Healthcare Effectiveness Data and Information Set (HEDIS®)

SUPPLEMENTAL DATA EXCHANGE HANDBOOK

MEDICAID AND MEDICARE

AmeriHealth Caritas®

Ohio

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Welcome

Welcome to our Healthcare Effectiveness Data and Information Set (HEDIS) Supplemental Data Exchange Handbook. This handbook will provide an explanation of our data exchange processes and how AmeriHealth Caritas Ohio identifies the necessary clinical data for closing gaps in care for our members. We will also provide background about how we use your data in measure rate calculations and reporting. We are excited to engage in this effort with you, our valued partner, to improve capturing member outcomes and demonstrate quality provision of care.

Data exchange is an essential process to meet performance measures and to help ensure members are receiving the best health care achievable.

Background information

Data exchange has become more common with the arrival of new methods for exchange, widespread adoption of electronic medical records (EMR)/electronic health records (EHR) systems, more prevalent health information exchanges (HIEs), and companies focused on data aggregation.

AmeriHealth Caritas Ohio encourages digital data submission to complement information received on claims. This data exchange method provides data on historic service events, information about services potentially not included or partially included on a claim, or even social history or demographic information never received through claims transactions. It is used in HEDIS and state-required reporting of quality measures and in provider performance reports. It can also be used to identify members who need outreach or health services.

About AmeriHealth Caritas

AmeriHealth Caritas Family of Companies is a national leader in healthcare solutions for those most in need.

With our mission-driven legacy of more than 40 years of experience serving low-income and chronically ill populations, we're more than just another health insurance company. Every day, we put care at the heart of our work for our members, their families, and our providers with:

- Quality, award-winning managed care health plans, including Medicaid, Medicare, Children's Health Insurance Program, Health Insurance Marketplace®, long-term services and supports (LTSS), behavioral health, and pharmacy benefit management services.

- Value-added services, like health outreach and job training, that push the boundaries of what managed care should offer. Innovative, cost-effective solutions that provide top-notch care while improving the efficiency and predictability of spending for our state and federal partners.

- A whole-person care model, in which we treat a person's illnesses and injuries, as well as address their social determinants of health and put healthy outcomes at the center of our services.

The term "caritas" embodies our spirit, our mission, and our belief that individuals deserve to live healthy lives. At its very root is the word "care," which is the heart of what we do.

What is HEDIS supplemental data?

HEDIS is a group of more than 90 data-centric measures for clinical and evidence-based care. These measures determine whether members access preventive or routine care, are managing their illness well, and are taking medication as prescribed. Quality Management programs in our company monitor the progress of HEDIS measures for every health plan. HEDIS scores are reported by the National Committee for Quality Assurance (NCQA). Health plan ratings are publicly released in September of each year.

The calculation of HEDIS measures requires member and provider data, administrative or claims data, and supplemental data. Supplemental data is obtained outside of the claims delivery process and is used to demonstrate the provision of services in the absence of administrative evidence. Supplemental data complements data obtained through claims to support compliancy and may also be used to identify members who should be excluded from a measure.

AmeriHealth Caritas Ohio works with participating practitioners on the submission of standard supplemental data via electronic files detailing services provided. Files received are moved to a centralized data warehouse for inclusion in HEDIS and provider performance reporting, as well as in support of clinical programs available to members. AmeriHealth Caritas Ohio has detailed policies and procedures describing how the data is collected, stored, validated, and used for HEDIS reporting. Supplemental data sources are subject to regular audits.

Supplemental data exchange

What is supplemental data exchange?

Supplemental data exchange is a standardized process that allows our contracted providers to submit information to AmeriHealth Caritas Ohio for HEDIS and other clinical quality measures.

Supplemental data refers to additional clinical information about a member, beyond administrative claims, received by a health plan. Specific data categories and standard codes are used in data exchange with us. This data can be delivered using our standard data file layout(s). (See Appendix A.) File formats can change, so consult with us before submission to help ensure the current version is used.

Why exchange with us?

AmeriHealth Caritas Ohio established a data exchange process allowing providers to securely submit necessary data to close gaps in care. Developing the process to exchange data provides us the ability to:

- Build and report a comprehensive assessment of population health and performance on quality measures.

- Reward our providers who provide comprehensive care.

- Drive appropriate, preventive, and routine patient care.

- Identify population-level opportunities for quality improvement to report data to the NCQA, Centers for Medicare & Medicaid Services (CMS), and other accrediting agencies.

The exchange of standard supplemental data gives AmeriHealth Caritas Ohio the ability to identify gaps in care and develop programs and interventions to help increase HEDIS compliance and improve health outcomes, as well as allow providers to demonstrate their commitment to delivering quality care.

