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Medicare Health Outcomes Survey Limited Data Sets
File Specifications for *Cohorts 19 through 22* (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 SAS[1] data sets and were generated with SAS Version 9.4 for *Cohorts 19* through *22*.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. All research requests for LDS files must be submitted through the CMS LDS File Process, and requests for RIF files are 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.

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

MEDICARE HOS VERSIONS

The *2016-2018 Cohort 19* through *2019-2021 Cohort 22* were collected with the HOS 3.0 at baseline and follow up. The HOS version 3.0 is based on the Veterans RAND 12-Item Health Survey (VR-12). The 12-item health survey portion (questions one [Q1] through seven [Q7]) was used for calculation of the physical component summary (PCS) and mental component summary (MCS) scores at baseline and follow up. The HOS 3.0 included new questions about instrumental activities of daily living (IADLs), memory problems, pain, and living arrangements; and revised questions on race, Hispanic ethnicity, primary language, sex, and disability status that were introduced in 2013. Depression was also added to the list of chronic conditions, resulting in 15 conditions being assessed. The HOS 3.0 also included new questions in 2015 about the average number of hours of sleep during the past month, overall sleep quality over the past month; and revised questions about leaking of urine changing daily activities or interfering with sleep, and the language mainly spoken at home.

LDS STRUCTURE

Fields in the LDS files were collected at three different time points: baseline, follow up, and performance measurement. The information from all three time points was merged into one observation per beneficiary, and a prefix assigned to each field name to identify the time point. All fields obtained or derived from the baseline survey have a "B" prefix, all fields obtained or derived from the follow up survey have an "F" prefix, and all performance measurement fields, which were calculated or retrieved from other data sources, have a "P" prefix. The performance measurement fields provide characteristics of the beneficiary and the beneficiary's health plan at the time of performance measurement reporting, which occurs approximately one year after follow up data collection.

Since 2011, there are two fields (BxHOSQRS, FxHOSQRS) that identify Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) benefit packages (PBPIDs) which are voluntarily reporting HOS for calculation of the frailty adjustment factor based on the six activities of daily living (ADLs) in the HOS. At baseline, BxHOSQRS=1 for beneficiaries in MAOs that are part of the quality reporting sample and BxHOSQRS = 0 for beneficiaries in MAOs that are voluntarily reporting HOS for frailty assessment only. Beginning in 2015, BxHOSQRS = 2 was assigned for beneficiaries in MAOs that are voluntarily reporting HOS for other reasons. Up until 2019, at follow up, FxHOSQRS may equal 1 or 2. Beginning in 2019, beneficiaries in other HOS non-quality reporting samples (FxHOSQRS = 2) were no longer included. In *Cohorts 20, 21*, and 22, the BxHOSQRS = 2 and FxHOSQRS = 2 were not applicable. In the field names above, and elsewhere in this document, the "x" following the prefix represents the cohort identifier (19, 20, 21, or 22).

LDS FILE SPECIFICATIONS TABLE DESCRIPTION

The File Specifications Table in this document describes the file layout by field position for *Cohorts 19 through 22* LDS files. The table has one row per field. The columns provide the field name/description, type, length, and additional information (including valid values where applicable). There are also columns to indicate the included fields for each cohort: **B19F19** for *Cohort 19*, **B20F20** for *Cohort 20,* **B21F21** for *Cohort 21,* and ***B22F22*** for *Cohort 22*. The survey question number is printed in the corresponding row under the column heading for each cohort where the question was asked. Check marks in these columns indicate the presence of non-survey

items, such as administrative and analytic fields. Shaded rows indicate fields which were removed to prevent identification of individual health plans.

The question text, valid values, and skip patterns in this document are from the most recent HOS questionnaire in which the question appears, unless otherwise noted. The exact text of each question for each survey year can be found in the HOS survey instrument. The HOS survey instrument can be downloaded from NCQA's website (https://www.ncqa.org/hedis/measures/hos/). Additional information may be found in the HEDIS® Volume 6: Specifications for the Medicare Health Outcomes Survey. The most recent HEDIS Volume 6 manuals are available at no cost from the NCQA Store (https://store.ncqa.org/hedis-quality-measurement/hedis-specifications-for-the-medicare-health-outcomes-survey.html). Copies of older editions of HEDIS® publications may be obtained by calling NCQA Customer Support at (888) 275-7585.[2]

The field name and attributes in the File Specifications Table correspond to the *Cohorts 19 through 22* LDS files only and may differ from previous LDS files derived from the HOS 1.0, 2.0, and 2.5. The File Specifications documents for all prior HOS cohorts are available in the Research Data Files section on the HOS website.

SUMMARY OF LDS FILES

	Cohort 19		Cohort 20		Cohort 21		Cohort 22	
Year	2016	2018	2017	2019	2018	2020	2019	2021
Time Point	Baseline	Follow Up	Baseline	Follow Up	Baseline	Follow Up	Baseline	Follow Up
HOS Version	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
No. of Survey Questions	68	68	68	68	68	68	68	67

SUMMARY OF BLINDED LDS FILE NUMBERS

	Cohort 19	Cohort 20	Cohort 21	Cohort 22
No. of Observations	554,119	559,301	552,760	592,208
No. of Fields	380	379	379	378

Additional information pertaining to the cohorts covered by this document, such as MAO participation and sampling selection, may be found in the Baseline and Performance Measurement Data Users Guides in the Data Users Guides section on the HOS website at www.HOSonline.org. The *Quality Assurance Guidelines and Technical Specifications* can be downloaded from the Program page on the HOS Website. A glossary consisting of definitions relevant to the HOS may also be accessed from links at the bottom of site pages. Questions related to the LDS fields may be directed to the Medicare HOS Information and Technical Support Telephone Line: 1-888-880-0077 or Email Address: hos@hsag.com.

