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ELECTRONIC DATA
USER'S GUIDE

Cohort V Baseline
2002

MEDICARE HEALTH

OUTCOMES SURVEY

CENTERS
FOR MEDICARE
& MEDICAID
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HEALTH
SERVICES
ADVISORY
GROUP



HSAG
HEALTH SERVICES
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Preface

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare + Choice Organizations (M+COs). The Medicare Health Outcomes Survey (HOS) is the first health outcomes measure for the Medicare population in managed care settings. The HOS design is based on a randomly selected sample of individuals from each participating M+CO, and measures physical and mental health over a two-year period.

This *Cohort V Baseline Data User's Guide* is designed to assist individuals with the use of the beneficiary level *Cohort V Baseline* Electronic Data. The data user's guide includes a general overview of the survey methodology, data cleaning, and scoring processes required for the creation of the HOS *Cohort V Baseline* data set. These data are intended to support M+CO and Quality Improvement Organization (QIO) quality improvement activities.

Introduction

BACKGROUND

CMS is committed to monitoring the quality of care provided by M+COs. To better evaluate this care, CMS, in collaboration with the National Committee for Quality Assurance (NCQA), launched the first Medicare managed care outcomes measure in the Health Plan Employer Data and Information Set (HEDIS[®]) in 1998¹. The measure includes the most recent advances in summarizing physical and mental health outcomes results and appropriate risk adjustment techniques. This measure was initially titled Health of Seniors, and was renamed the Medicare Health Outcomes Survey during the first year of implementation. This name change was intended to reflect the inclusion of Medicare recipients who are disabled and not seniors (not age 65 or older) in the sampling methodology.

The HOS measure was developed under the guidance of a Technical Expert Panel (TEP) comprised of individuals with specific expertise in the health care industry and outcomes measurement. The TEP continues to provide input for developing the science of the HOS measure. CMS has contracted with NCQA to support the standardized administration of the HOS survey, including selecting, training, and certifying independent survey vendors with whom the plans contract to administer the survey.

The HOS measure is an assessment of a health plan's ability to maintain or improve the physical and mental health functioning of its Medicare beneficiaries over a two-year period of time. The functional status of the elderly is known to decline over such a period.² The differences between the baseline and the two-year follow up physical and mental health scores are aggregated at the plan level, yielding HOS plan level Performance Measurement results. The *Cohort I* Performance Measurement results were released in 2001. The Performance Measurement results for *Cohort V* (scheduled for release in 2005) will incorporate data from the 2004 *Cohort V Follow Up* survey.

The HOS *Cohort V Baseline* Report, which was distributed in June 2003, is part of a larger effort by CMS to improve the health care industry's capacity to sustain and improve the health status and functioning of its Medicare population. The *Cohort V Baseline* results are intended to assist M+COs and QIOs in identifying areas requiring potential improvement. The overall goals of HOS are to help beneficiaries make informed health care choices and to promote quality improvement based on competition.

In 2002, CMS required all M+COs and continuing cost contractors, Program of All-inclusive Care for the Elderly (PACE) plans, Social HMOs, and Medicare Choices Demonstration plans with contracts in place on or before January 1, 2001 to participate in the *Cohort V Baseline* survey.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

² National Committee for Quality Assurance. *HEDIS[®] 2002, Volume 6: Specifications for the Medicare Health Outcomes Survey Manual*. Washington DC: NCQA Publication, 2002.

For further background on the Medicare HOS, please refer to the *Cohort V Baseline* Report. The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077), as well as the HOS e-mail address (hos@azqio.sdps.org), are available to provide assistance with data questions and interpretation. Additionally, the Medicare HOS website provides general information on the project and responses to Frequently Asked Questions (<http://www.cms.hhs.gov/surveys/hos>).

MEDICARE HEALTH OUTCOMES SURVEY INSTRUMENT

The HOS instrument consists of the SF-36[®] Health Survey^{3, 4} and additional questions, including those used for case mix and risk adjustment purposes.

SF-36[®] Health Survey

The SF-36[®] is a multipurpose, short-form health survey with only 36 questions. It yields an 8-scale profile of scores, as well as physical and mental health summary measures. It is a generic measure, as opposed to one that targets a specific age, disease, or treatment group. As documented in more than 2,500 publications, the SF-36[®] has proven useful in both general and specific populations, comparing the relative burden of diseases, differentiating the health benefits produced by a wide range of different treatments, and screening individual patients. The most complete information about the history and development of the SF-36[®], its psychometric evaluation, studies of reliability and validity, and normative data is available in two user's manuals.^{4, 5}

Figure 1, on page 5, illustrates the taxonomy of items and concepts underlying the construction of the SF-36[®] summary measures, the Physical Component Summary Score (PCS) and Mental Component Summary Score (MCS). The SF-36[®] is scored from 0 to 100 points, with higher scores indicating better functioning on both the individual scales and the summary measures. For *Cohort V Baseline*, the HOS individual scale scores, as well as the PCS and MCS scores, have been normed to the values for the 1998 general US population, so that a score of fifty represents the national average for a given scale or summary score. In addition, the norm-based score for the 1998 general US population has a standard deviation (SD) of ten points. It is important to note, however, that the 1998 general population elderly norms reflect a PCS mean score of 42.6 and an MCS mean score of 52.0.

Please note that for the HOS *Cohorts I, II, and III Baseline* data files, the means and standard deviations used in scoring the SF-36[®] summary measures came from the 1990 National Survey of Functional Health Status. The scoring of the SF-36[®] summary measures utilized the “half scale” approach for imputing scale scores for those with missing data. For the *Cohort IV*

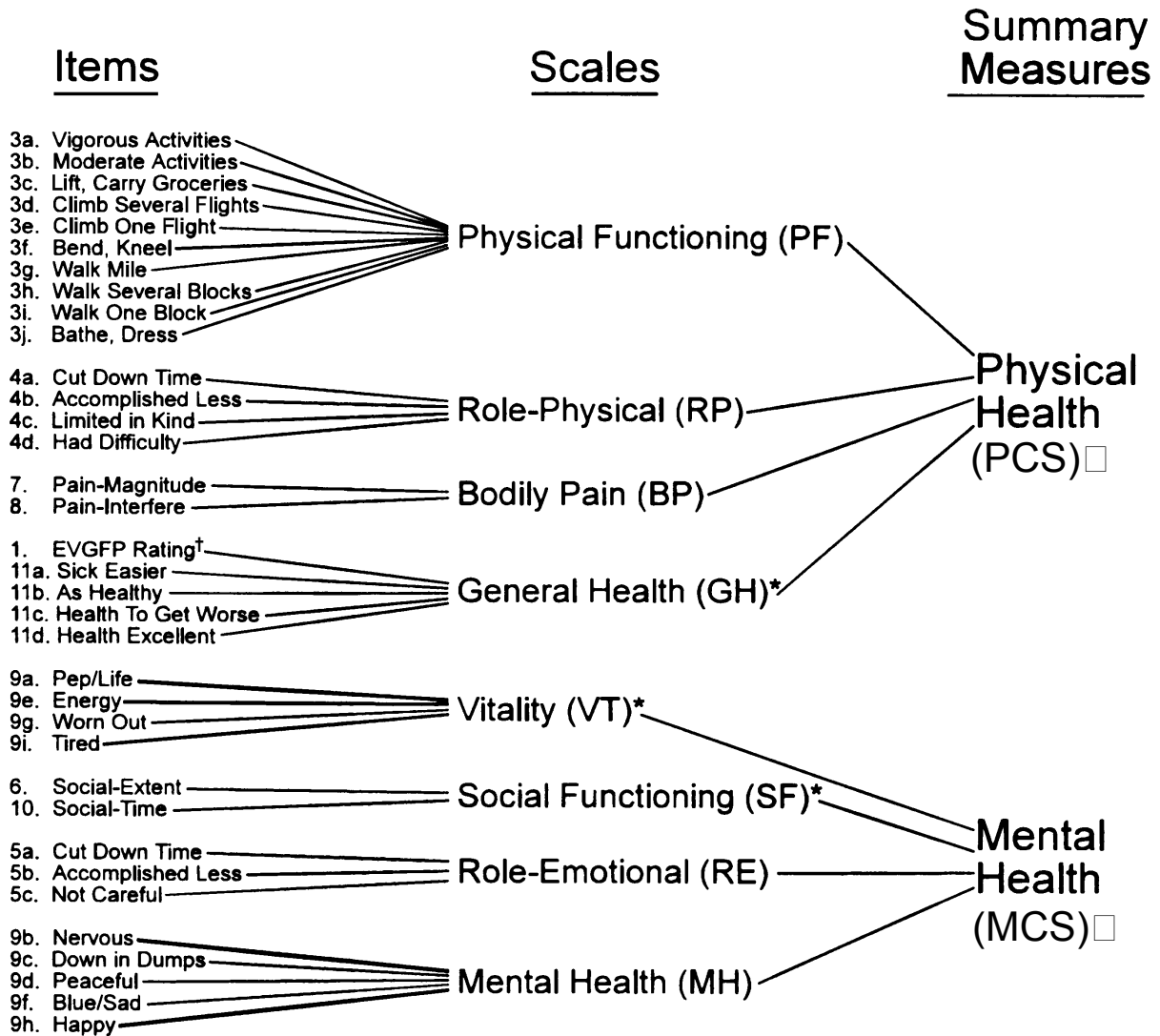
³ SF-36[®] is a registered trademark of the Medical Outcomes Trust.

⁴ Ware JE, Snow KK, Kosinski M, Gandek B. *SF-36[®] Health Survey Manual and Interpretation Guide*. Boston, MA: The Health Institute, 1993.

