Supplemental Data System (SuDS) Submission Process

IMPLEMENTATION GUIDE

VERSION 1.0

carolina complete health™

Table of Contents

Implementation Guide – Supplemental Data System

Introduction

Disclaimer: By submitting data to Carolina Complete Health, 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 stands for Supplemental Data System, which is a proprietary application focused on end-to-end SDS process management.

✔ Any data used in HEDIS® rate Calculation that is not submitted through claims processing.

✔ Supplemental data allows for discrete events and procedures that occur during patient encounters. They are to be captured for gap closure that may not necessarily be submitted through claims processing.

Supplemental Data Benefits

✔ Closing care gaps that would not close through claims submission alone

✔ Impact to rates can be measured deterministically

✔ Health Plans can align provider incentives with supplemental data submission

✔ Supplemental data supports submission of any clinical data element that can be used to coordinate or enhance care for members in Clinical Decision Support Applications (Interpreta, Impact Pro, Risk Adjustment)

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Implementation Guide – Supplemental Data System

Scope

This Implementation Guide is intended to facilitate the automated submission of Supplemental Data, between Carolina Complete Health and its clients. Carolina Complete Health 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 they 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 Carolina Complete Health 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

Transmission Process & Procedures

How do I initiate a file transfer?

Carolina Complete Health clients who want to set up an automated Supplemental Data System transmission will initiate contact with their Carolina Complete Health 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)

► Carolina Complete Health 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

Obtaining a password to FTP server

After the information above has been provided to the Carolina Complete Health 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 Carolina Complete Health and the client, FTP connectivity will be confirmed and end-to-end communications will be tested. When communication is confirmed between Carolina Complete Health and client FTP servers, a test transmission can be coordinated. For further details, please see the section titled **"Testing Process"**.

Carolina Complete Health 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 Carolina Complete Health's IT-Operations Department to the client once a request is received by the QI Lead. Carolina Complete Health's IT-Operations Department will use the contact information provided during the initial request to notify the client of the username and password.

> **!** **Note: No Carolina Complete Health internal access will be provided to the secure FTP site. The FTP site is strictly for external clients, and no Carolina Complete Health internal associates should access this site or attempt to access it. (per Carolina Complete Health's security policy)**

If a client forgets the password, Carolina Complete Health will change the password after verifying the authenticity of the request. To process a password change request, the client will need to notify the Carolina Complete Health QI Lead. The QI Lead will coordinate with the appropriate Carolina Complete Health 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 Carolina Complete Health using the secure FTP server over the internet.

1 Internet connectivity for access to Carolina Complete Health'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. Carolina Complete Health provides the following connectivity option to establish an interface with its servers:

✔ Carolina Complete Health'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 Carolina Complete Health 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.

Supplemental Data System Transfer Results File Specifications

File Naming Convention

✔ The Supplemental Data System Transfer Results File MUST use the naming convention specified below. Failure to follow the naming convention will result in the transmission file being rejected by Carolina Complete Health. Naming Conventions should be sent using all uppercase letters.

> Format: Lab File *[PROVIDERABBREVIATION]_[CNC or ESD]_[STATECODE]_LAB _[YYYYMMDD]_ [OPTIONAL].*txt

> Examples: *ACHN_ESD_FL_LAB_20210701.txt*
> *ACHN_CNC_FL_LAB_20210701.txt*

> Format: Service File *[PROVIDERABBREVIATION]_[CNC or ESD]_[STATECODE]_SERVICE_ [YYYYMMDD]_[OPTIONAL].*txt

> Example: *ACHN_ ESD_FL_SERVICE_20200721.txt*
> *ACHN_CNC_FL_SERVICE_20200721.txt*

> **!** **Note: Please ensure providers include: ESD or CNC, Claims or Labs, State, Provider's name and date within the naming convention. This will help the file reach the correct FTP destination for automating and processing files in a timely manner.**

✔ An OPTIONAL text field can be added after the date when submitting certain files:

   ► Test files must use _TEST

   ► Audit correction file must use _CORRECTION

   ► Rejected file must use _REPLACEMENT

General Guidance Tips:

When submitting an ESD file, the File name should not contain the following:

✔ commas   ✔ spaces   ✔ periods

> **!** **Note: We request submitters/groups consistently use the same file format and data format as the original file submitted and suggested file naming convention as this will assist with the timeliness of the file(s) being processed. Otherwise, files are subject to being rejected for corrected files.**

Supplemental Data System Transfer Results File Specifications

File Extension

The Supplemental Data System Transfer Results File **MUST** use "**.txt**" extensions.

