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Medicare Health Outcomes Survey Limited Data Sets

File Specifications for *Cohorts 19, 20, and 21* (Plan Fields Removed)

OVERVIEW

The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data. These data have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement. Managed care plans with Medicare Advantage (MA) contracts must participate. The types of Medicare HOS data files that are available for research purposes are public use files (PUFs), limited data sets (LDSs), and research identifiable files (RIFs).

The HOS LDS files are comprised of the entire national sample for a given cohort. This includes respondents and non-respondents; senior and disabled beneficiaries; and quality reporting and voluntary reporting samples. All baseline and follow up survey items are included, as well as calculated fields; however, the reporting unit (contract number) information has been modified. **Plan contract numbers were blinded in the LDS and certain plan level fields were removed (e.g., plan name) or modified (e.g., categorical enrollment) to prevent identification of individual health plans. Researchers who require these plan identifiers should request a RIF, as described below.** The LDS retains some protected beneficiary-level health information from the RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., beneficiary name, Medicare Health Insurance Claim [HIC] number, the CMS beneficiary link key, Medicare Beneficiary Identifier [MBI], Social Security Number [SSN], phone number, and street address) are not included in the LDS files. The files are SAS¹ data sets and were generated with SAS Version 9.4 for *Cohorts 19* through *21*.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. Effective September 1, 2016, all research requests for LDS files must be submitted through the CMS LDS File Process, while the requests for RIF files will continue to be processed through the Research Data Assistance Center (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For additional information and assistance with obtaining Medicare HOS LDS files, go to the [Research Data Files](#) section on the Data page on the HOS website. For more information about obtaining the RIFs, please visit the ResDAC HOS web page (www.resdac.org/cms-data/files/hos-rif). ResDAC may also be contacted by calling 1-888-9RESDAC (1-888-973-7322) between the hours of 8:30 AM and 4:30 PM CST Monday through Friday or by emailing resdac@umn.edu.

¹ SAS® is a registered trademark of the SAS Institute Inc., Cary, NC.

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS
<i>Fx</i> MARITAL Follow Up Survey: Marital Status Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your current marital status?</i> 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q61	Q61	Q61
<i>Fx</i> EDUC Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: <i>What is the highest grade or level of school that you have completed?</i> 1 = 8 th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q62	Q62	Q62
<i>Fx</i> LVALONE Follow Up Survey: Living Alone Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>a. Alone</u> 0 = Respondent did not check live alone 1 = Respondent checked live alone	Q63a	Q63a	Q63a
<i>Fx</i> LVSPOUSE Follow Up Survey: Living With Spouse/Significant Other Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>b. With spouse/significant other</u> 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other	Q63b	Q63b	Q63b
<i>Fx</i> LVCHILD Follow Up Survey: Living With Children/Other Relatives Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>c. With children/ other relatives</u> 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives	Q63c	Q63c	Q63c
<i>Fx</i> LVNONREL Follow Up Survey: Living With Non-Relatives Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>d. With non-relatives</u> 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives	Q63d	Q63d	Q63d

√ = Included Non-Survey Item

§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS

B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

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<i>FxLVCAREGV</i> Follow Up Survey: Living With Paid Caregiver Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <i>e. With paid caregiver</i> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Q63e	Q63e	Q63e
<i>FxWHERELV</i> Follow Up Survey: Where Do You Live Question	Num	3	Beneficiary's response from the follow up survey: <i>Where do you live?</i> 1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other (If answered 1 or 2, go to <i>FxHMOWN</i> below; If answered 3 or 4, go to <i>FxCMPWHO</i> below)	Q64	Q64	Q64
<i>FxHMOWN</i> Follow Up Survey: Housing Question	Num	3	Beneficiary's response from the follow up survey: <i>Is the house or apartment you currently live in:</i> 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q65	Q65	Q65
<i>FxCMPWHO</i> Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: <i>Who completed this survey form?</i> 1 = Person to whom survey was addressed (<i>Go to FxHHINC below</i>) 2 = Family member or relative of person to whom the survey was addressed 3 = Friend of person to whom the survey was addressed 4 = Professional caregiver of person to whom the survey was addressed	Q66	Q66	Q66

