

**HEDIS® 2012 PCR Patient-Level Data File Specification,  
File 2 of 2 Files  
(2011 Measurement Year)**

**Version 1.0  
Document Number CBC-PLD-001  
January 4, 2012**

**Prepared for:  
Barbara Crawley  
CMS Project Officer  
Centers for Medicare & Medicaid Services  
CMS/CPC/BEAG/DBA  
7500 Security Blvd, Mailstop C1-25-05  
Baltimore, MD 21244-1850**

**Prepared by: Team Edaptive**



**400 Red Brook Blvd, Suite 220  
Owings Mills, MD 21117**

**4390 Parliament Place, Suite A  
Lanham, MD 20706**

## Table of Contents

<b>TABLE OF CONTENTS</b> .....	<b>2</b>
<b>INTRODUCTION</b> .....	<b>4</b>
Purpose.....	4
Scope .....	4
Technical Support .....	4
References.....	4
Document Structure .....	4
<b>IMPORTANT TECHNICAL ELEMENTS REGARDING HEDIS 2012 PATIENT-LEVEL SUBMISSIONS</b> .	<b>5</b>
Patient- and Summary-Level Data Must Match .....	5
Inclusion of Contract Number .....	5
Inclusion of Health Insurance Claim (HIC) Number .....	5
File Validation Rules .....	5
Common Submission Errors.....	6
<b>HEDIS® 2012 PATIENT-LEVEL FILE SPECIFICATIONS, (2011 MEASUREMENT YEAR)</b> .....	<b>8</b>
Header Record .....	8
Detail Record.....	9

**Final Approvals**

<b>Title</b>	<b>Name</b>	<b>Signature (or type name)</b>	<b>Date</b>
CMS Project Officer	Barbara Crawley	Barbara Crawley	1/17/12
NCQA Director, Licensure & Certification	Mary Braman	Mary Braman	1/17/12
Team Edaptive Project Manager	Barbara Bourne	Barbara Bourne	1/17/12
Team Edaptive Lead Web Developer	Eugene Gabriyelov	Eugene Gabriyelov	1/17/12

## Introduction

### Purpose

This document describes the file layout for File 2 of 2 Files that supports the Centers for Medicare & Medicaid (CMS) annual collection of Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> 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 2012 patient-level data for the measurement year 2011. 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; SNP plan benefit packages are exempt from submission.**

### 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](mailto:ma_patient_data@edaptivesys.com).

### References

- HEDIS® 2012 Patient-Level Submission Instructions
- HEDIS® 2012 Volume 2: Technical Specifications
- 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 2012 files because File 1 is rolled up to the member level whereas File 2 has a separate record for each discharge.**

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

## **Important Technical Elements Regarding HEDIS 2012 Patient-Level Submissions**

### **Patient- 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 (2011). 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 or other non-numeric characters. 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.

### **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 blank filled to the left of the value.
- Text fields (e.g., “Organization Name” in the header record and “HIC Number” in the detail records) must be left-justified and blank filled to the right of the value.

### Common Submission Errors

Error	Explanation
<p><b>Contract numbers in file name and header do not match for file name</b></p> <p><b>Invalid contract number in header for file name</b></p>	<p><i>The contract number of the file name does not match the header line inside the file.</i></p> <p>Please name the file according to the following CMS policies and procedures:</p> <p>Note: file name variables are shown in <i>lowercase italic letters</i>, all other file name components should be coded <u>exactly</u> as shown.</p> <p><b><u>Gentran File Name:</u></b> <i>guid.NONE.HEDIS.Y.ccccc.FUTURE.R</i></p> <p><u>Actual Submission Name</u>  <i>Example:</i> UHCDDMV.NONE.HEDIS.Y.H2111.FUTURE.R</p> <p><u>Test Submission Name</u>  <i>Example:</i> UHCDDMV.NONE.HEDIS.Y.H2111.FUTURE.C</p> <p><b><u>Connect:Direct File</u></b>  <b><u>Name:</u></b> <i>s#EFT.ON.HEDIS.ccccc.DYYMMDD.THHMMSST</i></p> <p><u>Actual Submission Name</u>  <i>Example:</i> R#EFT.ON.HEDIS.H0524.DYYMMDD.THHMMSST</p> <p><u>Test Submission Name</u>  <i>Example:</i> C#EFT.ON.HEDIS.H0524.DYYMMDD.THHMMSST</p>
<p><b>[NAME OF MEASURE]          Column [XXX-XXX]          [NAME OF MEASURE]</b></p> <p><b>Row [XXX] has [1] column(s) with errors          Column [X] [NAME OF MEASURE]</b></p>	<p><i>There are incorrect characters, the incorrect number of characters, or data for that measure is missing.</i></p> <p>Each measure in the <b>HEDIS 2012 Patient Level HEDIS Submission Specifications</b> document is explained in the <i>Detail Record</i> section. Each measure lists the accepted values. 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.’</p> <p>Numeric values (e.g., ages, weights) must be right-justified and blank filled to the left of the value. For example, ‘ 9’ not ‘9’</p>

	This error could occur if there are no characters in the submitted field when at least one character is required.
--	---

<b>Row data does not contain correct number of bytes.</b>	<i>One or more rows exceed or is shorter than the total character length for a row.</i>  The <b><i>HEDIS 2012 Patient Level HEDIS Submission Specifications</i></b> document details the number of characters for each row. If the number of characters exceeds the accepted limit, the file will not be accepted.
<b>Admission Date should be less than Discharge Date</b>	Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

**HEDIS® 2012 PATIENT-LEVEL FILE SPECIFICATIONS, File 2 of 2 (2011 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 XXXXXXXXXXXXX)

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

**Submission ID's must be left justified and 4 digit submission ID's 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 indicating a blank filled space.**

**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 2012.

## 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!

**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 a:

'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).**

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

**Specifications-**Enter a:

'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 CONDITIONSNP benefit package.

**Column 94: Readmission Indicator**

**Specifications-**Enter:

'1' If admission was a readmission

'0' If admission was not a Readmission

This field is mandatory—do not leave blank!

**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 3, 1970 would be 05031970).

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, 1970 would be 05031970).

No characters other than numbers are allowed

This field is mandatory—do not leave blank!

**NOTE: The discharge date must occur in 2011.**

**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 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.

**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 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.

**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

**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

**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