

# Supplemental Data Submission

## 2025 FAQ



### Supplemental data files are important for:

- Reducing reliance on non-billable codes to account for HEDIS services
- Including critical lab values to close care gaps
- Reducing the need for medical record review to confirm closure of HEDIS care gaps
- Meeting Electronic Clinical Data Systems (ECDS) metrics gap closure requirements. (NCQA currently allows data abstracted from medical records during a transitional period.)

### 2025 Supplemental Data Exchange Common Measure Set

Controlling High Blood Pressure (CBP)
Breast Cancer Screening (BCS-E)
Cervical Cancer Screening (CCS-E 2025)
Chlamydia Screening in Women (CHL)
Childhood Immunization Status (CIS-E 2025)
Colorectal Cancer Screening (COL-E)
Care of Older Adults (COA) Medication Review/Functional Assessment
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
Eye Exam for Patients with Diabetes (EED)
Glycemic Status Assessment for Patients with Diabetes (GSD)
Immunizations for Adolescents (IMA-E 2025)
Kidney Health Evaluation for Patients with Diabetes (KED)
Transitions of Care (TRC) Medication Reconciliation Post-Discharge (MRP)
Osteoporosis Management in Women Who Had a Fracture (OMW)
Prenatal and Postpartum Care (PPC)
Weight Assessment and Counseling for Children — BMI Percentile (WCCBMI)
Weight Assessment and Counseling for Nutrition — Children/Adolescents (WCCN)
Weight Assessment and Counseling for Physical Activity — Children/Adolescents (WCCP)
Social Need Screening and Intervention (SNS-E)
Initiation and Engagement of Substance Use Disorder Treatment (IET)

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## Questions and answers

### Q: Is there a size limit to the upload file?

**A:** Yes. The maximum file size is 200,000 KB (200MB). Multiple files can be submitted at the same time.

### Q: What is the naming convention for SDS files?

**A:** File names should follow this format: **Source group, Source name, Source code**. See examples below. Please check with your PacificSource contact before sending your first test file to ensure mapped values are correct.

**Source group** is the provider organization.

**Source name** identifies different sources of data within the organization.

**Source code** is a truncated version of the Source name.

Example: A provider organization called "Healthcare R Us" wants to track results by lab and clinical entries from two locations:

Source group = Healthcare R Us

Source names = Healthcare R Us Lab Location 1

Healthcare R Us Clinical Location 1

Healthcare R Us Lab Location 2

Healthcare R Us Clinical Location 2

Source codes = HCRU\_LAB\_LOC1, HCRU\_CLINIC\_LOC1, HCRU\_LAB\_LOC2, HCRU\_CLINIC\_LOC2

**Date/time format:** YYYYMMDDHHMMSS

### Q: What is the format for SDS files?

**A:** Files should be text format and pipe delimited between each column. The "pipe" character (or vertical bar) is above the Enter key on most keyboards, typed with the Shift key on..

- Do not put a pipe delimiter before values in the first column or after values in the last column.
- Use only the columns and rows specified in the template with no additions or deletions.
- The current version of the template will be sent for your use.

### Q: Will users receive notification when a test file or production file has failed?

**A:** Yes. Our HEDIS team will notify the provider by email of any errors.

### Q: Is there a time stamp that indicates when an opportunity has closed?

**A:** No. There is currently no time stamp in the provider-facing report. Members who reach adherence through the submission of supplemental data will drop off the subsequent provider performance report if data arrives by the deadline.

### Q: How are files submitted to PacificSource?

**A:** Files can be submitted via Secure File Transfer Protocol (SFTP) or a portal. These arrangements are made during initial communication between provider partners and PacificSource. Depending on the system, providers may be able to automate file delivery on the cadence of their choice.

### Q: What is the deadline for file submission?

**A:** Files are due by 6:00 p.m. Pacific time the second day of each month. Data for files received after the second of the month will not appear in that month's report, but will appear in following month's report. Timely file processing is also dependent on error-free files and prompt error resolution.

### Q: How will providers be notified of audits?

**A:** A contact from PacificSource will reach out to the organization lead to request information.

### Q: If we are audited and there are errors, will we have the opportunity to correct and resubmit data that did not pass?

