

**HEDIS® MEASUREMENT YEAR (MY 2020) PATIENT-LEVEL FILE SPECIFICATIONS, File 2 of 2**

**3.1 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 XXXXXXXXXXXXX)

**Column 67-71:** Submission ID—the unique identifier assigned by NCQA to the CMS contract for summary-level data submission.

**\*Due to the addition of 5-digit submission IDs, follow the guidelines below:**

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, leaving column 71 blank.

**Column 72-240:** Blank fill with spaces.

Specifications - Reporting patient-level data should encompass only the members included in the timeframes used 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 2021.

COLUMN	LENGTH	FIELD	SPECIFICATION
1-12	12	HICN or MBI  HICN - A beneficiary's individual Health Insurance Claim Number  MBI - A beneficiary's Medicare Beneficiary Identifier	<p>HICN - A beneficiary's individual health insurance claim number. For most beneficiaries, the HICN 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). All alpha characters must be capitalized.</p> <p>The HICN must be a continuous string, with no hyphens or embedded spaces.</p> <p>Blank fill with spaces to right of value.</p> <p>MBI - MBI has 11 characters. MBIs are 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. Even though Position 1 allows numbers, it cannot contain the number "0". The 3rd and 6th positions will be a letter or a number. MBI does not have spaces and dashes.</p> <p>The MBI must be a continuous string, with no hyphens or embedded spaces.</p> <p>For a list of valid HICN formats and MBI formats, please refer to Section 2.3 and 2.5 in 'HEDIS_MY_2020_Patient_Level_Data_File_Specifications_File_1_of_2.docx.'</p> <p>This field is mandatory—do not leave blank.</p>
13-36	24	Last Name. A beneficiary's individual Last Name	<p>The Last Name must be filled by no more than 24 characters.</p> <p>Blank fill with spaces to right of value.</p> <p>This field is mandatory—do not leave blank.</p>
37-51	15	First Name. A beneficiary's individual First Name	<p>The First Name must be filled by no more than 15 characters.</p> <p>Blank fill with spaces to right of value.</p> <p>This field is mandatory—do not leave blank.</p>
52-73	22	City. A beneficiary's individual City of residence	<p>The City must be filled by no more than 22 characters.</p> <p>Blank fill with spaces to right of value.</p> <p>This field is mandatory—do not leave blank.</p>
74-75	2	State. A beneficiary's individual State of residence	<p>The State must be filled with the postal code (ex. Maryland would be MD).</p> <p>This field is mandatory—do not leave blank.</p>
76-80	5	Zip Code. A beneficiary's individual Zip Code	<p>The Zip Code must be filled with 5 digits.</p> <p>This field is mandatory—do not leave blank.</p> <p>NOTE: This field is to be submitted as a 5 digit numeric field to avoid dropping leading zeroes. Only numbers (0-9) may be used as each digit.</p>
81	1	Sex. A beneficiary's gender assigned at birth	<p>Enter:</p> <p>'F' if this member is female</p> <p>'M' if this member is male</p> <p>'O' if the member refused to provide gender</p> <p>No other characters are allowed.</p> <p>This field is mandatory—do not leave blank.</p>
82-89	8	Birth Date. A beneficiary's individual Birth Date	<p>The Birth Date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 3, 1970 would be 05031970).</p> <p>No characters other than numbers are allowed.</p> <p>This field is mandatory—do not leave blank.</p>

COLUMN	LENGTH	FIELD	SPECIFICATION
90-92	3	Plan ID Number. A beneficiary's assigned plan benefit 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 is to be submitted as a 3 digit character field to avoid dropping leading zeroes. However, only numbers (0-9) may be used as each digit.
93	1	SNP Enrollee Type. SNP benefit package at the end of the continuous enrollment period	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.
94	1	Readmission Indicator	Enter: '1' if this Index Hospital Stay (IHS) has a readmission (numerator event). '0' if this Index Hospital Stay (IHS) does not have a readmission. This field is mandatory—do not leave blank.
95-102	8	IHS Admission Date. The date admitted to the facility	The admission date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 1, 2017 would be 05012017). No characters other than numbers are allowed. This field is mandatory—do not leave blank.
103-110	8	IHS Discharge Date. The discharge date associated with the admission	The Discharge date must contain 8 digits with Month, Day, Year in the Format MMDDYYYY (ex. May 3, 2017 would be 05032017). No characters other than numbers are allowed. This field is mandatory—do not leave blank.
111-113	3	Age. Age in years as of Index Discharge Date	The age must be in numerical format. No other characters are allowed. This field is mandatory—do not leave blank.
114-125	12	Age/Gender Weight	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
126-137	12	Surgery Weight	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
138-149	12	Discharge Weight	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
150-161	12	Comorbidity Weight. Sum of all Comorbid HCC weights	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	LENGTH	FIELD	SPECIFICATION
162	1	SES Stratification - Non-LIS/DE, Nondisability	Enter: '1' if this member is Non-LIS/DE, Nondisability for this IHS '0' if this member is not Non-LIS/DE, Nondisability for this HIS
163	1	SES Stratification - LIS/DE	Enter: '1' if this member is LIS/DE for this IHS '0' if this member is not LIS/DE for this HIS
164	1	SES Stratification - Disability	Enter: '1' if this member is Disability for this IHS '0' if this member is not Disability for this HIS
165	1	SES Stratification - LIS/DE and Disability	Enter: '1' if this member is LIS/DE and Disability for this IHS '0' if this member is not LIS/DE and Disability for this HIS
166	1	SES Stratification - Other	Enter: '1' if this member is Other for this IHS '0' if this member is not Other for this HIS
167	1	SES Stratification - Unknown	Enter: '1' if this member is Unknown for this IHS '0' if this member is not Unknown for this HIS
168-179	12	Observation Stay Weight	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
180	1	Discharge or Transfer to Skilled Nursing Care	Enter: '1' if this Index Hospital Stay (IHS) has a discharge or transfer to skilled nursing care. '0' if this Index Hospital Stay (IHS) does not have a discharge or transfer to skilled nursing care. This field is mandatory—do not leave blank.
181-192	12	Discharge or Transfer to Skilled Nursing Care: Age/Gender Weight	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. Enter 0.0000000000 if not applicable. To report a negative number for this weight, please follow the below example: -0.123456789
193-204	12	Discharge or Transfer to Skilled Nursing Care: Surgery Weight	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
205-216	12	Discharge or Transfer to Skilled Nursing Care: Discharge Weight	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	LENGTH	FIELD	SPECIFICATION
217-228	12	Discharge or Transfer to Skilled Nursing Care: Comorbidity Weight. Sum of all Comorbid HCC weights	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
229-240	12	Discharge or Transfer to Skilled Nursing Care: Observation Stay Weight	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