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<i>FxHHINC</i> Follow Up Survey: Household Income Question	Num	3	Beneficiary's response from the follow up survey: <i>Which of the following categories best represents the combined income for all family members in your household for the <u>past 12 months</u>?</i> 1 = Less than \$5,000 2 = \$5,000 - \$9,999 3 = \$10,000 - \$19,999 4 = \$20,000 - \$29,999 5 = \$30,000 - \$39,999 6 = \$40,000 - \$49,999 7 = \$50,000 - \$79,999 8 = \$80,000 - \$99,999 9 = \$100,000 or more 10 = Don't know	Q68	Q68	Q68
<i>FxSRVDISP</i> Disposition of Follow Up Survey	Char	3	Survey disposition at follow up ("M" prefix=Mail, "T" prefix=Telephone) M10/T10 = Complete survey (79.5-100% complete and all 6 ADL items [Q10a-f] answered) M11/T11 = Non-response: partial complete survey (50-79% complete, or 79.5-100% complete and at least one ADL unanswered) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MAO M23/T23 = Ineligible: language barrier M24* = Ineligible: bad address AND mail-only protocol (2019) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25 = Ineligible: respondent removed from sample M31/T31 = Nonresponse: break-off (0- 49% complete) M32/T32 = Nonresponse: refusal M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts *The M24 code was implemented in 2019 Cohort 20 and was removed in 2020 Cohort 21.	√	√	√

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<i>FxSRVMODE</i> Round in which Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MT = Partially completed by mail and converted to complete by telephone TN = Respondent completed the survey during an inbound telephone attempt NC = Not completed	√	√	√
<i>FxSRVLANG</i> Survey Language at Follow Up	Num	3	Follow up Survey Language <u>Cohort 19</u> 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese <u>Cohorts 20 - 21</u> 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5* = Russian * While no surveys were completed in Russian for <i>Cohorts 20 & 21 Follow Up</i> , the survey code reflects the Russian language option addition in 2019.	√	√	√
<i>FxSRVDATE</i> Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	√	√	√
<i>FxVUCATI</i> Vendor's Follow Up Unique Telephone Interviewer ID	Char	10	Vendor's 10-digit unique telephone interviewer ID at follow up	√	√	√
<i>FxMCONUM</i> MAO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MAO provide a phone number for the member at follow up? 1 = Yes 2 = No	√	√	√

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<i>FxEXCLUDE</i> Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>	√	√	√
<i>FxPROXST</i> Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and same Proxy at follow up 5 = Proxy at baseline and different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up	√	√	√
<i>FxDISP</i> Survey Response Indicator for Mail/Telephone Responses at Follow Up	Num	3	Beneficiary completed a: 1 = Mail survey at follow up 2 = Telephone survey at follow up	√	√	√
<i>FxINVSrv</i> Ineligible Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, M21, M23, M24*, M25, T20, T21, T23, or T24) * The M24 code was implemented in 2019 Cohort 20 and was removed in 2020 Cohort 21.	√	√	√
<i>FxADLCOUNT</i> Count of ADL Questions Answered at Follow Up	Num	3	Number of ADL questions answered (range from 0-6) is derived from the 6 ADL questions (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) in the Follow Up Survey.	√	√	√
<i>FxPCTCMP</i> Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	√	√	√
<i>FxCMPSRV</i> Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of follow up survey was completed including all 6 ADL items (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) 0 = Incomplete 1 = Complete	√	√	√

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B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

