b.well

dQM Readiness Assessment

This self-assessment checklist helps you pinpoint exactly where your plan stands on digital quality measure (dQM) readiness, spanning everything from FHIR data ingestion to provider data access, so you know what's at stake and where to focus next.

Assess Your Readiness in 3 Steps

STEP 1 Complete the Checklist

STEP 2 Review Your Results

STEP 3 Understand the Gaps and Cost

STEP 1

Complete the Checklist

Check every item your plan can confirm today.

Data Infrastructure

- [ ] We ingest clinical data from provider EHRs via FHIR APIs.
- [ ] We normalize data to FHIR R4 across claims, clinical, lab, and pharmacy sources.
- [ ] We maintain a longitudinal health record for each member beyond claims data alone.
- [ ] We have bulk FHIR connections with our highest-volume provider relationships.

Data Quality

- [ ] We have visibility into the quality of our data through PIQI scoring and a performance scorecard.
- [ ] We capture and maintain provenance metadata for all clinical data sources.
- [ ] We are preparing to meet NCQA's new Primary Source Verification requirements effective 2027.

Measure Execution

- [ ] We run CQL-compliant logic engines that execute measure specifications at scale.
- [ ] Our measure logic updates automatically with annual NCQA and CMS changes.
- [ ] We produce measure results without manual chart review or data abstraction.
- [ ] We can calculate measures at any point in the year, not just at submission time.

Comparative Analysis

- [ ] We have a measure comparative analysis plan and framework in place.
- [ ] We have operationalized data quality refinement to mitigate measure performance concerns.
- [ ] We have validated provenance and primary source verification across data sources.

Reporting & Submission

- [ ] We generate FHIR-formatted MeasureReport outputs.
- [ ] Our submissions are ECDS-compliant and delivery-ready for CMS and NCQA.
- [ ] Our submission infrastructure is certified and audit-ready.
- [ ] We do not manually assemble submissions at the end of each reporting cycle.

Provider Data Access

- [ ] We have active interoperable data-sharing agreements with our provider network.
- [ ] We can query provider systems for clinical data tied to claims in the prior 60 days.
- [ ] We capture specific data elements such as HbA1c values, mammogram completion, blood pressure, BMI, and depression screening results from provider sources.
- [ ] Provider data access gaps are identified and actively being remediated.

STEP 2

Review Your Results

Check every item your plan can confirm today.

22-18

Strong Foundation

Your infrastructure is largely in place. Focus on optimization and future-readiness.

17-11

Meaningful Gaps Exist

Prioritize unchecked items against the 2027 financial inflection point. Gaps in data infrastructure and provider access take the longest to close.

11-0

Significant Risk

A platform decision needs to be on the table this planning cycle. The time required to evaluate, implement, and validate a new solution is longer than most plans anticipate.

STEP 3

Understand the Gaps and Cost

For every box left unchecked, here is what it is likely costing your plan

Can't ingest standardized clinical data from provider EHRs.

Your measure rates are calculated on administrative data alone. Plans relying on claims-only data systematically underperform peers with access to FHIR-enabled clinical data on key HEDIS measures.

On a 50,000-member MA plan, that gap can represent millions in annual Star Rating bonus payments.

Measure execution isn't CQL compliant.

Your quality team is consuming significant capacity on manual abstraction and chart review that automated engines handle automatically.

That is not just an efficiency problem — it is a scalability problem as the digital measure set expands through 2030.

Reporting outputs aren't ECDS-compliant.

Submission errors are unrecoverable mid-year. A failed or incomplete submission does not get a second chance.

Plans that discover formatting or certification gaps at submission time lose points they cannot regain until the following measurement year — a 12-month penalty with no remedy.

No active provider data-sharing agreements.

NCQA identifies this as one of the top three implementation barriers. Plans without clinical data from provider partners systematically miss care gaps that were actually closed — they just were not documented in a format the plan could access.

That is not a care problem. It is a data problem with a care gap price tag.

No real-time performance visibility.

You are managing quality retrospectively. By the time year-end data reveals a gap, the window to intervene has closed. Plans with live measure tracking can redirect outreach, adjust provider engagement, and close gaps while there is still time.

Plans without it find out what went wrong after it is too late to fix.

The gaps add up.

For a mid-size Medicare Advantage plan, each unchecked category represents meaningful financial risk in payment adjustments, Star Rating performance, and value-based contract outcomes.

Your results are a starting point. Read the complete **Payer's Guide to Digital Quality Measure Readiness** for the full regulatory timeline, the real cost of building versus connecting, and what it takes to close every gap above.

Ready to talk through your results?

Connect with our team for a strategic session tailored to your plan's readiness level.

Let's Connect