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[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Limited Data Sets File Specifications Table (Plan Fields Removed)

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
BxPATID Anonymous Beneficiary ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample	√	√	√	√
BxPLAN Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling	√	√	√	√
BxRECID Record Identifier at Baseline	Char	1	Baseline record identifier	√	√	√	√
BxRPTYR Baseline Reporting Year	Num	3	Reporting year for the baseline survey	√	√	√	√
BxCONTRACT Plan Contract Number at Baseline	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling.	√	√	√	√
BxCONT_ID **Blinded Plan Contract Number at Baseline**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	√	√	√	√
BxPLAN_NAME Plan Name at Baseline	Char	70	Plan name at the time of baseline sampling	√	√	√	√
BxVENDOR Survey Vendor at Baseline	Num	8	Baseline Survey Vendor *Cohort 19* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1437 = Ipsos 1440 = Morpace, Inc. 1463= SPH Analytics (formerly the Myers Group) 11778 = Thoroughbred Research Group *Cohort 20* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1437 = Ipsos 1440 = Morpace, Inc. 1463 = SPH Analytics *Cohort 21* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1440 = Morpace, Inc. 1463 = SPH Analytics *Cohort 22* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1440 = SPH Analytics-Farmington Hills (formerly Morpace, Inc.) 1463 = SPH Analytics-Duluth	√	√	√	√

BxSNPEXFL
Exclusive Special Needs Plan Flag at Baseline
	Num	8	Exclusive Special Needs Plan Flag at the time of baseline sampling
			   0 = No
			   1 = Yes
				√	√	√	

BxNCQAORGID NCQA Healthcare Organization ID at Baseline	Num	8	Organization ID supplied by NCQA at the time of baseline sampling	√	√	√	√

√ = Included Non-Survey Item
§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS   ∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS
# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19§ Fields	B20F20# Fields	B21F21∞ Fields	B22F22~ Fields
BxNCQASUBID NCQA Submission ID at Baseline	Num	8	Submission ID supplied by NCQA at the time of baseline sampling	√	√	√	√
BxPLANID Plan Identification Number at Baseline	Char	5	Plan identification number at the time of baseline sampling.	√	√	√	√
BxCE_6 6 month continuous enrollment at Baseline	Num	3	Beneficiary's continuous enrollment at Baseline	√			
BxCE_12 12 month continuous enrollment at Baseline	Num	3	Beneficiary's continuous enrollment at Baseline	√			
BxPBPID Plan Benefit Package Number at Baseline	Char	3	Plan Benefit Package (PBP) ID at the time of baseline sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website	√	√	√	√
BxSNPTYPE Type of Special Needs Plan at Baseline	Num	3	*BxSNPTYPE* identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	√	√	√	√
BxFIDEIND Frailty Assessment FIDE Applicant Indicator at Baseline	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of baseline sampling 0 = Not an applicant 1 = Applicant not eligible for quality reporting 2 = Applicant only PBP in contract 3 = Applicant one of multiple PBPs in contract	√	√	√	√
BxFIDESST Sampling Stage for FIDE Applicant at Baseline	Num	8	FIDE Applicant Sampling Stage Indicator at the time of baseline sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up	√	√	√	√
BxHOSQRS HOS Quality Reporting Sample Flag at Baseline	Num	8	HOS Quality Reporting Sample Flag at the time of baseline sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample 2* = Other HOS non-quality reporting sample * *For Cohorts 20, 21*, and 22 beneficiaries with BxHOSQRS = 2 were no longer included.	√	√	√	√

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxCITY Beneficiary's City at Baseline	Char	22	Beneficiary's city from the baseline member level record	✓	✓	✓	✓
BxSTATE Beneficiary's State at Baseline	Char	22	Beneficiary's state from the baseline member level record	✓	✓	✓	✓
BxZIP Beneficiary's Zip Code at Baseline	Char	22	Beneficiary's zip code from the baseline member level record	✓	✓	✓	✓
BxSTATEABV Beneficiary's Social Security Administration (SSA) State Two Letter Abbreviation at Baseline	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code	✓	✓	✓	✓
BxSTNAME Beneficiary's SSA State Name at Baseline	Char	20	Beneficiary's state name based on the baseline SSA state code	✓	✓	✓	✓
BxSTATECDE Beneficiary's SSA State Code at Baseline	Char	2	Beneficiary's SSA state code from the baseline member level record	✓	✓	✓	✓
BxCTNAME Beneficiary's SSA County Name at Baseline	Char	21	Beneficiary's county name based on the baseline SSA county code	✓	✓	✓	✓
BxCNTYCDE Beneficiary's SSA County Code at Baseline	Char	3	Beneficiary's SSA county code from the baseline member level record	✓	✓	✓	✓
BxRACE Beneficiary's Race at Baseline (CMS)	Num	3	Beneficiary's race from the baseline member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	✓	✓	✓	✓
BxGENDER Beneficiary's Gender at Baseline (CMS)	Num	3	Beneficiary's gender from the baseline member level record. This information is derived from CMS databases. 1 = Male 2 = Female	✓	✓	✓	✓
BxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS databases.	✓	✓	✓	✓

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS databases. This field is blank for all records.	✓	✓	✓	✓
BxDOE Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.	✓	✓	✓	✓
BxDOT Beneficiary's Baseline Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the baseline member level record. This field is blank for all records.	✓	✓	✓	✓

BxESRD
Beneficiary's ESRD Status at Baseline
	Num	3	Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS databases.
			    0 = No ESRD
			    1 = ESRD
				✓	✓	✓	✓

BxINSTUT
Beneficiary's Institutional Status at Baseline
	Num	3	Beneficiary's institutional status at baseline. This information is derived from CMS databases.
			    0 = Out of institution
			    1 = Institutionalized
			    2 = Eligible for nursing home care
				✓	✓	✓	✓

BxHOSPICE
Beneficiary's Hospice Status at Baseline
	Num	3	Beneficiary's hospice status at baseline. This information is derived from CMS databases.
			    0 = No hospice start date present
			    1 = Hospice start date present
				✓	✓	✓	✓

BxMEDICAID
Beneficiary's Medicaid Status at Baseline
	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS databases.
			    0 = Out of Medicaid
			    1 = In Medicaid
				✓	✓	✓	✓

BxDUAL
Dual Status
	Num	3	Beneficiary's Dual status at baseline. This information is derived from CMS databases.
			    0 = Not Dual Status
			    1 = Dual Status (Full Benefit any time during the year)
					✓	✓	✓

BxENTITLE
Beneficiary's Reason for Entitlement at Baseline
	Num	3	Beneficiary's reason for entitlement at baseline. This information is derived from CMS databases.
			    10 = Aged without ESRD
			    11 = Aged with ESRD
			    20 = Disabled without ESRD
			    21 = Disabled with ESRD
			    31 = ESRD only
				✓	✓	✓	✓

