Centers for Medicare & Medicaid Services

Healthcare Effectiveness Data and Information Set (HEDIS®)

Measurement Year (MY) 2023 Patient-Level Detail (PLD) Data File Specifications File 1 of 2

Version 1.2

11/16/2023

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1. Introduction

1.1 Purpose

This document describes the file-layout for "File 1 of 2" that will support the Centers for Medicare & Medicaid Services (CMS) annual collection of Healthcare Effectiveness Data and Information Set (HEDIS®[1]) patient-level detail quality of care measures received from Medicare Advantage Organizations (MAOs), Cost Plans, and Demonstration Plans.

1.2 Scope

This specification document is intended to assist the participating Plans in understanding File 1 specifications.

- File 1 should be 638 in length.
- Each row should be 638 characters long.
- There are 252 fields in File 1.

The following changes were made to the HEDIS Measurement Year (MY) 2023 Patient Level Detail Data File 1 of 2. For a more detailed explanation of changes to the HEDIS MY 2023 Patient Level Data File Specifications, participating Plans can refer to the 'HEDIS_MY_2022_to_2023_Patient-Level_Data_File_Specifications_Crosswalk'.

1.2.1 Deleted Measures

The following measures were deleted from the HEDIS MY 2023 PLD Data File, File 1 of 2:

- Breast Cancer Screening (BCS)
- Frequency of Selected Procedures (FSP)

1.2.2 Changes to Existing Measures

The following measures were revised in the HEDIS MY 2023 PLD Data File, File 1 of 2:

- Updated age band stratification 46-49 years for Colorectal Cancer Screening to 46-50 years for Colorectal Cancer Screening
- Updated age band stratification 50-75 years for Colorectal Cancer Screening to 51-75 years for Colorectal Cancer Screening
- Updated age band stratification 18+ years for Initiation and Engagement of Substance Use Disorder Treatment (IET) to 18-64 years for Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Added age band stratification 65+ years for Initiation and Engagement of Substance Use Disorder Treatment (IET)

[1] *HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)*

1.2.3 New Measures

The following new measures were added to the HEDIS MY 2023 PLD Data File, File 1 of 2:

- Breast Cancer Screening (BCS-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Adult Immunization Status (AIS-E)
- Social Need Screening and Intervention (SNS-E)

2. Important Technical Elements Regarding HEDIS MY 2023 Patient- Level Data Submissions

2.1 Patient-Level and Summary-Level Data Must Match

The patient-level data must match the summary-level data for each measure. The patient-level data should contain all beneficiaries enrolled in the Contract at the time the summary measures are calculated. The patient-level data should be calculated following the same measure specifications as the summary-level data. To ensure an exact match, make a copy or "freeze" the database when the measures are calculated. If the measure was calculated using the hybrid method, the patient-level data should be reported on the minimum required sample size, including additional records, if an "over-sample" method was used, or the total denominator population, or if the sample was smaller than the minimum required sample size. Reporting patient-level data should encompass only the members included in the timeframes used in summary measure submitted by your plan. HEDIS specifications regarding timeframes should be strictly followed for each measure and should in no instance include experience from 2024.

2.2 Inclusion of Contract Number

There should be no embedded spaces between the "H" or "R" and the four digits of the contract number.

2.3 Medicare Beneficiary Identifier (MBI) Format

The MBI has 11 characters that are a mix of numbers and upper-case letters. MBI uses numbers 0-9 and all letters from A to Z, except for S, L, O, I, B, and Z. The MBI's 2nd, 5th, 8th, and 9th positions will always be a letter, except for S, L, O, I, B, and Z. Positions 1st, 4th, 7th, 10th, and 11th will always be a number. The 3rd and 6th positions will be a letter or a number. MBIs does not have spaces and dashes. The first position in the MBI will be a numeric value 1 through 9 only. MBIs should not start with a "0".

