



The State of Hawai'i Med-QUEST Division (MQD)
2022 MQD Home & Community Based Services (HCBS) Rate Study
HCBS Provider Cost and Wage Survey Tool Instructions

Overview

MQD is conducting an HCBS Provider Cost and Wage Survey (“Survey Tool”) to collect cost and wage data from HCBS providers participating in the Hawai'i Medicaid Quest Integration (QI) program. Results from the Survey Tool will inform the development of benchmark “comparison rates” for select services in MQD’s 2022 HCBS Rate Study. Comparison rates from this rate study will be published for consideration by HCBS providers and QI Medicaid Managed Care Organizations (MCOs) when negotiating contracts (similar to how MQD currently publishes QI rate memos¹) and will be used by MQD to evaluate overall HCBS funding levels. **This Survey Tool gives provider(s) the opportunity to share key data to inform the development of HCBS comparison rates and is a critical component of this Rate Study.**

MQD **strongly** encourages your participation in this survey to help MQD gain a better understanding of Hawai'i HCBS provider resource requirements. Information collected through this survey process includes staffing, wages, and other cost information incurred by HCBS providers. Your response will be held confidential and will not be shared with other providers. MQD plans to share aggregated data from survey responses but will not share provider-specific data.

Submitting Survey Tool responses: Completed Survey Tools should be submitted no later than **October 28, 2022**. After completion, save the file with your provider’s name, e.g., 2022 Provider Survey Tool – [provider name]. Once the Survey Tool is complete, please email it electronically to HI.HCBS.Survey@Milliman.com.

This document provides instructions for completing each tab in the Excel-based Survey Tool. Note that in these instructions the term “provider” refers to an individual or entity engaged in the delivery, ordering, or referring of services. The term “Staff Type” refers to the types of direct care/clinical staff job positions providing the services, which are recognized based on education, professional designations, credentials, or relevant experience requirements, includes both employed and contracted direct care workers. This Survey Tool is intended to collect information on the following providers included in the MQD’s 2022 HCBS Rate Study:

1. Residential care:
 - Community care family foster home (CCFFH)
 - Expanded Adult Residential Care Home (E-ARCH)
2. Home care:
 - Attendant care
 - Homemaker service, chore, and companion
 - Home health aide

¹ See <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

- Nursing care in home by Registered Nurses (RN) and Licensed Practical Nurses (LPN)
- Self-directed personal service

3. Community Care Management Agency (CCMA) specialized case management

Other HCBS providers participating in the QI program (not listed above) will be included in a subsequent HCBS rate study.

Milliman has been engaged by MQD to conduct the HCBS Provider Cost and Wage Survey and to facilitate the Rate Study.

If questions arise that are not addressed in these instructions or separate training materials, please contact Milliman at HI.HCBS.Survey@Milliman.com with a technical assistance request.

Survey Tool Contents

The Survey Tool is in Microsoft Excel format, with separate worksheets (“tabs”) summarized as follows:

- *Read Me (for review only)* – Information on how to operate the Excel-based Survey Tool. This includes key steps such as saving the Survey Tool Excel file to your computer, enabling macros, enabling editing, etc.
- *A. General* – Enter general information about your organization, such as the provider entity’s identification and contact information, and high-level information regarding the nature of the provider entity’s services.
- *B. Wages* – Enter the number of Full Time Equivalents (FTEs), employee salary information, and direct care contracting cost information by Staff Type.
- *C. Admin & Program Supp Costs* – Enter clinical and direct care staff and supervisors wage information, transportation vehicle costs for covered services, administrative and program support costs, room and board costs, bad debt and other Medicaid non-allowable costs, other costs, and health insurance costs as a percent of salaries and wages.
- *D. Residential Care Staffing (for CCFFH and E-ARCH providers only)* – This tab will appear only if “a. Residential Care” is checked in Question #2 “Types of Services” on the *A. General* tab. Enter the number of residential care facilities, facility information, and the Direct Care Work hours information.
- *E. Notes* – Enter additional notes or information that may help MQD better understand the data provided in your response.
- *Limitations (for review only)* – Limitations and caveats for your review and consideration.