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxPROTID Protocol Identifier Flag at Baseline	Num	3	Beneficiary's survey protocol from the baseline member level record 1 = English Follow Up – No Proxy at Baseline 2 = English Follow Up – Proxy at Baseline 3 = Baseline 4 = Spanish Follow Up – No Proxy at Baseline 5 = Spanish Follow Up – Proxy at Baseline 6 = Chinese Follow Up – No Proxy at Baseline 7 = Chinese Follow Up – Proxy at Baseline	✓	✓	✓	✓
BxSRVIND Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	✓	✓	✓	✓
BxVRGENHTH Baseline Survey: General Health Question	Num	3	Beneficiary's response from the baseline survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1	Q1	Q1
BxVRMACT Baseline Survey: Moderate Activities Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day.* *Does **your health now limit you** in these activities?* *If so, how much?* **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a	Q2a	Q2a	Q2a
BxVRSTAIR Baseline Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b	Q2b	Q2b	Q2b

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
BxVRPACCL Baseline Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* **Accomplished less** than you would like 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3a	Q3a	Q3a	Q3a
BxVRPWORK Baseline Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* Were limited in the **kind** of work or other activities 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3b	Q3b	Q3b	Q3b
BxVRMACCL Baseline Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* **Accomplished less** than you would like 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4a	Q4a	Q4a	Q4a
BxVRMWORK Baseline Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* Didn't do work or other activities as **carefully** as usual 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4b	Q4b	Q4b	Q4b

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxVRPAIN Baseline Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q5	Q5	Q5	Q5
BxVRCALM Baseline Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:* Have you felt calm and peaceful? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6a	Q6a	Q6a	Q6a
BxVRENERGY Baseline Survey: Lots of Energy Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:* Did you have a lot of energy? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6b	Q6b	Q6b	Q6b

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS
Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 10

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxVRDOWN Baseline Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the past 4 weeks:* 　Have you felt downhearted and blue? 　1 = All of the time 　2 = Most of the time 　3 = A good bit of the time 　4 = Some of the time 　5 = A little of the time 　6 = None of the time	Q6c	Q6c	Q6c	Q6c
BxVRSACT Baseline Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?* 　1 = All of the time 　2 = Most of the time 　3 = Some of the time 　4 = A little of the time 　5 = None of the time	Q7	Q7	Q7	Q7
BxVRPHCMP Baseline Survey: Physical Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the baseline survey: *Now, we'd like to ask you some questions about how your health may have changed. Compared to one year ago, how would you rate your physical health in general now?* 　1 = Much better 　2 = Slightly better 　3 = About the same 　4 = Slightly worse 　5 = Much worse	Q8	Q8	Q8	Q8
BxVRMHCMP Baseline Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the baseline survey: *Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?* 　1 = Much better 　2 = Slightly better 　3 = About the same 　4 = Slightly worse 　5 = Much worse	Q9	Q9	Q9	Q9

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS　　　　　　　　　　　~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxADLBTH Baseline Survey: Bathing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a	Q10a	Q10a	Q10a
BxADLDRS Baseline Survey: Dressing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b	Q10b	Q10b	Q10b
BxADLEAT Baseline Survey: Eating Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c	Q10c	Q10c	Q10c
BxADLCHR Baseline Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** <u>Getting in or out of chairs</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10d	Q10d	Q10d	Q10d
BxADLWLK Baseline Survey: Walking Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e	Q10e	Q10e	Q10e

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 12

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxADLTLT Baseline Survey: Using the Toilet Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** <u>Using the toilet</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10f	Q10f	Q10f	Q10f
BxDIFMEALS Baseline Survey: Difficulty Preparing Meals Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Preparing meals</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11a	Q11a	Q11a	Q11a
BxDIFMONEY Baseline Survey: Difficulty Managing Money Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Managing money</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11b	Q11b	Q11b	Q11b
BxDIFMEDS Baseline Survey: Difficulty Taking Medication as Prescribed Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Taking medication as prescribed</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11c	Q11c	Q11c	Q11c
BxHDPHY Baseline Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: *These next questions ask about your physical and mental health during the past 30 days. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q12	Q12	Q12	Q12

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 13

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BxHDMEN Baseline Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your **mental health not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q13	Q13	Q13	Q13
BxHDACT Baseline Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q14	Q14	Q14	Q14
BxDIFSEE Baseline Survey: Blind or Serious Difficulty Seeing Question	Num	3	Beneficiary's response from the baseline survey: *Are you blind or do you have serious difficulty seeing, even when wearing glasses?* 1 = Yes 2 = No	Q15	Q15	Q15	Q15
BxDIFHEAR Baseline Survey: Deaf or Serious Difficulty Hearing Question	Num	3	Beneficiary's response from the baseline survey: *Are you deaf or do you have serious difficulty hearing, even with a hearing aid?* 1 = Yes 2 = No	Q16	Q16	Q16	Q16
BxDIFREMEM Baseline Survey: Difficulty Concentrating, Remembering, or Making Decisions Question	Num	3	Beneficiary's response from the baseline survey: ***Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?* 1 = Yes 2 = No	Q17	Q17	Q17	Q17
BxDIFERRND Baseline Survey: Difficulty Doing Errands Question	Num	3	Beneficiary's response from the baseline survey: ***Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?* 1 = Yes 2 = No	Q18	Q18	Q18	Q18
BxDIFMPROB Baseline Survey: Memory Problems Interfered with Activities Question	Num	3	Beneficiary's response from the baseline survey: *In the **past month**, how often did memory problems interfere with your daily activities?* 1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never	Q19	Q19	Q19	Q19

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
BxCCHBP Baseline Survey: Hypertension Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No	Q20	Q20	Q20	Q20
BxCC_CAD Baseline Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Angina pectoris or coronary artery disease 1 = Yes 2 = No	Q21	Q21	Q21	Q21
BxCC_CHF Baseline Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No	Q22	Q22	Q22	Q22
BxCCMI Baseline Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No	Q23	Q23	Q23	Q23
BxCCHRTOTH Baseline Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat 1 = Yes 2 = No	Q24	Q24	Q24	Q24
BxCCSTROKE Baseline Survey: Stroke Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A stroke 1 = Yes 2 = No	Q25	Q25	Q25	Q25
BxCC_COPD Baseline Survey: COPD Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) 1 = Yes 2 = No	Q26	Q26	Q26	Q26

