To supplement claims data for calculating HEDIS measures, organizations may use sources other than claims and encounters to collect data about their members and about delivery of health services to their members. Validation and review of these data differ by the processes used to collect and report them.

**Supplemental data may help determine:**

- The numerator.
- Optional exclusions.
- Eligible-population required exclusions not related to timing of the denominator event or diagnosis. For example:
  - *Use of Imaging Studies for Low Back Pain.* Organizations may use supplemental data for members who have cancer, but *may not* use supplemental data for members whose recent trauma, IV drug abuse or neurological impairment must be assessed in relation to the low back pain event.
  - *Use of Appropriate Medications for People With Asthma, Medication Management for People With Asthma and Asthma Medication Ratio.* Organizations may use supplemental data for members who have any condition in step 3, *Required Exclusions* for the event/diagnosis.

**Supplemental data may not be used to determine:**

- Denominator events. Organizations *may not* create and use records to identify denominator events, other than for optional exclusions and appropriate required exclusions. For example:
  - *Appropriate Testing for Children With Pharyngitis.* Organizations *may not* use supplemental data to find additional diagnoses for any claim that qualifies for the eligible population. Exclude “claims” with multiple diagnoses only.
- Chronic conditions. Organizations *may not* create and use records, on an ongoing basis, for exclusions for clinical conditions that change.
- Correcting bills or identifying valid data errors. Organizations *may not* use supplemental data to adjust incorrect billing practices or to identify valid data errors. This practice results in a change in claims data and is not allowed. For example:
  - Organizations may not exclude a member from the *Osteoporosis Management in Women Who Had a Fracture* measure if the medical record shows that a fracture did not occur in the time frame required by the measure but was billed by a provider for ongoing therapy.

**Note:** Refer to Substituting Medical Records in the Guidelines for Calculations and Sampling for additional information and examples of valid data errors.

### Supplemental Data Definitions

**Standard supplemental data**

Electronic files that come from service providers (providers who rendered the service). Production of these files follows clear policies and procedures; standard file layouts remain stable from year to year.

Electronic files that may be used as standard supplemental data:

- Laboratory result files.
- Pharmacy data in a standard electronic format.
- Current or historic state encounter files in a standard electronic format.
• Immunization data in state or county registries (might vary from state to state, but are consistent for all records in each state’s registry).

• Encounter data from behavioral healthcare vendors.

• Electronic health record (EHR) vendor systems.

• Prior year’s validated historic hybrid medical record results. These data must be distinguishable from other data that may be kept in the same file.

Audit requirements. Standard supplemental files are not required to be accompanied by proof-of-service documents, and the audit should not require primary source verification unless requested by the auditor.

Nonstandard supplemental data

Data used to capture missing service data not received through administrative sources (claims or encounters) or in the standard files described above, whether collected by an organization, a provider or a contracted vendor. These types of data might be collected from sources on an irregular basis and may be in files or formats that are not stable over time. Organizations must have clear policies and procedures that describe how the data are collected, validated and used for HEDIS reporting.

Examples of nonstandard supplemental data:

• EHR modules (e.g., eMeasure modules).

• Provider portals (i.e., electronic systems providers use to enter information about services rendered).

• Health Information Exchange registries.

• Provider abstraction forms.

Audit requirements. All nonstandard supplemental data must be substantiated by proof-of-service documentation from the legal health record. Proof-of-service documentation is required for only a sample as part of the audit’s annual primary source verification.

Proof-of-service documents allowed for primary source verification:

• A copy of the information from the member’s chart from the service provider or the PCP.

• A copy of the clinical report or clinical summary from the visit for service, such as super-bills, lab reports, radiology reports (i.e., forms from the rendering provider proving that the service occurred).

• A screen shot of:
  – Online EHR records.
  – State- or county-sponsored immunization registry records.

Proof-of-service documentation that is not allowed:

• Member surveys. Organizations and providers may not use information obtained from member surveys, except for data collected for Language Diversity of Membership and Race/Ethnicity Diversity of Membership.

• Phone calls. Organizations may not conduct phone calls to members or providers to collect information about services rendered. Recorded phone calls are not proof-of-service.
**Member-reported services**

Acceptable *only* if accompanied by proof-of-service documents from the legal health record, whether reported to a disease- or case-management clinician, collected during targeted quality improvement programs or reported during any other data collection process.

Proof-of-service documents must be mailed, faxed or otherwise delivered by the member to the entity contacting the member for the information. Permitted proof-of-service documents may be:

- Super-bills.
- Lab and radiology reports.
- Sections of the member’s legal health record showing the service or assessment.
  - Documentation from the legal health record must be recorded, signed and dated by the rendering provider.

