HEDIS® MEASUREMENT YEAR (MY 2024) PATIENT-LEVEL FILE SPECIFICATIONS, File 2 of 2 (2025 Reporting)

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 XXXXXXXXXXX)

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 72-245: 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 2025.

COLUMN	LENGTH	FIELD	SPECIFICATION
1-11	11	MBI - A beneficiary's Medicare Beneficiary Identifier	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. The MBI must be a continuous string, with no hyphens or embedded spaces. For a list of valid MBI formats, please refer to 'HEDIS_MY_2023_Patient_Level_Data_File_Specifications_File_2_of_2.docx.' This field is mandatory—do not leave blank.
12-35	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.
36-50	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.
51-72	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.
73-74	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.
75-79	5	Zip Code. A beneficiary's individual Zip Code	The Zip Code must be filled with 5 digits. This field is mandatory—do not leave blank. 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.
80	1	Sex. A beneficiary's gender assigned at birth	Enter: 'F' if this member is female 'M' if this member is male 'O' if the member refused to provide gender No other characters are allowed. This field is mandatory-do not leave blank.
81-88	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.
89-91	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.
92	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.
93	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.
94-101	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.

COLUMN	LENGTH	FIELD	SPECIFICATION
102-109	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.
110-112	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.
113-124	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 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. To report a negative number for this weight, please follow the below example: -0.123456789
125-136	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
137-148	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
149-160	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
161-172	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
173-184	12	COVID-19 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
185	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.
186-197	12	Discharge or Transfer to Skilled Nursing Care: Age/Gender 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
198-209	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

COLUMN	LENGTH	FIELD	SPECIFICATION
210-221	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
222-233	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
234-245	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