HEDIS® 2014 PCR Patient-Level Data File Specifications,
File 2 of 2 Files
(2013 Measurement Year)

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Final Approvals

Title	Name	Signature (or type name)	Date
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Introduction

Purpose

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

Scope

This document describes the data file layout for File 2 of 2 files submitted for HEDIS 2014 patient-level data for the measurement year 2013. This includes specifications for the "header" record and "detail" records. **NOTE: This file includes information for the HEDIS measure "Plan All-Cause Readmissions (PCR)" only and is required to be submitted by MA Plans only; <u>SNP plan benefit packages are exempt from submission of File 2.</u>**

Technical Support

For technical support regarding this document, contact TEAM EDAPTIVE by phone at 1-877-996-1333 or by email at ma_patient_data@edaptivesys.com.

References
- HEDIS® 2014 Patient-Level Submission Instructions
- HEDIS® 2014 Volume 2: Technical Specifications for Health Plans
- CMS Data Usage Agreement

Document Structure

Excluding this introductory section, the remainder of this document provides a column-by-column description of the Header Record and Detail Record layouts, including the valid ranges or values allowed for each column.

NOTE: This file differs from File 1 of the HEDIS 2014 files in that File 1 is rolled up to the member level whereas File 2 has a separate record for each discharge.

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

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Important Technical Elements Regarding HEDIS 2014 Patient-Level Submissions

Patient-Level and Summary-Level Data Must Match

The patient-level data must match the summary-level data for this measure. Identify all acute inpatient stays with a discharge date on or between January 1 and December 1 of the measurement year. Include acute admissions to behavioral healthcare facilities. Exclude nonacute inpatient rehabilitation services, including nonacute inpatient stays at rehabilitation facilities.The patient–level file measures 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.

Inclusion of Contract Number

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

Inclusion of Health Insurance Claim (HIC) Number

Include the Health Insurance Claim (HIC) number for every contract member enrolled at any point during the measurement year (2013). The HIC number is the number assigned by CMS to the member upon applying for Medicare services. For most members, the HIC consists of a nine-digit Social Security number followed by one or two alphanumeric characters (e.g., 111223333A, 123456789C1). Only members entitled to Medicare under the Railroad Retirement Board will have a different format. Typically, the format for these members starts with one or two alpha characters (e.g., WA123456). The HIC number must be a continuous string, with no hyphens or embedded spaces. The HIC number allows CMS to match HEDIS data to other patient-level data for special projects of national interest and research. As this is the key field for linking to other CMS databases, it is critical that the HIC number be present and in the proper format, without spaces. Although the nine digits in the HIC number are often the same as a member's Social Security number, this may not always be the case, so it is important NOT to substitute a member's Social Security number for the HIC number.

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File Validation Rules

Each record in the data set will be validated against the following validation rules:

- Each row will be validated to ensure that it is exactly 173 characters long.

- Numeric values (e.g., member months, denominators, and numerators) must be right-justified and <u>blank filled to the left of the value</u>.

- Text fields (e.g., "Organization Name" in the header record and "HIC Number" in the detail records) must be left-justified and <u>blank filled to the right of the value</u>.

Common Submission Errors

Error	Explanation

Contract numbers in file name and header do not match for file name
 	
Invalid contract number in header for file name
	The contract number of the file name does not match the header line inside the file.
	
	Please name the file according to the following CMS policies and procedures:
	
	Note: file name variables are shown in *lowercaseitalicletters*, all other file name components should be coded <u>exactly</u> as shown.
	
	Gentran File Name:
	guid.NONE.HEDIS.Y.*ccccc*.PCR. DYYMMDD.THHMMSST.*s*
	Actual Submission Name:
	Example:UHCDDMV.NONE.HEDIS.Y.H2111.PCR. DYYMMDD.THHMMSST.P
	Test Submission Name:
	Example:UHCDDMV.NONE.HEDIS.Y.H2111.PCR. DYYMMDD.THHMMSST.T
	
