

HEDIS® 2016 PATIENT-LEVEL FILE SPECIFICATIONS, File 2 of 2 (2015 MEASUREMENT YEAR)

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 XXXXXXXXXXXX)

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 72-173: Blank fill with spaces.

Specifications - Reporting patient-level data should encompass only those members included and 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 2016.

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3.2 DETAIL RECORD

COLUMN	LENGTH	FIELD	SPECIFICATION
1-12	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).	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
13-36	24	Last Name. A beneficiary's individual Last Name.	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
37-51	15	First Name. A beneficiary's individual First Name.	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
52-73	22	City. A beneficiary's individual City of residence.	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
74-75	2	State. A beneficiary's individual State of residence.	The State must be filled with the postal code (ex. Maryland would be MD). This field is mandatory—do not leave blank
76-80	5	Zip Code. A beneficiary's individual Zip Code.	The Zip Code must be filled with 5 characters This field is mandatory—do not leave blank
81	1	Sex. A beneficiary's gender assigned at birth.	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!
82-89	8	Birth Date. A beneficiary's individual Birth Date.	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
90-92	3	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.
93	1	SNP Enrollee Type. SNP benefit package at end of measurement year	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 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!

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, 2015 would be 05012015). 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, 2015 would be 05032015). 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	Base Risk 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
138-149	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
150-161	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
162-173	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