Table 1: MBI Format

Position	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

C – Numeric 1 through 9
N – Numeric 0 through 9
AN – Either A or N
A – Alphabetic Character (A... Z); Excluding (S, L, O, I, B, Z)

Table 2: MBI Examples

Valid MBI	Invalid MBI	Reason for Invalidity
2M30GF8DP56	0M3G0F8DP56	The first character cannot be 0
9G30ME7KT23	9g30me7kt23	All alpha-characters should be upper-case
1W56QX2NT63	1W5-6QX-2NT-63	Dashes are present in the MBI
1GF6JX2DT72	1GF6JX2DT72	Embedded spaces in the beginning of the MBI
3VD0H35AT10	3VD0H35AT1	Valid MBIs are 11 characters long

NOTE: For more information regarding the MBIs please follow the link below:
https://www.cms.gov/Medicare/New-Medicare-Card/Understanding-the-MBI-with-Format.pdf

2.4 Use Logical vs. Quantitative Values in Numerators and Denominators

The HEDIS MY 2023 Patient-Level Data File Specifications require logical values for some measures and quantitative values for others. An example of a logical value is found in the Breast Cancer Screening measure. Values of “1” or “0” indicate that the member was either included or not included, in the numerator or denominator of the measure. An example of a quantitative value can be found in the Follow-Up After Hospitalization for Mental Illness measure, where the submission will show a numerical value that indicates the number of times the member was included in the numerator or denominator of a measure. Pay special attention to the description of each measure in these instructions to derive a valid, acceptable value. Do not use a quantitative value of “2” in columns where only logical values of “1” and “0” are accepted. Please do not use stars, asterisks, or any other values; they are not acceptable.

2.5 Member Months Values and Value of Zero (0) in Member Months Field

The member month contribution (MMC) is the number of months each Medicare member was enrolled in the contract in 2023. The MMC does not vary by measure and does not apply to the Effectiveness of Care or Risk Adjusted Utilization measures. The MMC pertains to only Utilization measures. Each member should have a member month contribution value between "0" and "12". Values greater than "12" are not acceptable. The Enrollment by Product Line (ENP) measure should be used to determine member months.

A value of “0” is valid for the member months’ field in the rare instances when a member may have incurred contract services early in January 2023 and may have been included in one or more HEDIS PLD measures, but perhaps dis-enrolled prior to the point at which they met the definition for incurring a member month as defined by the contract.

Some members may have “aged” into the Medicare product from the contract’s commercial product or have dual eligibility with Medicare and Medicaid during the year. In these instances, the contribution to the MMC calculation of a non-Medicare product should not be counted.

2.6 How to Report Rates of “NR, NQ, or BR” “NB,” and “NA” in Patient-Level Submissions

Reported rates of “Not Reported (NR)”, “Not Required (NQ)” and “Biased Rate (BR)” should be recorded in the patient-level file as a “0” in the numerator and denominator field for all members. For Effectiveness of Care measures with multiple numerators (e.g., Cardiac Rehabilitation) that are either “NR, NQ, or BR” or Reportable (R), Plans should report “0” in each "NR, NQ, or BR" measure's numerator field and record either “0” or “1,” for each numerator assigned an “R.” For such a measure, if at least one of the numerators receives an “R,” members who were included

in the eligible population for HEDIS PLD rate calculation should also show a “1” in the associated denominator column.

If the measure rate is “No Benefit (NB)” because the contract does not offer a benefit required for the measure (e.g., pharmacy benefit for Antidepressant Medication Management), each member should receive a “0” for both the denominator and numerator(s) of the measure.

If the measure rate is “Not Applicable (NA)” because of an insufficient number of members in the eligible population, those members who were in the eligible population of the measure and those who received the event or service in question should be counted in the denominator and numerator, respectively.

Table 3: Member Designation Reporting

Member Designation	Reported Numerator	Reported Denominator
"NR, NQ and BR"	"0"	"0"
Multiple numerators – Some "NR, NQ and BR" and some "R" with single denominator	"0" for "NR, NQ and BR". "0" or "1" for "R"	"1" for at least 1 "R"
Multiple numerators – some “NR” and some “R” for measures with multiple denominators	“0” for “NR” “0” or “1” for “R”	“0” for “NR” “0” or “1” for “R”
"NB" (Contract doesn't offer benefit required)	"0"	"0"
"NA" (Insufficient number of members)	Number of members who received event/service	Number of members in eligible population

For example, if a contract has 29 members in the eligible population for the Breast Cancer Screening (BCS-E) and 20 members who qualified for inclusion in the numerator, the contract’s Interactive Data Submission System (IDSS) will show “NA” as the reported rate. In its patient-level data file, the contract should show a “1” in BCS-E denominator for each of the 29 eligible members and a “1” in BCS-E numerator for each of the 20 members who received the screening.