	MFT Internet Server:
	g*uid*.NONE.HEDIS.Y.*ccccc*.PCR. DYYMMDD.THHMMSST.*s*
	Actual Submission Name:
	Example:AAAAAAA.NONE.HEDIS.Y.H2111.PCR. DYYMMDD.THHMMSST.P
	    NOTE: "AAAAAAA" = System ID
	Test Submission Name
	 Example: AAAAAAA.NONE.HEDIS.Y.H2111.PCR. DYYMMDD.THHMMSST.T
	    NOTE: "AAAAAAA" = System ID
	
	Connect:Direct File Name:*s*#EFT.ON.HEDIS.*ccccc*.PCR.DYYMMDD.THHMMSST
	Actual Submission Name:
	Example:P#EFT.ON.HEDIS.H0524.PCR.DYYMMDD.THHMMSST
	Test Submission Name
	Example:T#EFT.ON.HEDIS.H0524.PCR.DYYMMDD.THHMMSST

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[*NAME OF MEASURE*] Column *[XXX-XXX]* [*NAME OF MEASURE*] **Row [*XXX*] has [1] column(s) with errors Column [*X] [NAME OF MEASURE*]**	*There are incorrect characters, or incorrect number of characters, or data for that measure is missing.* Each measure in the **HEDIS 2014 Patient Level HEDIS File Specifications** document is explained in the *Detail Record* section and lists the accepted values for that measure. This error could occur when the value submitted does not fit the criteria. For example, if the allowed values are '0', '1,' or '9' but the value submitted is '7', that would be counted as an error. Numeric values (e.g., ages, weights) must be right-justified and blank filled to the left of the value. For example, ' 9' not '9 '. This error could also occur if there are no characters in the submitted field when at least one character is required.
Row data does not contain correct number of bytes.	*One or more rows exceed or is shorter than the 173 characters required for any row.* The **HEDIS 2014 Patient Level HEDIS Submission Specifications** document details the number of characters for each row. If the number of characters exceeds the accepted limit, the file will not be accepted.
Admission Date should be less than Discharge Date	Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

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HEDIS® 2014 PATIENT-LEVEL FILE SPECIFICATIONS, File 2 of 2 (2013 MEASUREMENT YEAR)

Header Record

Note: Include one header row per file as the first record

Column 1: **Record Identifier**—use the tilde (~) character to start the line.

Column 2-6: **CMS Contract Number**—only one contract number per submission (e.g., H1205, R1234).

Column 7-66: **Organization Name**—as reported to NCQA for summary-level data submission.Use (PCR) to start the line.

Example: (PCR XXXXX Health Care of XXXXX XXXXXXXXXXX)

Column 67-71: **Submission ID**—the unique identifier assigned by NCQA to the CMS contract for summary-level data submission. Submission IDs must be left justified and 4 digit submission IDs should blank fill column 71.

Example: In columns 67 – 71, a 5 digit ID would be entered as (12345). A 4 digit ID would be entered starting at column 67 as (1234) with '1' being in column 67 and ' ' in column 71.

Column 72-173: Blank fill with spaces.

> **Specifications- Reporting of patient-level data should encompass only those members included and timeframes employed in summary measures submitted by your plan, i.e., HEDIS specifications regarding timeframes should be strictly followed for each measure, but should in no instance include experience from 2014.**

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Detail Record

Note: Include one row for each admission

Column 1-12: **HIC Number**. A beneficiary's individual health insurance claim number. For most beneficiaries, the HIC consists of a nine-digit Social Security Number followed by one or two alphanumeric characters (e.g., 111223333A, 123456789C1). Only beneficiaries entitled to Medicare under the Railroad Retirement Board will have a different format, usually starting with one or two alpha characters (e.g., WA123456).

Specifications-The HIC number must be a continuous string, with no hyphens or embedded spaces.
Blank fill with spaces to right of value.
This field is mandatory—do not leave blank!

Column 13-36: **Last Name.** A beneficiary's individual Last Name.

Specifications-The Last Name must be filled by no more than 24 characters.
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!

Column 37-51: **First Name**. A beneficiary's individual First Name.

Specifications-The First Name must be filled by no more than 15 characters.
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!

Column 52-73: **City.** A beneficiary's individual City of residence.

Specifications-The City must be filled by no more than 22 characters.
Blank fill with spaces to right of value
This field is mandatory—do not leave blank!

Column 74-75: **State.** A beneficiary's individual State of residence.

