission process
- The practice is prepared to submit eCQM data through the DAVE tool when the reporting period opens

6 SUBMIT DATA THROUGH DAVE

When the reporting period opens, generate your CCD or QRDA-I file and submit it through the DAVE tool in the CRISP Reporting Services Portal.

Suggested Timeline for Practices to Prepare



PY 2026 Exemption Requests

Exemption applications will be available for practices whose EHRs are unable to produce CCD or QRDA-I files for PY 2026 eCQM reporting. Exemption applications will be reviewed and approved by OAPC on a case-by-case basis. Practices will need to demonstrate due diligence in exploring their EHR CCD and QRDA-I file capabilities and have a documented plan to address those capabilities for the PY 2027 eCQM reporting period, which will take place in the beginning of 2028. Practices with approved exemptions will still be required to submit aggregate eCQM results, including numerator, denominator, exclusions and exemptions, in the DAVE tool to meet the PY 2026 eCQM reporting requirement for Maryland's AHEAD Primary Care Programs.

Data Privacy

Data sharing through DAVE is covered under CRISP's Quality Improvement & Care Coordination use case for eCQM Collection.

Submitted data is used solely for aggregate quality measure calculation and not for any other purpose.

Submitted patient-level data is fully siloed within the DAVE Tool and ***will not*** be accessible to any users, providers, or organizations via CRISP HIE Portal or any other mechanism.

eCQM results are presented only in aggregate form. Patient-level information is not displayed and is not shared with MDH or CMS.

CRISP

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