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<i>FxCMPFLG</i> Name Provided for Person Completing Follow Up Survey	Num	3	Indicator of whether name was provided for person completing follow up survey 0 = Name not provided 1 = Name provided	√	√	√
<i>FxTDOB</i> Beneficiary's Follow Up Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases. MMDDYY10. Format	√	√	√
<i>FxTSRVDAT</i> Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. Format	√	√	√
<i>FxTDOE</i> Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's follow up accretion into plan SAS date MMDDYY10. Format	√	√	√
<i>FxTSRVDATIM</i> Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (<i>FxSRVDATE</i>). Records with a missing survey date were imputed by replacing missing values with the midpoint survey date, which occurs in May each year. MMDDYY10. Format	√	√	√
<i>FxTDOELMT</i> Follow Up Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Follow Up survey SAS date of accretion limit into plan MMDDYY10. format Note: This variable, in combination with date of accretion into plan (<i>FxTDOE</i>), was used to calculate enrollment duration (<i>FxENRDUR</i>)	√	√	√
<i>FxBMI</i> Calculated Body Mass Index at Follow Up	Num	8	$BMI = [FxWEIGHTLB / (Height\ in\ inches\ from\ FxHEIGHTFT\ and\ FxHEIGHTIN)^2] \times 703$	√	√	√
<i>FxBMICAT</i> Categories of Body Mass Index at Follow Up	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)	√	√	√
<i>FxENRDUR</i> Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	√	√	√

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B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

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<i>FxENRCAT</i> Beneficiary's Enrollment Duration Category at Follow Up	Num	8	Beneficiary's enrollment duration category at the time of the follow up survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	✓	✓	✓
<i>FxAGE</i> Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. AGE = floor((intck('month', <i>FxTDOB</i> , <i>FxTSRVDATIM</i>) - (day(<i>FxTSRVDATIM</i>) < day(<i>FxTDOB</i>)))/12)	✓	✓	✓
<i>FxAGECAT</i> Beneficiary's Age Group at Follow Up	Num	8	Beneficiary's age group at follow up 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older	✓	✓	✓
<i>FxRACECAT</i> Beneficiary's Race Category at Follow Up	Num	8	Beneficiary's race category at follow up, created by combining values of the <i>FxRACE</i> variable 1 = White 2 = Black 3 = Other	✓	✓	✓
<i>FxHISPANA</i> Beneficiary's Hispanic Indicator at Follow Up	Num	8	Beneficiary's Hispanic indicator at follow up, derived from the Hispanic ethnicity questions. 1 = Yes 2 = No	✓	✓	✓
<i>FxMARCAT</i> Marital Status at Follow Up Using Combined Groups	Num	3	Beneficiary's marital status category at follow up, created by combining values of the <i>FxMARITAL</i> variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married	✓	✓	✓

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B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

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<i>FxEDCAT</i> Educational Status at Follow Up Using Combined Groups	Num	3	Beneficiary's education level category at follow up, created by combining values of the <i>FxEDUC</i> variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more	√	√	√
<i>FxINCCAT</i> Household Income at Follow Up Using Combined Groups	Num	3	Beneficiary's household income category at follow up, created by combining values of the <i>FxHHINC</i> variable 1 = Less than \$10,000 2 = \$10,000 - \$19,999 3 = \$20,000 - \$29,999 4 = \$30,000 - \$49,999 5 = \$50,000 or more 6 = Don't know	√	√	√
<i>FxDEP2SCRN</i> Positive Depression Indicator at Follow Up	Num	3	Beneficiary's depression status at follow up based on two depression questions, <i>FxDEPNOPLS</i> and <i>FxDEPDOWN</i> , with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered. 0 = Negative 1 = Positive	√	√	√
<i>FxCOMO</i> Number of Chronic Medical Conditions at Follow Up	Num	3	Beneficiary's number of chronic conditions at followup, obtained by counting the number of "yes" responses to 15 questions: <i>FxCCHBP</i> , <i>FxCxCCAD</i> , <i>FxCxCCHF</i> , <i>FxCxCCMI</i> , <i>FxCxCCHRTOTH</i> , <i>FxCxCCSTROKE</i> , <i>FxCxCCOPD</i> , <i>FxCxCCGI</i> , <i>FxCxCCARTHIP</i> , <i>FxCxCCARTHND</i> , <i>FxCxCCOSTEO</i> , <i>FxCxCCSCIATI</i> , <i>FxCxCCDIABET</i> , <i>FxCxCCDEP</i> , and <i>FxCxCCANYCA</i> .	√	√	√
<i>FxCOMOCT</i> Number of Chronic Medical Conditions Category at Follow Up	Num	3	Beneficiary's number of chronic conditions category at follow up, created by combining values of the <i>FxCOMO</i> variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	√	√	√
<i>FxPCS</i> Follow Up PCS Score	Num	8	Beneficiary's follow up PCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	√	√	√