Onboarding process

1 Establish SFG Connection → **2** Test File Creation → **3** Test File Processing → **4** Validation → **5** Production/ Primary Source Verification

Data exchange overview

AmeriHealth Caritas Ohio accepts standard supplemental data, formatted in the correct file layout(s), from participating providers through a secure server called Sterling File Gateway (SFG). SFG is an application for movement of large files between partners. In addition, AmeriHealth Caritas Ohio only accepts incremental data files or new data not previously sent in past files.

Providers have the option to send supplemental data by using one, multiple, or all of the electronic data file layouts in Appendix A.

Data suppliers, or provider groups and health systems, should engage their Information Solutions (IS) team to review supplemental data exchange file layouts. Our technical staff and provider network representatives will work with data suppliers from initiation throughout transmission of the data.

After reviewing the templates and determining which are most appropriate to exchange, our dedicated Quality Data Exchange and Acquisition staff will schedule a call to discuss the process in its entirety and discuss next steps. This will include activities such as SFG setup, providing a test file, and discussing the frequency of exchange expectations. There will also be an opportunity to discuss exactly how data will be used and how that data is expected to impact your quality metrics.

Supplemental data is subject to audit back to the source medical record, so there will also be discussions around this critical process and timing.

We look forward to collaborating with you to help ensure all data is accurate and valid.

SFG connectivity

The file exchange process occurs using a secured file transfer tool called SFG. SFG allows providers to submit the standard file layouts electronically using multiple secure managed file transfer protocols. Once AmeriHealth Caritas Ohio has been granted authority to onboard, we will request the contact information from the data source users who require access.

After AmeriHealth Caritas Ohio receives data source contact information, a request is submitted to our Managed File Transfer (MFT) team to begin SFG setup. Authorized provider contacts will be notified by our MFT team via email, confirming the information provided and that they have been identified as the technical users assigned to work with AmeriHealth Caritas Ohio to onboard the provider facility or group.

When accessing the SFG homepage, please refer to the **Upload Files** tab and mailbox path as root folder "**/**" to upload the files and use the **Download Files** tab to download the files from **/Inbox**

Examples of layout naming conventions for all files submitted:

EMR_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt
EHR_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt
IMM_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt
MED_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt
DLR_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt
OBS_PracticeName_Line of Business (# 4 characters ex: 0100)_mmddyyyy_timestamp.txt

The MFT team will provide you with an assigned direct contact to assist you with SFG connectivity and instructions on how to use the SFG folders.

Creating test files

Test files that include dummy data (data with no PHI) are submitted via the provided test SFG site. The test file should include all required data elements identified in the standard file layouts. These files are used to ensure ingestion to the AmeriHealth Caritas Ohio data repository will be successful.

Data format

- Data files are pipe (|) delimited. Fields between the pipes will vary in length.
- Do not fill the data value with extra spaces and zeroes to fit the maximum length.

Header record layout

- Filename: DLR_<Vendor/Hospital Name>_<LOB>_<mmddyyyy>_<timestamp>.txt.
- DLR would be replaced with EMR, EHR, MED, or IMMS, depending on which layout you are using.
- Creation date: date file was uploaded.
- Mmddyyyy – Included in the file name.

Trailer record layout

- Count of detail records, excluding header and trailer rows. For example, in a file of 1,002 rows that include a header, a trailer, and 1,000 rows of member data, the count would be 1,000.

Contact information

- Please send emails to the AmeriHealth Caritas data intake email address at DL-DI-Production-Support-Team@ amerihealthcaritas.com to communicate submission of test files and implementation questions.

Exception: Observation Layout does not require header or trailer information.

If you have questions about the standard data layouts or the information in them, please contact us.

Test file process

Once you have successfully submitted a test file, we will be ready to receive production data. Please note that it may take some time to pass the IS testing process in its entirety because the data undergoes validation and quality assurance testing.

There are two phases of the IS testing process:

File-level validation

- We ensure the file is accurate by checking that all data elements are in their proper column and format, additional columns have not been added, and the file was saved properly for loading.

Record-level validation

- Files must have an error rate of less than 10% before the file can pass IS testing. Of all records received, fewer than 10% are allowed errors in member data, missing service data, or incorrect codes.

- Formatting errors will result in immediate return of the file for correction.

- Files missing data in required fields will be returned.

If we encounter errors during testing, we will notify you via email, informing you where testing occurred and what correction is required to pass. The following are examples of common testing errors:

- Incorrect file naming convention (file-level validation error).

- Incorrect header rows (file-level validation error).

- Incorrect date formatting.

- Text in numeric fields.

For seamless uploading, please ensure the file is formatted properly and correct data and values are recorded on the file.

File passed testing

Upon notification that the file has passed testing, production data can be submitted. Your first file will usually contain historic data for our members – your patients. Subsequent files should contain incremental updates or new data not previously sent to AmeriHealth Caritas Ohio.