Entering responses into the Survey Tool: Enter information for each question in the green highlighted “input cells” throughout the Survey Tool. Generally, the input cells are blank for you to enter in numerical data. In some instances, there are input cells for entering in text, checkboxes, and dropdown boxes (these are described in the following sections of these instructions).

We describe in detail the Survey Tool tabs, including the requested information that should be reported in each of the input cells, as follows. Please provide information for all the requested fields on each applicable worksheet.

General Tab

The A. *General* tab includes questions related to the provider identification and contact information and the nature of the services and populations served by the provider entity.

Section A: Provider and Contact Information

1. Enter provider and contact information

- *Provider Name (Question 1a)*: Enter your provider/organization name associated with delivering, ordering, or referring the services under evaluation.
- *Contact Name (Question 1b)*: Enter the name of the person who should be contacted if there are any questions related to the information reported.
- *Contact Phone Number (Question 1c)*: Enter the phone number of the person listed as the contact.
- *Contact Email Address (Question 1d)*: Enter the email address of the person listed as the contact.
- *Contact Mailing Address (Question 1e)*: Enter the primary mailing address of the reporting organization.

Section B: Provider Type and Services

2. Type of Services Provided

- *Types of Services (Questions 2a-e)*: Select the applicable type of services you provide by clicking on the white checkbox in the green input cell (example below).

<input checked="" type="checkbox"/> Check if Yes

The main service types to check are residential care, personal assistance (PA1 or PA2), private duty nursing, and community case management. If you select one of the listed service types, a related question will appear below. If you provide services other than the listed services, please enter a description in the “Other services not listed” in question 2.e.

- *Residential care facility type (Question 2.1)*: Select the appropriate checkbox to identify whether your residential care services are for E-ARCH – Type 1, E-ARCH – Type 2, or CCFFH.
- *Personal Assistance level (Question 2.2)*: Select the appropriate checkbox to identify whether your personal assistance services are for Personal Assistance – Level 1 (PA1), Personal Assistance – Level 2 (PA2), or Personal Assistance – Level 2 with Delegation (PA2 – Delegation).
- *Private Duty Nursing (Section B, Question 2.3)*: Select the appropriate checkbox for whether your Private Duty Nursing services are for registered nurses and/or licensed practical nurses.
- *Type of personal assistance services provided (Section B, Question 2.4)*: Select the appropriate checkbox for whether your personal assistance services include instrumental activities of daily living (IADLs), homemaker, activities of daily living (ADLs), and/or health maintenance.

3. Number of Individuals Served

- *Number of individuals served (Questions 3.a – 3.d)*: For each applicable service type, enter the number of total unduplicated individuals your provider organization served between July 1, 2021 and June 30, 2022 via Medicaid (in column D) and for all other payors (in column E).

Section C: Employee Staffing

4. Turnover Rate

- *Number of clinical/direct care staff that separated from your organization from January 1, 2021 to December 31, 2021 (Question 4a):* Enter the number of full-time Direct Care Staff employees (excluding any contracted staff) that left your organization during calendar year 2021. Include any employed Direct Care Staff with at least a high school diploma or equivalent and is providing direct care to Medicaid individuals.
- *Number of clinical/direct care staff as of December 31, 2020 (Question 4a):* Enter the number of full-time Direct Care Staff (excluding any contracted staff) employed by your organization as of December 31, 2020.
- *Turnover rate percentage (item 4c):* The Survey Tool will automatically calculate a turnover rate percentage based on the response to question 4a divided by the response to question 4b.

Section D: Provider Billing Identification

5. Provider ID

- *NPI (Question 5a-5p, column C):* Enter each National Provider Identifier (NPI) number in your organization, if available. If your provider has multiple billing NPIs, please report all NPIs, and add each NPI to a separate row. Note that if you provide residential services and do not have an NPI number, you can separately enter your Medicaid ID on the *D. Residential Care Staffing* tab. If your provider organization does not have either an NPI or Medicaid ID, please leave these fields blank and provide additional supporting information in the *E. Notes* tab. If you are not the billing provider for all services provided under your contract, list the billing provider NPI(s) for the providers who also bill for services separately under your contract.
- *Provider/Business License Name (Question 5a-5p, column D):* Enter the provider name or business license name associated with each NPI.
- If you need to report more NPIs or Medicaid IDs than the survey has room for, please email HI.HCBS.Survey@Milliman.com for assistance.

