



Centers for Medicare & Medicaid Services

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

**MY 2021 Patient-Level Detail (PLD) Data
File Specifications
File 2 of 2**

**Version 1.1
12/01/2021**

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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.

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, required CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. The transition period that allowed for the submission of the Health Insurance Claim Number (HICN) ended on December 31, 2019. A new Medicare Beneficiary Identifier (MBI) has replaced the SSN-based HICN. The MBI row in the HEDIS MY 2021 Patient-Level Data File, File 2 of 2 was updated to remove reference to the HICN.

No other changes were made to the existing rows of the HEDIS MY 2021 Patient Level Detail Data File Specifications, File 2 of 2.

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.

1.3 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 below:

Email: HEDISPLD_Helpdesk@cms.hhs.gov

Phone: 1-833-760-2116

Hours of Operation:

Annual Dry Run:

- April 4 – April 22, 2022: M-F 9:00 AM to 5:00 PM ET

Annual Data Submission:

- May 25 – June 14, 2022: M-F 8:00 AM to 6:30 PM ET

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- June 15, 2022: 8:00 AM to 11:59 PM ET
- May 30, 2022 – 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).

1.4 References

- HEDIS_MY_2021_Patient-Level_Data_File_Submission_Instructions
- HEDIS_MY_2021_Patient_Level_Data_File_Specifications_File_1_of_2
- HEDIS_MY_2021_Patient_Level_Data_File_Specifications_File_2_of_2
- HEDIS_MY_2021_Patient_Level_Data_File_1_of_2
- HEDIS_MY_2021_Patient_Level_Data_File_2_of_2
- HEDIS_MY_2020_to_2021_Patient-Level_Data_File_Specifications_Crosswalk
- HEDIS MY 2021 and 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](#)

2. Important Technical Elements Regarding HEDIS MY 2021 Patient-Level 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.

2.2 Zero Re-Admissions

Contracts that had no acute inpatient 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 in-patient stays (denominator) should submit a PLD File 2 containing those denominator acute inpatient stays.

2.3 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.

2.4 Medicare Beneficiary Identifier (MBI) Format

The MBI has 11 characters, like the Health Insurance Claim Number (HICN), up to 11. 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. 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	MBI 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>.

2.5 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 239 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 records) must be left-justified and blank filled to the right of the value.
- Contract number in the file name and the corresponding Submission ID will be validated against the submission list.
- Participating Plans are expected to submit HEDIS PLD Files using their Medicare Advantage (MA) Submission IDs and not Plan Benefit Package (PBP) Submission IDs
- Only HEDIS PLD Files received from Participating Plans will be processed
- The system will reject mismatched contract numbers in the file name and the header of the file. If the contract number in the filename does not match the contract number in the Header record, the file will not be processed and subsequently rejected
- Participating Plans are to include MBI for every contract member enrolled at any point during the 2021 measurement year

2.6 Common Submission Errors

Table 3: Common Submission Errors

Error	Explanation
"The contract number in the file name does not match the contract number in the header of the file"	The contract number of the file name does not match the header line inside the file.
"Invalid contract number in header for file name."	<p>Please name the file according to the following CMS policies and procedures below. Please note that the file name variables are shown in lowercase, italic letters (e.g., "<i>guid</i>"), however all other file name components should be coded exactly as shown.</p> <p>Gentran File Name: <i>guid</i>.NONE.HEDIS.Y.ccccc.PCR.s</p> <p>Annual Data Submission File Name Example: UHCDDMV.NONE.HEDIS.Y.Hxxxx.PCR.P</p> <p>Annual Dry Run File Name: Example: UHCDDMV.NONE.HEDIS.Y.Hxxxx.PCR.T</p> <p>MFT Internet Server File Name: <i>guid</i>.NONE.HEDIS.Y.ccccc.PCR.s</p> <p>Annual Data Submission File Name: Example: AAAAAAA.NONE.HEDIS.Y.Hxxxx.PCR.P NOTE: "AAAAAAA" = System ID</p>

Error	Explanation
	<p>Annual Dry Run File Name: Example: AAAAAAA.NONE.HEDIS.Y.Hxxxx.PCR.T NOTE: "AAAAAAA" = System ID</p> <p>Connect:Direct File Name: s#EFT.ON.HEDIS.ccccc.PCR.DYYMMDD.THHMMSST</p> <p>Annual Data Submission File Name: Example: P#EFT.ON.HEDIS.Hxxxx.PCR.DYYMMDD.THHMMSST</p> <p>Annual Dry Run File Name: Example: T#EFT.ON.HEDIS.Hxxxx.PCR.DYYMMDD.THHMMSST</p>
<p>"[NAME OF MEASURE] Column [XXX-XXX] [NAME OF MEASURE] Row [XXX] has [1] column(s) with errors Column [X] [NAME OF MEASURE]"</p>	<p>There are incorrect characters, an incorrect number of characters, or the data for that measure is missing.</p> <p>Each measure in the " HEDIS MY 2021 Patient Level Data File 2 of 2" document is explained in the "Detail Record" section 3.2 and lists the accepted values for that measure. This error could occur when the value submitted does not fit the criteria.</p> <p>For example, if the allowed values are "0," and "1," 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, the values should look like " 0" and not "0 ". This error could also occur if there are no characters in the submitted field when at least one character is required.</p>
"Row data does not contain correct number of bytes"	<p>One or more rows exceed or are shorter than the total characters required for that row.</p> <p>The " HEDIS MY 2021 Patient Level Data File 2 of 2" document details the number of characters for each row in specification document. If the number of characters exceeds the accepted limit, the file will not be accepted.</p>
"Admission Date should be less than Discharge Date"	Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
"A production file has been submitted during the Annual Dry Run period. The file will not be processed. Refer to the Submission Instructions for more information."	A production file was submitted during the Annual Dry Run period. The file will not be processed. Please refer to section 2.10 File Naming Conventions in the <i>HEDIS MY 2021 PLD Submissions Instructions</i> document for more detailed information.
"A test file has been submitted during the Annual Data Submission period. The file will not be processed. Refer to the Submission Instructions for more information."	A test file was submitted during the Annual Data Submission period. The file will not be processed. Please refer to section 2.10 File Naming Conventions in the <i>HEDIS MY 2021 PLD Submissions Instructions</i> document for more detailed information.
"The file that you have submitted does not match the naming specification for File 2. If you intended to submit a PCR File, please verify that both the File Name and the Header contains PCR. Refer to Data Specification File 2 of 2 for more information "	File 2 of 2 should have PCR in the file name and in the header of the file. The system will reject files that have PCR in the file name but not in the header of the file. The system will reject files that have PCR in the header of the file but not in the file name.

3. HEDIS MY 2021 Patient-Level Data File 2 of 2

3.1 Header Record

Refer to the HEDIS_MY_2021_Patient_Level_Data_File_2_of_2

3.2 Detail Record

Refer to the HEDIS_MY_2021_Patient_Level_Data_File_2_of_2

Appendix A: Record of Changes

Table 4: Record of Changes

Version #	Date	Author/Owner	Description of Change
0.1	10/04/2021	Deiva Yelumalai, Scope Infotech, Inc.	Document Creation
0.2	10/21/2021	Deiva Yelumalai, Scope Infotech, Inc.	Addressed peer review comments
0.3	10/28/2021	Deiva Yelumalai, Scope Infotech, Inc.	Addressed PSO review comments
1.0	10/28/2021	Deiva Yelumalai, Scope Infotech, Inc.	Approved for baseline
1.1	12/01/2021	Tashana Nunes, Scope Infotech, Inc	Addressed CMS comments