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BxCCGI Baseline Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No	Q27	Q27	Q27	Q27
BxCCARTHIP Baseline Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Arthritis of the hip or knee 1 = Yes 2 = No	Q28	Q28	Q28	Q28
BxCCARTHND Baseline Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Arthritis of the hand or wrist 1 = Yes 2 = No	Q29	Q29	Q29	Q29
BxCCOSTEO Baseline Survey: Osteoporosis Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Osteoporosis, sometimes called thin or brittle bones 1 = Yes 2 = No	Q30	Q30	Q30	Q30
BxCCSCIATI Baseline Survey: Sciatica Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Sciatica (pain or numbness that travels down your leg to below your knee) 1 = Yes 2 = No	Q31	Q31	Q31	Q31
BxCCDIABET Baseline Survey: Diabetes Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No	Q32	Q32	Q32	Q32
BxCCDEP Baseline Survey: Depression Question	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Depression 1 = Yes 2 = No	Q33	Q33	Q33	Q33

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BxCCANYCA Baseline Survey: Any Cancer Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No	Q34	Q34	Q34	Q34
BxCACOLON Baseline Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: *If you answered "yes" to BxCCANYCA above, Are you __currently__ under treatment for:* Colon or rectal cancer 1 = Yes 2 = No	Q35a	Q35a	Q35a	Q35a
BxCALUNG Baseline Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: *If you answered "yes" to BxCCANYCA above, Are you __currently__ under treatment for:* Lung cancer 1 = Yes 2 = No	Q35b	Q35b	Q35b	Q35b
BxCABRST Baseline Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: *If you answered "yes" to BxCCANYCA above, Are you __currently__ under treatment for:* Breast cancer 1 = Yes 2 = No	Q35c	Q35c	Q35c	Q35c
BxCAPROS Baseline Survey: Prostate Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: *If you answered "yes" to BxCCANYCA above, Are you __currently__ under treatment for:* Prostate cancer 1 = Yes 2 = No	Q35d	Q35d	Q35d	Q35d
BxCAOTHER Baseline Survey: Treatment for Other Cancer Question	Num	3	Beneficiary's response from the baseline survey: *If you answered "yes" to BxCCANYCA above, Are you __currently__ under treatment for:* Other cancer (other than skin cancer) 1 = Yes 2 = No	Q35e	Q35e	Q35e	Q35e

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BxPAINDACT Baseline Survey: Pain Interfered With Activities Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 7 days**, how much did pain interfere with your day to day activities?* 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Q36	Q36	Q36	Q36
BxPAINSACT Baseline Survey: Pain Kept You from Socializing With Others Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 7 days**, how often did pain keep you from socializing with others?* 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Q37	Q37	Q37	Q37
BxPAINRATE Baseline Survey: Average Pain Rating Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 7 days**, how would you rate your pain **on average**?* 1 = No pain 2 3 4 5 6 7 8 9 10 = Worst imaginable pain	Q38	Q38	Q38	Q38
BxDEPNOPLS Baseline Survey: Little Interest or Pleasure In Doing Things Question	Num	3	Beneficiary's response from the baseline survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* <u>Little interest or pleasure in doing things</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Q39a	Q39a	Q39a	Q39a

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 18

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BxDEPDOWN Baseline Survey: Feeling Down, Depressed, or Hopeless Question	Num	3	Beneficiary's response from the baseline survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Q39b	Q39b	Q39b	Q39b
BxCMPHTH Baseline Survey: Comparative Health Question	Num	3	Beneficiary's response from the baseline survey: *In general, compared to other people your age, would you say that your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q40	Q40	Q40	Q40
BxSMOKE Baseline Survey: Current Smoker Question	Num	3	Beneficiary's response from the baseline survey: *Do you **now** smoke every day, some days, or not at all?* 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q41	Q41	Q41	Q41
BxMUILKG Baseline Survey: Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: *Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?* 1 = Yes *(Go to BxMUIDACT below)* 2 = No *(Go to BxPAOTLK below)*	Q42	Q42	Q42	Q42
BxMUIDACT Baseline Survey: Urine Leakage Changed Daily Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?* 1 = A lot 2 = Somewhat 3 = Not at all	Q43	Q43	Q43	Q43
BxMUITLK Baseline Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?* 1 = Yes 2 = No	Q44	Q44	Q44	Q44

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Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19§ Fields	B20F20# Fields	B21F21∞ Fields	B22F22~ Fields

BxMUITRT
Baseline Survey:
Talked About Treatment for Urine Leakage Question
	Num	3	Beneficiary's response from the baseline survey:
			*There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?*
			    1 = Yes
			    2 = No
				Q45	Q45	Q45	Q45

BxPAOTLK
Baseline Survey:
Talked with Doctor About Physical Activities Question
	Num	3	Beneficiary's response from the baseline survey:
			*In the **past 12 months,** did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.*
			    1 = Yes **(Go to BxPAOADV below)**
			    2 = No **(Go to BxPAOADV below)**
			    3 = I had no visits in the past 12 months **(Go to BxFRMTLK below)**
				Q46	Q46	Q46	Q46

BxPAOADV
Baseline Survey:
Advised to Increase or Maintain Activities Question
	Num	3	Beneficiary's response from the baseline survey:
			*In the **past 12 months,** did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.*
			    1 = Yes
			    2 = No
				Q47	Q47	Q47	Q47

BxFRMTLK
Baseline Survey:
Talked with Doctor about Falling or Balance Problem Question
	Num	3	Beneficiary's response from the baseline survey:
			*A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?*
			    1 = Yes
			    2 = No
			    3 = I had no visits in the past 12 months
				Q48	Q48	Q48	Q48

BxFRMFALL
Baseline Survey:
Fell in Past 12 Months Question
	Num	3	Beneficiary's response from the baseline survey:
			*Did you fall in the **past 12 months**?*
			    1 = Yes
			    2 = No
				Q49	Q49	Q49	Q49

BxFRMBAL
Baseline Survey:
Problem with Walking or Balance in Past 12 Months Question
	Num	3	Beneficiary's response from the baseline survey:
			*In the **past 12 months**, have you had a problem with balance or walking?*
			    1 = Yes
			    2 = No
				Q50	Q50	Q50	Q50