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<i>FxMCS</i> Follow Up MCS Score	Num	8	Beneficiary's follow up MCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	√	√	√
<i>PxCONTRACT</i> Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report.	√	√	√
<i>PxCONT_ID</i> Blinded Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.	√	√	√
<i>PxHDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.	√	√	√
<i>PxTHDOB</i> Beneficiary's SAS Date of Birth	Num	8	Beneficiary's SAS date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format	√	√	√
<i>PxHDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.	√	√	√
<i>PxTHDOD</i> Beneficiary's SAS Date of Death	Num	8	Beneficiary's SAS date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. Format	√	√	√
<i>PxACTDTH</i> Beneficiary's Death Within 2 Year Window Indicator	Num	3	Beneficiary's death within 2 year window indicator 0 = No 1 = Yes	√	√	√
<i>PxGROUP</i> Three-Level Baseline Status Indicator	Char	6	Three-level status indicator for all members of the baseline sample Group1 = baseline members in MAOs not existing at follow up and who were excluded from the follow up sampling Group2 = baseline members in MAOs still existing at follow up, but who were excluded from follow up sampling because they met one or more of the following criteria: they were non-responders to the baseline survey, they were no longer enrolled in their original MAO when the follow up sample was drawn, or they were deceased subsequent to the baseline survey Group3 = baseline members in MAOs still existing at follow up, who were enrolled in their original MAO when the follow up sample was drawn, and who were part of the follow up sample	√	√	√

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<i>PxSTATUS</i> Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample 1 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 2 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 3 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 4 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 5 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 6 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 7 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 9 = Beneficiary had ineligible baseline survey disposition	√	√	√
<i>PxANALYT</i> Performance Measurement Analytic Sample Indicator	Num	3	Indicator for performance measurement analytic sample 0 = Not included in performance measurement analytic sample 1 = Included in performance measurement analytic sample	√	√	√

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B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS

∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS
<i>PxPMRIND</i> Performance Measurement Sample Distribution Indicator	Num	3	Indicates status of the record in the performance measurement analytic sample 1 = Respondent 2 = Non-Respondent 3 = Ineligible 4 = Dead 5 = Disenrolled	√	√	√
<i>PxPHOUT</i> Plan Level Physical Health Performance Measurement Results Indicator	Num	3	Plan level physical health performance measurement results 1 = Plan performed “worse than expected” 2 = Plan performed the “same as expected” 3 = Plan performed “better than expected”	√	√	√
<i>PxMHOUT</i> Plan Level Mental Health Performance Measurement Results Indicator	Num	3	Plan level mental health performance measurement results 1 = Plan performed “worse than expected” 2 = Plan performed the “same as expected” 3 = Plan performed “better than expected”	√	√	√
<i>BxMONRPT</i> SAS Date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized at Baseline	Num	8	SAS date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format	√	√	√
<i>BxPLTYPE</i> Plan Type at Baseline	Char	39	Plan type as listed in the CMS Monthly Report at the time of the baseline survey administration	√	√	√
<i>BxPLORGNM</i> Plan Organization Name at Baseline - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the baseline survey administration	√	√	√
<i>BxPLPTORG</i> Plan Parent Organization at Baseline - source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the baseline survey administration	√	√	√
<i>BxPLMEDP</i> Plan Medicare Product Name at Baseline - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the baseline survey administration	√	√	√
<i>BxPLPOP</i> Number Enrolled in Plan at Baseline	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration	√	√	√

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<i>PxPLREGCDE</i> Plan's CMS Regional Office Code at the Time of Performance Measurement Reporting	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of performance measurement reporting 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	√	√	√
<i>PxPLDUR</i> Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>PxPLSTDT</i>) from the CMS Monthly Report at the time of performance measurement reporting	√	√	√
<i>PxPLNDCT</i> Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	√	√	√
<i>PxRPTST</i> Reporting Plan State at the Time of Performance Measurement Reporting	Char	2	This field was the state level unit of analysis for the Performance Measurement Reports. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>PxPLANSTN</i> field. FS = PFFS RS = RPPO	√	√	√

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