HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS®)

SUPPLEMENTAL DATA EXCHANGE HANDBOOK

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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 New Hampshire identifies the necessary clinical data for closing gaps in care for our members. We will also provide background on HEDIS and how we use your data in HEDIS measure rate calculations and reporting. As our valued partner, we are excited to engage in this effort with you to improve capturing member outcomes and demonstrate quality provision of care.

Data exchange is an essential process to help ensure that our members — your patients — are receiving the best health care achievable and meeting performance measures.

Background Information

Data exchange is becoming more and 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 New Hampshire encourages digital data submission to complement information received on claims. This data exchange method provides historic service events, services potentially not included or partially included on a claim, or even social history or demographic information never received through claims transactions.

AmeriHealth Caritas New Hampshire currently receives data feeds from more than 500 electronic sources, including direct data feeds from provider EMR systems, EMR vendors, data aggregation companies, HIEs, laboratories, state health department registries, and other sources. This data is leveraged in HEDIS reporting, including provider performance reports, and in how we identify members needing outreach or health services. This data may also be used to support the collection of social determinants of health used throughout our organization.

About AmeriHealth Caritas

AmeriHealth Caritas is a national leader in providing managed care solutions and comprises one of the largest family of Medicaid companies in the United States. With our mission-driven legacy of more than 35 years, 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, long-term services and supports (LTSS), behavioral health, and pharmacy benefits management services.

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

- A Next Generation Model of Care that treats the whole person and puts 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.

Our mission:
To help people get care, stay well, and build healthy communities.

Our vision:
To be the national leader in empowering those in need, especially the underserved and the disabled, across their full life journey, from wellness to resilience, in order to reach their American Dream.

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 are accessing preventive or routine care, are managing their illness well, or 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 to 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 New Hampshire works with participating practitioners on the submission of standard supplemental data via electronic files detailing services provided to our members. Files received are moved to a centralized data warehouse for inclusion in HEDIS, provider performance reporting, as well as in support of clinical programs available to members. We have detailed policies and procedures describing how the data is ingested, stored, validated, and used for HEDIS reporting.

AmeriHealth Caritas New Hampshire is responsible for ensuring that all supplemental data submitted and received is accurate because the data sources are subject to regular audits.

To become familiar with supplemental data definitions and audit requirements, please visit the NCQA website at www.ncqa.org for the most current requirements.

Supplemental Data Exchange

What is supplemental data exchange?

Supplemental data exchange is a standardized process that allows our contracted providers the ability to submit information to AmeriHealth Caritas New Hampshire 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 AmeriHealth Caritas New Hampshire. This data can be delivered using our standard data file layout (see Appendix A).

Why exchange with AmeriHealth Caritas New Hampshire?

We have established a data exchange process as a means to allow 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 HEDIS measures.
- To reward our providers who provide comprehensive care.
- To drive appropriate, preventive, and routine patient care.
- To 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 allows AmeriHealth Caritas New Hampshire the ability to identify gaps and develop programs and interventions to help increase HEDIS compliance and improve health outcomes as well as allowing providers to demonstrate their commitment to delivering quality care.

Onboarding Process

Data exchange overview

AmeriHealth Caritas New Hampshire accepts standard supplemental data, formatted in our file layout, 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, we only accept 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 following electronic data file layouts:

1. Electronic health record (EHR).
2. Electronic medical record (EMR).
3. Immunization (IMM).
4. Lab (DLR).
5. Medication file layout (MED).
6. Observation file layout (OBS).
7. AmeriHealth Caritas' standard data file layout (see Appendix A).

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

After reviewing the AmeriHealth Caritas New Hampshire 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 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.

As our partners in health care, 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 New Hampshire has been granted authority to onboard, we will request the contact information from the users who require access.

After AmeriHealth Caritas New Hampshire receives your 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 New Hampshire 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 a direct contact to assist you.

Creating test files

After you have been given access to the SFG site, you can create a test file. If IS resources are already in place, it can take between two and four weeks to generate the first test file. The test file should include all required data elements identified in the standard file layouts. The file layout header contains the following elements:

Data format:

- The data is required to be sent as single line record with data delimited by pipe (|). Fields between the pipes will vary in length.
- Do not space- or zero-fill the data value to fit the "Max Length."

Header record layout:

- Filename:
  - DLR_‹Vendor/Hospital Name›_‹LOB›_‹mmddyyyy›_‹timestamp›.txt|mmddyyyy.
  - DLR would be replaced with EMR, EHR, MED, OBS, or IMM, depending on which layout you are using.
- Creation date: date file was uploaded.
  - Mmddyyyy — concatenated to filename.

