

MCO-QE Supplemental Data Exchange Project

Frequently Asked Questions

- 1 Q What is the MCO-QE Supplemental Data Exchange project?**

A The New York State Department of Health (NYSDOH) developed the MCO-QE Supplemental Data Exchange project (MCO-QE project) to gain a better understanding of the processes necessary for Managed Care Organizations (MCOs) and Qualified Entities (QEs) to establish supplemental data connections. The MCO-QE project ran from June 2021 to July 2023 and followed six MCO-QE pairs as they planned and implemented connections and began exchanging supplemental data. Documenting the organizations' successful practices, challenges, and lessons learned provides NYSDOH with valuable insight into how to support MCOs and QEs seeking to establish data-exchanging connections for quality measurement purposes.
- 2 Q Was the MCO-QE project funded?**

A No. The MCO-QE project was not funded, and participants were not paid for their involvement.
- 3 Q Does my organization have to follow the MCO-QE Supplemental Data Exchange Workbook and resources exactly?**

A No. The resources serve as suggested guidance on how to plan and implement a supplemental data connection. The tools are adaptable to each organization's needs and not meant to be prescriptive. Organizations can determine how to best integrate these materials into their processes to meet their specific needs.
- 4 Q What should an organization consider when planning a supplemental data connection?**

A The process of establishing a supplemental data connection varies greatly between organizations, however there are some successful practices that can be adopted by other organizations:

 - Establish a project lead with a dedicated project team to ensure milestones are achieved.
 - Develop a flexible timeline that accommodates each participating organization's unique procedures, practices, and requirements.
 - If the QE is in the process of becoming validated through the National Committee for Quality Assurance Data Aggregator Validation (NCQA DAV) program, consider the DAV program timeline in conjunction with HEDIS reporting deadlines when planning your connection process.
- 5 Q Are these materials only for use by MCOs that are planning a connection to a QE that is validated by the NCQA DAV program?**

A The materials are applicable for use by any MCO and QE planning a supplemental data connection, regardless of NCQA validated status. More information on the NCQA DAV program can be found here: [Data Aggregator Validation - NCQA](#)
- 6 Q Do QEs require MCOs to pay for supplemental data?**

A Decisions involving payment and other contractual relationships between the MCO and QE are decided and executed between the organizations themselves. NYSDOH and the MCO-QE project does not stipulate any exchange of payment between the MCO and QE but recognizes that QEs have their own requirements regarding the sharing of supplemental data with health plans.

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- 7 **Q Does the QE need patient consent to share protected patient data with MCOs?**
- A** The *Privacy and Security Policies and Procedures for Qualified Entities and their Participants in New York State* Section 1.2.10 reads: “Disclosures to Payer Organizations for Quality Measures. Affirmative Consent shall not be required for a QE to Disclose Protected Health Information to a Payer Organization (including NYS DOH in regards to its operation of the New York State Medicaid program) or a Business Associate of a Payer Organization to the extent such Disclosure is necessary to (i) calculate performance of HEDIS or QARR measures; or (ii) in the case of disclosures to NYS DOH, determine payments to be made under the New York State Medicaid program.” See the current [Privacy and Security Policies with Appendices](#) for more information.

Cluster: A group of similar ingestion sites, by Electronic Medical Record (EMR) type and care setting, that contribute to a data stream.¹

Continuity of Care Document (CCD): File format for data exchange that “represents a core data set of the most relevant administrative, demographic, and clinical information facts about a patient's healthcare, covering one or more healthcare encounters. It provides a means for one healthcare practitioner, system, or setting to aggregate all of the pertinent data about a patient and forward it to another to support the continuity of care.”²

Healthcare Effectiveness Data and Information Set (HEDIS): A performance improvement tool to measure across multiple domains of care: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk Adjusted Utilization, Health Plan Descriptive Information, and Measures Reported Using Electronic Clinical Data Systems. NCQA collects HEDIS data from health plans and other health care organizations.³

Ingestion site: Unique data sources (e.g., provider, practice or hospital) contributing to a cluster.¹

National Committee for Quality Assurance (NCQA) Continuity of Care Document Implementation Guide (CCD IG): This specification is a constraint on HL7 C-CDA R2.1 and references key CCD templates to generate a CCD document with information that supports quality measure reporting (e.g., HEDIS measures). CCDs are the only file format currently accepted for HEDIS reporting.¹

NCQA Data Aggregator Validation (DAV) program: The NCQA DAV program evaluates clinical data streams to help ensure that health plans, providers, government organizations and others can trust the accuracy of aggregated clinical data for use in HEDIS reporting and other quality programs.⁴ The DAV program ensures that NCQA's standards and protocols are met, and that data provided from the original source accurately reflect the data reported for use as standard supplemental data and other use cases.⁵

Non-standard supplemental data: Data that is not received through structured electronic or administrative sources (e.g., claims or encounters), whether collected by a plan, organization, provider, or contracted vendor. All non-standard supplemental data must be substantiated by proof-of-service documentation from the legal health record.³

Primary Source Verification (PSV): “The PSV process verifies that the information in the final CCD file matches the actual original primary source data.”⁶

Qualified Entity (QE): Regional health information networks that store and share patient health information in New York State. The SHIN-NY connects New York's QEs.⁷

Statewide Health Information Network for New York (SHIN-NY): “The SHIN-NY facilitates the secure electronic exchange of patient health information and connects healthcare professionals

¹ 2023 Data Aggregator Validation Program Manual- Program Description, Standards and Protocols, Version 2.0

² [HL7.CDA.US.CCDAR2DOT2\Continuity of Care Document \(CCD\) - FHIR v4.0.1](#)

³ [HEDIS - NCQA](#)

⁴ [Data Aggregator Validation - NCQA](#)

⁵ [Health-Plan-DAV-Information.pdf \(ncqa.org\)](#)

⁶ [FAQs - NCQA](#)

⁷ [Statewide Health Information Network for New York\(SHIN-NY\) | NYeC \(nyehealth.org\)](#)

Commonly Used Terminology

statewide. [The SHIN-NY] connects New York’s Qualified Entities (QEs) and enables the sharing of data statewide, ensuring access to a patient’s electronic medical records.”⁸

Standard supplemental data: Electronically-generated files that come from service providers. Production of these files follows clear policies and procedures. Standard file layouts remain stable from year to year. Standard supplemental data are not required to be accompanied by proof-of-service documents and the audit does not require primary source verification, unless requested by the auditor.⁹

Validated: Confirmation that an organization’s (e.g., Health Information Exchange [HIE] or New York State Qualified Entity) processes for ingesting and exporting data have met the standards set forth by NCQA’s DAV program.¹

Validated data stream: “NCQA validates one or many clusters of clinical data that are ingested, processed and ultimately output as CCD files. NCQA evaluates data streams from the point of ingestion through the output of the CCD file, ensuring standards and protocols are met, and that data provided from the original source accurately reflect the data reported for use as standard supplemental data for HEDIS or for other quality programs.”¹⁰

⁸ [Statewide Health Information Network for New York \(SHIN-NY\) | NYeC \(nyehealth.org\)](#)

⁹ [HEDIS 2020 Data Management – Solving The Supplemental Data Puzzle \(ssctech.com\)](#)

¹⁰ [Data Aggregator Validation - NCQA](#)