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BxFRMPREV Baseline Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the baseline survey: *Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:* • *Suggest that you use a cane or walker.* • *Check your blood pressure lying or standing.* • *Suggest that you do an exercise or physical therapy program.* • *Suggest a vision or hearing test.* 1 = Yes 2 = No 3 = I had no visits in the past 12 months Note: The question was revised to remove the statement, "Check your blood pressure lying or standing" in *Cohort 21*.	Q51	Q51	Q51	Q51
BxOTOTEST Baseline Survey: Bone Density Test for Osteoporosis Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as "brittle bones"? This test may have been done to your back or hip.* 1 = Yes 2 = No	Q52	Q52	Q52	Q52
BxSLEEPHRS Baseline Survey: Average Hours of Sleep per Night in Past Month Question	Num	3	Beneficiary's response from the baseline survey: *During the **past month**, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)* 1 = Less than 5 hours 2 = 5 - 6 hours 3 = 7 – 8 hours 4 = 9 or more hours	Q53	Q53	Q53	Q53
BxSLEEPQUA Baseline Survey: Overall Sleep Quality Rating in Past Month Question	Num	3	Beneficiary's response from the baseline survey: *During the **past month**, how would you rate your overall sleep quality?* 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Q54	Q54	Q54	Q54
BxWEIGHTLB Baseline Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the baseline survey: *How much do you weigh in pounds (lbs.)?*	Q55	Q55	Q55	Q55

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BxHEIGHTFT Baseline Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the baseline survey: *How tall are you without shoes on in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches or 5 feet 04 inches (if ½ inch, please round up).* **Note:** This field contains only the feet (ft.) portion of the response.	Q56a	Q56a	Q56a	Q56a
BxHEIGHTIN Baseline Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the baseline survey: *How tall are you without shoes on in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches or 5 feet 04 inches (if ½ inch., please round up).* **Note:** This field contains only the inches (in.) portion of the response.	Q56b	Q56b	Q56b	Q56b
BxSRVGEND Baseline Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the baseline survey: *Are you male or female?* 1 = Male 2 = Female 3 = Other (*Telephone surveys only*)* * Other response was added to the *2019 Cohort 22 Baseline* survey	Q57	Q57	Q57	Q57
BxHPNOHISP Baseline Survey: No, not Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* <u>*a. No, not of Hispanic, Latino/a or Spanish origin*</u> 0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Q58a	Q58a	Q58a	Q58a
BxHPMEX Baseline Survey: Yes, Mexican, Mexican American, Chicano/a Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* <u>*b. Yes, Mexican, Mexican American, Chicano/a*</u> 0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Q58b	Q58b	Q58b	Q58b
BxHPPR Baseline Survey: Yes, Puerto Rican Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* <u>*c. Yes, Puerto Rican*</u> 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Q58c	Q58c	Q58c	Q58c

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 22

Field Name / Description Bx = Baseline Fx = Follow Up Px = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19§ Fields	B20F20# Fields	B21F21∞ Fields	B22F22~ Fields
BxHPCUBA Baseline Survey: Yes, Cuban Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *d. Yes, Cuban* 0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Q58d	Q58d	Q58d	Q58d
BxHPOTHER Baseline Survey: Yes, Another Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *e. Yes, Another Hispanic, Latino/a or Spanish origin* 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Q58e	Q58e	Q58e	Q58e
BxRCWHITE Baseline Survey: White Question	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *a. White* 0 = Respondent did not check White 1 = Respondent checked White	Q59a	Q59a	Q59a	Q59a
BxRCAFRAM Baseline Survey: Black or African American Question	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *b. Black or African American* 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American	Q59b	Q59b	Q59b	Q59b
BxRCNATAM Baseline Survey: American Indian or Alaskan Native Question	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *c. American Indian or Alaskan Native* 0 = Respondent did not check American Indian or Alaskan Native 1 = Respondent checked American Indian or Alaskan Native	Q59c	Q59c	Q59c	Q59c
BxRCINDIA Baseline Survey: Asian Indian Question	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *d. Asian Indian* 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Q59d	Q59d	Q59d	Q59d
BxRCCHINA Baseline Survey: Chinese Question	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *e. Chinese* 0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Q59e	Q59e	Q59e	Q59e

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

BxRCFILIP
Baseline Survey:
Filipino Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   f. Filipino
			   0 = Respondent did not check Filipino
			   1 = Respondent checked Filipino
				Q59f	Q59f	Q59f	Q59f

BxRCJAPAN
Baseline Survey:
Japanese Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   g. Japanese
			   0 = Respondent did not check Japanese
			   1 = Respondent checked Japanese
				Q59g	Q59g	Q59g	Q59g

BxRCKOREA
Baseline Survey:
Korean Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   h. Korean
			   0 = Respondent did not check Korean
			   1 = Respondent checked Korean
				Q59h	Q59h	Q59h	Q59h

BxRCVIET
Baseline Survey:
Vietnamese Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   i. Vietnamese
			   0 = Respondent did not check Vietnamese
			   1 = Respondent checked Vietnamese
				Q59i	Q59i	Q59i	Q59i

BxRCOTHASN
Baseline Survey:
Other Asian Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   j. Other Asian
			   0 = Respondent did not check Other Asian
			   1 = Respondent checked Other Asian
				Q59j	Q59j	Q59j	Q59j

BxRCHAWAII
Baseline Survey:
Native Hawaiian Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   k. Native Hawaiian
			   0 = Respondent did not check Native Hawaiian
			   1 = Respondent checked Native Hawaiian
				Q59k	Q59k	Q59k	Q59k

BxRCGUAM
Baseline Survey:
Guamanian or Chamorro
Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			   l. Guamanian or Chamorro
			   0 = Respondent did not check Guamanian or Chamorro
			   1 = Respondent checked Guamanian or Chamorro
				Q59l	Q59l	Q59l	Q59l

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 24

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

BxRCSAMOA
Baseline Survey:
Samoan Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			    m. Samoan
			        0 = Respondent did not check Samoan
			        1 = Respondent checked Samoan
				Q59m	Q59m	Q59m	Q59m

BxRCOTHPAC
Baseline Survey:
Other Pacific Islander
Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your race? (One or more categories may be selected)
			    n. Other Pacific Islander
			        0 = Respondent did not check Other Pacific Islander
			        1 = Respondent checked Other Pacific Islander
				Q59n	Q59n	Q59n	Q59n