>Format: ***[PROVIDERABBREVIATION]_[CNC or ESD]_[STATECODE]_LAB _[YYYYMMDD]_ [OPTIONAL].txt***

>Example: ***ACHN_CNC_FL_LAB_20210701.txt***

File Date

The File Date should be the date the file is being submitted to Carolina Complete Health.

>Format: [YYYYMMDD]

File Delimiter

The Supplemental Data System Transfer Results File is made up of variable length data fields and MUST use a pipe delimiter to separate all values in order to be processed by Carolina Complete Health.

Row Delimiter

The Carolina Complete Health Standard layouts MUST use a Carriage Return Line Feed (CRLF) Row Delimiter to separate all rows.

File Format

The Supplemental Data File must be submitted using the ANSI character set.

File Header

Carolina Complete Health Standard layouts should include the header row on all files, and match the spelling and header order provided in the File Layout section of the Implementation guide.

Default Values for Non-Required Fields

Unless otherwise indicated, default values for non-required fields should be left blank.

Example File

A Supplemental Data Sample File is available upon request.

Supplemental Data File Format

Header Record

Each Supplemental Data File must contain a header record as the first record in the file. The header record is expected to contain all the field names listed in the File Format table below; even if certain fields are not populated, they still need to be in the header. Carolina Complete Health will use the header record to check the validity of the file prior to upload.

Supported Layouts:

✔ Service File Layout

✔ Lab File Layout

Industry Coding:

The supported layouts utilize industry standard coding to capture procedures, diagnoses, and provider and billing information. For guidance on any of the coding systems:

✔ ICD (International Classification of Diseases):

 ► **https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources**

✔ CPT (Current Procedural Terminology):

 ► **https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology**

✔ CPTII:

 ► **https://www.ama-assn.org/practice-management/cpt/category-ii-codes**

✔ HCPCS (Healthcare Common Procedure Coding System):

 ► **https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html**

 ► **https://coder.aapc.com/hcpcs-codes**

✔ LOINC (Logical Observation Identifiers Names and Codes):

 ► **https://loinc.org**

✔ TOB (Type of Bill), UB Revenue:

 ► **http://www.nubc.org**

✔ Taxonomy, CMS Specialty, HCFAPOS(HCFA Place of Service):

 ► **https://www.cms.gov**

✔ NPI (National Provider Identifier):

 ► **https://nppes.cms.hhs.gov**

✔ NPI (NPI Search Link):

 ► **https://npiregistry.cms.hhs.gov**

✔ CMS Specialty Codes:

 ► **https://data.cms.gov/Medicare-Enrollment/CROSSWALK-MEDICARE-PROVIDER-SUPPLIER-to-HEALTHCARE/j75i-rw8y/data**

File Format - Service

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)	Risk (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
CNCMemberId	Patient Identifier - Carolina Complete Health Member ID	30	Member	R	R
CNCPlanCode	Required for files containing multiple Health Plans	2	Member	S	S
MedicaidNbr	Member Identifier - Medicaid Number	15	Member	P	S
HICN	SSN-based Health Insurance Claim Number (Medicare Number)	15	Member	N	O
MBI	Medicare Member Beneficiary Id (New)	15	Member	P	R
LastName	Member Last Name	50	Member	P	R
FirstName	Member First Name	30	Member	P	R
MiddleName	Member Middle Name (Or Middle Initial)	30	Member	O	O
DOB	Member Data of Birth	10	Member	P	R
ClaimNumber	Application Generated Claim Number	80	Encounter	N	N
DOS	Date of Service	10	Encounter	R	R
DOSThru	Date of Service Thru	10	Encounter	O	P
Event Diagnosis	Description of Diagnosis/Procedure	200	Encounter	S	S
ICDPx1	ICD Procedure 1	10	Encounter	P	R
ICDPx2	ICD Procedure 2	10	Encounter	P	P
ICDDxPri	ICD Primary Diagnosis	10	Encounter	P	R