Wages Tab

The *B. Wages* tab includes questions on the number of Full Time Equivalent (FTEs) employees, employee salary information, and direct care contracting cost information by Staff Type.

Section A - Direct Care Staff Wages

In the *A. Direct Care Staff Wages* section, please enter into the table the FTE, salary and wage information by Direct Care Staff type, for both employed and contracted staff. Each Staff Type should be assigned to a single row in this section. If you do not see an applicable Staff Type listed in this section, please enter the Staff Type description in Staff Types column in rows 20 and 21 of the table along with the FTE, wage, and training hours.

Requested items in the section are described as follows.

- **Overall Staffing - Employed (Non-Contracted) and Contracted:** In this section, please enter information related to all direct care staff, including both employed and contracted works.
 - *Number of FTEs Filled as of 8/1/2022 (labeled column A):* Please report the number of FTEs as of 8/1/2022 for each direct care worker type, for both employees and contracted workers. The requested information for FTE are a measure of the number of employees for each staff type/position. Reporting FTEs requires the provider entity to consider part-time and full-time

positions. For example, an employee working full time would be counted as 1.0 FTEs, and an employee working half time would be considered as 0.5 FTEs.

For hourly non-contracted employees, the reporting entity should consider its standard work week for purposes of determining and reporting FTEs. For example, if an entity's standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs. Similarly, if an entity's standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.

For salaried employees, FTEs should be determined based on the entity's expectations regarding the number of hours the salaried employee will work. For example, if a salaried employee is expected to work an average of 50 hours per week, the employee should be considered as 1.0 FTEs even though the entity may have a standard work week of 40 hours for hourly employees.

FTEs for contracted employee positions should be based on the same assumptions applied for determining FTEs for non-contracted employee positions.

- *Estimated Number of FTEs as of 8/1/2022 that are Full-Time (labeled column B):* Enter the estimated FTEs as of 8/1/2022 that are full-time (meeting the standard work week thresholds described previously).
- *Number of FTEs Vacant/Unfilled as of 8/1/2022 (labeled column C):* Enter the number FTEs as of 8/1/2022 that are vacant or unfilled (where the provider is seeking new direct care staff for the position).
- *Number of Filled Positions with Less Than 1 Year of Experience at Agency as of 8/1/2022 (labeled column D):* Enter the estimated FTEs where the direct care staff have been with the agency less than 1 year as of 8/1/2022.
- **Employed (Non-Contracted) Full-Time Equivalent (FTE):** The requested employee information is for persons employed by the provider that receive a salary or wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the provider entity (i.e., how and where the work is done).
 - *Average Hourly Wage as of 8/1/2022 (across all islands) (labeled column E):* Enter the average hourly wage direct care workers employed by the provider (non-contracted), including employees on all islands. The average hourly wage or rate is the total base wages paid for all employees for the direct care staff type divided by the number of hours paid. Note that for purposes of this calculation, wages paid should exclude incremental increases to wages attributable to overtime hours.

The requested salary information should be reported on an hourly wage basis for non-contracted employees. If employees are paid on an hourly basis, please consider their regular wage rate (not including overtime adjusted wages) for purposes of reporting averages. If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts.

For non-contracted employees, please do not include in the reported hourly wage amounts any non-wage based fringe benefits, such as automobile allowances, club memberships, and retirement contributions, even if they are considered as taxable fringe benefits under the IRS Publication 15-B.

- *Number of Filled Positions as of 8/1/2022 (labeled column F)*: Enter the number of positions filled by employed direct care staff as of 8/1/2022.
- *Average Number of Annual Training Hours (labeled column G)*: Enter the estimated average training hours per full-time employed direct care staff.
- **Contracted Full-Time Equivalent (FTE)**: The requested contracted worker information is for contractual direct care and clinical staff who are not W-2 employees of the provider entity, and generally are not eligible for employee benefits. These workers generally provide services that are billed by the employing provider organization under the employing provider entity’s NPI number for billing/encounter submission, and they perform work under the control and direction of the provider organization (i.e., what will be done and how it will be done).