The first production file will be used for an internal Primary Source Verification (PSV). PSV is a process in which a subset of records is selected and source medical records are requested to validate that the data in the file meets measure specifications. HEDIS requirements include PSV of supplemental data. AmeriHealth Caritas Ohio completes an internal version of this process before supplemental data is ingested for the first time.

Once a source passes this PSV process, data will be loaded into our production environment and available for reporting. Together we will agree on a schedule for when you send subsequent files.

Data may be supplied at a provider-determined interval (e.g., weekly, monthly, quarterly, annually), though we prefer monthly. If monthly/quarterly/annually, we request the file be submitted by 6 a.m. ET on the fifth day of the submission month. If data volume suggests a cadence more frequent than monthly, it will be discussed and established during testing.

Please adhere to the following:

- Do not send live data (data with PHI) until notified that the test file has been successfully tested.

- You may begin sending initial data files once notified that the testing phase has been completed. This can include historical data.

- Please *do not* send any subsequent files until after the initial file has completed the entire testing process, including PSV.

- Once the first production data test file has passed, subsequent files *received by the fifth of the month* can be submitted for load. If the file was received after the fifth of the month, the file's data may not apply to the next month's rates.

- We encourage you to submit supplemental data files each month in order to improve the accuracy of the monthly gaps in care reports.

Please note: All files after the initial data load should be incremental submissions. Resubmitting data may generate duplicative information in our data systems. Also, remember naming requirements for all production files.

AmeriHealth Caritas Ohio performs periodic PSV on all supplemental data to evaluate data accuracy, integrity, and our ability to accept standard supplemental data for HEDIS reporting and incentive programs.

We may also be required to complete PSV of a supplemental data source through the annual HEDIS audit. Like our internal process, PSV ensures our data meets NCQA, and a subset of records will be requested by AmeriHealth Caritas Ohio for submission to the HEDIS auditor. Data sources that do not pass this critical audit must be removed from HEDIS reporting with subsequent loss of member compliance, HEDIS rates, and provider performance.

Frequently asked questions

1. **Q: Is there a size limit to the upload file?**

   A: No. There is no file size limit for uploading.

2. **Q: Does the user receive a notification when the test file or production file has failed?**

   A: Yes. Our data team will notify the provider through email describing errors to be corrected.

3. **Q: Is there a time stamp to inform the provider when the opportunity has been closed?**

   A: There is no time stamp in the provider-facing report at this time. Any members who reach compliancy through the submission of supplemental data will drop off the provider performance report.

4. **Q: What measures are available for gap closures?**

   A: See **HEDIS measures eligible for supplemental data submission** in Appendix B.

5. **Q: How long does it take to close a gap and be able to see it reflected on reports?**

   A: Approximately one month, depending on the timing of the data submission.

6. **Q: How are providers notified of audits, and how is documentation provided?**

   A: A contact from AmeriHealth Caritas Ohio will reach out to your organization lead to request information.

7. **Q: If we are audited and there are errors, do we have the opportunity to correct data and resubmit data that did not pass?**

   A: You will have the opportunity to resubmit files if issues are found through the internal PSV process. In the formal HEDIS audit process, there is no opportunity for correction – ALL data from a failed source must be removed and cannot be used in reporting.

8. **Q: Who from our practice should be included in the data exchange opportunity?**

   A: To ensure seamless onboarding, we ask that you include your clinical quality management, informatics/IS, and contracting staff.

9. **Q: When creating test files, do we only send a sample of data or can we submit historic data as the test file?**

   A: We prefer to start with dummy data (data with no PHI) for the initial testing of process of formats. We will then ask for production data, which may include historic data, to complete PSV. Once the first production file has passed PSV, the data will be loaded and we will request incremental files thereafter.

10. **Q: If we submit historic data as our test file, can we resubmit that data as our first production file?**

    A: If we do receive historic data during testing and the file has passed our testing phase, all files submitted thereafter would be incremental.

11. **Q: What is the deadline for file submission?**

    A: We request files be submitted by 6 a.m. ET on the fifth day of every month. Files received after the fifth day may not be processed in time to appear in that current month's report, but it will appear in next month's reporting.

12. **Q: Can we submit supplemental data using all templates, or do we just use one?**

    A: You can submit data using any, multiple, or all templates if you choose.

13. **Q: How long does it take to complete test file validation?**

    A: Timing depends primarily on resource availability on the source side, file errors, and the timing for the data source submission of medical records to support PSV. Most often, we see the process completed in 8 to 12 weeks.