**A:** Yes. You will have the opportunity to resubmit files.

### Q: Who should we include from our practice in the data exchange opportunity?

**A:** To ensure seamless onboarding, we ask that you include leadership, data analytics, IT or EHR administration, quality/population health staff, and also that you designate a project owner.

### Q: How long does it take to complete test file testing?

**A:** It can take up to ten weeks to complete the test file process. In some cases, depending on the data, errors, alignment with the standard format, and/or response time, the time may be reduced or increased.

**Q: When is the best time of year to begin a supplemental data file extract process?**

**A:** Clinics should consider beginning the process early in the year to help ensure testing and validation can be completed and files can be processed prior to normal audit preparations in Q4. File testing and validation that begins prior to October would be prioritized for inclusion in the same audit year. File testing and validation that begins after October will be processed beginning the following year.

**Q: Must supplemental data files be submitted monthly?**

**A:** Files may be submitted on a monthly or quarterly cadence.

**Q: Whom can we contact to get the process started?**

**A:** Provider partners can submit a request to [QualityPerformance@PacificSource.com](mailto:QualityPerformance@PacificSource.com) to get started.

**Q: Can we send patient self-reported data in our supplemental data file?**

**A:** Yes. According to the National Committee for Quality Assurance (NCQA), self-reported patient information can be used to close care gaps if documented in the patient’s legal medical record by a primary care provider who has clinical accountability. Provider partners who meet these guidelines may submit the patient-reported data in their supplemental data files to PacificSource.

We have provided sample codes from the NCQA HEDIS value set below. This list is not all-inclusive, so if you are unsure about a code, contact your Population Health Strategist or Coach at [PopulationHealth@PacificSource.com](mailto:PopulationHealth@PacificSource.com). Additional guidance on patient self-reported information can be found at [NCQA.org/hedis/faq/](https://www.ncqa.org/hedis/faq/).

**Sample self-report codes for supplemental data files**

Topic	Procedure	Sample codes	Other acceptable information/codes
Colorectal cancer screening	Colonoscopy	851000119109 45378	Exclusion codes: Total colectomy CPT: 44150-44153 44155-44158 44210-44212 ICD-10 PCS: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ
	Flexible sigmoidoscopy	841000119107	
	Stool DNA (sDNA)	708699002 81528	
	CT colonography	418714002	
Eye exam for patients with diabetes	Diabetic retinal eye exam	722161008	PCP type providers must include appropriate result code for care gap closure. Codes: With retinopathy 2022F; No retinopathy 2023F
Breast cancer screening	Screening mammography	24623002 77067	Exclusion codes: Bilateral mastectomy: ICD10 PCS: 0HTV0ZZ — History of bilateral mastectomy ICD-10-CM: [Z90.13] Acquired absence of bilateral breasts and nipples
Cervical cancer screening	Cervical cytology result or finding	281101005 309081009 416032004 441087007 441088002	Exclusion codes: ICD-10 PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ ICD-10-CM: [Z90.710] Acquired absence of both cervix and uterus [Z90.712] Acquired absence of cervix with remaining uterus

**Note:** When capturing patient self-reported information, if the patient doesn’t remember the exact date, record 1/1/XXXX if the year is given, or the first day of the month and the year if the month is also provided.

## Supplemental data file extract creation process

Steps	Clinic staff/expertise needed	Expected PacificSource timeline
Clinic requests to submit SDS file	Leadership, data analytics, IT or EHR admin, quality/population health staff, project owner	N/A
PacificSource sends current SDS template and SFTP policy and agreement	N/A	Within 1 week of request
PacificSource SFTP set-up — clinic reviews policy, signs form, and returns to PacificSource	IT admin, leadership, project owner	2–3 weeks
SDS file testing — clinic sends first file for testing	IT admin, quality/population health staff, project owner	3–10 weeks depending on modifications needed
SDS file validation	IT admin, quality/population health staff, project owner	Initial and monthly, starting the first day of each month Feedback is provided to clinic partners should errors be found in data files
SDS file validation complete	IT admin, quality/population health staff, project owner	Regular monthly or quarterly submission of files begins



### Questions?

Email [QualityPerformance@PacificSource.com](mailto:QualityPerformance@PacificSource.com).