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)	Risk (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
ICDDxSec1	ICD Secondary Diagnosis 1	10	Encounter	P	P
ICDDxSec2	ICD Secondary Diagnosis 2	10	Encounter	P	P
ICDDxSec3	ICD Secondary Diagnosis 3	10	Encounter	P	P
ICDDxSec4	ICD Secondary Diagnosis 4	10	Encounter	P	P
ICDDxSec5	ICD Secondary Diagnosis 5	10	Encounter	S	P
ICDDxSec6	ICD Secondary Diagnosis 6	10	Encounter	S	P
ICDDxSec7	ICD Secondary Diagnosis 7	10	Encounter	S	P
ICDDxSec8	ICD Secondary Diagnosis 8	10	Encounter	S	P
ICDDxSec9	ICD Secondary Diagnosis 9	10	Encounter	S	P
ICDDxSec10	ICD Secondary Diagnosis 10	10	Encounter	S	P
ICDDxSec11	ICD Secondary Diagnosis 11	10	Encounter	S	P
ICDDxSec12	ICD Secondary Diagnosis 12	10	Encounter	S	P
ICDDxSec13	ICD Secondary Diagnosis 13	10	Encounter	S	P
ICDDxSec14	ICD Secondary Diagnosis 14	10	Encounter	S	P
ICDDxSec15	ICD Secondary Diagnosis 15	10	Encounter	S	O
ICDDxSec16	ICD Secondary Diagnosis 16	10	Encounter	S	O
ICDDxSec17	ICD Secondary Diagnosis 17	10	Encounter	S	O
ICDDxSec18	ICD Secondary Diagnosis 18	10	Encounter	S	O
ICDDxSec19	ICD Secondary Diagnosis 19	10	Encounter	S	O
ICDDxSec20	ICD Secondary Diagnosis 20	10	Encounter	S	O
ICDDxSec21	ICD Secondary Diagnosis 21	10	Encounter	S	O
ICDDxSec22	ICD Secondary Diagnosis 22	10	Encounter	S	O

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)	Risk (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
ICDDxSec23	ICD Secondary Diagnosis 23	10	Encounter	S	O
ICDDxSec24	ICD Secondary Diagnosis 24	10	Encounter	S	O
ICDDxSec25	ICD Secondary Diagnosis 25	10	Encounter	S	O
ICDDxSec26	ICD Secondary Diagnosis 26	10	Encounter	S	O
ICDDxSec27	ICD Secondary Diagnosis 27	10	Encounter	S	O
ICDDxSec28	ICD Secondary Diagnosis 28	10	Encounter	S	O
ICDDxSec29	ICD Secondary Diagnosis 29	10	Encounter	S	O
ICDDxSec30	ICD Secondary Diagnosis 30	10	Encounter	S	O
ICDDxSec31	ICD Secondary Diagnosis 31	10	Encounter	S	O
ICDDxSec32	ICD Secondary Diagnosis 32	10	Encounter	S	O
ICDDxSec33	ICD Secondary Diagnosis 33	10	Encounter	S	O
ICDDxSec34	ICD Secondary Diagnosis 34	10	Encounter	S	O
ICDDxSec35	ICD Secondary Diagnosis 35	10	Encounter	S	O
ICDDxSec36	ICD Secondary Diagnosis 36	10	Encounter	S	O
ICDDxSec37	ICD Secondary Diagnosis 37	10	Encounter	S	O
ICDDxSec38	ICD Secondary Diagnosis 38	10	Encounter	S	O
ICDDxSec39	ICD Secondary Diagnosis 39	10	Encounter	S	O
ICDVersion	9 = ICD 9 10 - ICD 10. Default to ICD 10 if not populated	2	Encounter	P	R
CPTPx	CPT Procedure	5	Encounter	P	P
CPTMod	CPT Modifier	2	Encounter	S	P
HCPCPSPx	HCPCS Procedure	5	Encounter	P	O
HCPCPSMod	HCPCS	2	Encounter	S	O
UBRevenueCode	UB Revenue Code	4	Encounter	O	O