Table 4: Example Contract

Measure	Number of Members per Group	Patient-Level Data File – Members' Data Entries	IDSS Submission – Contract's Data Entry
Eligible Population	29 members	"1" in BCS-E denominator	"NA"
Qualified for inclusion in numerator	20 members	"1" in BCS-E numerator	“NA”

2.7 How to Report Data When Using the Hybrid Data Collection Method

When using the Hybrid Method, record “1” in the measure denominator field for the final set of sampled members and record “1” in the measure numerator field for the final set of sampled members who were also in the numerator when the HEDIS PLD measure was calculated.

Table 5: Reporting Hybrid Data

Members	Patient-Level Data File – Members' Data Entries
Final Set of Sampled Members	"1" in denominator
Final Set of Sampled Members Who Recorded a Numerator “Hit” When the HEDIS PLD Measure was Calculated	"1" in numerator

For example, in a sample of 411, members drawn from eligible population for *Colorectal Cancer Screening,* 275 members may have been identified as receiving the procedure through administrative data, 25 through medical record review and 25 through supplemental data. Therefore, all 325 members identified through all methods show “1” in the numerator and the 411 sampled members from the eligible population show “1” in the denominator column. The PLD Data file does not consider how the member was determined to be numerator compliant

3. File 1 Specification

3.1 Header Record

Refer to the HEDIS_MY_2023_Patient_Level_Data_File_1_of_2

3.2 Detail Record

Refer to the HEDIS_MY_2023_Patient_Level_Data_File_1_of_2

4. Technical Support

For technical support regarding this document, contact the HEDIS PLD Help Desk by phone or by email.

HEDIS PLD Help Desk contact details are below:
Email: HEDISPLD_Helpdesk@cms.hhs.gov
Phone: 1-833-760-2116
Hours of Operation:

- March 1, 2024 – April 19, 2024,
  M-F 9:00 AM to 5:00 PM ET
- May 22, 2024 – June 13, 2024,
  M-F 9:00 AM to 6:30 PM ET
- June 14, 2024, (Last Day of Submission)
  9:00 AM to 9:00 PM ET
- May 27, 2024 – Closed for the Memorial Day Holiday

Participating Plan users may also contact the HEDIS PLD Help Desk by signing into the HEDIS PLD web-portal and submit a Technical Assistance Request (TAR).

5. References

- HEDIS_MY_2023_Patient-Level_Data_File_Submission_Instructions
- HEDIS_MY_2023_Patient_Level_Data_File_Specifications_File_1_of_2
- HEDIS_MY_2023_Patient_Level_Data_File_Specifications_File_2_of_2
- HEDIS_MY_2023_Patient_Level_Data_File_1_of_2
- HEDIS_MY_2023_Patient_Level_Data_File_2_of_2
- HEDIS_MY_2022_to_2023_Patient-Level_Data_File_Specifications_Crosswalk

- HEDIS MY 2023 Volume 2: Technical Specifications for Health Plans (Please visit https://store.ncqa.org/index.php/performance-measurement.html#vol2)
- CMS Data Usage Agreement
- Medicare General Information, Eligibility, and Entitlement: Chapter 2 – Hospital Insurance and Supplementary Medical Insurance
- Understanding the Medicare Beneficiary Identifier (MBI) Format
- New Medicare Card

Appendix A: Record of Changes

Table 6: Record of Changes

Version Number	Date	Author/Owner	Description of Change
0.1	09/14/2023	Raghu Madduri, Scope Infotech, Inc.	Document Creation.
0.2	10/06/2023	Raghu Madduri, Scope Infotech, Inc.	Updated for peer review comments.
0.3	10/20/2023	Raghu Madduri, Scope Infotech, Inc.	Updated for PSO review comments.
1.0	10/20/2023	Raghu Madduri, Scope Infotech, Inc.	Approved for baseline.
1.1	11/03/2023	Raghu Madduri, Scope Infotech, Inc.	Updated for CMS/NCQA comments.
1.2	11/16/2023	Raghu Madduri, Scope Infotech, Inc	Baselined for release.