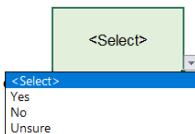
Relationships where the contracted work does not provide services that are billed under the employing provider entity’s NPI number or the provider organization has the right to control and direct only the result of the employee’s work (i.e., not what will be done and how it will be done) would be indicative of a network provider relationship. Network provider information should not be reported on these tabs.
 - *Average Hourly Wage as of 8/1/2022 (across all islands) (labeled column H)*: For contracted employee positions, report the full rate per hour paid to contracted employees, including contracted staff on all islands. Report the full rate even though a portion may be intended to also compensate them for their own taxable fringe benefits, such as insurance and retirement funding.
 - *Number of Filled Positions as of 8/1/2022 (labeled column I)*: Enter the number of positions filled by contracted direct care staff as of 8/1/2022.
- *Average Hourly Overnight or Weekend Wage, if applicable as of 8/1/2022 (labeled column J)*: Enter the average hourly overnight or weekend wage, if applicable, for employed staff as of 8/1/2022.
- *Average On-Call Wage, if applicable as of 8/1/2022 (labeled column K)*: Enter the average hourly on-call wage (not working, but readily available) for employed staff as of 8/1/2022.

Section B - Payment Differentials

Section B, *Payment Differentials* will capture any hourly payment differentials beyond increases in payment for overtime or weekend work and for wage differences across islands. The preparer should explain the staff type for the applicable differential.

1. Hourly payment differentials beyond overtime/weekend work

Please respond to the question if you offer any hourly payment differentials beyond increases in payment for overtime or weekend work by click on the “<Select>” text in the input cell. A dropdown box arrow will appear on the lower right corner of the cell, where you can select from one of the options for your response (see below).



- *If yes, for which direct care staff types(s) (question 1a)*: Describe the direct care worker types(s) receiving hourly payment differentials, using the direct care worker types listed in the Section A.

- *If yes, please describe the differential(s) (question 1b):* Provide a brief description of the wage differentials.

2. Hourly payment differentials beyond overtime/weekend work – by Island

- *If yes, for which direct care worker types(s) (question 2a):* Enter for each staff type the wage increase or decrease amount (over or under the reported statewide average salary wage in Section A), by island.

Administrative and Program Support Costs Tab

The *C. Administrative and Program Support Costs* tab includes questions related to the total costs for administrative and program support costs that aligns with the provider financial statements (if available) and reflects expenditures for all payors. Please enter the reporting fiscal year, including the start date and end date of the year. The reported costs should be based upon your most recent completed cost year, with preference given to fiscal years ending in calendar year 2021.

Costs will be captured by total costs and then by line of business: residential care (E-ARCH or CCFFH), Personal Assistance (PA1 or PA2), Private Duty Nursing, Community Case Management, and Other Lines of Business.

Section A. Clinical / Direct care staff and supervisors – total

In the *A. Clinical / Direct care staff and supervisors – total* section, please report into the table the total costs for clinical and direct care staff and supervisors with all provider agencies combined, the total costs by type of provider agency for clinical and direct care staff and supervisors, and any other lines of business that are applicable to clinical and direct care staff and supervisors.

Requested items in the section are described as follows:

- **Clinical/direct care staff and supervisor salaries & wages:** In this section, please enter information related to all clinical/direct care staff and supervisor salaries and wages.
- **Clinical/direct care staff and supervisor health and dental insurance:** In this section, please enter information related to all clinical/direct care staff and supervisor health and dental insurance.
- **Direct care staff employee related expenses – All other:** In this section, please enter information related to all other expenses for direct care staff employee related expenses.

Section B. Transportation vehicle costs for services

In the *B. Transportation vehicle costs for services under evaluation* section, please report in the table the total costs for transportation vehicle costs for the services under evaluation, these costs will be organized by line of business included in this evaluation and any other lines of business that are provided by an organization. Transportation costs should be limited to provision of direct care services and any administrative transportation costs should be reported under line “v. Other non-personnel costs including administrative staff transportation costs”.

Requested items in the section are described as follows.