⁵ Ware JE, Kosinski M. *SF-36[®] Physical and Mental Health Summary Scales: A Manual for Users of Version 1*. Second Edition. Lincoln, RI: QualityMetric, Incorporated, 2001.

Baseline data file, however, the summary measures were scored with the missing data estimation (MDE) scoring utility, which imputed scores for those with missing data. Therefore, **caution should be exercised when comparing PCS and MCS scores from the *Cohort V Baseline* data file to HOS *Cohorts I, II, III, or IV Baseline* data files.**

FIGURE 1: SF-36[®] Measurement Model



* Significant correlation with other summary measure

† EVGFP Rating: In general, would you say your health is:
Excellent Very Good Good Fair Poor

Source: Ware JE, Kosinski M, Keller SD. *SF-36[®] Physical and Mental Health Summary Scales: A User's Manual*. Boston, MA: The Health Institute, 1994.

Case Mix Adjustment Questions

The HOS instrument also includes questions on demographics, chronic medical conditions, and activities of daily living (ADLs). Demographics include questions on beneficiary age, gender, race, education, marital status, and income.

Thirteen chronic medical conditions are included in the questionnaire. These conditions are: hypertension; angina pectoris or coronary artery disease; congestive heart failure; myocardial infarction or heart attack; other heart conditions, such as heart valve defects or arrhythmias; stroke; emphysema, asthma, or chronic obstructive pulmonary disease; inflammatory bowel disease, including Crohn's disease and ulcerative colitis; arthritis of the hip or knee; arthritis of the hand or wrist; sciatica; diabetes, hyperglycemia, or glycosuria; and any cancer (other than skin cancer).

Six ADLs are included in the HOS survey to determine self reported difficulty with performance of daily tasks. Activities include bathing, dressing, eating, getting in or out of chairs, walking, and using the toilet.

For further information on the Medicare HOS instrument, please refer to the *Cohort V Baseline Report* and HEDIS[®] 2002, Volume 6.⁶

⁶National Committee for Quality Assurance. *HEDIS[®] 2002, Volume 6: Specifications for the Medicare Health Outcomes Survey Manual*. Washington DC: NCQA Publication, 2002.

Methodology

SAMPLING METHODOLOGY

The HOS measure is administered annually to a randomly selected sample of individuals at baseline from each M+CO. The sampling methodology is dependent upon the size of a plan's population. For M+COs with Medicare populations of more than 1,000 members, a simple random sample of 1,000 members is selected for the baseline survey. In those M+COs with 2,000 or more members, members who responded to the *Cohort IV Baseline* survey were excluded from the *Cohort V Baseline* sample. For M+COs with populations of 1,000 members or less, all eligible members are included in the sample for the baseline survey. Members are defined as eligible if they are continuously enrolled for at least six months and do not have End Stage Renal Disease (ESRD).

DISTRIBUTION OF THE SAMPLE

The 2002 *Cohort V Baseline* Medicare HOS included a random sample of 171,504 beneficiaries, including both the aged and disabled, from 177 managed care plans. Of the 171,504 individuals sampled, 5,963 were determined to be invalid members during the survey administration. Invalid members of the sample met one of the following criteria: deceased; not enrolled in the M+CO; had an incorrect address and phone number; or had a language barrier. The removal of the invalid members from the total sample yielded an eligible sample of 165,541. This sample is referred to as the *Cohort V Baseline eligible sample*. Of the 165,541 beneficiaries in the eligible sample, 64.1% (106,168) returned a completed baseline survey. For the purposes of the *Cohort V Baseline Report*, a completed survey was defined as one that could be used to calculate PCS and MCS scores.

The 165,541 members of the *Cohort V Baseline eligible sample* included 154,016 seniors (age 65 or older). Of the 154,016 eligible seniors sampled, 99,382 had calculatable PCS and MCS scores. This group of seniors comprises the *Cohort V Baseline analytic sample*. **The analytic sample was the focus of all analyses within the *Cohort V Baseline Report*.**

SCORING SF-36[®] PHYSICAL AND MENTAL HEALTH SUMMARY MEASURES

The eight scales and two summary measures are estimated using the scoring algorithms described by the developers of the SF-36[®] Health Survey.⁷ Briefly, these norm-based algorithms yield favorably scored (i.e., higher is better) measures that have a mean of 50 and a standard deviation of 10 in the general US population. For each scale, a score was calculated if at least 50% of the items in the scale were completed.⁸ For the PCS, a very high score indicates no physical limitations, no disabilities or decline in well being, high energy level, and a rating of health as “excellent.” For the MCS, a very high score indicates frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

Given that the *Cohort I Baseline* survey was fielded in 1998, the means and standard deviations used in scoring the PCS and MCS for the *Cohort V Baseline* data file were based on the 1998 National Survey of Functional Health Status. In order to allow for interpretation of PCS and MCS scores across all of the cohorts of data, the weights (i.e., component scoring coefficients) used in aggregating the eight scales to score the PCS and MCS measures are the original standardized weights recommended by the developers.⁷ These weights, which have been used in more than 100 published studies reporting results for the PCS and MCS measures, have consistently yielded reliable and valid scores in both general and elderly populations. Given this consistency and reliability, the published interpretation guidelines are applicable to the HOS.

CASE MIX ADJUSTMENT

As described on the previous page, of the 154,016 eligible seniors sampled, 99,382 had calculatable PCS and MCS scores. Linear regression techniques were used to case mix adjust these scores for each beneficiary. In brief, models used to adjust the SF-36[®] scales and summary measures included variables to control for differences in demographic and socioeconomic characteristics, chronic medical conditions, and HOS study design variables. Demographic and socioeconomic variables included age, gender, race, education, marital status, and annual household income. Chronic medical conditions were measured with a checklist of 13 medical conditions. HOS study design variables included who completed the survey, the mode of survey administration, CMS region, and the survey vendor. A series of three different models was used for each measure since all beneficiaries did not have completed data for all of the covariates. The most comprehensive model possible was used for each beneficiary. If beneficiaries had completed data for all of the covariates, then their adjusted scores were calculated using the model with all variables (Model One). If not, then the next most comprehensive model was used if the beneficiaries had completed data for all covariates except annual household income (Model Two). If the beneficiaries did not have enough completed data for Model One or Model Two, a third model was used, which was limited to age, gender, race, mode of survey

⁷ Ware JE, Kosinski M. *SF-36[®] Physical and Mental Health Summary Scales: A Manual for Users of Version 1, Second Edition*. Lincoln, RI: QualityMetric, 2001.

⁸ Ware JE, Snow KK, Kosinski M, Grandek B. *SF-36[®] Health Survey Manual and Interpretation Guide*. Boston, MA: The Health Institute, 1993.

administration, CMS plan region, and survey vendor (Model Three). The variables included in Model Three were available for all participating beneficiaries. One model was used for each beneficiary, and there were no predictions made with missing data. Table 1, on page 10, describes the covariates and models used in the case mix adjustment of the SF-36[®] measures.

For further information on the Medicare HOS methodology, please refer to the *Cohort V Baseline* Report that was distributed in June 2003.

TABLE 1 COVARIATES USED IN THE CASE MIX ADJUSTMENT OF SF-36[®] MEASURES			
	PCS AND MCS MODELS		
			Three
Age (Continuous)	✓	✓	✓
Gender (Male or Female)	✓	✓	✓
Race (White, Black, Other Minority)	✓	✓	✓
Education	✓	✓	
Marital Status	✓	✓	
Income	✓		
Hypertension or high blood pressure	✓	✓	
Angina pectoris or coronary artery disease	✓	✓	
Congestive heart failure	✓	✓	
Myocardial infarction or heart attack	✓	✓	
Other heart conditions, such as problems with heart valves or arrhythmias	✓	✓	
Stroke	✓	✓	
Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	✓	✓	
Crohn's disease, ulcerative colitis, or inflammatory bowel disease	✓	✓	
Arthritis of the hip or knee	✓	✓	
Arthritis of the hand or wrist	✓	✓	
Sciatica	✓	✓	
Diabetes, high blood sugar, or sugar in the urine	✓	✓	
Any cancer (other than skin cancer)	✓	✓	
Who Completed Survey (Self or Other)	✓	✓	
Mode of Survey Administration (Mail or Telephone)	✓	✓	✓
CMS Plan Region	✓	✓	✓
Survey Vendor	✓	✓	✓

Note: Model One included all covariates listed in Table 1 and was used for beneficiaries with completed data for all of the covariates. Model Two was used for beneficiaries with completed data for all of the covariates except annual household income. Model Three was limited to age, gender, race, mode of survey administration, CMS plan region, and survey vendor, and was used for beneficiaries who did not have enough completed data for Model One or Model Two. The variables included in Model Three were available for all participating beneficiaries.

Baseline Electronic Data File Characteristics

Each state level *Cohort V Baseline* Electronic Data SAS[®] File was derived from a sample of 171,504 Medicare beneficiaries.⁹ There are a total of 236 variables in the *Cohort V Baseline* Electronic Data File. A detailed summary of data cleaning, editing, and scoring processes is included in Appendix A. A detailed list of the variables in the file is included in Appendix B.

This section describes new variables included in the *Cohort V Baseline* data file, and variables that were included in previous baseline files but have been excluded from the *Cohort V Baseline* data file. This section also provides an overview of all the variables in the file.

NEW VARIABLES

In order to match the categories used for reporting and to facilitate usage of the HOS data, the following variables were added to the *Cohort V Baseline* data file.

