
Patient-Level Instructions

2011 Patient-Level Data File Submission Instructions (2010 Measurement Year)

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GENERAL INFORMATION

INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) require Medicare Managed Care Organizations to report HEDIS[®] 2011 data for the 2010 measurement year and to provide the patient-level data used to calculate the summary data for each submission. Summary and patient-level data are due concurrently, on Tuesday, **June 30, 2011, by 12 midnight EDT**. Note: the submission period begins on Monday, **June 1, 2011**.

This document provides instructions for reporting your patient-level data file submission(s). The accompanying **2011 Patient-Level Data File Specifications** document specifies the format and validation rules for the fixed width text file(s) that you will use to submit your patient-level results. Patient-level data files must be submitted by you or your third-party vendor following the instructions outlined below in section **Submitting Patient-Level Data Files**.

WHY CMS COLLECTS PATIENT-LEVEL DATA

Patient-level data with patient-level identifiers for the numerator and denominator of each measure allows CMS to match HEDIS[®] data to other patient-level data for special projects of national interest and research, such as an assessment of whether certain groups (e.g., ethnic, racial, gender, geographic) are receiving fewer or more services than others. These analyses will not be used for public plan-to-plan comparisons.

UPDATES TO HEDIS 2011 TECHNICAL SPECIFICATIONS

Please review the **HEDIS 2011 Technical Specifications (Volume 2)** closely when performing measure calculations. Updates to the HEDIS 2011 specifications are posted as appropriate and can be downloaded from the NCQA web site at URL: <http://www.ncqa.org/tabid/1044/Default.aspx>.

PATIENT-LEVEL DATA SUBMISSION PROCESS OVERVIEW

Plans need to create patient-level data file(s) conforming to the **2011 Patient-Level Data File Specifications** and upload files to CMS via CMS's Enterprise File Transfer (EFT) infrastructure using an existing **Gentran** or **Connect:Direct** account.

Alternately, plans may use a third-party vendor (e.g., Infocrossing) for data file submissions. In either case, the use of **Gentran** or **Connect:Direct** is the approved method for patient-level data file submissions.

It is imperative that each organization confirm their ability to interface with the CMS EFT infrastructure prior to attempting an upload.

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The CMS EFT validation system will verify that the file is named in accordance with the **Gentran** or **Connect:Direct** file naming convention described below in section **Submitting Patient-Level Data Files, File Naming Conventions**. Files that fail this initial check will not get processed at CMS nor sent to HCDCI for data file validation processing. In those instances, the CMS EFT validation system will notify you that your file was not processed and you will need to correct any naming convention errors and resubmit the file.

Files that conform to the file naming convention will be further checked to ensure that they are in the correct format and file layout. A process is run to ensure that the file conforms to the validation rules described in the **2011 Patient-Level Data File Specifications** document. When a patient-level file fails the validation requirements, three things happen:

1. The HEDIS Patient-Level Web Portal will be automatically updated with a 'fail' status. See section **Accessing the HEDIS Patient-Level Web Portal** for more information on the portal.
2. The portal system will automatically send an error email to plan's **Patient-Level Data File Point-of-Contact (PLD POC)** and/or their designee.
3. The portal system will automatically send an error report to the PLD POC and/or their designee.

The error report provides detailed information so that you can quickly and easily identify the specific areas in the file that failed validation processing. All errors must be resolved in order for HCDCI to successfully process your file; therefore, you may resubmit your file as often as necessary until all errors have been resolved. For instructions on how to read error reports, see section **Error Email Messages and Error Report Files**.

When a patient-level file passes the validation requirements, two things happen:

1. The portal will be automatically updated with a 'pass' status.
2. The portal system will automatically send a pass email to the PLD POC and/or their designee.

ACCESSING THE HEDIS PATIENT-LEVEL WEB PORTAL

All plan participants have access to the **HEDIS Patient-Level Web Portal** home page; however, only authorized users are able to log in (URL: <http://mapld.hcdi.com>). The Web portal is intended primarily for use by MA Plan and CMS personnel. It is not necessarily intended for use by MA Plan Third-Party Vendors or HEDIS Auditors, although the information available on the home page is accessible to them. From the home page, all plan participants can:

- Download project documentation.
- View frequently asked questions (FAQs).
- Request a forgotten password.
- Log in to the Web portal.

Login accounts are created by HCDI and provided to each organization's **HEDIS Patient-Level Data File Point-of-Contact** (HEDIS PLD POC). For our purposes, the HEDIS PLD POC is the primary person responsible for the submission of an organization's patient-level data files to CMS. Historically, this person has been the organization's Quality Contact as identified in the CMS HPMS system.