Appendix A – File layouts

File template	Elements of file layouts
Electronic health record (EHR)	This file captures clinical observations such as body mass index (BMI) value, height, weight, and blood pressure.
Electronic medical record (EMR)	This file captures CPT, HCPCS, CPT II, and ICD-10 codes that measure compliance.
Immunization (IMM)	This file captures all vaccine data, such as the vaccine name, CVX code, date of service, and other data elements.
Lab (LAB/DLR)	This file collects lab results and codes, such as LOINC or CPT codes.
Medication (MED)	This file collects National Drug Code and other medications data.
Observation File Layout (OBS)	This file collects all above clinical observation with the exception of medication. It captures all codes, including SNOMED.

Appendix B – Measures

HEDIS measures eligible for supplemental data submission	Suggested layout(s) template	Code system
Appropriate Testing for Pharyngitis (CWP)	EMR*, LAB**, or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Breast Cancer Screening (BCS-E)	EMR*, LAB**, or OBS***	CPT/CPT II, LOINC**, ICD-10, Procedure
Care for Older Adults (COA)	EMR* or OBS***	CPT/CPT II, HCPCS***, Procedure, SNOMED***
Cervical Cancer Screening (CCS-E)	EMR*, LAB**, or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Glycemic Status Assessment for Patients With Diabetes (GSD)	LAB** or OBS***	CPT/CPT II, LOINC**, ICD-10, Procedure
Colorectal Cancer Screening (COL-E)	EMR*, LAB**, or OBS***	CPT/CPT II, LOINC**, ICD-10, Procedure
Childhood Immunization Status (CIS-E)	IMM or OBS***	CPT/CPT II, CVX, HCPCS***, ICD-10, SNOMED***
Chlamydia Screening (CHL)	LAB** or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Follow-Up After Emergency Department Visit for Substance Use (FUA)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Follow-Up After Hospitalization for Mental Illness (FUH)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	EMR* or OBS***	CPT/CPT II, ICD-10, Procedure
Immunizations for Adolescents (IMA-E)	IMM or OBS***	CPT/CPT II, CVX, HCPCS, SNOMED***
Lead Screening in Children (LSC)	LAB** or OBS***	CPT/CPT II, HCPCS***, Procedure, SNOMED***

HEDIS measures eligible for supplemental data submission	Suggested layout(s) template	Code system
Osteoporosis Management in Women Who Had a Fracture (OMW)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Prenatal and Postpartum Care (PPC)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Transition of Care (TRC)	EMR* or OBS***	CPT/CPT II, HCPCS, Procedure, SNOMED***
Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents (WCC)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Adults' Access to Preventive/Ambulatory Health Services (AAP)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Advance Care Planning (ACP)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Blood Pressure Control for Patients With Diabetes (BPD)	EMR*, LAB**, or OBS***	CPT/CPT II, HCPCS***, ICD-10, LOINC**, Procedure, SNOMED***
Controlling High Blood Pressure (CBP)	EMR*, LAB**, or OBS***	CPT/CPT II, HCPCS***, ICD-10, LOINC**, Procedure, SNOMED***
Cardiac Rehabilitation (CRE)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Diagnosed Mental Health Disorders (DMH)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Diagnosed Substance Use Disorders (DSU)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Eye Exam for Patients With Diabetes (EED)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Initiation and Engagement of Substance Use Disorder Treatment (IET)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Kidney Health Evaluation for Patients With Diabetes (KED)	LAB** or OBS***	CPT/CPT II, HCPCS***, ICD-10, LOINC**, Procedure, SNOMED***

HEDIS measures eligible for supplemental data submission	Suggested layout(s) template	Code system
Use of Imaging Studies for Low Back Pain (LBP)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, Procedure, SNOMED***
Oral Evaluation, Dental Services (OED)	EMR* or OBS***	CPT/CPT II, HCPCS***, SNOMED***
Pharmacotherapy for Opioid Use Disorder (POD)	EMR* or OBS***	CPT/CPT II, HCPCS***, SNOMED***
Non-Recommended PSA-Based Screening in Older Men (PSA)	LAB** or OBS***	CPT/CPT II, HCPCS***, ICD-10, LOINC**, Procedure, SNOMED***
Topical Fluoride for Children (TFC)	EMR* or OBS***	CPT/CPT II, HCPCS***, SNOMED***
Well-Child Visits in the First 30 Months of Life (W30)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, SNOMED***
Child and Adolescent Well-Care Visits (WCV)	EMR* or OBS***	CPT/CPT II, HCPCS***, ICD-10, SNOMED***

EMR* – Appropriate code system to use is CPT/CPT II, ICD-10, and Procedure Codes

LAB** – Appropriate code system to use is CPT/CPT II, LOINC**, ICD-10, and Procedure Codes

IMM – Appropriate code system to use is CPT/CPT II, CVX (Vaccine Code), HCPCS

OBS*** – Appropriate code system to use is CPT/CPT II, ICD-10, SNOMED, CVX (Vaccine Code), HCPCS, and Procedure Codes