- A five category, all-inclusive age group variable (C5AGECAT) was created that matches the categories used for reporting (under 65, 65 to 69, 70 to 74, 75 to 79, and 80 or older).
- Collapsed category variables were created for marital status (C5MARCAT), education (C5EDCAT), and annual household income (C5INCCAT).
- A second elapsed survey date variable (C5ESVDT2) was created to match the survey date used for reporting. For records with a missing survey date, elapsed survey dates were imputed utilizing the mean survey date by vendor and mode of administration. This allows for the calculation of age and other date-related variables for all beneficiaries within the *Cohort V Baseline* file.
- SF-36[®] scale scores were added to the *Cohort V Baseline* file including the raw scale scores (C5RAWPF, C5RAWRP, C5RAWBP, C5RAWGH, C5RAWVT, C5RAWSF, C5RAWRE, C5RAWMH), the transformed scale scores (C5PF, C5RP, C5BP, C5GH, C5VT, C5SF, C5RE, C5MH), the standardized scale scores (C5PF_Z98, C5RP_Z98, C5BP_Z98, C5GH_Z98, C5VT_Z98, C5SF_Z98, C5RE_Z98, C5MH_Z98), the 1998 norm-based scale scores (C5PFS98, C5RPS98, C5BPS98, C5GHS98, C5VTS98, C5SFS98, C5RES98, C5MHS98), and the case mix adjusted scale scores (C5ADJPFS, C5ADJRPS, C5ADJBPS, C5ADJGHS, C5ADJVTS, C5ADJSFS, C5ADJRES, C5ADJMHS).
- The raw 1998 norm-based SF-36[®] summary measures (C5PRAW98 and C5MRAW98) as well as the standardized 1998 norm-based summary measures (C5PCS98 and C5MCS98) were included in the *Cohort V Baseline* file.

⁹ SAS[®] is a registered trademark of SAS Institute Inc., Cary, NC.

- An indicator variable (C5CHIN) was created for beneficiaries enrolled in the Chinese language plans.
- An indicator variable (C5EXCLUD) was created for beneficiaries who have requested to be excluded from future HOS surveys.
- The variable C5SURIND was included in the *Cohort V Baseline* file to indicate if a beneficiary was sampled for inclusion in *Cohort V Baseline* only (1), *Cohort III Follow Up* only (2), or *Cohort V Baseline* and *Cohort III Follow Up* (3).

EXCLUDED VARIABLES

Variables listed below were excluded from the *Cohort V Baseline* data file because they were not consistent with reporting, they were missing for all observations, or they caused the file to exceed file size limitations.

- Variables for elapsed date of death (C5EDOD) and elapsed date of termination (C5ETRMĐT) were not calculated due to missing values for all records.
- The following plan level variables were excluded: sample size (C5SAMPLE), number of respondents (C5RSPNUM), number of mail respondents (C5MALNUM), number of telephone respondents (C5TELNUM), number of invalids (C5INVALD), sample minus invalids (C5RSPDEN), response rate (C5RSPON), mail response rate (C5MALRR), and telephone response rate (C5TELRR). These variables have been included in previous baseline data files; however, they were excluded from the *Cohort V Baseline* data file due to file size limitations.
- Previous cohort files included additional SF-36[®] summary measure means and standard deviations for both adjusted and unadjusted scores at the plan, state, and national levels (C5MCMIPU, C5MCMNPU, C5MCMNSU, C5MCMNTU, C5MCMXPU, C5MCSDPU, C5MCSDSU, C5MCSDTU, C5PCMIPU, C5PCMNPƯ, C5PCMNSU, C5PCMNTU, C5PCMXPƯ, C5PCSDPU, C5PCSDSU, C5PCSDTU C5MCMIPA, C5MCMNPA, C5MCMNSA, C5MCMNTA, C5MCMXPA, C5MCSDPA, C5MCSDSA, C5MCSDTA, C5PCMIPA, C5PCMNPA, C5PCMNSA, C5PCMNTA, C5PCMXPA, C5PCSDPA, C5PCSDSA, C5PCSDTA). These variables were excluded from the *Cohort V Baseline* data file due to file size limitations.
- The indicator variable for members of Evercare plans (C5EVER) was not included because Evercare plans did not participate in the *Cohort V Baseline* survey.
- The variable C5PROXST, which indicates follow up proxy disposition, was not included in the *Cohort V Baseline* data file because it is not applicable to the baseline survey.
- Previous cohort files included two age group variables: C5AGEGRP, a four category all-inclusive age group variable, and C5AGEGP2, a baseline age group variable (only calculated for age 65 or older). These two age group variables were excluded, and a new, five category all-inclusive age group variable was created (see description under the New Variables heading on page 11).
- The double duty variable (C5DBLDTY) was removed from NCQA’s file specifications and replaced with a new survey indicator variable called C5SURIND (see description under the New Variables heading on page 11).

VARIABLE OVERVIEW

The following is a general description of variables included in the *Cohort V Baseline* data file. The variables are listed in the order they appear in the SAS[®] data file.

Baseline Beneficiary and Plan Level Variables (Variables 1-4)

Data in this section include the Health Insurance Claim (HIC) number and anonymous patient and plan identification numbers. The HIC number variable (HICNUM) is derived from CMS' Medicare Enrollment Database (EDB) and is a unique identifier for each beneficiary. HICNUM was the beneficiary level unit of analysis for the *Cohort V Baseline* Report.

Baseline NCQA Plan Level Variables (5-16)

Data in this section are taken from the header record of the *Cohort V Baseline* M+CO data file. This section includes information about the M+CO contract number (C5CNTRNM), plan identifier (C5PLANID), plan name (C5PLANNM), market area (C5MARKET), market area name (C5MANAME), and healthcare organization ID (C5HHTID) as assigned by NCQA. The contract number and plan identifier represent the member's plan assignment at the time of the baseline sampling in 2002.

Baseline Member Level Record Variables (Variables 17-41)

Data in this section are taken from the member level record of the baseline file. These data were obtained from CMS' EDB at the time the sample files were created. Beneficiary address variables (mailing address, county, state, and zip code) are included in this section. Beneficiary race, gender, date of birth, and reason for entitlement are also included in this section. For beneficiaries who were members of *Cohort III Baseline*, the variable C5RESPC3 is the name provided for question 56 from the *Cohort III Baseline* survey ("What is the name of the person who completed this survey form?"). C5SURIND indicates if a beneficiary was sampled for inclusion in *Cohort V Baseline* only (1), *Cohort III Follow Up* only (2), or *Cohort V Baseline* and *Cohort III Follow Up* (3).

Baseline Survey Variables (Variables 42-140)

This section contains survey information from the 57 questions comprising the HOS instrument. The information presented in this section represents each beneficiary's actual answers to the specific questions. These data include beneficiary responses to questions pertaining to the SF-36[®], health status indicators, chronic medical conditions, depression, ADLs, demographics, and who completed the survey. The SF-36[®] portion of the survey (questions one and three through eleven in the HOS instrument) is used to obtain physical and mental health summary measures.

Baseline Survey Administration Variables (Variables 141-159)

The variables in this section include the disposition of the survey, the round in which the survey was obtained, the date the survey was completed, and the language in which the survey was completed. Other data in this section include a Spanish survey flag, a flag for beneficiaries who have requested to be excluded from future HOS surveys, variables which indicate beneficiaries of PACE or Chinese language plans, and an invalid survey flag. Other variables include the percent of the survey that was completed, an indicator variable for a “complete” survey (with at least 80% completion of the items), and indicator variables for mismatched race, year of birth, and gender to reflect inconsistent information between the CMS member level record and the respondent provided survey data.

Baseline Elapsed SAS[®] Dates (Variables 160-164)

This section provides elapsed SAS[®] dates for date of birth, accretion date, accretion limit, and two survey date variables. The original survey date variable (C5ESVDAT) was included for all beneficiaries with a reported survey date. For beneficiaries with a missing survey date, elapsed survey dates were imputed utilizing the mean survey date by vendor and mode of administration. This imputation process was used to generate the variable C5ESVDT2, which is equal to the original survey date (C5ESVDAT) except in those instances where a survey date has been imputed due to missing data. C5ESVDT2 is used for the calculation of age and other date-related variables for all beneficiaries within the *Cohort V Baseline* file.

Baseline Analytic Variables (Variables 165-175)

Variables in this section are baseline analytic variables that are created by Health Services Advisory Group (HSAG). An age variable, an age category variable, a variable that combines race categories, a variable that provides enrollment duration, and a variable of enrollment duration categories are included. Age (C5AGE) is calculated utilizing C5ESVDT2 and C5EDOB:

$$C5AGE = (C5ESVDT2 - C5EDOB)/365.25$$

The C5AGECAT variable is created from C5AGE and is categorized into the following groups: Under 65 (0); 65 to 69 (1); 70 to 74 (2); 75 to 79 (3); and 80 or older (4). The C5RACEGP variable combines CMS race categories as follows: White (1); Black (2); and Other (3).

Baseline SF-36[®] Scores (Variables 176-221)

As described previously in the Methodology section, the standard SF-36[®] scoring algorithm and 1998 norms were used to calculate SF-36[®] scores for the *Cohort V Baseline* Report. Included in this section are unadjusted and adjusted SF-36[®] scale scores and summary measures, including the raw scale scores (positions 176-183), the transformed scale scores (positions 184-191), the 1998 standardized scale scores (positions 192-199), the raw 1998 standardized summary

measures (positions 200-201), the 1998 standardized norm-based summary measures (positions 202-203), the 1998 standardized norm-based scale scores (positions 204-211), and the case mix adjusted summary measures and scale scores (positions 212-221).