Plans That Submitted Data Files During 2010

For plans that submitted patient-level data files during the 2010 data submission period, HCDI will use the same HEDIS PLD POC information for the 2011 data collection period, unless new Quality Contact information is received from CMS. In that instance, HCDI will make the new Quality Contact the HEDIS PLD POC for an organization.

Note: If you cannot remember your password, you can request your password from the home page of the portal. (Your user ID is your email address.)

Plans Submitting Data Files for the First Time

For new plans submitting patient-level data files for the first time, HCDI will by default make the Quality Contact for your organization the HEDIS PLD POC. (Note: HCDI will use the Quality Contact information from HPMS to make that determination.)

Receiving Login Information

For new plans and new Quality Contacts, login accounts will be created for the **HEDIS Patient-Level Web Portal** and distributed by the end of April 2011. The user ID is your email address. Random passwords will be assigned and must be changed at the first login.

NEW PATIENT-LEVEL WEB PORTAL FUNCTIONALITY

Plans will no longer have to submit a request to the HEDIS help desk to add new people or have pass/fail emails and error log information sent to third-party vendors, auditors, and other individuals. New portal functionality is planned that will allow the HEDIS PLD POC to distribute that information to other individuals of their choosing. Beginning in April 2011, the HEDIS PLD POC will be able to:

- Grant portal access to specific individuals, i.e., create and manage login accounts.
- Assign individuals to specific CMS contract numbers for the expressed purpose of viewing 'pass/fail' status and receiving pass/fail emails or error log information for those contracts.
- Assign/un-assign a backup HEDIS PLD POC, which allows that individual to act as the primary HEDIS PLD POC.

This new functionality will be available on the portal in April 2011 along with detailed instructions.

CHECKING THE STATUS OF SUBMITTED PATIENT-LEVEL DATA FILES

To obtain the status of Patient-Level Data Files processed by HCIDI, check the 'pass/fail' status on the **HEDIS Patient-Level Web Portal** at URL <http://mapld.hcdi.com>. You must have a valid user ID and password to access the site. Once logged in, the status of your data files will be automatically displayed by the system.

After a file is submitted to CMS, please note that it may take up to two business days for HCIDI to receive the data file from CMS, process the file, and post the 'pass/fail' results to the portal. Therefore, please **DO NOT** contact the help desk during that two-day period regarding data file status.

ACCESSING PROJECT DOCUMENTATION

Copies of the **2011 Patient-Level Data File Specifications** and this document can be obtained as follows:

1. By accessing the **HEDIS Patient-Level Web Portal** at URL <http://mapld.hcdi.com>. Links to project documentation are available on the home page; therefore, you are not required to log in to access documentation.
2. By logging in to the HPMS system at the following URL: <https://gateway.cms.hhs.gov>. After logging in to HPMS, go to the "Quality and Performance" menu on the left side of the screen and select the "HEDIS" module to access this material.

GETTING HELP

If you are experiencing difficulties accessing the CMS Health Plan Management System (HPMS), submit requests and questions to the following email address: hpms_access@cms.hhs.gov.

To sign up for **Gentran** or **Connect:Direct**, or if you are experiencing difficulties accessing **Gentran** or **Connect:Direct**, contact the MMA Help Desk at:

Phone: 1-800-927-8069

Email: mmahelp@cms.hhs.gov

IACS Application: <https://applications.cms.hhs.gov>

Hours of Operation: M-F 6 a.m. to 9 p.m. EST

If you are experiencing difficulties accessing the **HEDIS Patient-Level Web Portal**, need assistance troubleshooting problems with your data file, or have other problems of a technical nature, contact the **Patient-Level Technical Support Desk/Help Desk** at:

Phone: 1-877-996-1333

Email: ma_patient_data@hcdi.com

Hours of Operation: M-F 8 a.m. to 6:30 p.m. EST

SUBMITTING PATIENT-LEVEL DATA FILES

During the 2011 data collection period (June 1 -30, 2011), MA Plans should upload their patient-level data files to CMS via the current connectivity configuration method used to transmit enrollment and 4rx data: CMS's Enterprise File Transfer (EFT) infrastructure **Gentran**, **Connect:Direct**, or through an authorized Third-Party Vendor.

On *rare* occasions, MA Plans may submit patient-level data files by mail on DVD/CD-ROM following these procedures:

1. Contact the **Patient-Level Technical Support Desk/Help Desk** to obtain authorization to submit patient-level data file(s) via DVD/CD-ROM. Please **DO NOT** send in files on DVD/CD-ROM without explicit authorization.

