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SUPPLEMENTAL DATA SYSTEM (SUDS) SUBMISSION PROCESS

IMPLEMENTATION GUIDE
VERSION 1.0

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IMPLEMENTATION GUIDE – SUPPLEMENTAL DATA SYSTEM

Scope

This Implementation Guide is intended to facilitate the automated submission of Supplemental Data, between Ambetter of North Carolina Inc. and its clients. Ambetter will accept inbound submissions that are formatted according to the Supplemental Data System Specifications.

This guide is to be used for new submitters, If an organization or provider group is already submitting data they should maintain the current way they are submitting and reach out to the resource at the health plan to discuss any changes.

In cases where the file specifications provided in this guide cannot be met, submissions will require additional review to determine usability of the data. This may result in delays in the setup process.

NCQA updates HEDIS® measure technical specifications annually. We recommend reviewing these changes and updating the programming logic to match the new technical specifications for each measure impacted. Modification of your data format must be coordinated for testing prior to submission.

Purpose

This document will act as a guide for Ambetter clients who plan to set up an automated Supplemental Data System submission. It explains the process for initiating a transmission request and provides the requirements necessary for creating the Supplemental Data File.

Types of information that will be clarified within this implementation guide are:

- ✓ Obtaining a password to FTP server
- ✓ Accessing the FTP server
- ✓ Initiating a file transfer
- ✓ Transmitting a file
- ✓ Testing a file transmission
- ✓ Supplemental Data File Specifications

INTRODUCTION

Disclaimer: By submitting data to Ambetter, you attest to the accuracy of the data. All data received is subject to a Primary Source Verification audit. If you do not agree to a PSV audit, then please refrain from sending data.

What is Primary Source Validation?

We will randomly select a small number of records from the data feed, request the charts that correspond to the selected records. Once the charts are received, they are validated against the data submitted. As part of the audit the provider or group is required to: Explain the program and process for data collection at the point of service (e.g., provider enters data into a portal, doctor renders service in a home). Describe the training provided by the original source or the organization as part of the data collection process. Identify the proof-of-service documentation for this data source (e.g., EHR, medical record)?

Once files are successful in passing the IT format testing, they will need to pass a clinical audit called Primary Source Validation (PSV).

- ✓ This includes two members for each measures/numerators being submitted on the file that are randomly selected.
- ✓ Medical records will be requested for the randomly selected members. This is to validate that services included on the file are documented in the member's chart.
- ✓ Files will need to pass the PSV by 12/31 of the measurement year to be included for that HEDIS® season.

What is SuDS Supplemental Data?

SuDS Supplemental Data (SuDS) is Supplemental Data processed through the Supplemental Data System, a proprietary application focused on end-to-end SuDS process management. SuDS is optimized to receive electronically generated files. These files come from a variety of sources, including providers who rendered the service, data aggregators, state registries and case management systems.

Note: SuDS Supplemental Data does not process data from PDF medical records directly. Talk with your health plan contact for other options for submitting medical records.

Supplemental Data is any data used in HEDIS® rate calculation that is not submitted through claims processing or HEDIS® Hybrid manual medical record review. It captures discrete events and procedures that occur during patient encounters.

What is the Purpose of Supplemental Data?

Supplemental Data is captured for Healthcare Effectiveness Data & Information Set (HEDIS®) care gap closure. Specifically, supplemental data closes HEDIS® care gaps that would not close through claims submission alone.

Supplemental data complements data obtained through claims to support compliancy and may also be used to identify members who should be excluded from a HEDIS® measure.

Benefits include:

- ✓ Closing care gaps that would not close through claims submission alone.
- ✓ Ongoing visibility into HEDIS® quality performance.
- ✓ Potential provider incentive programs.
- ✓ Improvements in efficiency, including less medical record retrieval burden.
- ✓ Coordinated or enhanced care for members through Clinical Decision Support Applications (Centene Clinical Action, Impact Pro, Risk Adjustment).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

What is HEDIS® and How is HEDIS® Data Collected?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of the most widely used sets of **healthcare performance measures** in the United States.

Organizations can gather information from administrative data, medical records and other data sources to get a complete view of the services provided to patients.

Disclaimer: By submitting data through Centene's Supplemental Data System (SuDs), you attest to the accuracy of the data. All data received is subject to an internal Supplemental Data Clinical Audit (SDCA) as requested, as well as the National Committee for Quality Assurance (NCQA) Primary Source Verification (PSV) audit as applicable. The internal audit occurs annually prior to the NCQA PSV, which occurs in March of every year.