BxSPEAKLNG
Language Mainly Spoken at Home
Question
	Num	3	Beneficiary's response from the baseline survey:
			What language do you __mainly__ speak at home?
			        1 = English
			        2 = Spanish
			        3 = Chinese
			        4 = Some other language (please specify)
				Q60a	Q60a	Q60a	Q60a

BxSPEAKOTH Specify Other Language Spoken at Home Question	Char	20	Beneficiary's response from the baseline survey: *What language do you __mainly__ speak at home?* Some other language (please specify) _____	Q60b	Q60b	Q60b	Q60b

BxMARITAL
Baseline Survey:
Marital Status Question
	Num	3	Beneficiary's response from the baseline survey:
			What is your current marital status?
			        1 = Married
			        2 = Divorced
			        3 = Separated
			        4 = Widowed
			        5 = Never married
				Q61	Q61	Q61	Q61

BxEDUC
Baseline Survey:
Education Question
	Num	3	Beneficiary's response from the baseline survey:
			What is the highest grade or level of school that you have completed?
			        1 = 8th 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	Q62

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 25

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

BxLVALONE
Baseline Survey:
Living Alone Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you live alone or with others? (One or more categories may be selected)
			   <u>*a. Alone*</u>
			    0 = Respondent did not check live alone
			    1 = Respondent checked live alone
				Q63a	Q63a	Q63a	Q63a

BxLVSPOUSE
Baseline Survey:
Living With Spouse/Significant Other
Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you live alone or with others? (One or more categories may be selected)
			   <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	Q63b

BxLVCHILD
Baseline Survey:
Living With Children/Other Relatives
Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you live alone or with others? (One or more categories may be selected)
			   <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	Q63c

BxLVNONREL
Baseline Survey:
Living With Non-Relatives Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you live alone or with others? (One or more categories may be selected)
			   <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	Q63d

BxLVCAREGV
Baseline Survey:
Living With Paid Caregiver Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you live alone or with others? (One or more categories may be selected)
			   <u>*e. With paid caregiver*</u>
			    0 = Respondent did not check live with paid caregiver
			    1 = Respondent checked live with paid caregiver
				Q63e	Q63e	Q63e	Q63e

BxWHERELV
Baseline Survey:
Where Do You Live Question
	Num	3	Beneficiary's response from the baseline survey:
			Where do you live?
			    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 *BxHMOWN* below; If answered 3 or 4, go to *BxCMPWHO* below)
				Q64	Q64	Q64	Q64

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 26

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxHMOWN Baseline Survey: Housing Question	Num	3	Beneficiary's response from the baseline survey: *Is the house or apartment you currently live in:* 　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	Q65
BxCMPWHO Baseline Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the baseline survey: *Who completed this survey form?* 　1 = Person to whom survey was addressed　*(Go to BxHHINC below)* 　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	Q66
BxHHINC Baseline Survey: Household Income Question	Num	3	Beneficiary's response from the baseline survey: *Which of the following categories best represents the **combined income for all family members in your household** for the **past 12 months**?* 　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	Q68

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)　　　　　　　　　　October 2022
Prepared by Health Services Advisory Group　　　　　　　　　　Page 27

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS

BxSRVDISP
Disposition of Baseline Survey
	Char	3	Survey disposition at baseline
			("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 (*Chinese and Russian only*)
			  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 = Non-response: break-off (0- 49% complete)
			  M32/T32 = Non-response: refusal
			  M33/T33 = Non-response: respondent unavailable
			  M34/T34 = Non-response: respondent physically or mentally incapacitated
			  M35/T35 = Non-response: respondent institutionalized
			  M36/T36 = Non-response: after maximum attempts
			
			* The M24 code was implemented in *2019 Cohort 22.*
				√	√	√	√

BxSRVMODE
Round in which Completed Baseline Survey Obtained
	Char	2	Round in which the completed survey was obtained:
			  M1 = 1st mailing
			  M2 = 2nd mailing
			  T1 = 1st telephone
			  T2 = 2nd telephone
			  T3 = 3rd telephone
			  T4 = 4th telephone
			  T5 = 5th telephone
			  T6 = 6th telephone
			  T7 = 7th telephone
			  T8 = 8th telephone
			  T9 = 9th telephone
			  MT = Partially completed by mail and converted to complete by telephone
			  NC = Not completed
				√	√	√	√

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Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19§ Fields	B20F20# Fields	B21F21∞ Fields	B22F22~ Fields
BxSRVLANG Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5 = Russian* * While no surveys were completed in Russian for *Cohort 22 Baseline*, the survey code reflects the Russian language option addition in 2019.	✓	✓	✓	✓
BxSRVDATE Date Baseline Survey Completed	Char	8	Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	✓	✓	✓	✓
BxVUCATI Vendor's Baseline Unique Telephone Interviewer ID	Char	10	Vendor's 10-digit unique telephone interviewer ID at baseline	✓	✓	✓	✓
BxMCONUM MAO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MAO provide a phone number for the member at baseline? 1 = Yes 2 = No	✓	✓	✓	✓
BxEXCLUDE 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 *Take me off your list and/or never contact me again* 2 = Member did not request *Take me off your list and/or never contact me again*	✓	✓	✓	✓
BxDISP Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline	✓	✓	✓	✓
BxINVSRV Ineligible Baseline Survey Indicator	Num	3	Baseline 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 22*.	✓	✓	✓	✓
BxADLCOUNT Count of ADL Questions Answered (0-6) at Baseline	Num	3	Number of ADL questions answered (range from 0-6) in the baseline survey from Q10a-f	✓	✓	✓	✓
BxPCTCMP Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed	✓	✓	✓	✓

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BxCMPSRV
Complete Baseline Survey Indicator
	Num	3	A flag created to indicate that 79.5-100% of baseline survey was completed including all 6 ADL items (Q10a-f)
			    0 = Incomplete
			    1 = Complete
				✓	✓	✓	✓

BxCMPFLG
Name Provided for Person Completing Baseline Survey
	Num	3	Indicator of whether name was provided for person completing baseline survey
			    0 = Name not provided
			    1 = Name provided
				✓	✓	✓	✓