- **Costs related to vehicles owned by the provider:** In this section, please enter information related to costs related to vehicles owned by the provider. This section will capture costs related to fuel and maintenance.

- **Mileage costs or other transportation costs paid to clinical/direct care employees:** In this section, please enter information related to mileage costs or other transportation costs paid to clinical/direct care employees.

Section C. Administrative and program support costs – total

In the *C. Administrative and program support costs – total* section, please report in the table the total costs for administrative and program support costs, these costs will be organized by line of business included in this evaluation and any other lines of business that are provided by an organization.

Requested items in the section are described as follows.

- **Salary and wages:** In this section, please enter information related to the salary and wages for the administrative and program support section. Please report the salary and wages for the compliance, management, and support staff. If you are unable to breakout your costs by compliance, management and support, all costs may be reported within line “a. compliance”.
- **Health and Dental insurance:** In this section, please enter information related to the health and dental insurance for the administrative and program support personnel.
- **All other employee related expenses:** In this section, please enter information related to all other employee related expenses for the administrative and program support personnel.
- **Facility costs:** In this section, please enter information related to the facility costs for the administrative and program support section. Please report room and board separately underneath *Section D. Room and board costs*.
- **Other non-personnel costs including administrative staff transportation costs:** In this section, please enter information related to the other non-personnel costs, including administrative staff transportation costs. Additionally, please provide a description of the reported costs.
- **Program support costs:** In this section, please enter information related to the program support costs. Program supports are generally described as supplies, materials and equipment necessary to support service delivery. Additionally, please provide a description of the reported costs.

Section D. Room and board costs

In the *D. Room and board costs* section, please report into the table the total costs for room and board with all provider agencies combined, the total costs by type of provider agency for room and board, and any other lines of business that are applicable for room and board. For the purposes of the Survey Tool, board means three meals a day or any other full nutritional regimen.² Room means hotel or shelter type expenses including all property related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services.³

Section E. Bad debt and other Medicaid non-allowable costs

In the *E. Bad debt and other Medicaid non-allowable costs* section, please report in the table the total costs for bad debt and other Medicaid non-allowable costs (e.g., tobacco, alcohol, penalties/fines, etc.).

Section F. Other Reported Costs

In the *F. Other Reported Costs* section, please report in the table the total other reported not captured in previous lines. Additionally, please provide a description of the reported costs.

² State Medicaid Manual, Chapter 4, 4442.3, B.12. Accessed online (July 25, 2022): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927>

³ *Ibid*

Section G. Total costs

In the *G. Total costs* section, do not report any costs in this line as it will sum all previously reported costs in this section.

Section H. Health insurance costs as a percent of salaries and wages

In the *H. Health insurance costs as a percent of salaries and wages* section, please report the health insurance costs as a percent of salaries and wages information in the table.

Requested items in the section are described as follows:

- **Total clinical/direct care filled positions reported on wages tab (line I):** the total clinical/direct care filled positions reported on the wages tab will automatically be populated from the *B. Wages* tab.
- **Number of clinical/direct care staff eligible for health insurance as of 8/1/2022 (line ii):** In this section, please enter the number of clinical/direct care staff eligible for health insurance as of 8/1/2022.
- **Number of clinical/direct care staff that take up health insurance as of 8/1/2022 (line iii):** In this section, please enter the number of clinical/direct care staff that take up health insurance as of 8/1/2022.
- **Health insurance take up rate as of 8/1/2022 (line iv):** The health insurance take up rate as of 8/1/2022 will be automatically calculated (expressed as line iii / line ii)
- **Average monthly individual premium (employer share) in Calendar Year 2022 to date (line v):** In this section, please enter the average monthly individual premium (employer share) in the Calendar Year 2022 to the present date.
- **Average monthly family of four premium (employer share) in Calendar Year 2022 to date (line vi):** In this section, please enter the average monthly family of four premium (employer share) in Calendar Year 2022 to the present date.

Residential Care Staffing Tab

Note: This tab will only appear if you selected the check box in question 2.a. on the *A. General* tab.