Baseline Reporting Variables (Variables 222-225)

Data in this section include variables used for baseline reporting. C5ANALYT is the baseline analytic sample indicator and is limited to beneficiaries who are seniors (age 65 or older) and who had calculatable PCS and MCS scores. The reporting contract number (C5RPT_CN) and reporting plan identifier (C5RPTUNT) represent the member's plan assignment at the time of reporting in 2003. C5RPTUNT incorporates both the contract number and additional market area information. Please note that the reporting unit variable (C5RPTUNT) was the plan level unit of analysis for the Medicare HOS *Cohort V Baseline* Report (C5RPTUNT N=177).

Baseline Plan Characteristics Variables (Variables 226-236)

Data in this section provide plan characteristics, including plan type, plan description, plan state, and plan region. The information was obtained from the May 2002 CMS Monthly Report of Managed Care Health Plans (<http://cms.hhs.gov/healthplans/statistics/monthly>). The information links to the contract number variable (C5CNTRNM) because the information provided in the monthly report is not market area specific. Please note that the plan state variable (C5PLANST) was the state level unit of analysis for the *Cohort V Baseline* Report.

PACE Discussion

The HOS *Cohort V Baseline* sample included beneficiaries enrolled in PACE plans. There were 4,834 members sampled from 20 PACE plans. There are 238 variables in the *Cohort V PACE* data file. Since the PACE plans differ significantly from the M+CO plans, their data were analyzed separately and have been forwarded in a separate data file. Each PACE plan and its QIO received a report that displayed results for their specific plan, for all PACE plans, and for the total HOS sample (which excludes PACE data). Appendix B describes the file layout for the *Cohort V Baseline* data file. The file layout for the *Cohort V PACE* data file is identical to the *Cohort V Baseline* data file except for two additional variables, which are described below. **Please note that even though the structures of the M+CO and PACE data files are similar, it is not recommended that the data files be combined.**

For *Cohort V PACE* data, the May 2002 CMS Monthly Report of Managed Care Health Plans (<http://cms.hhs.gov/healthplans/statistics/monthly>) included information for only one of the 20 PACE plans. Therefore, the baseline plan characteristics variables are missing for all PACE plans except for the one plan included in the monthly report. Typically, the variable that is used to indicate plan state (C5PLANST) is obtained from the monthly report. However, given that this variable was missing for all but one of the PACE plans, beneficiary address information was used to ascertain each PACE plan's state designation. A new variable for PACE plan state (C5PLST_P) was created only for the PACE plans. The new plan state variable was used to assign CMS region to a new variable for PACE plan region (C5PLRG_P). Please note that the baseline contract number (C5CNTRNM) and the baseline plan identifier (C5PLANID) represent a member's plan assignment at the time of the baseline sampling in 2002. However, the reporting contract number (C5RPT_CN) and reporting plan identifier (C5RPTUNT) represent a member's plan assignment at the time of reporting in 2003 and incorporate additional market area information. For the *Cohort V PACE* plans, the market area information does not change from the baseline assignment. The final plan assignments contained in C5RPT_CN and C5RPTUNT represent the plan designations utilized for the Medicare HOS *Cohort V PACE* reporting (C5RPTUNT N=20).

For further details on the *Cohort V PACE* data file, please refer to Appendix B and the *Cohort V Baseline* Report. Please note that although Appendix B describes the file layout for the *Cohort V Baseline* file, the structure of the *Cohort V PACE* data file is identical to the *Cohort V Baseline* file with the exception of two additional variables (C5PLST_P and C5PLRG_P, described above). The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077), as well as the HOS e-mail address (hos@azqio.sdps.org) are available to provide technical assistance.

Appendix A

Quality Assurance of the Data

DATA RECEIPT

The HOS *Cohort V Baseline* data were transmitted to Health Services Advisory Group (HSAG) from the National Committee for Quality Assurance (NCQA) on September 9, 2002. The data were transmitted on CD-ROM containing individual ACSII flat files for each *Cohort V Baseline* participating plan. These plans included all Medicare + Choice Organizations (M+COs) and continuing cost contractors, Program of All-inclusive Care for the Elderly (PACE) plans, Social HMOs, and Medicare Choices Demonstration plans with contracts in place on or before January 1, 2001. In total, 197 individual files were submitted containing 171,504 *Cohort V Baseline* records and 4,834 *Cohort V PACE* records. The ASCII flat files contained plan, beneficiary, and survey information as specified in HEDIS[®] 2002, Volume 6 (also referred to as the 2002 HOS Manual) and the 2002 NCQA Quality Assurance Plan (also referred to as the 2002 QAP).^{10, 11}

DATA CLEANING AND EDITING

After all of the individual files were imported using SAS[®] software and saved as unique SAS[®] data sets, they were appended to form a single HOS data file. To verify the presence of unique beneficiaries in the HOS *Cohort V Baseline* data file, the file was examined for duplicate Health Insurance Claim (HIC) numbers. All variables in the data file were examined for consistency. All dates contained within the data file were verified to correspond to the appropriate range. Frequency distributions of all categorical variables as well as cross tabulations by vendor were performed to identify both out of range values and data shifts in value assignment. The cross tabulations were performed using the entire HOS data file and also specified subsets of the data file. In addition to the cross tabulations of categorical variables, the survey variables (such as survey disposition, round number, and survey language) were assessed for accuracy and consistency. Finally, response consistency checks were performed to validate the integrity of the data. SAS[®] code was utilized to perform automated reviews of these procedures, resulting in increased accuracy and efficiency. When revised data submissions were received by HSAG, an item level comparison between the current/revised and prior vendor submissions was performed. This process provided an important method of validation of the vendor submissions over time when multiple submissions were received.

An additional consistency check was performed which examined skip pattern violations. In many records, beneficiaries failed to correctly follow the skip patterns contained within the

¹⁰ National Committee for Quality Assurance. *HEDIS[®] 2002, Volume 6, Specifications for the Medicare Health Outcomes Survey*. Washington DC: NCQA Publication, 2001.

¹¹ National Committee for Quality Assurance. *NCQA Quality Assurance Plan (QAP): 2002 Medicare Health Outcomes Survey Cohort 5 Baseline Administration and Cohort 3 Follow Up Administration*. Washington DC: NCQA Publication, Revised March 6, 2002.

survey; however, no changes were made to any of the responses. **Caution should be exercised when examining data that utilize a skip pattern.**

Several inconsistencies were identified pertaining to survey date, survey language, vendor unique CATI identifier, and Spanish protocol identifier flag. An example of this type of inconsistency was a record with a survey disposition code indicating that the survey was completed (“T10”), but the survey date was missing. As identified, the errors were forwarded to NCQA, and when appropriate, corrected information was incorporated into the data file.

After the HOS data file was cleaned and edited, the file was separated into three data files: (1) *Cohort V Baseline*; (2) *Cohort III Follow Up*; and (3) *Cohort V PACE*. The variables contained in the data files were then assigned the standard naming scheme reflecting the time period during which the data were collected. For instance, all variables in the *Cohort V Baseline* and *Cohort V PACE* data files begin with “C5” with the exception of the variable containing the HIC number. The “C” reflects a Baseline Cohort (as opposed to “R” which indicates Remeasurement or Follow Up), and the “5” reflects *Cohort V*.

To match reporting and to be consistent with the variables included in previous baseline cohort files, 53 new variables were added to the *Cohort V Baseline* file, and 52 were excluded from the file. Additional information about the changes to the *Cohort V Baseline* data file is described in the Baseline Electronic Data File Characteristics section on page 11.

General plan characteristics information, which was incorporated into the *Cohort V Baseline* data file, was downloaded from the **May 2002** CMS Monthly Report of Managed Care Health Plans (<http://cms.hhs.gov/healthplans/statistics/monthly>). Plan specific variables included: type; model; population; description; CMS region; state; tax status; and contract start date. Duration of plan contract in years (C5PLDUR) was calculated and incorporated into the data file.

Upon completion of the HOS data editing and cleaning process, the final data set was produced. This final data set served as the source for variables used in the *Cohort V Baseline* analysis and report.

For further information on the quality assurance of the data, please refer to the *Cohort V Baseline* Report. The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077), as well as the HOS e-mail address (hos@azqio.sdps.org) are available to provide technical assistance. Additionally, the Medicare HOS website provides general information on the project and responses to Frequently Asked Questions (<http://www.cms.hhs.gov/surveys/hos>).

Appendix B

Baseline Electronic Data File Specifications

ELECTRONIC DATA FILE LAYOUT BY POSITION

The following table describes the file layout by position for the *Cohort V Baseline* Electronic Data File. There are a total of 236 variables in the data file.¹² The file is a SAS® data file and was generated using the SAS® version 8 engine.

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
1	HICNUM	Char	12	C5 HIC Number
2	C5PATID	Num	8	C5 Anonymous Patient ID
3	C5PLAN	Num	8	C5 Anonymous Plan ID
4	C5RECID	Char	1	C5 Record ID
5	C5RPTYR	Num	8	C5 Report Year
6	C5CNTRNM	Char	5	C5 Contract Number
7	C5PLANNM	Char	50	C5 Plan Name
8	C5LNBUSS	Num	3	C5 Line of Business
9	C5MODEL	Num	3	C5 Model Type
10	C5MARKET	Char	1	C5 Market Area
11	C5MANAME	Char	50	C5 Market Area Name
12	C5VENDOR	Num	3	C5 Vendor 1 = DSS 2 = GHS 3 = Solucient 4 = Market Facts 5 = DataStat, Inc.
13	C5HHTID	Char	7	C5 NCQA Healthcare Organization ID
14	C5SUBID	Char	6	C5 NCQA Submission ID
15	C5SPECID	Char	10	C5 NCQA Special Area ID
16	C5PLANID	Char	6	C5 Plan ID
17	C5FNAME	Char	15	C5 First Name
18	C5MI	Char	1	C5 Middle Initial
19	C5LNAME	Char	24	C5 Last Name
20	C5ADDRSS	Char	137	C5 Combined Address (lines 1-6)
21	C5STATE	Char	2	C5 State SSA Code
22	C5STABV	Char	2	C5 State Abrv. from C5state SSA Code
23	C5STNAME	Char	20	C5 State Name from C5state SSA Code
24	C5COUNTY	Char	3	C5 County SSA Code
25	C5CTNAME	Char	25	C5 County Name
26	C5ZIPCOD	Char	9	C5 Zip Code

¹² There are two additional variables in the *Cohort V PACE* Electronic Data File, C5PLST_P and C5PLRG_P. Please refer to the PACE discussion on page 16 for a detailed description of these variables.