Specifications-The State must be filled with the postal code (ex. Maryland would be MD).
This field is mandatory—do not leave blank!

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Column 76-80: Zip Code. A beneficiary's individual Zip Code.
Specifications-The Zip Code must be filled with 5 characters
This field is mandatory—do not leave blank!

Column 81: Gender. A beneficiary's individual Gender.
Specifications-Enter 'f' if this member is a Female; 'm' if this member is a Male.
No other characters are allowed
This field is mandatory—do not leave blank!

Column 82- 89: Birth Date. A beneficiary's individual Birth Date.

Specifications-The Birth Date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 3, 1970 would be 05031970).
No characters other than numbers are allowed
This field is mandatory—do not leave blank!

Column 90-92: Plan ID Number. The 3 digit number assigned to the specific plan benefit package that the beneficiary is enrolled in under the contract number identified in the Header record (e.g., 001, 045, 134).

NOTE: This field should be defined as a character field and not as a number field. However, it should contain only numbers.

Column 93: SNP Enrollee Type. SNP benefit package at end of measurement year.

Specifications- Enter as follows:'0' if this member is NOT enrolled in an SNP plan benefit package
'1' if this member is enrolled in a DUAL ELIGIBLE SNP benefit package
'2' if this member is enrolled in an INSTITUTIONAL SNP benefit package
'3' if this member is enrolled in a CHRONIC CONDITION SNP benefit package.

Column 94: Readmission Indicator.

Specifications-Enter:
'1' If this admission (IHS) has a readmission (numerator event)
'0' If this admission (IHS) does not have a readmission
This field is mandatory—do not leave blank!

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Column 95-102:   **Admission Date.** The date admitted to the facility.

Specification - The admission date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 1, 2013 would be 05012013).
No characters other than numbers are allowed
This field is mandatory—do not leave blank!

Column 103-110:   **Discharge Date.** The discharge date associated with the admission.

Specification - The Discharge date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 3, 2013 would be 05032013).
No characters other than numbers are allowed
This field is mandatory—do not leave blank!

NOTE: The discharge date must occur in 2013.

Column 111-113:   **Age.** Age in years as of Discharge Date.

Specification – The age must be in numerical format
No other characters are allowed
This field is mandatory—do not leave blank!

Column 114-125:   **Age/Gender Weight.**

Specification-This field is mandatory—do not leave blank!
This must be an integer followed by a decimal point and up to four digits in total. The entire allowed space is 12 columns. If calculation doesn't provide ten digits after the decimal, please fill with '0' to the last required column. Example: 0.1234500000.
To report a negative number for this weight, please follow the below example:
-0.123456789

Column 126-137:   **Base Risk Weight.**

Specification-This field is mandatory—do not leave blank!
This must be an integer followed by a decimal point and up to four digits in total. The entire allowed space is 12 columns. If calculation doesn't provide ten digits after the decimal, please fill with '0' to the last required column. Example: 0.1234500000.

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To report a negative number for this weight, please follow the below example: -0.123456789

Column 138-149:   **Surgery Weight.**

Specification- This must be an integer followed by a decimal point and up to ten digits in total. The entire allowed space is 12 columns. If calculation doesn't provide ten digits after the decimal, please fill with '0' to the last required column. Example: 0.1234500000. Enter 0.0000000000 if not applicable
To report a negative number for this weight, please follow the below example: -0.123456789

Column 150-161:   **Discharge Weight.**

Specification- This must be an integer followed by a decimal point and up to ten digits in total. The entire allowed space is 12 columns. If calculation doesn't provide ten digits after the decimal, please fill with '0' to the last required column. Example: 0.1234500000. Enter 0.0000000000 if not applicable
To report a negative number for this weight, please follow the below example: -0.123456789

Column 162-173:   **Comorbidity Weight.** Sum of all Comorbid HCC weights.

Specification- This must be an integer followed by a decimal point and up to ten digits in total. The entire allowed space is 12 columns. If calculation doesn't provide ten digits after the decimal, please fill with '0' to the last required column. Example: 0.1234500000. Enter 0.0000000000 if not applicable
To report a negative number for this weight, please follow the below example: -0.123456789

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