

MY2021 HEDIS® IDSS Data Dictionaries

This document accompanies the set of seven CSV data dictionaries published in support of HEDIS IDSS reporting. Five product and product line specific data dictionaries describe the contents of the IDSS submission XML and result XML files:

- MY####_Commercial_DataDictionary_yyyymmdd.csv
- MY####_Medicaid_DataDictionary_yyyymmdd.csv
- MY####_Medicare_DataDictionary_yyyymmdd.csv
- MY####_Exchange_DataDictionary_yyyymmdd.csv
- MY####_LTSS_DataDictionary_yyyymmdd.csv

These data dictionaries map every data element of the submission and result XML files from their “XML coordinates” to their HEDIS indicator as identified by the IndicatorKey. Two additional dictionaries provide the mapping from IndicatorKey to indicator name and from MeasureCode to measure name. These two data dictionaries include all product lines combined:

- MY####_HEDIS_Indicator_Dictionary_yyyymmdd.csv
- MY####_HEDIS_Measure_Dictionary_yyyymmdd.csv

The scope of this document includes all measurement year 2021 non-survey measures specified in the following publications and their updates:

- Technical Specifications for Health Plans (HEDIS® Measurement Year 2020 & Measurement Year 2021 Volume 2)
- Technical Specifications for Long-Term Services and Supports Measures (HEDIS® Measurement Year 2021 & Measurement Year 2022)
- 2022 Quality Rating System - Measure Technical Specifications (Health Insurance Exchange)¹

The remainder of this document provides a description of the structure and contents of these dictionaries and how they can be used.

Introduction

IDSS submission and result XML files are broken down by measure (Fig.1). The Measure dictionary provides the mapping between the measure abbreviation (MeasureCode) used in the XML and the full measure name. MeasureCodes and measure names are identical across product lines, but not all product lines include all measures.

All HEDIS measures consist of one-to-many indicators, with each indicator corresponding to a primary rate value (which may be the observed-to-expected ratio for a risk-adjusted utilization measure). Indicators are uniquely identified by their IndicatorKey and the indicator dictionary provides the mapping between the IndicatorKey and indicator name. For single-indicator measures, the indicator name is identical to the measure name; for multi-indicator measures the indicator name only contains the information specific to that indicator (e.g. the specific age and/or gender stratification).

Indicators that measure a single concept are grouped by Metric. In the XML, each MeasureCode section contains at least one <Metric> section. Metric names are short mnemonics describing the corresponding indicators. Within each Metric, Indicators may be stratified by one or more stratifications (age, gender, drug, antibiotics, etc.). Any stratifications are included within the optional <Stratification> section within each <Metric> section.

¹ The Quality Rating System includes the AMO, INR and PDC measures, © Pharmacy Quality Alliance (PQA)

Finally, health plans report HEDIS data at the individual indicator or stratification level in the <Data> sections within each <Metric> section.

In the data dictionaries all measure-level metadata (MeasurementYear, Benefit) and data points included in the submission XML file are tagged with SubmissionFile="Y".

IDSS result XML files include the same information as the submission XML file, with an additional <Result> section tagged with its IndicatorKey for IDSS calculated results and additional indicator <Metric> sections for IDSS calculated (sub-)total indicators tagged with: is-calculated="true". In the data dictionaries all data points that are only included in the result XML file are tagged with SubmissionFile="N".

For almost all measures, there is a one-to-one correspondence between a <Data> section and a <Result> section. However, for the ABX(a,b,c,d) and IPU(a,b,c,d) measures, each plan-reported data point is used for 3-4 rate calculations. To avoid having to report these values multiple times and further increasing the size of the submission file, they have been combined in to a single <Data> section, followed by multiple <Result> sections. The <Data> and <Result> sections share the same Metric and Stratification-level, but each Result section has a unique IndicatorKey. The Exchange and LTSS submissions do not include either of these measures, so they have a one-to-one mapping between <Data> and <Result> sections.

```

<Measures>
  <MeasureCode>
    <Metadata>
      <MeasurementYear>2020</MeasurementYear> } Optional
    </Metadata>
    <Metric>
      <Stratification>
        <Age>18-44</Age> } Optional
      </Stratification>
      <Data>
        <EligiblePopulation>844</EligiblePopulation>
        <NumeratorByAdmin>211</NumeratorByAdmin>
      </Data>
    </Metric>
  </MeasureCode>
</Measures>

```

Figure 1: Snippet of a Submission XML file (MeasureCode and Metric must be replaced by real values).

The data points in the <Result> sections can be mapped directly to their Indicators through the IndicatorKey tags. For all other data points, the data dictionaries provide the mapping between their "coordinates" in the XML files (MeasureCode, Metric, Stratifications, Sections) and their IndicatorKeys.

The shared data points for the ABX and IPU measures are mapped to each indicator in which they are really used and therefore occur multiple times in the data dictionaries. To transform data dictionaries that include these measures to have a one-to-one mapping with the submission XML: filter on SubmissionFile="Y"; remove the IndicatorKey column; and deduplicate the remaining rows.

Table 1: Description of the product line specific submission and result XML files and data dictionaries

Column	Description
MeasureCode	The unique 3 to 5-character measure abbreviation as defined in HEDIS Volume 2, the LTSS and the QRS specifications. For utilization measures that are reported separately for Medicaid Total, Duals, Disabled and Low Income populations, the Volume 2 measure abbreviations are followed by an a: all members; b: duals; c:

	disabled; d: low income. The commercial and Medicare product lines only report the “a” versions.
IndicatorKey	An identifier that is unique across all HEDIS indicators but shared across product lines. IndicatorKeys consist of a 6-digit BaseID followed by a 2-digit StratumID, separated by an underscore (“_”). StratumID values have no inherent meaning, but different values for the same BaseID are used to distinguish socio-economic stratifications such as the SES stratifications for select Medicare measures and the Total, Dual, Disabled and Low Income (a/b/c/d) versions of select Medicaid utilization measures. IndicatorKeys do not change through a trending break.
Variable	The name of the variable in the XML file.
SubmissionFile	“Y” if the variable is included in the Submission XML file; “N” if the variable is only included in the Results XML file.
Section	Metadata, Data or Result: the section of the XML file containing the Variable. Since Variable names are unique within Indicators this information is redundant but provided for convenience.
MetricName	The mnemonic for the Indicator.
Stratification	Only defined for stratified measures. A compact description of 1 or more stratifications and their values, separated by comma’s and surrounded by curly braces {} (JSON syntax).

Changelog

- Updated with references to the LTSS and QRS measure specification publications.