BxTDOB Beneficiary's Baseline Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the baseline member level record. This information is derived from CMS databases. MMDDYY10. Format	✓	✓	✓	✓
BxTSRVDAT Date Baseline Survey Completed (SAS Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. Format	✓	✓	✓	✓
BxTDOE Beneficiary's Baseline Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's baseline accretion into plan SAS date MMDDYY10. Format	✓	✓	✓	✓
BxTSRVDATIM Date Baseline Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Baseline survey SAS date created from the original date (*BxTSRVDAT*). Records with a missing survey date were imputed by replacing the missing values with the midpoint survey date which occurs in May each year MMDDYY10. format Note: This variable, in combination with date of birth (BxTDOB), was used to calculate age (BxAGE).	✓	✓	✓	✓
BxTDOELMT Baseline Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Baseline survey SAS date of accretion limit into plan MMDDYY10. format Note: This variable, in combination with date of accretion into plan (BxTDOE), was used to calculate enrollment duration (BxENRDUR)	✓	✓	✓	✓
BxBMI Calculated Body Mass Index at Baseline	Num	8	BMI = [BxWEIGHTLB / (Height in inches from BxHEIGHTFT and BxHEIGHTIN)^2] x 703	✓	✓	✓	✓
BxBMICAT Categories of Body Mass Index at Baseline	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)	✓	✓	✓	✓

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BxENRDUR Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey	✓	✓	✓	✓
BxENRCAT Beneficiary's Enrollment Duration Category at Baseline	Num	8	Beneficiary's enrollment duration category at the time of the baseline survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	✓	✓	✓	✓
BxAGE Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. AGE = floor((intck('month', *BxTDOB*, *BxTSRVDATIM*)- (day(*BxTSRVDATIM*)< day(*BxTDOB*)))/12)	✓	✓	✓	✓
BxAGECAT Beneficiary's Age Group at Baseline	Num	8	Beneficiary's age group at baseline 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older	✓	✓	✓	✓
BxRACECAT Beneficiary's Race Category at Baseline	Num	8	Beneficiary's race category at baseline, created by combining values of the *BxRACE* variable 1 = White 2 = Black 3 = Other	✓	✓	✓	✓
BxHISPANA Beneficiary's Hispanic Indicator at Baseline	Num	8	Beneficiary's Hispanic indicator at baseline, derived from the Hispanic ethnicity questions 1 = Yes 2 = No	✓	✓	✓	✓
BxMARCAT Marital Status at Baseline Using Combined Groups	Num	3	Beneficiary's marital status category at baseline, created by combining values of the *BxMARITAL* variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married	✓	✓	✓	✓

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed) October 2022
Prepared by Health Services Advisory Group Page 31

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxEDCAT Educational Status at Baseline Using Combined Groups	Num	3	Beneficiary's education level category at baseline, created by combining values of the *BxEDUC* 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	✓	✓	✓	✓
BxINCCAT Household Income at Baseline Using Combined Groups	Num	3	Beneficiary's household income category at baseline, created by combining values of the *BxHHINC* 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	✓	✓	✓	✓
BxDEP2SCRN Positive Depression Indicator at Baseline	Num	3	Beneficiary's depression status at follow up based on two depression questions, *BxDEPNOPLS* and *BxDEPDOWN*, 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	✓	✓	✓	✓
BxCOMO Number of Chronic Medical Conditions at Baseline	Num	3	Beneficiary's number of chronic conditions at baseline, obtained by counting the number of "yes" responses to 15 questions *BxCCHBP, BxCCCAD, BxCCCHF, BxCCMI, BxCCHRTOTH, BxCCSTROKE, BxCCCOPD, BxCCGI, BxCCARTHIP, BxCCARTHND, BxCCOSTEO, BxCCSCIATI, BxCCDIABET, BxCCDEP,* and *BxCCANYCA*	✓	✓	✓	✓
BxCOMOCT Number of Chronic Medical Conditions Category at Baseline	Num	3	Beneficiary's number of chronic conditions category at baseline, created by combining values of the *BxCOMO* variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	✓	✓	✓	✓
BxPCS Baseline Physical Component Summary (PCS) Score	Num	8	Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✓	✓	✓	✓
BxMCS Baseline Mental Component Summary (MCS) Score	Num	8	Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✓	✓	✓	✓

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FIELD NAME / DESCRIPTION Bx = BASELINE Fx = FOLLOW UP Px = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
FxPATID Anonymous Beneficiary ID at Follow up	Num	8	Unique number assigned to each beneficiary in the follow up sample	✓	✓	✓	✓
FxPLAN Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling	✓	✓	✓	✓
FxRECID Record Identifier at Follow Up	Char	1	Follow up record identifier	✓	✓	✓	✓
FxRPTYR Follow Up Reporting Year	Num	3	Reporting year for the follow up survey	✓	✓	✓	✓
FxCONTRACT Plan Contract Number at Follow Up	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling.	✓	✓	✓	✓
FxCONT_ID **Blinded Plan Contract Number at Follow Up**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓	✓	✓
FxPLAN_NAME Plan name at Follow Up	Char	70	Plan name at the time of follow up sampling	✓	✓	✓	✓
FxVENDOR Survey Vendor at Follow Up	Num	8	Follow up survey vendor: *Cohort 19* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1440 = Morpace, Inc. 1463 = SPH Analytics *Cohort 20* 1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1440 = SPH Analytics-Farmington Hills (formerly Morpace, Inc.) 1463 = SPH Analytics-Duluth *Cohort 21* 1413 = CSS 1415 = DataStat, Inc. 1463 = SPH Analytics *Cohort 22* 1413 = CSS 1415 = DataStat, Inc. 290721 = Market Decisions Research 1463 = SPH Analytics	✓	✓	✓	✓
FxSNPEXFL Exclusive Special Needs Plan Flag at Follow Up	Num	8	Exclusive Special Needs Plan Flag at the time of follow up sampling 0 = No 1 = Yes	✓			
FxNCQAORGID NCQA Healthcare Organization ID at Follow Up	Num	8	Organization ID supplied by NCQA at the time of follow up sampling	✓	✓	✓	✓
FxNCQASUBID NCQA Submission ID at Follow Up	Num	8	Submission ID supplied by NCQA at the time of follow up sampling	✓	✓	✓	✓
FxPLANID Plan Identification Number at Follow Up	Char	5	Plan identification number at the time of follow up sampling	✓	✓	✓	✓