SUPPLEMENTAL DATA CLINICAL AUDIT

The purpose of the internal SDCA is to mitigate any audit risks for PSV for the applicable measurement year (MY). This is done by ensuring the data submitted on the supplemental files is accurate and validates the documented services included in the member's medical record. Data submitted on the files should be specific and outlined to ensure proper use of the best quality assurance practices.

The process of the audit includes randomly selected members representing HEDIS® code(s)/measure(s) submitted on the file, with a maximum of 50 members per file. Centene will request medical records for the randomly selected members to validate the services included on the file are documented in the member's medical record. The source/provider is expected to submit the medical record for the specific date of service (DOS) rendered, in PDF format, within 10 days of request date to Centene. If the medical record(s) provided to Centene does not support what was submitted on the file for all members, the file becomes at risk and corrective action required.

As part of the audit the source/provider or group may be required to:

- ✓ Explain the program and process for data submission. (e.g. describe intent of the file, submitting codes that are current for the measurement year, date logic for performed services, etc.).
- ✓ Provide the proof-of-service documentation for this data source (e.g., Electronic Health Record or EHR) for randomly selected members from measures/numerators being submitted on the file.
- ✓ As applicable, corrective action. Corrections should be made to the file to address errors which were identified during the audit and a comprehensive corrected file can be re-submitted for re-audit. The corrected file should capture all services and data relevant to the year prior to the measurement year and the current measurement year (two years' worth of data).
  - Most common file errors are:
    - Wrong dates for services (lab/procedure order date submitted instead of the performed or resulted date).
    - Coding that results in mismatches (e.g. a code for a specific BP or A1c result that does not match the result in the medical record).
    - Mismatched member IDs (e.g. baby data linked with mother's ID number or wife data linked with husband's ID number).

Note: Once files are successful in passing the IT format testing, they will become eligible and require SDCA to be included for that HEDIS® season.

OBTAINING A PASSWORD TO THE FTP SERVER

How Do I Initiate a File Transfer?

Ambetter clients who want to set up an automated Supplemental Data System transmission will initiate contact with their Ambetter QI (Quality Improvement) Lead. The client's transmission request should include the following information:

- ✓ Source Provider name (i.e., Provider Facility, Registry, HIE, Independent Lab, etc.)
- ✓ Source Provider TIN IPA/AFFIL_ID/TIN/NPI
- ✓ Source Provider TIN
- ✓ Internal Source Sponsor
- ✓ External Source Provider Lead: contact name, phone number, extension and email
- ✓ External Source Provider Technical Lead: contact name, phone number, extension and email (if necessary)
  - Ambetter will use this information to contact the individual involved in creating the transmission file in the event there are data questions.
- ✓ Are you establishing a new FTP connection with Ambetter? (Y or N)

After the information above has been provided to the Ambetter QI Lead, The User will receive two emails containing the username and password from **Globalscape_SFTP@centene.com**, as well as details on how to navigate to and access the site. The client will use this username and password to access the secure FTP server. Once this information has been exchanged between Ambetter and the client, FTP connectivity will be confirmed and end-to-end communications will be tested. When communication is confirmed between Ambetter and client FTP servers, a test transmission can be coordinated. For further details, please see the section titled **"Testing Process."**

Ambetter requires the use of user IDs and passwords to access its systems and servers and will assign each client a unique user ID and password. The user ID and password will be provided by Ambetter's IT-Operations Department to the client once a request is received by the QI Lead. Ambetter's IT-Operations Department will use the contact information provided during the initial request to notify the client of the username and password.

If a client forgets the password, Ambetter will change the password after verifying the authenticity of the request. To process a password change request, the client will need to notify the Ambetter QI Lead. The QI Lead will coordinate with the appropriate Ambetter departments to arrange for the client's password to be reset.

What is Required to Transmit a File?

The following items are required to exchange data with Ambetter using the secure FTP server over the internet.

1. Internet connectivity for access to Ambetter's secure FTP site for manual file uploads.
   - **a.** Client should consider a broadband connection for large files.
   - **b.** Note: Clients may also use a computer with FTP client instead of a manual file upload.
2. Email capability to exchange configuration and testing information.

Initial setup will include confirming FTP connectivity and performing end-to-end communications testing. Ambetter provides the following connectivity option to establish an interface with its servers:

- ✓ Ambetter's FTP site supports the use of SFTP client or SSL.

Testing Process

The following steps summarize the testing process:

- ✓ After initial contacts are made and the required information is shared, FTP connectivity will be confirmed and end-to-end communications will be tested.
- ✓ Upon a successful test, the client may provide Ambetter with a Supplemental Data File via the established secure FTP connection. The submitter should provide a screenshot confirming upload of the file to the proper secure FTP site location.


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