The *D. Residential Care Staffing* tab includes questions related a provider organization's residential care facilities, the types of facilities, specific information about each residential care facility, and the average weekly hours worked (including weekday and weekends) by staff type. You may use data from August 2022 to inform the responses within this worksheet.

Section A: Residential Care Services Staffing

1. **How many Residential Care facilities do you have total? List for each of the following facility types.**
 - *E-ARCH – Type 1 (Question 1a):* Please enter how many E-ARCH – Type 1 facilities you operate in total.
 - *E-ARCH – Type 2 (Question 1b):* Please enter how many E-ARCH – Type 2 facilities you operate in total.
 - *CCFFH (Question 1c):* Please enter how many CCFFH facilities you operate in total.

2. Please list in the table below up to 5 facilities and report information to reflect August 1 to August 26, 2022.

Requested items in the section are described as follows.

- **Facilities:** Please list in the table up to 5 facilities that your provider organization operates and report the information requested in *Columns A through G* to reflect your experience between August 1 and August 26, 2022. If you have more than five locations, please report staffing for the five locations that best represent the range of staffing your organization provides.
 - *Provider/Business License Name (labeled column A):* Please provide the provider/business license name for each facility.
 - *Medicaid ID(s) (labeled column B):* Please provide the Medicaid ID number that aligns with provider/business license name.
 - *Facility Type (labeled column C):* Please identify whether the facility is an E-ARCH – Type 1, E-ARCH – Type 2, or a CCFFH.
 - *Numbered Of Licensed Beds (labeled column D):* Please provide the number of licensed beds in each facility.
 - *Census All Payors (Private Pay + Medicaid) (labeled column E):* Please provide the census for all payors, which includes both private payors and Medicaid, over the reporting period.
 - *Census Medicaid Only (labeled column F):* Please provide the census for Medicaid only for your facilities, over the reporting period.
 - *Staffing Model (labeled column G):* Please provide the staffing model for your facilities.
- **Staff Types:** For each of the facilities listed above, please fill out the average weekly number of hours by employee type (based on experience during the August 1-26, 2022 time period) for weekdays (Monday through Friday) and weekends (Saturday through Sunday) direct care staff. This information will align the facilities reported in question 2.
 - *Residential – Direct Support Certified Nursing Assistants (CNAs)/Nurse Aides (NAs) (labeled row 1):* Please provide the average weekly hours (weekday hours and weekend hours) that residential – direct support certified nursing assistants (CNAs) worked from August 1 through August 26, 2022.
 - *Residential – Direct Support Licensed Practical Nurses (LPNs) (labeled row 2):* Please provide the average weekly hours (weekday hours and weekend hours) that residential – direct support licensed practical nurses (LPNs) worked from August 1 through August 26, 2022.
 - *Residential – Direct Support Registered Nurses (RNs) (labeled row 3):* Please provide the average weekly hours (weekday hours and weekend hours) that residential – direct support registered nurses (RNs) worked from August 1 through August 26, 2022.
 - *Residential – Direct Support Supervisors (labeled row 4):* Please provide the average weekly hours (weekday hours and weekend hours) that residential – direct support supervisors worked from August 1 through August 26, 2022.

Notes Tab

This tab allows the reporting organization to explain certain responses in the Survey Tool, as well as to convey more information that was not necessarily requested in the Survey Tool. If the provider organization wants to provide a comment or additional information related to specific information specified in the Survey Tool that is related to a particular tab, column or row, please identify the worksheet/section and if applicable, provide the line number and/or column reference to help us understand the information provided.

All feedback and suggestions will be reviewed. Providers may be contacted to provide clarification if needed. Please be as detailed in your comments as possible.

Limitations

This survey is intended for the use of the State of Hawai'i Med-QUEST (MQD) in support of its 2022 Home and Community-Based Services (HCBS) rate study, and is not appropriate for other purposes. The terms of Milliman's contract with Med-QUEST signed on July 1, 2020 apply to this survey and its use.

We understand this survey will be shared by MQD with Hawai'i Medicaid HCBS provider stakeholders for the purpose of responding to the survey. This survey should not be shared with other third parties without Milliman's prior consent. In the event such consent is provided, the survey must be provided in its entirety.

In performing this work, we relied on data and information provided by MQD and its vendors. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.