Trailer record layout:

- Count of detail records, excluding header and trailer.
  - Example: 9999.

Contact information:

- Please send emails to the AmeriHealth Caritas New Hampshire 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. Below 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

You've passed testing! Now what?

You will be notified that the file has passed testing and data is now ready. The data will be loaded into our production environment and be available for reporting. Together we will agree on a schedule for sending your first production file and subsequent files. Your first file will contain historic data for our members — your patients. Subsequent files should be incremental updates or new data not previously sent to AmeriHealth Caritas New Hampshire.

Data may be supplied at any of the intervals listed below, though we prefer monthly. If monthly, the file must be submitted by the fifth day of every month by 6 a.m. ET.

Please adhere to the following:

- You may begin sending initial supplemental data files once the testing phase has been completed.

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

- Once the supplemental data test file has passed, subsequent files *received by the fifth of the month* will be loaded and effective for that month. If the file was received after the fifth, the file's data would 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, be mindful of naming requirements for all production files.

AmeriHealth Caritas New Hampshire performs audits on all supplemental data to evaluate data accuracy, integrity, and our ability to accept standard supplemental data for HEDIS reporting and incentive programs.

All electronic data must be reasonably supported by documentation in your patient medical records. You may receive notification requesting medical records for data validation. The typical request will be for a sample of patients for whom you provided data. Medical records may be provided in PDF format and submitted to AmeriHealth Caritas New Hampshire by fax or email.

AmeriHealth Caritas New Hampshire is required to complete a thorough audit of all supplemental data sources annually. To ensure our data meets NCQA and audit standards, we sample a subset of records received from every provider at the start of a data exchange.

What to expect

After successful submission of the first production file, we will select a subset of 10 to 20 members and measures where data was supplied. We will ask for the medical record demonstrating that the service was performed. A medical record can be a screenshot showing where in the electronic data entry screen of the EMR the data element was entered, or it can be a printout of the visit where the data was captured. We will review the medical records and provide feedback if any records do not pass review.

If all records pass the initial review of medical records, we may still periodically audit your electronic data.

If any records fail, we may need to exclude parts or all of your data until we can ensure the services identified in the electronic file match the medical record evidence you provide.

Example

Provider X submitted 154 electronic records for colorectal cancer screening or endoscopy as indicated by CPT code 45380. Eight of these were selected for audit. Provider X pulled the medical records for those eight patients showing the date of service for the colorectal cancer screening, the provider who performed the service, and the members' names and dates of birth. All eight patients passed the audit.

We look forward to working together and will provide the support you need. Please contact your Quality Data Strategy & Acquisition Representative if you have any questions related to the exchange of supplemental data. Any questions related to your provider contract and care gap reports should be directed to the plan's Account Executive Representative.

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: No. 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 will we be notified of audits and how we would provide documentation?**

   A: A contact from AmeriHealth Caritas New Hampshire 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: Yes. You will have the opportunity to resubmit files.

8. **Q: Who should we identify from our practice to 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: Yes. You have the option to send historic data as your test file. Once the test file has passed our testing process, the data will be loaded in the production environment.

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

    A: No. If we load 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: Files are due by 6 a.m. ET on the fifth day of every month. For any files received after the fifth day, the data will not 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 seven templates? Or do we just use one?**

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

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

A: It can take up to eight weeks to complete the test file process. In some cases, depending on the data and errors, the time may be reduced.

Appendix A

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 vaccines data, such as the vaccine name, CVX code, date of service, and other data elements.
Lab (DLR)	This files 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.

Appendix B

HEDIS measures eligible for supplemental data submission
Antidepressant Medication Management (AMM)
Appropriate Testing for Children with Pharyngitis (CWP)
Blood Pressure Control (CBP)
Breast Cancer Screening (BCS)
Care for Older Adults (COA)
Cervical Cancer Screening (CCS)
Comprehensive Diabetes Care (CDC)
Colorectal Cancer Screening (COL)
Childhood Immunization Status (CIS)

HEDIS measures eligible for supplemental data submission

Chlamydia Screening in Women (CHL)

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Flu Vaccinations for Adults Ages 18 – 64 (FVA)

Flu Vaccinations for Adults Ages 65 and Older (FVO)

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Follow-Up After Hospitalization for Mental Illness (FUH)

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD)

Immunizations for Adolescents (IMA)

Lead Screening in Children (LSC)

Medication Management for People with Asthma (MMA)

Medication Reconciliation Post-Discharge (MRP)

Osteoporosis Management in Women Who Had a Fracture (OMW)

Prenatal and Postpartum Care (PPC)

Transitions of Care (TRC)

Weight Assessment and Counseling for Children/Adolescents (WCC)