VAR #	FIELD NAME	VAR TYPE	LENGTH/ FORMAT	LABEL DESCRIPTION
27	C5RACE	Num	3	C5 Race (CMS)
28	C5GENDER	Num	3	C5 Gender (CMS)
29	C5SSN	Char	9	C5 Social Security Number
30	C5DOB	Char	8	C5 Date of Birth
31	C5DOD	Char	8	C5 Date of Death
32	C5ACCRDT	Char	8	C5 Accretion Date
33	C5TERMDT	Char	8	C5 Termination Date
34	C5ESRDID	Num	3	C5 ESRD Indicator
35	C5INSTUT	Num	3	C5 Institutional Status
36	C5HOSPIC	Num	3	C5 Hospice Status
37	C5MEDICD	Num	3	C5 Medicaid Status
38	C5RSENT	Num	3	C5 Reason for Entitlement
39	C5PROTIF	Num	3	C5 Protocol Identifier Flag
40	C5RESPC3	Char	50	C5 Respondent to Cohort 3 Survey
41	C5SURIND	Num	3	C5 Survey Indicator 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys
42	C5GENHHTH	Num	3	C5 Q1 General Health Question
43	C5HTHTRN	Num	3	C5 Q2 Health Transition Question
44	C5VIGACT	Num	3	C5 Q3a Vigorous Activities
45	C5MODACT	Num	3	C5 Q3b Moderate Activities
46	C5LIFT	Num	3	C5 Q3c Lift carry groceries
47	C5CLMBSV	Num	3	C5 Q3d Climb several flights
48	C5CLMBON	Num	3	C5 Q3e Climb one flight
49	C5BEND	Num	3	C5 Q3f Bending
50	C5WLKMI	Num	3	C5 Q3g Walk > 1 mile
51	C5WLKBKS	Num	3	C5 Q3h Walk several blocks
52	C5WLK1BK	Num	3	C5 Q3i Walk 1 block
53	C5BATHDR	Num	3	C5 Q3j Bathing or dressing
54	C5PCUTTM	Num	3	C5 Q4a Phys-Cut down time
55	C5PACMPL	Num	3	C5 Q4b Phys-Accomplish less
56	C5PLMTKW	Num	3	C5 Q4c Lmted in Kind of work
57	C5PDIFWK	Num	3	C5 Q4d Difficulty w/work
58	C5ECUTTM	Num	3	C5 Q5a Emotnl-cut down time
59	C5EACMPL	Num	3	C5 Q5b Emotnl-Accomplished less
60	C5ENTCRF	Num	3	C5 Q5c Emotnl-Not careful
61	C5SOCLMT	Num	3	C5 Q6 Social-extent
62	C5PNMAGT	Num	3	C5 Q7 Pain-Magnitude
63	C5PNINTF	Num	3	C5 Q8 Pain-Interfere Work
64	C5FULPEP	Num	3	C5 Q9a Pep/Life
65	C5NERVS	Num	3	C5 Q9b Nervous
66	C5DNDMPS	Num	3	C5 Q9c Down in Dumps
67	C5PCEFUL	Num	3	C5 Q9d Peaceful
68	C5ENERGY	Num	3	C5 Q9e Energy
69	C5BLSAD	Num	3	C5 Q9f Blue/Sad
70	C5WRNOUT	Num	3	C5 Q9g Worn Out
71	C5HAPPY	Num	3	C5 Q9h Happy

VAR #	FIELD NAME	VAR TYPE	LENGTH/ FORMAT	LABEL DESCRIPTION
72	C5TIRED	Num	3	C5 Q9i Tired
73	C5SCLACT	Num	3	C5 Q10 Social-time
74	C5SCKESY	Num	3	C5 Q11a Sick Easier
75	C5ASHLTH	Num	3	C5 Q11b As Healthy
76	C5HTHWSE	Num	3	C5 Q11c Expt Hth to get worse
77	C5HTEXT	Num	3	C5 Q11d Health Excellent
78	C5DIFBTH	Num	3	C5 Q12a Difelty Bathing
79	C5DIFDRS	Num	3	C5 Q12b Difelty Dressing
80	C5DIFEAT	Num	3	C5 Q12c Difelty Eating
81	C5DIFCHR	Num	3	C5 Q12d Difelty Getng out chair
82	C5DIFWLK	Num	3	C5 Q12e Difelty Walking
83	C5DIFTOL	Num	3	C5 Q12f Difelty Using Toilet
84	C5CPNEXR	Num	3	C5 Q13a Chest Pain-Exercise
85	C5CPNRST	Num	3	C5 Q13b Chest Pain-Resting
86	C5SOBFLT	Num	3	C5 Q14a Short Brth lying flat
87	C5SOBSIT	Num	3	C5 Q14b Short Brth sittng/restng
88	C5SOBWLK	Num	3	C5 Q14c Short Brth Walk<1 block
89	C5SOBSTR	Num	3	C5 Q14d Short Brth Climb 1 flight stairs
90	C5NMBFET	Num	3	C5 Q15a Numbness Feet
91	C5ANKSWL	Num	3	C5 Q15b Ankles Swell
92	C5TINGFT	Num	3	C5 Q15c Tingling Burning feet
93	C5DECSNS	Num	3	C5 Q15d Decreased feel hot/cold
94	C5DECHEL	Num	3	C5 Q15e Sores that dont heal
95	C5PARLYS	Num	3	C5 Q16a Ever had paralysis
96	C5LSTTLK	Num	3	C5 Q16b Ever lost ability to talk
97	C5RDNEWP	Num	3	C5 Q17 See to read newspaper
98	C5HRMOST	Num	3	C5 Q18 Hear most things
99	C5ACDING	Num	3	C5 Q19 Acid Indigestion
100	C5CTRURN	Num	3	C5 Q20 Difelty entrl urination
101	C5HIGHBP	Num	3	C5 Q21 HTN or High BP
102	C5ANGCAD	Num	3	C5 Q22 Angina or CAD
103	C5CHF	Num	3	C5 Q23 CHF
104	C5AMI	Num	3	C5 Q24 AMI
105	C5OTHHRT	Num	3	C5 Q25 Other Heart cond.
106	C5STROKE	Num	3	C5 Q26 Stroke
107	C5COPD E	Num	3	C5 Q27 Emphy. Asthma COPD
108	C5GI ETC	Num	3	C5 Q28 GI Problems
109	C5ATHHIP	Num	3	C5 Q29 Arthritis hip or knee
110	C5ATHHAN	Num	3	C5 Q30 Arthritis hand or wrist
111	C5SCIATC	Num	3	C5 Q31 Sciatica
112	C5DIABET	Num	3	C5 Q32 Diabetes
113	C5ANYCAN	Num	3	C5 Q33 Any Cancer
114	C5ARTHPN	Num	3	C5 Q34 Level arth pain
115	C5COLNCA	Num	3	C5 Q35a Colon Cancer
116	C5LUNGCA	Num	3	C5 Q35b Lung Cancer

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
117	C5BRSTCA	Num	3	C5 Q35c Breast Cancer
118	C5PROSCA	Num	3	C5 Q35d Prostate Cancer
119	C5BACKPN	Num	3	C5 Q36 Back Pain Interferes
120	C5NUMBLG	Num	3	C5 Q37 Numbness in leg
121	C5FELTSD	Num	3	C5 Q38 Sad/Blue in past 2 wks
122	C5DEPMCH	Num	3	C5 Q39 Depressed in past yr
123	C5DEP2YR	Num	3	C5 Q40 Two + years depressed
124	C5CMPHTH	Num	3	C5 Q41 Hth compared to peers
125	C5SMK100	Num	3	C5 Q42 Ever smoke 100 cigs
126	C5SMKFRQ	Num	3	C5 Q43 Curnt smoke freq
127	C5DRSQT	Num	3	C5 Q44 Time since Quit smoke
128	C5QSMKAD	Num	3	C5 Q45 Freq antismoke advice
129	C5BRTHYR	Char	4	C5 Q46 Survey-Birth Yr
130	C5SV_GND	Num	3	C5 Q47 Survey-Gender
131	C5HISPAN	Num	3	C5 Q48 Hispanic Y/N
132	C5SV_RAC	Num	3	C5 Q49 Survey-Race
133	C5MARITL	Num	3	C5 Q50 Marital Status
134	C5EDUC	Num	3	C5 Q51 Education Level
135	C5HMOWN	Num	3	C5 Q52 Homeowner Status
136	C5RTRCOM	Num	3	C5 Q53 Retirement Community
137	C5MDSVPV	Num	3	C5 Q54 Medical Svcs Provided
138	C5WHOCMP	Num	3	C5 Q55 Who completed Survey
139	C5NMCMP	Char	52	C5 Q56 Combined Name Person Completing
140	C5HHINC	Num	3	C5 Q57 Household Income
141	C5SRVDSP	Char	3	C5 Survey Disposition
142	C5RNDNUM	Char	2	C5 Round Survey Obtained
143	C5SVLANG	Num	3	C5 Survey Language 1 = English 2 = Spanish 3 = Not applicable 4 = Chinese
144	C5VUCATI	Char	8	C5 Vendor Unique CATI ID
145	C5SVDATE	Char	8	C5 Date Survey Completed
146	C5MCONUM	Num	3	C5 MCO Provide Phone Num
147	C5SPANFL	Num	3	C5 Spanish Protocol Flag
148	C5EXCLUD	Num	3	C5 Request to be excluded
149	C5CHIN	Num	3	C5 Chinese Protocol Flag 0 = No 1 = Yes
150	C5PACE	Num	3	C5 Pace Protocol Flag 0 = No 1 = Yes
151	C5INVSrv	Num	3	C5 Invalid Survey Flag 0 = No 1 = Yes
152	C5PCTCMP	Num	8	C5 Percent of Survey Completed
153	C5CMPSRV	Num	3	C5 Completed Survey (80% Criteria) 0 = No 1 = Yes