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)	Risk (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
TOB	Type of Bill	4	Encounter	O	R
HCFAPOS	CMS Place of Service Code	2	Encounter	P	R
CVX	CVX Immunization Group Code	4	Encounter	P	O
ClaimAltID1	Application Custom Field 1	30	Encounter	N	N
ClaimAltID2	Application Custom Field 2	30	Encounter	O	O
BPSystolic	Systolic Blood Pressure reading	3	Encounter	P	O
BPDiastolic	Diastolic Blood Pressure reading	3	Encounter	P	O
BmiValue	BMI value or percentile	6	Encounter	P	O
ProviderName	Name of provider or provider group	179	Provider	S	P
ProviderAddress1	Provider's address where the record can be retrieved or reviewed	50	Provider	S	P
ProviderAddress2	Address - additional	50	Provider	S	P
ProviderCity	City – for ProviderAddress1	50	Provider	S	P
ProviderState	State – for ProviderAddress1	2	Provider	S	P
ProviderZipcode	Zip code – for ProviderAddress1	10	Provider	S	P
ProviderPhone	Provider's Phone number to call to request and retrieve a patient's record	18	Provider	S	P
ProviderNPI	Provider's National Provider Id	30	Provider	P	R
ProviderTIN	Provider's Tax Id Number	30	Provider	P	P
TaxonomyCode	Provider's taxonomy code	15	Provider	P	P
Cms SpecialtyCode	Provider's CMS specialty code	2	Provider	P	R
IntakeType	Identifies source of the record; based on set of defined values	10	Source	O	O

File Format - Lab

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
CNCMemberId	Patient Identifier - Carolina Complete Health Member ID	30	Member	R
CNCPlanCode	Plan Identifier - Carolina Complete Health Health Plan and Line of Business	2	Member	S
MedicaidNbr	Member Identifier - Medicaid Number	15	Member	P
HICN	SSN-based Health Insurance Claim Number (Medicare Number)	15	Member	N
MBI	Medicare Member Beneficiary Id (New)	15	Member	P
LastName	Member Last Name	50	Member	P
FirstName	Member First Name	30	Member	P
MiddleName	Member Middle Name (Or Middle Initial)	30	Member	O
DOB	Member Date of Birth	10	Member	P
ClaimNumber	Service Provider Claim Number	80	Lab	N
DOS	Date of Service	10	Lab	R
CPTPx	CPT Procedure	5	Lab	P
LOINC	Laboratory Code	7	Lab	P
SNOMED	Code that compliant with SMOMED standards	25	Lab	P
Result	A numeric laboratory value	50	Lab	P
PosNegResult	A positive or negative result	20	Lab	S
ClaimAltID1	Application Custom Field 1	30	Lab	S

Field Name	Field Description	Field Length (VarChar)	Segment	Quality (R - Required P - Preferred S - Situational O - Optional N - DO NOT POPULATE)
ClaimAltID2	Application Custom Field 2	30	Lab	O
ProviderName	Ordering Provider's name or group name	179	Provider	S
ProviderAddress1	Ordering Provider's address where the patient's record can be retrieved or reviewed	50	Provider	S
ProviderAddress2	Address - additional	50	Provider	S
ProviderCity	City – for ProviderAddress1	50	Provider	S
ProviderState	State – for ProviderAddress1	2	Provider	S
ProviderZipcode	Zip code – for ProviderAddress1	10	Provider	S
ProviderPhone	Ordering Provider's phone number to call to request and retrieve a patient record	18	Provider	S
ProviderNPI	Ordering Provider's National Provider Id	30	Provider	P
ProviderTIN	Ordering Provider's Tax Id Number	30	Provider	P
TaxonomyCode	Ordering Provider's taxonomy code	15	Provider	P
CmsSpecialtyCode	Ordering Provider's CMS specialty code	2	Provider	P
IntakeType	Identifies source of the record; based on set of defined values	10	Source	O