

Supplemental Data Frequently Asked Questions

1. **Question:** What is Supplemental Data?

Answer: Data for services rendered but not submitted/received through the encounter/claims process. Member self-reported documented tests, test results, or services provided outside of the network are also considered supplemental data. This data is used to close care gaps.

2. **Question:** What is the difference between Standard and Non-Standard Data?

Answer:

- **Standard Data** – Data that is extracted directly from an EHR system with no manual modification needed. The data is formatted onto a spreadsheet and eventually submitted to the health plan to close care gaps.

Sample reasons why data may not be captured via claims/encounters:

- Member has secondary insurance
- Newborn well visits submitted under Mom's insurance information.

To validate accuracy of data, a random sample of the records will be audited. Data is subject to auditor approval and the process requires resources to validate accuracy throughout the year.

- **Non-Standard Data** – Medical records that are manually extracted from the member's medical record and submitted as proof of service for the specified measure. The record is uploaded to Cozeva and coded in accordance with the documentation and measure criteria.

Member self-reported services noted in the chart or proof of historical services are also considered non-standard data. Providers can upload medical records to receive credit for completed services. Records are reviewed to ensure that they meet accurate documentation requirements. The records are subject to auditor approval through the health plans' PSV (Primary Source Verification) audit process and requires additional resources to validate accuracy throughout the year.

3. There is documentation in our EMR for services that were provided to the member; however, they were not coded and submitted on the encounter. How do I submit this data?

Answer:

Option #1 - Submit the data as standard data by working with your IT team to extract the data electronically for submission. Standard data is less likely to be subject to PSV.

Option #2 - Upload the medical record to Cozeva using their supplemental data module. The record is considered non-standard and subject to PSV.

4. Where do I submit Supplemental Data?

Answer:

- **Non-Standard Data** – Upload medical records to Cozeva in the Supplemental Data Module.
- **Standard Data** - Submit to MedPOINT for processing using the form identified in the following link. MedPOINT will process the data. In collaboration with Cozeva, your data will be sent to the contracted health plans.

[MY2023 Supplemental Data Submission Form](#)

5. What is the difference between Administrative and Hybrid Measures?

Answer: Ideally, care gaps are closed by Administrative data; however, there are many reasons why data may not be received by the plans. NCQA allows health plans to conduct a Hybrid review to validate that data is not being received administratively. NCQA determines if a measure is considered Administrative or Hybrid. If a measure is considered Administrative, the plans do not have the option to conduct a Hybrid review.

- **Administrative Data:** Various data sources are considered administrative data sources. Claims, Encounters, CAIR2, Pharmacy, and Lab data submitted through standard processes are all considered administrative data and are used to close care gaps.
- **Hybrid:** Health Plans have the option to conduct random medical record reviews using strict NCQA requirements to increase their performance rates. A set number of records are selected and requested from providers for review. Based on the outcome of this review, a plan has the potential to improve compliance rates for measures that are designated as Hybrid by NCQA.

6. Where do I submit my encounters?

Answer: Encounter data should be submitted to MedPOINT using Office Ally or another clearinghouse approved for use by MedPOINT.

7. What is the difference between working with a Quality Specialist from MedPOINT and the Health Plan; don't they all get the information?

Answer: MedPOINT partners with contracted health plans to assist providers to achieve their quality goals. We encourage collaboration with health plans. Listed below are some of the benefits of collaborating with MedPOINT:

- MedPOINT's instance of Cozeva is refreshed weekly providing more real-time quality performance.
- MedPOINT provides two (2) file layouts (claim and lab) to submit supplemental data, instead of multiple for each contracted health plan.
- MedPOINT submits your data to contracted health plans on your behalf using their preferred layout in conjunction with Cozeva.
- MedPOINT can provide user access to Cozeva for MedPOINT, Brand New Day, Health Net, and WellCare upon request using the following link. We can provide other health plan logins once they are active with Cozeva.
- MedPOINT uses internal data to calculate any IPA incentive payouts.