When original proof-of-service documents are not available, member-reported information is acceptable only in the following circumstances:

- The information is collected, by the end of the measurement year, by the primary care practitioner while taking a patient’s history.
- The information is recorded, dated and maintained in the member’s legal health record.
  - Organizations must get copies of the member’s legal health record from the PCP who recorded the information.
- The information meets the specific requirements of the measure.

All documents must meet the requirements for supplemental data and the measure they apply to, and must be available for auditor review.

Organizations collecting member-reported information must have documents describing the policies and procedures for contacting the member and for obtaining copies of legal health records.

*Note:* It is considered “best practice” to collect data directly from members for the Language Diversity of Membership and Race/Ethnicity Diversity of Membership measures. Member-reported data (without proof-of-service documents from the legal health record) are acceptable for only these measures.

**Audit requirements.** Member-reported services must be accompanied by proof-of-service documents for *every* record, and the audit requires verification annually.

**PCP** Primary care practitioner. For HEDIS reporting, a physician or nonphysician (e.g., nurse practitioner, physician assistant) who offers primary care medical services. Refer to Volume 2, Appendix 3: Practitioner Types for more information.

### Required Data Elements

<table>
<thead>
<tr>
<th>Standard supplemental data</th>
<th>Organizations must have policies and procedures for using data files as standard supplemental data. Files must have standard file layouts, standard data fields and industry standard codes, and must include all elements required by the measure specifications, following the hybrid specifications when applicable.</th>
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<tbody>
<tr>
<td>Nonstandard supplemental data</td>
<td>Nonstandard supplemental data files must have all the data elements required to meet the criteria specified by the measure specifications, following the hybrid specifications when applicable.</td>
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Electronic sources (i.e., portal, HIE, eMeasure module). Data collected or reported from the practitioner who renders the clinical service must have evidence of accountability by the practitioner or practitioner group (i.e., signed contracts with accountability tied to passwords, e-signatures or TIN/PIN data in each session or header record).

Provider-abstracted forms. Provider forms may not be simple “yes or no” responses as evidence of member compliance. Forms must have all necessary data elements required by the measure and be signed by the rendering practitioner, attesting to the accuracy of the information.

Member-reported services

Provider-abstracted forms. Provider forms may not be simple “yes or no” responses as evidence of member compliance. Forms must have all necessary data elements required by the measure and be signed by the rendering practitioner, attesting to the accuracy of the information.

Proof-of-service documents. Proof-of-service documents required for member-reported services must include all data elements required by the measure (i.e., date and place of service, procedure, prescription, test result or finding, practitioner type). Hybrid specifications must be followed for data collected for hybrid measures.

All supplemental data

Proof-of-service documents. Proof-of-service documents required for member-reported services must include all data elements required by the measure (i.e., date and place of service, procedure, prescription, test result or finding, practitioner type). Hybrid specifications must be followed for data collected for hybrid measures.

All proof-of-service documents must show that services were rendered by the deadline established for the measure (refer to General Guideline 42 for date specificity requirements).

For all measures (including administrative-only measures), organizations must be able to determine that a test or service was performed within the period specified, not merely ordered.

All supplemental data used to show eligibility for exclusion must follow the requirements for exclusion in each measure.

Supplemental Data Timeline and Systematic Sample Requirements

Supplemental data may be collected during the measurement year and into the beginning of the reporting year, but data collection for nonstandard files must be completed by the March deadline listed in the Audit Timeline in General Guideline 9. Supplemental data must follow the specifications in each measure.

If the measure has a hybrid specification, the data elements used must comply with the hybrid requirements of the measure; however, supplemental data must be used to calculate the administrative portion of the measure.

For hybrid measures, after the sample is pulled, organizations must follow the policies for collecting information for the systematic sample described in General Guideline 40. Supplemental data collection may not be targeted only at members selected for the systematic sample.

Data pulled from medical records for chart review for a hybrid measure may be used as supplemental data in subsequent HEDIS reporting years, but must comply with the guidelines for data element requirements and audit review.

Identifying and Validating Supplemental Data

All supplemental data (standard, nonstandard and member-reported) must be identifiable. Because supplemental data can affect reporting and incentives, plans or vendors that load supplemental data files into the HEDIS repository must mark the data files, regardless of the source. Auditors must be able to assess the contribution supplemental data have to the applicable components of the measure (numerator events or appropriate exclusions).
Auditors review all supplemental data annually—there are no exceptions. The annual review must include the following for each supplemental data source, at a minimum:

- A completed current year’s Roadmap Section 5, including all attachments.
- Impact from supplemental data by measure (e.g., lists of numerator-positive hits from the supplemental data, by measure; year-to-year comparisons of percentage increases associated with supplemental data; proportion of numerator compliance from supplemental data.)
- Primary source verification where required or requested by the auditor.

For additional information about audit requirements for supplemental data, refer to *Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures*, released each November.