VAR #	FIELD NAME	VAR TYPE	LENGTH/ FORMAT	LABEL DESCRIPTION
154	C5CMPFLG	Num	3	C5 Name Provided in Q56 Flag 0 = No name provided 1 = Name provided
155	C5BDCNUM	Num	3	C5 Mismatched Contract Number 0 = No 1 = Yes (Plan ID versus Contract Number)
156	C5BDRACE	Num	3	C5 Mismatched Race Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
157	C5BDBRTH	Num	3	C5 Mismatched Birth Year Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
158	C5BDGNDR	Num	3	C5 Mismatched Gender Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
159	C5BDPRST	Num	3	C5 Inconsistent-Female w/Prostate Cancer 0 = No 1 = Yes
160	C5EDOB	Num	8/ MMDDYY10	C5 Elapsed Date of Birth
161	C5EACRDT	Num	8/ MMDDYY10	C5 Elapsed Date of Accretion into Plan
162	C5EACLMT	Num	8/ MMDDYY10	C5 Elapsed Date-Accretion Limit-03/01/02
163	C5ESVDAT	Num	8/ MMDDYY10	C5 Elapsed Date of Survey
164	C5ESVDT2	Num	8/ MMDDYY10	C5 Elapsed Survey Date (Missing Imputed)
165	C5AGE	Num	8	C5 Age (Exact Calculation)
166	C5AGECAT	Num	3	C5 Age Groups (5 Groups Categorized from C5AGE) 0 = C5AGE < 65 1 = C5AGE ≥ 65 and < 70 2 = C5AGE ≥ 70 and < 75 3 = C5AGE ≥ 75 and < 80 4 = C5AGE ≥ 80
167	C5ENRDUR	Num	8	C5 Enrollment Duration (Months)
168	C5ENRCAT	Num	3	C5 Enrollment Duration Categories 1 = Duration < 6 months 2 = Duration = 6 to 12 months 3 = Duration = 13 to 36 months 4 = Duration = 37 or more months
169	C5RACEGP	Num	3	C5 Race Using Combined Groups 1 = White 2 = Black 3 = Other
170	C5MARCAT	Num	3	C5 Marital Status Using Combined Groups 1 = Married 2 = Divorced/Separated 3 = Widowed 4 = Never married

VAR #	FIELD NAME	VAR TYPE	LENGTH/ FORMAT	LABEL DESCRIPTION
171	C5EDCAT	Num	3	C5 Educational Status Using Combined Groups 1 = Less than high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or beyond
172	C5INCCAT	Num	3	C5 Household Income Using Combined Groups 1 = Income Less than \$10,000 2 = Income \$10,000 to \$19,999 3 = Income \$20,000 to \$29,999 4 = Income \$30,000 to \$49,999 5 = Income \$50,000 or More 6 = Don't know
173	C5DEPRSS	Num	3	C5 Positive Depression Screen 0 = Negative 1 = Positive
174	C5COMO	Num	3	C5 Number of Comorbids
175	C5COMOCT	Num	3	C5 Comorbid Categories 0 = No conditions 1 = One condition 2 = Two conditions 3 = Three conditions 4 = Four or more conditions
176	C5RAWPF	Num	8	C5 Raw Physical Functioning
177	C5RAWRP	Num	8	C5 Raw Role-Physical
178	C5RAWBP	Num	8	C5 Raw Bodily Pain
179	C5RAWGH	Num	8	C5 Raw General Health
180	C5RAWVT	Num	8	C5 Raw Vitality
181	C5RAWSF	Num	8	C5 Raw Social Functioning
182	C5RAWRE	Num	8	C5 Raw Role-Emotional
183	C5RAWMH	Num	8	C5 Raw Mental Health
184	C5PF	Num	8	C5 0-100 Physical Functioning
185	C5RP	Num	8	C5 0-100 Role-Physical
186	C5BP	Num	8	C5 0-100 Bodily Pain
187	C5GH	Num	8	C5 0-100 General Health
188	C5VT	Num	8	C5 0-100 Vitality
189	C5SF	Num	8	C5 0-100 Social Functioning
190	C5RE	Num	8	C5 0-100 Role-Emotional
191	C5MH	Num	8	C5 0-100 Mental Health
192	C5PF Z98	Num	8	C5 Z-score Physical Functioning (98)
193	C5RP Z98	Num	8	C5 Z-score Role-Physical (98)
194	C5BP Z98	Num	8	C5 Z-score Bodily Pain (98)
195	C5GH Z98	Num	8	C5 Z-score General Health (98)
196	C5VT Z98	Num	8	C5 Z-score Vitality (98)
197	C5SF Z98	Num	8	C5 Z-score Social Functioning (98)
198	C5RE Z98	Num	8	C5 Z-score Role-Emotional (98)
199	C5MH Z98	Num	8	C5 Z-score Mental Health (98)
200	C5PRAW98	Num	8	C5 Raw Physical Component Summary Score (98)

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
201	C5MRAW98	Num	8	C5 Raw Mental Component Summary Score (98)
202	C5PCS98	Num	8	C5 Physical Component Summary (98)
203	C5MCS98	Num	8	C5 Mental Component Summary (98)
204	C5PFS98	Num	8	C5 Physical Functioning Scale (98)
205	C5RPS98	Num	8	C5 Role-Physical Scale (98)
206	C5BPS98	Num	8	C5 Bodily Pain Scale (98)
207	C5GHS98	Num	8	C5 General Health Scale (98)
208	C5VTS98	Num	8	C5 Vitality Scale (98)
209	C5SFS98	Num	8	C5 Social Functioning Scale (98)
210	C5RES98	Num	8	C5 Role-Emotional Scale (98)
211	C5MHS98	Num	8	C5 Mental Health Scale (98)
212	C5ADJPCS	Num	8	C5 Adj. Physical Component Summary Score
213	C5ADJMCS	Num	8	C5 Adj. Mental Component Summary Score
214	C5ADJPFS	Num	8	C5 Adj. Physical Functioning Scale
215	C5ADJRPS	Num	8	C5 Adj. Role-Physical Scale
216	C5ADJBPS	Num	8	C5 Adj. Bodily Pain Scale
217	C5ADJGHS	Num	8	C5 Adj. General Health Scale
218	C5ADJVTS	Num	8	C5 Adj. Vitality Scale
219	C5ADJSFS	Num	8	C5 Adj. Social Functioning Scale
220	C5ADJRES	Num	8	C5 Adj. Role-Emotional Scale
221	C5ADJMHS	Num	8	C5 Adj. Mental Health Scale
222	C5ANALYT	Num	8	C5 Baseline Analytic Indicator 0 = No 1 = Yes
223	C5RPT_CN	Char	5	C5 Reporting Contract Number
224	C5RPTUNT	Char	6	C5 Reporting Unit Market Area Specific
225	C5RPT_MA	Char	6	C5 Reporting Market Area N = North S = South E = East W = West
226	C5MONRPT	Char	12	C5 Monthly Report - source CMS 05/02
227	C5PLTYPE	Char	3	C5 Plan Type - source CMS 05/02
228	C5PLMODL	Char	5	C5 Plan Model - source CMS 05/02
229	C5PLPOP	Char	8	C5 Plan Population - source CMS 05/02
230	C5PLDESC	Char	5	C5 Plan Description - source CMS 05/02
231	C5PLANST	Char	2	C5 Plan State - source CMS 05/02
232	C5PLTXST	Char	4	C5 Plan Tax Status - source CMS 05/02
233	C5PLREG	Char	2	C5 Plan CMS Region - source CMS 05/02
234	C5PLSTDT	Num	8/ MMDDYY10	C5 Contract Start Date -source CMS 05/02
235	C5PLDUR	Num	8	C5 Duration of Plan Contract - Years
236	C5PLNDCT	Num	8	C5 Duration of Plan Contract Categories 1 = Plan duration < 1 year 2 = Plan duration ≥ 1 and < 5 years 3 = Plan duration ≥ 5 and < 10 years 4 = Plan duration ≥ 10 years

ELECTRONIC DATA FILE LAYOUT BY ALPHABETIC ORDER

The following table describes the file layout by alphabetic order for the *Cohort V Baseline* Electronic Data File.¹³

