April 19, 2013

Dear Colleague:

We want to tell you about an important policy change to HEDIS® data collection. This letter describes required changes to supplemental data for HEDIS 2014 reporting.

As demonstration of performance is increasingly linked to incentive payments, NCQA has witnessed more reliance on supplemental data (data not found in administrative or claims systems) by health plans for HEDIS measures. In addition, states, CMS, and other entities are increasing their scrutiny on data used to report health plan performance. To ensure the validity of HEDIS data, NCQA is clarifying the requirements about evidence needed for supplemental data to be considered valid for HEDIS reporting.

**Supplemental Data Policy for HEDIS 2014**

**Supplemental Data Definitions**

For HEDIS 2014, NCQA is clarifying our two current classifications of supplemental data.

- **Standard supplemental data**: Electronic files that come from service providers (providers who rendered the service). File production follows clear policies and procedures; there are standard file layouts; files include standard fields and industry standard codes; files supply all elements required by the measure specifications.

<table>
<thead>
<tr>
<th>Examples of Standard Electronic Files</th>
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<tbody>
<tr>
<td>Laboratory result files</td>
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<tr>
<td>Pharmacy data feeds</td>
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<tr>
<td>Current or historic state encounter files</td>
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<tr>
<td>Immunization registry* data files</td>
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<tr>
<td>EHR output files</td>
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<tr>
<td>Encounter data files from behavioral healthcare vendors</td>
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<tr>
<td>Validated, historic hybrid medical record results</td>
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  *State- or county-sponsored registries.

- **Nonstandard supplemental data**: Data collected by an organization or a contracted vendor and used to capture missing service data not received through claims, encounter data, or the sources listed above. All nonstandard data must be substantiated by documentation from the member’s health record—a record that meets nationally recognized standards for medical record compliance (e.g., the American Health Information Management Association (AHIMA) standards).
Starting with HEDIS 2014 reporting, nonstandard supplemental data must be substantiated by proof of delivery of the service from the legal health record for every case recorded. Organizations using nonstandard supplemental data, in every case, must collect copies of the proof-of-service documents; for example:

<table>
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<tr>
<th>Examples of Allowable Proof-of-Service Documents</th>
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<tr>
<td>Copy of the patient’s chart from the service provider</td>
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<tr>
<td>Copy of the clinical report or clinical summary from the visit for service</td>
</tr>
<tr>
<td>Online EHR or immunization registry* screen shots</td>
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</tbody>
</table>

*State- or county-sponsored registries.

Supplemental Data Collection Processes

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

Proof-of-service documents must be mailed, faxed, or otherwise delivered by the patient or provider to the entity contacting the patient or provider for the information. Examples of permitted documents are super-bills; lab reports; radiology reports; and sections of the patient’s legal health record that show the service or assessment recorded and dated by the provider.

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

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

When original proof-of-service documents are not available, patient-reported information is acceptable only if the information is recorded, dated, and maintained in the patient’s chart by the primary care provider, and if it meets the specific requirements of the measure. Organizations should get copies of the patient’s chart from the primary care provider that recorded the information.

Supplemental Data Timeline

Supplemental data may be collected during the measurement year and into the beginning of the reporting year, but the data collection for nonstandard files must be completed by the March deadline listed in the Audit Timeline in *HEDIS 2014: Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures*. For example, for HEDIS reporting year 2014, measurement year 2013, all data must be collected and in the supplemental database by March 3, 2014.

Identifying Nonstandard Supplemental Data in an Electronic File

As a result of the impact these data have on reporting and incentives, NCQA requires that plans, or their vendors that load the nonstandard supplemental data files into the HEDIS repository, mark the supplemental data file, regardless of the source, so that it can be traced to the HEDIS results. Each data
must be individually identifiable, and auditors should be able to determine what data were used in calculating the rate, for any measure.

Validating Supplemental Data
All supplemental data must be reviewed by the auditor every year. The annual review must include the following for each supplemental data source:

1. A completed and updated Roadmap Section 5, including all attachments.
2. An assessment of the impact on HEDIS rates, by measure.
3. Primary source verification for nonstandard data—the applicable part of the legal health record documentation (e.g., parts of the legal health record [or chart entries], EHR screen shots, laboratory, radiology, pharmacy or outpatient visit documents that were faxed or mailed by a member).

Supplemental Data Summary
These changes apply to all supplemental data collected in 2013 for use in measures reported in 2014.

The changes described in this memo will be incorporated in *HEDIS 2014: Volume 2: Technical Specifications*, to be released in July, and will be described in greater detail in *HEDIS 2014: Volume 5, HEDIS Compliance Audit™: Standards, Policies and Procedures*, to be released in November. **Organizations should consult the technical specifications and their HEDIS auditors about final supplemental data policy processes.**

Please review these important changes and include them as you prepare for the 2014 HEDIS season. We know they will ensure accurate and valid use of supplemental data. We encourage you to share this memo with all members of your HEDIS team. NCQA will work with health plans and software vendors to prepare them for these changes.

Thank you for your abiding commitment to improving health care quality. If you have questions, please submit them through our Policy Clarification Support (PCS) system at [http://www.ncqa.org/pcs](http://www.ncqa.org/pcs). Select **HEDIS Audit** as the **Product/Program Type** and **Supplemental Data** as the **General Content Area** when submitting questions regarding this communication.

Sincerely,

Mary Braman
Assistant Vice President, Measure Validation