



Centers for Medicare & Medicaid Services

**Healthcare Effectiveness Data and Information
Set (HEDIS®)**

**Measurement Year (MY) 2022 Patient-Level
Detail (PLD) Data File Specifications
File 2 of 2**

**Version 1.2
11/29/2022**

Table of Contents

1. Introduction	1
1.1 Purpose	1
1.2 Scope	1
1.2.1 Changes to Existing Measures	1
2. Important Technical Elements Regarding HEDIS MY 2022 Patient- Level Data Submissions	1
2.1 Patient-Level and Summary-Level Data Must Match	1
2.2 Inclusion of Contract Number	2
2.3 Medicare Beneficiary Identifier (MBI) Format	2
2.4 PCR Re-Admissions	2
3. File 2 Specifications	3
3.1 Header Record	3
3.2 Detail Record	3
4. Technical Support	3
5. References	3
Appendix A: Record of Changes	4

List of Tables

Table 1: MBI Format	2
Table 2: MBI Examples	2
Table 3: Record of Changes	4

1. Introduction

1.1 Purpose

This document describes the file-layout for "File 2 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 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 2 specifications.

- File 2 should be 233 in length.
- Each row should be 233 characters long.
- There are 25 fields in File 2.

The following change was made to the HEDIS Measurement Year (MY) 2022 Patient Level Detail Data File 2 of 2. For a more detailed explanation of change to the HEDIS MY 2022 Patient Level Data File Specifications, participating Plans can refer to the 'HEDIS_MY_2021_to_2022_Patient-Level_Data_File_Specifications_Crosswalk'.

1.2.1 Changes to Existing Measures

The following change was made to the HEDIS MY 2022 Patient Level Detail Data File, File 2 of 2

- Removed the SES stratification rows

2. Important Technical Elements Regarding HEDIS MY 2022 Patient- Level Data Submissions

2.1 Patient-Level and Summary-Level Data Must Match

The patient-level file 2 must match the summary-level PCR submission results. The patient-level file 2 data should be calculated following the same specifications as the summary-level data. To ensure an exact match, make a copy or "freeze" the database when the measures are calculated.

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

2.2 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

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 do not have spaces or dashes.

Note: 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: Participating Plans can only submit MBI. 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 PCR Re-Admissions

Contracts that had no acute inpatient and observation stays (denominator) during the measurement year which in turn could not possibly have had any hospital re-admissions (numerator) must submit PLD File 2 with a header row and a blank row of data. Contracts that had no hospital readmissions (numerator) but did have acute inpatient and observation stays (denominator) should submit a PLD File 2 containing those denominator acute inpatient and observation stays.

NOTE: This file includes information for the HEDIS measure “Plan All-Cause Readmissions (PCR)” only and is required to be submitted by all participating Plans that submit the HEDIS summary data. Participating Plans with zero enrollment during the entire measurement period do not have to submit File 2. 1876 Cost contracts are not allowed to submit summary HEDIS PCR data, so they do not have to submit File 2

3. File 2 Specifications

3.1 Header Record

Refer to the HEDIS_MY_2022_Patient_Level_Data_File_2_of_2

3.2 Detail Record

Refer to the HEDIS_MY_2022_Patient_Level_Data_File_2_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 – April 21, 2023,
M-F 9:00 AM to 5:00 PM ET
- May 22 – June 14, 2023,
M-F 9:00 AM to 6:30 PM ET
June 15, 2023, (Last Day of Submission)
9:00 AM to 11:59 PM ET
- May 29, 2023 – 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_2022_Patient-Level_Data_File_Submission_Instructions
- HEDIS_MY_2022_Patient_Level_Data_File_Specifications_File_1_of_2
- HEDIS_MY_2022_Patient_Level_Data_File_Specifications_File_2_of_2
- HEDIS_MY_2022_Patient_Level_Data_File_1_of_2
- HEDIS_MY_2022_Patient_Level_Data_File_2_of_2
- HEDIS_MY_2021_to_2022_Patient-Level_Data_File_Specifications_Crosswalk
- HEDIS MY 2022 Volume 2: Technical Specifications for Health Plans (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 3: Record of Changes

Version #	Date	Author/Owner	Description of Change
0.1	09/19/2022	Deiva Yelumalai, Scope Infotech, Inc.	Document Creation
0.2	10/05/2022	Deiva Yelumalai, Scope Infotech, Inc.	Addressed peer review comments
0.3	10/10/2022	Deiva Yelumalai, Scope Infotech, Inc.	Addressed PSO review comments
1.0	10/10/2022	Deiva Yelumalai, Scope Infotech, Inc.	Approved for baseline
1.1	11/08/2022	Raghu Madduri, Scope Infotech, Inc.	508 check, final cleaned version
1.2	11/29/2022	Deiva Yelumalai, Scope Infotech, Inc.	Updated Section 2.