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
32	C5ACCRDT	Char	8	C5 Accretion Date
99	C5ACDING	Num	3	C5 Q19 Acid Indigestion
20	C5ADDRSS	Char	137	C5 Combined Address (lines 1-6)
216	C5ADJBPS	Num	8	C5 Adj. Bodily Pain Scale
217	C5ADJGHS	Num	8	C5 Adj. General Health Scale
213	C5ADJMCS	Num	8	C5 Adj. Mental Component Summary Score
221	C5ADJMHS	Num	8	C5 Adj. Mental Health Scale
212	C5ADJPCS	Num	8	C5 Adj. Physical Component Summary Score
214	C5ADJPFS	Num	8	C5 Adj. Physical Functioning Scale
220	C5ADJRES	Num	8	C5 Adj. Role-Emotional Scale
215	C5ADJRPS	Num	8	C5 Adj. Role-Physical Scale
219	C5ADJSFS	Num	8	C5 Adj. Social Functioning Scale
218	C5ADJVTS	Num	8	C5 Adj. Vitality Scale
165	C5AGE	Num	8	C5 Age (Exact Calculation)
166	C5AGECAT	Num	3	C5 Age Groups (5 Groups Categorized from C5AGE) 0 = C5AGE < 65 1 = C5AGE ≥ 65 and < 70 2 = C5AGE ≥ 70 and < 75 3 = C5AGE ≥ 75 and < 80 4 = C5AGE ≥ 80
104	C5AMI	Num	3	C5 Q24 AMI
222	C5ANALYT	Num	8	C5 Baseline Analytic Indicator 0 = No 1 = Yes
102	C5ANGCAD	Num	3	C5 Q22 Angina or CAD
91	C5ANKSWL	Num	3	C5 Q15b Ankles Swell
113	C5ANYCAN	Num	3	C5 Q33 Any Cancer
114	C5ARTHPN	Num	3	C5 Q34 Level arth pain
75	C5ASHLTH	Num	3	C5 Q11b As Healthy
110	C5ATHHAN	Num	3	C5 Q30 Arthritis hand or wrist
109	C5ATHHIP	Num	3	C5 Q29 Arthritis hip or knee
119	C5BACKPN	Num	3	C5 Q36 Back Pain Interferes
53	C5BATHDR	Num	3	C5 Q3j Bathing or dressing

¹³ There are two additional variables in the *Cohort V PACE* Electronic Data File, C5PLST_P and C5PLRG_P. Please refer to the PACE discussion on page 16 for a detailed description of these variables.

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
157	C5BDBRTH	Num	3	C5 Mismatched Birth Year Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
155	C5BDCNUM	Num	3	C5 Mismatched Contract Number 0 = No 1 = Yes (Plan ID versus Contract Number)
158	C5BDGNDR	Num	3	C5 Mismatched Gender Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
159	C5BDPRST	Num	3	C5 Inconsistent-Female w/Prostate Cancer 0 = No 1 = Yes
156	C5BDRACE	Num	3	C5 Mismatched Race Flag 0 = No 1 = Yes (CMS Data versus Survey Response)
49	C5BEND	Num	3	C5 Q3f Bending
69	C5BLSAD	Num	3	C5 Q9f Blue/Sad
186	C5BP	Num	8	C5 0-100 Bodily Pain
206	C5BP_Z98	Num	8	C5 Z-score Bodily Pain (98)
194	C5BPS98	Num	8	C5 Bodily Pain Scale (98)
117	C5BRSTCA	Num	3	C5 Q35c Breast Cancer
129	C5BRTHYR	Char	4	C5 Q46 Survey-Birth Yr
103	C5CHF	Num	3	C5 Q23 CHF
149	C5CHIN	Num	3	C5 Chinese Protocol Flag 0 = No 1 = Yes
48	C5CLMBON	Num	3	C5 Q3e Climb one flight
47	C5CLMBSV	Num	3	C5 Q3d Climb several flights
154	C5CMPFLG	Num	3	C5 Name Provided in Q56 Flag 0 = No name provided 1 = Name provided
124	C5CMPHTH	Num	3	C5 Q41 Hth compared to peers
153	C5CMPSRV	Num	3	C5 Completed Survey (80% Criteria) 0 = No 1 = Yes
6	C5CNTRNM	Char	5	C5 Contract Number
115	C5COLNCA	Num	3	C5 Q35a Colon Cancer
174	C5COMO	Num	3	C5 Number of Comorbids
175	C5COMOCT	Num	3	C5 Comorbid Categories 0 = No conditions 1 = One condition 2 = Two conditions 3 = Three conditions 4 = Four or more conditions
107	C5COPD_E	Num	3	C5 Q27 Emphy. Asthma COPD
24	C5COUNTY	Char	3	C5 County SSA Code
84	C5CPNEXR	Num	3	C5 Q13a Chest Pain-Exercise
85	C5CPNRST	Num	3	C5 Q13b Chest Pain-Resting
25	C5CTNAME	Char	25	C5 County Name
100	C5CTRURN	Num	3	C5 Q20 Difelty entrl urination
94	C5DECHEL	Num	3	C5 Q15e Sores that don't heal

VAR #	FIELD NAME	VAR TYPE	LENGTH/ FORMAT	LABEL DESCRIPTION
93	C5DECSNS	Num	3	C5 Q15d Decreased feel hot/cold
123	C5DEP2YR	Num	3	C5 Q40 Two + years depressed
122	C5DEPMCH	Num	3	C5 Q39 Depressed in past yr
173	C5DEPRSS	Num	3	C5 Positive Depression Screen 0 = Negative 1 = Positive
112	C5DIABET	Num	3	C5 Q32 Diabetes
78	C5DIFBTH	Num	3	C5 Q12a Difclty Bathing
81	C5DIFCHR	Num	3	C5 Q12d Difclty Getng out chair
79	C5DIFDRS	Num	3	C5 Q12b Difclty Dressing
80	C5DIFEAT	Num	3	C5 Q12c Difclty Eating
83	C5DIFTOL	Num	3	C5 Q12f Difclty Using Toilet
82	C5DIFWLK	Num	3	C5 Q12e Difclty Walking
66	C5DNDMPS	Num	3	C5 Q9c Down in Dumps
30	C5DOB	Char	8	C5 Date of Birth
31	C5DOD	Char	8	C5 Date of Death
127	C5DRSQT	Num	3	C5 Q44 Time since Quit smoke
162	C5EACLMT	Num	8/ MMDDYY10	C5 Elapsed Date-Accretion Limit-03/01/02
59	C5EACMPL	Num	3	C5 Q5b Emotnl-Accomplished less
161	C5EACRDT	Num	8/ MMDDYY10	C5 Elapsed Date of Accretion into Plan
58	C5ECUTTM	Num	3	C5 Q5a Emotnl-cut down time
171	C5EDCAT	Num	3	C5 Educational Status Using Combined Groups 1 = Less than high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or beyond
160	C5EDOB	Num	8/ MMDDYY10	C5 Elapsed Date of Birth
134	C5EDUC	Num	3	C5 Q51 Education Level
68	C5ENERGY	Num	3	C5 Q9e Energy
168	C5ENRCAT	Num	3	C5 Enrollment Duration Categories 1 = Duration < 6 months 2 = Duration = 6 to 12 months 3 = Duration = 13 to 36 months 4 = Duration = 37 or more months
167	C5ENRDUR	Num	8	C5 Enrollment Duration (Months)
60	C5ENTCRF	Num	3	C5 Q5c Emotnl-Not careful
34	C5ESRDID	Num	3	C5 ESRD Indicator
163	C5ESVDAT	Num	8/ MMDDYY10	C5 Elapsed Date of Survey
164	C5ESVDT2	Num	8/ MMDDYY10	C5 Elapsed Survey Date (Missing Imputed)
148	C5EXCLUD	Num	3	C5 Request to be excluded
121	C5FELTSD	Num	3	C5 Q38 Sad/Blue in past 2 wks
17	C5FNAME	Char	15	C5 First Name

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
64	C5FULPEP	Num	3	C5 Q9a Pep/Life
28	C5GENDER	Num	3	C5 Gender (CMS)
42	C5GENHTH	Num	3	C5 Q1 General Health Question
187	C5GH	Num	8	C5 0-100 General Health
207	C5GHS98	Num	8	C5 General Health Scale (98)
195	C5GH_Z98	Num	8	C5 Z-score General Health (98)
108	C5GI_ETC	Num	3	C5 Q28 GI Problems
71	C5HAPPY	Num	3	C5 Q9h Happy
140	C5HHINC	Num	3	C5 Q57 Household Income
101	C5HIGHBP	Num	3	C5 Q21 HTN or High BP
131	C5HISPAN	Num	3	C5 Q48 Hispanic Y/N
135	C5HMOWN	Num	3	C5 Q52 Homeowner Status
36	C5HOSPIC	Num	3	C5 Hospice Status
98	C5HRMOST	Num	3	C5 Q18 Hear most things
77	C5HTEXT	Num	3	C5 Q11d Health Excellent
13	C5HTHID	Char	7	C5 NCQA Healthcare Organization ID
43	C5HTHTRN	Num	3	C5 Q2 Health Transition Question
76	C5HTHWSE	Num	3	C5 Q11c Expt Hth to get worse
172	C5INCCAT	Num	3	C5 Household Income Using Combined Groups 1 = Income Less than \$10,000 2 = Income \$10,000 to \$19,999 3 = Income \$20,000 to \$29,999 4 = Income \$30,000 to \$49,999 5 = Income \$50,000 or More 6 = Don't know
35	C5INSTUT	Num	3	C5 Institutional Status
151	C5INVSrv	Num	3	C5 Invalid Survey Flag 0 = No 1 = Yes
46	C5LIFT	Num	3	C5 Q3c Lift carry groceries
19	C5LNAME	Char	24	C5 Last Name
8	C5LNBUS	Num	3	C5 Line of Business
96	C5LSTTLK	Num	3	C5 Q16b Ever lost ability to talk
116	C5LUNGCA	Num	3	C5 Q35b Lung Cancer
11	C5MANAME	Char	50	C5 Market Area Name
170	C5MARCAT	Num	3	C5 Marital Status Using Combined Groups 1 = Married 2 = Divorced/Separated 3 = Widowed 4 = Never married
133	C5MARITL	Num	3	C5 Q50 Marital Status
10	C5MARKET	Char	1	C5 Market Area
146	C5MCONUM	Num	3	C5 MCO Provide Phone Num
203	C5MCS98	Num	8	C5 Mental Component Summary (98)
137	C5MDSVPV	Num	3	C5 Q54 Medical Svcs Provided
37	C5MEDICD	Num	3	C5 Medicaid Status
191	C5MH	Num	8	C5 0-100 Mental Health
211	C5MHS98	Num	8	C5 Mental Health Scale (98)