Patient-Level Technical Support Desk/Help Desk Contact Information:

Phone: 1-877-996-1333

Fax: 1-240-296-3961

Email: ma_patient_data@hcdi.com

Internet: <http://mapld.hcdi.com>

Hours of Operation: M-F 8 a.m. to 6:30 p.m. EST

2. Once written authorization is received via email, encrypt the files on DVD/CD-ROM using the following encrypting software: **PGP Desktop Storage**.
3. Mail the encrypted and strong password protected data files directly to Health Care Dynamics International (HCDI) at the following address:
HCD International
ATTN: HEDIS Support Team
4390 Parliament Place
Suite A
Lanham, MD 20706
4. Send encryption key and password to ma_patient_data@hcdi.com in a separate email communication.

Files submitted on DVD/CD-ROM must be named in accordance with the **Gentran** or **Connect:Direct** file naming convention described in section **File Naming Conventions**. Files incorrectly named will not be processed.

Files sent directly to HCDI on DVD/CD-ROM are copied to a secure file server for data file validation processing. DVD/CD-ROM media will not be returned and will be destroyed after use. HCDI maintains a verifiable audit trail log that tracks DVD/CD-ROM status from receipt through destruction.

SUBMITTING TEST DATA FILES

Beginning April 1, 2011, through April 30, 2011, plans or their third-party vendors may submit test data files to CMS via **Gentran** or **Connect: Direct** for validation processing by HCDI. The purpose of this testing is to verify your **Gentran** or **Connect: Direct** connection and to find programmer or logic errors before the official (production)

submission period. Therefore, plans DO NOT have to submit a complete data set during the test period.

Files submitted during the testing period will be processed exactly as they will be during the production period. See section ***Patient-Level Data Submission Process Overview*** for more information on how files are processed, in particular what happens when a file fails the validation process.

The testing period ends April 30, 2011. No test data files will be accepted or processed by HCIDI after that date.

Your files must conform to the CMS naming conventions to be processed. See section ***File Naming Conventions*** for more information on this topic, in particular the method for naming test data files. Test data files not named in accordance to these instructions will not be processed.

SUBMITTING PRODUCTION DATA FILES

The production submission period starts June 1, 2011, and ends June 30, 2011, at 12 midnight EDT. Files submitted during the production period will be processed as described in section ***Patient-Level Data Submission Process Overview***.

FILE NAMING CONVENTIONS

Please name the file according to the following CMS policies and procedures:

Note: file name variables are shown in *lowercase italic letters*; all other file name components should be coded exactly as shown.

Gentran File Name: *guid.NONE.HEDIS.Y.cccc.FUTURE.s*

<i>Gentran Key</i>	
<i>guid.</i> =	IACS Global User ID (7 Characters)
<i>NONE.HEDIS.Y.</i> =	Should be coded exactly as shown
<i>cccc.</i> =	The contract number
<i>FUTURE.</i> =	Should be coded exactly as shown
<i>s</i> =	Enter a P or T, where P is for actual submissions and T is for test submissions

Actual Submission Name Example:
UHCCDMV.NONE.HEDIS.Y.H2111.FUTURE.P

Test Submission Name Example:
 UHCDDMV.NONE.HEDIS.Y.H2111.FUTURE.T

Connect: Direct File Name: s#EFT.ON.HEDIS.ccccc.DYYMMDD.THHMSST

<i>Connect:Direct Key</i>	
s =	Enter a P or T, where P is for actual submissions and T is for test submissions
#EFT.ON.HEDIS. =	Should be coded exactly as shown
cccc. =	The contract number
DYYMMDD.THHMSST =	Literal code exactly as shown

Actual Submission Name Example:
 P#EFT.ON.HEDIS.H0524.DYYMMDD.THHMSST

Test Submission Name Example:
 T#EFT.ON.HEDIS.H0524.DYYMMDD.THHMSST

VALIDATION OF PATIENT-LEVEL DATA FILES

HCDI uses an automated tool to perform validation checks on all test and production patient-level data files received. This check is performed to ensure that the structure and contents of a data file follow the specifications provided in the **2011 Patient-Level Data File Specifications** document. Data files not submitted in compliance with the data specification will be automatically rejected with a “Fail” email and error log sent to the designated HEDIS PLD POC and/or designee. See section **Error Email Messages and Error Report Files** for information on the types of validations performed and the details of the error log.

HCDI will coordinate with the HEDIS PLD POC and/or designee to resolve data file validation problems and errors. MA Plans may have to submit their data files multiple times to resolve all validation errors. For questions regarding data file validation errors, MA Plans may contact the **Patient-Level Technical Support Desk/Help Desk** at:

Phone: 1-877-996-1333
Fax: 1-240-296-3961
Email: ma_patient_data@hcdi.com
Internet: <http://mapld.hcdi.com>
Hours of Operation: M-F 8 a.m. to 6:30 p.m. EST

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 349 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.

ERROR EMAIL MESSAGES AND ERROR REPORT FILES

When a data file fails validation, the HC DI processing system sends an error email message and error report attachment to the plan’s HEDIS PLD POC and/or their designee.

The Error Email

An error email message is sent directly to the HEDIS PLD POC and/or their designee each time a data file fails the validation checks. A sample error email is shown below:

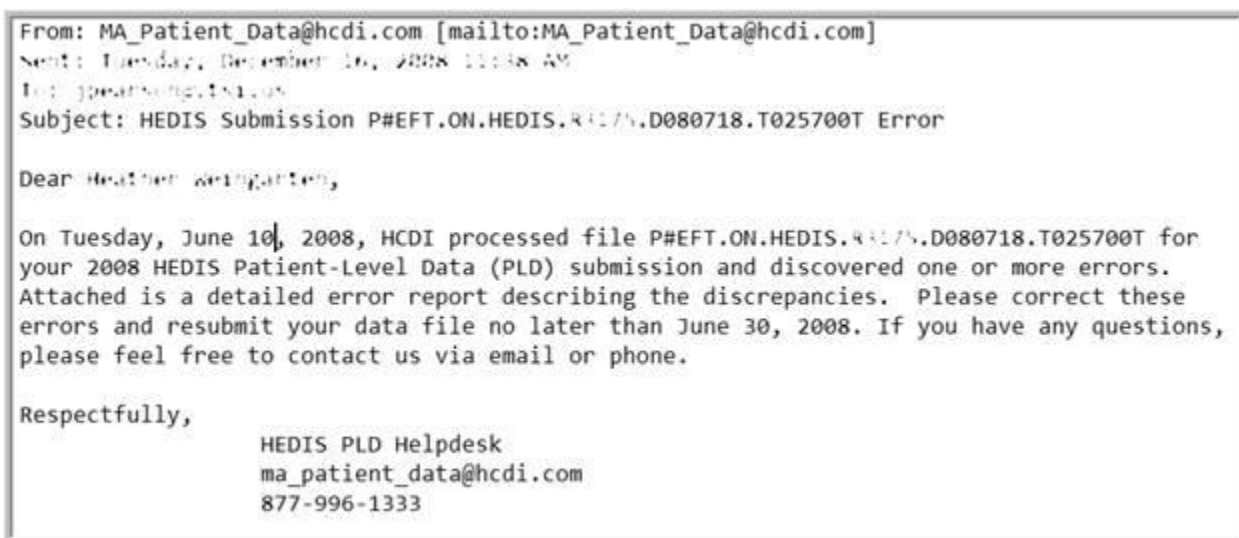


Figure 1 Sample Error Email Message

The Error Report Attachment

```
File: P#EFT.ON.HEDIS.R3175.D080718.T025700T has 11 error(s)
Row [5065] has [9] column(s) with errors
Column [ 35] [ Numerator 1 for Comprehensive Diabetes Care (CDC): HbA1c Testing]
Column [ 36] [ Denominator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%]
Column [ 37] [ Numerator 2 for Comprehensive Diabetes Care (CDC): HbA1c Poor Control >9%]
Column [ 38] [ Denominator 3 for Comprehensive Diabetes Care (CDC): HbA1c Good Control <7%]
Column [ 39] [ Numerator 3 for Comprehensive Diabetes Care (CDC): HbA1c Good Control <7%]
Column [ 40] [ Denominator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed]
Column [ 41] [ Numerator 4 for Comprehensive Diabetes Care (CDC): Eye exam (retinal) performed]
Column [ 42] [ Denominator 5 for Comprehensive Diabetes Care (CDC): LDL-C Screening]
Column [ 43] [ Numerator 5 for Comprehensive Diabetes Care (CDC): LDL-C Screening]
-----
Row [5493] has [2] column(s) with errors
Column [ 16] [ SNP Enrollee Type.]
Column [ 17-18] [ Member Months]
-----
```

Figure 2 Sample Error Report

Most Common Errors

For your information only, the table below lists the most common errors found during the 2010 submission period.

Error Message/Type	Root Cause	Resolution
Row data does not contain correct number of bytes.	The row size went beyond the specified limit listed in the data specification.	Blank spaces beyond the specified limit must be removed.
<ul style="list-style-type: none"> •Contract numbers in file name and header do not match for file name error, processing will stop for this file. •Invalid contract number in header for file name, termination error, processing will stop for this file. 	The contract number in the file name is not the same as the contract number in the header of the file.	Verify that the contract numbers are the same on the file name as well as the header row within the file.
SNP Enrollee Type	Values received are outside of the range specified in the data specifications document.	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 CONDITION SNP benefit package.