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
199	C5MH Z 98	Num	8	C5 Z-score Mental Health (98)
18	C5MI	Char	1	C5 Middle Initial
45	C5MODACT	Num	3	C5 Q3b Moderate Activities
9	C5MODEL	Num	3	C5 Model Type
226	C5MONRPT	Char	12	C5 Monthly Report – source CMS 05/02
201	C5MRAW98	Num	8	C5 Raw Mental Component Summary Score (98)
65	C5NERVS	Num	3	C5 Q9b Nervous
90	C5NMBFET	Num	3	C5 Q15a Numbness Feet
139	C5NMCOMP	Char	52	C5 Q56 Combined Name Person Completing
120	C5NUMBLG	Num	3	C5 Q37 Numbness in leg
105	C5OTHHRT	Num	3	C5 Q25 Other Heart cond.
150	C5PACE	Num	3	C5 Pace Protocol Flag 0 = No 1 = Yes
55	C5PACMPL	Num	3	C5 Q4b Phys-Accomplish less
95	C5PARLYS	Num	3	C5 Q16a Ever had paralysis
2	C5PATID	Num	8	C5 Anonymous Patient ID
67	C5PCEFUL	Num	3	C5 Q9d Peaceful
202	C5PCS98	Num	8	C5 Physical Component Summary (98)
152	C5PCTCMP	Num	8	C5 Percent of Survey Completed
54	C5PCUTTM	Num	3	C5 Q4a Phys-Cut down time
57	C5PDIFWK	Num	3	C5 Q4d Difficulty w/work
184	C5PF	Num	8	C5 0-100 Physical Functioning
204	C5PFS98	Num	8	C5 Physical Functioning Scale (98)
192	C5PF Z 98	Num	8	C5 Z-score Physical Functioning (98)
3	C5PLAN	Num	8	C5 Anonymous Plan ID
16	C5PLANID	Char	6	C5 Plan ID
7	C5PLANNM	Char	50	C5 Plan Name
231	C5PLANST	Char	2	C5 Plan State - source CMS 05/02
230	C5PLDESC	Char	5	C5 Plan Description - source CMS 05/02
235	C5PLDUR	Num	8	C5 Duration of Plan Contract - Years
228	C5PLMODL	Char	5	C5 Plan Model - source CMS 05/02
56	C5PLMTKW	Num	3	C5 Q4c Lmtd in Kind of work
236	C5PLNDCT	Num	8	C5 Duration of Plan Contract Categories 1 = Plan duration < 1 year 2 = Plan duration ≥ 1 and < 5 years 3 = Plan duration ≥ 5 and < 10 years 4 = Plan duration ≥ 10 years
229	C5PLPOP	Char	8	C5 Plan Population - source CMS 05/02
233	C5PLREG	Char	2	C5 Plan CMS Region - source CMS 05/02
234	C5PLSTDT	Num	8/ MMDDYY10	C5 Contract Start Date -source CMS 05/02
232	C5PLTXST	Char	4	C5 Plan Tax Status - source CMS 05/02
227	C5PLTYPE	Char	3	C5 Plan Type - source CMS 05/02
63	C5PNINTF	Num	3	C5 Q8 Pain-Interfere Work
62	C5PNMAGT	Num	3	C5 Q7 Pain-Magnitude

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
200	C5PRAW98	Num	8	C5 Raw Physical Component Summary Score (98)
118	C5PROSCA	Num	3	C5 Q35d Prostate Cancer
39	C5PROTIF	Num	3	C5 Protocol Identifier Flag
128	C5QSMKAD	Num	3	C5 Q45 Freq antismoke advice
27	C5RACE	Num	3	C5 Race (CMS)
169	C5RACEGP	Num	3	C5 Race Using Combined Groups 1 = White 2 = Black 3 = Other
178	C5RAWBP	Num	8	C5 Raw Bodily Pain
179	C5RAWGH	Num	8	C5 Raw General Health
183	C5RAWMH	Num	8	C5 Raw Mental Health
176	C5RAWPF	Num	8	C5 Raw Physical Functioning
182	C5RAWRE	Num	8	C5 Raw Role-Emotional
177	C5RAWRP	Num	8	C5 Raw Role-Physical
181	C5RAWSF	Num	8	C5 Raw Social Functioning
180	C5RAWVT	Num	8	C5 Raw Vitality
97	C5RDNEWP	Num	3	C5 Q17 See to read newspaper
190	C5RE	Num	8	C5 0-100 Role-Emotional
4	C5RECID	Char	1	C5 Record ID
210	C5RES98	Num	8	C5 Role-Emotional Scale (98)
40	C5RESPC3	Char	50	C5 Respondent to Cohort 3 Survey
198	C5RE_Z98	Num	8	C5 Z-score Role-Emotional (98)
142	C5RNDNUM	Char	2	C5 Round Survey Obtained
185	C5RP	Num	8	C5 0-100 Role-Physical
205	C5RPS98	Num	8	C5 Role-Physical Scale (98)
224	C5RPTUNT	Char	6	C5 Reporting Unit Market Area Specific
5	C5RPTYR	Num	8	C5 Report Year
223	C5RPT_CN	Char	5	C5 Reporting Contract Number
225	C5RPT_MA	Char	6	C5 Reporting Market Area N = North S = South E = East W = West
193	C5RP_Z98	Num	8	C5 Z-score Role-Physical (98)
38	C5RSENT	Num	3	C5 Reason for Entitlement
136	C5RTRCOM	Num	3	C5 Q53 Retirement Community
111	C5SCIATC	Num	3	C5 Q31 Sciatica
74	C5SCKESY	Num	3	C5 Q11a Sick Easier
73	C5SCLACT	Num	3	C5 Q10 Social-time
189	C5SF	Num	8	C5 0-100 Social Functioning
209	C5SFS98	Num	8	C5 Social Functioning Scale (98)
197	C5SF_Z98	Num	8	C5 Z-score Social Functioning (98)
125	C5SMK100	Num	3	C5 Q42 Ever smoke 100 cigs
126	C5SMKFRQ	Num	3	C5 Q43 Curmt smoke freq
86	C5SOBFLT	Num	3	C5 Q14a Short Brth lying flat
87	C5SOBSIT	Num	3	C5 Q14b Short Brth sittng/restng

VAR #	FIELD NAME	VAR TYPE	LENGTH/FORMAT	LABEL DESCRIPTION
89	C5SOBSTR	Num	3	C5 Q14d Short Brth Climb 1 flight stairs
88	C5SOBWLK	Num	3	C5 Q14c Short Brth Walk<1 block
61	C5SOCLMT	Num	3	C5 Q6 Social-extent
147	C5SPANFL	Num	3	C5 Spanish Protocol Flag
15	C5SPECID	Char	10	C5 NCQA Special Area ID
141	C5SRVDSP	Char	3	C5 Survey Disposition
29	C5SSN	Char	9	C5 Social Security Number
22	C5STABV	Char	2	C5 State Abrv. from C5state SSA Code
21	C5STATE	Char	2	C5 State SSA Code
23	C5STNAME	Char	20	C5 State Name from C5state SSA Code
106	C5STROKE	Num	3	C5 Q26 Stroke
14	C5SUBID	Char	6	C5 NCQA Submission ID
41	C5SURIND	Num	3	C5 Survey Indicator 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys
145	C5SVDATE	Char	8	C5 Date Survey Completed
143	C5SVLANG	Num	3	C5 Survey Language 1 = English 2 = Spanish 3 = Not applicable 4 = Chinese
130	C5SV_GND	Num	3	C5 Q47 Survey-Gender
132	C5SV_RAC	Num	3	C5 Q49 Survey-Race
33	C5TERMDT	Char	8	C5 Termination Date
92	C5TINGFT	Num	3	C5 Q15c Tingling Burning feet
72	C5TIRED	Num	3	C5 Q9i Tired
12	C5VENDOR	Num	3	C5 Vendor 1 = DSS 2 = GHS 3 = Solucient 4 = Market Facts 5 = DataStat, Inc.
44	C5VIGACT	Num	3	C5 Q3a Vigorous Activities
188	C5VT	Num	8	C5 0-100 Vitality
208	C5VTS98	Num	8	C5 Vitality Scale (98)
196	C5VT_Z98	Num	8	C5 Z-score Vitality (98)
144	C5VUCATI	Char	8	C5 Vendor Unique CATI ID
138	C5WHOCMP	Num	3	C5 Q55 Who completed Survey
52	C5WLK1BK	Num	3	C5 Q3i Walk 1 block
51	C5WLKBKS	Num	3	C5 Q3h Walk several blocks
50	C5WLKMI	Num	3	C5 Q3g Walk > 1 mile
70	C5WRNOUT	Num	3	C5 Q9g Worn Out
26	C5ZIPCOD	Char	9	C5 Zip Code
1	HICNUM	Char	12	C5 HIC Number