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FxPBPID Plan Benefit Package Number at Follow Up	Char	3	Plan Benefit Package (PBP) ID at the time of follow up sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website	√	√	√	√
FxSNPTYPE Type of Special Needs Plan at Follow Up	Num	3	FxSNPTYPE identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	√	√	√	√
FxFIDEIND Frailty Assessment FIDE Applicant Indicator at Follow Up	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of follow up sampling 0 = Not an applicant 1 = Applicant is not eligible for quality reporting 2 = Applicant is only PBP in contract 3 = Applicant is one of multiple PBPs in contract	√	√	√	√
FxFIDESST Sampling Stage for FIDE Applicant at Follow Up	Num	8	FIDE Applicant Sampling Stage Indicator at the time of follow up sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up	√	√	√	√
FxHOSQRS HOS Quality Reporting Sample Flag at Follow Up	Num	8	HOS Quality Reporting Sample Flag at the time of follow up sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample 2* = Other HOS non-quality reporting sample * For Cohorts 20, 21, and 22, beneficiaries with FxHOSQRS = 2 were no longer included.	√	√	√	√
FxCITY Beneficiary's City at Follow Up	Char	22	Beneficiary's city from the follow up member level record	√	√	√	√
FxSTATE Beneficiary's State at Follow Up	Char	22	Beneficiary's state from the follow up member level record	√	√	√	√
FxZIP Beneficiary's Zip Code at Follow Up	Char	22	Beneficiary's zip code from the follow up member level record	√	√	√	√
FxSTATEABV Beneficiary's SSA State Two Letter Abbreviation at Follow Up	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code	√	√	√	√
FxSTNAME Beneficiary's SSA State Name at Follow Up	Char	20	Beneficiary's state name based on the follow up SSA state code	√	√	√	√

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FxSTATECDE Beneficiary's SSA State Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record	√	√	√	√
FxCTNAME Beneficiary's SSA County Name at Follow Up	Char	21	Beneficiary's county name based on the follow up SSA county code	√	√	√	√
FxCNTYCDE Beneficiary's SSA County Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record	√	√	√	√
FxRACE Beneficiary's Race at Follow Up (CMS)	Num	3	Beneficiary's race from the follow up member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	√	√	√	√
FxGENDER Beneficiary's Gender at Follow Up (CMS)	Num	3	Beneficiary's gender from the follow up member level record. This information is derived from CMS databases. 1 = Male 2 = Female	√	√	√	√
FxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.	√	√	√	√
FxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.	√	√	√	√
FxDOE Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record	√	√	√	√
FxDOT Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record. This field is blank for all records.	√	√	√	√
FxESRD Beneficiary's ESRD Status at Follow Up	Num	3	Beneficiary's ESRD status at follow up. This information is derived from CMS databases. 0 = No ESRD 1 = ESRD	√	√	√	√

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FxINSTUT
Beneficiary's Institutional Status at Follow Up
	Num	3	Beneficiary's institutional status at follow up. This information is derived from CMS databases.
			    0 = Out of institution
			    1 = Institutionalized
			    2 = Eligible for nursing home care
				√	√	√	√

FxHOSPICE
Beneficiary's Hospice Status at Follow Up
	Num	3	Beneficiary's hospice status at follow up. This information is derived from CMS databases.
			    0 = No hospice start date present
			    1 = Hospice start date present
				√	√	√	√

FxMEDICAID
Beneficiary's Medicaid Status at Follow Up
	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS databases.
			    0 = Out of Medicaid
			    1 = In Medicaid
				√	√	√	√

FxDUAL
Dual Status
	Num	3	Beneficiary's Dual status at follow up. This information is derived from CMS databases.
			    0 = Not Dual Status
			    1 = Dual Status (Full Benefit any time during the year)
				√	√	√	√

FxENTITLE
Beneficiary's Reason for Entitlement at Follow Up
	Num	3	Beneficiary's reason for entitlement at follow up. This information is derived from CMS databases.
			    10 = Aged without ESRD
			    11 = Aged with ESRD
			    20 = Disabled without ESRD
			    21 = Disabled with ESRD
			    31 = ESRD only
				√	√	√	√

FxPROTID
Protocol Identifier Flag at Follow Up
	Num	3	Beneficiary's survey protocol from the follow up member level record
			    1 = English Follow up – no proxy at baseline
			    2 = English Follow up – proxy at baseline
			    3 = Baseline (all languages)
			    4 = Spanish Follow up – no proxy at baseline
			    5 = Spanish Follow up – proxy at baseline
			    6 = Chinese Follow up – no proxy at baseline
			    7 = Chinese Follow up – proxy at baseline
			    10 = Russian Follow up – no proxy at baseline
			    11 = Russian Follow up – proxy at baseline
				√	√	√	√

FxSRVIND
Survey Indicator Variable
	Num	3	Beneficiary was sampled for inclusion in:
			    1 = Baseline survey only
			    2 = Follow up survey only
			    3 = Both baseline and follow up surveys
				√	√	√	√

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FxVRGENHTH Follow Up Survey: General Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1	Q1	Q1
FxVRMACT Follow Up Survey: Moderate Activities Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day.* *Does **your health now limit you** in these activities?* *If so, how much?* **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a	Q2a	Q2a	Q2a
FxVRSTAIR Follow Up Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b	Q2b	Q2b	Q2b
FxVRPACCL Follow Up Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* **Accomplished less** than you would *like* 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3a	Q3a	Q3a	Q3a

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 37

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FxVRPWORK Follow Up Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the __past 4 weeks__, have you had any of the following problems with your work or other regular daily activities __as a result of your physical health__?* Were limited in the **kind** of work or other activities 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3b	Q3b	Q3b	Q3b
FxVRMACCL Follow Up Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* **Accomplished less** than you would like 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4a	Q4a	Q4a	Q4a
FxVRMWORK Follow Up Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* Didn't do work or other activities as **carefully** as usual 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4b	Q4b	Q4b	Q4b
FxVRPAIN Follow Up Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q5	Q5	Q5	Q5

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FxVRCALM Follow Up Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks:*** <u>Have you felt calm and peaceful</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6a	Q6a	Q6a	Q6a
FxVRENERGY Follow Up Survey: Lots of Energy Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks:*** <u>Did you have a lot of energy</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6b	Q6b	Q6b	Q6b
FxVRDOWN Follow Up Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks:*** <u>Have you felt downhearted and blue</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6c	Q6c	Q6c	Q6c

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FxVRSACT Follow Up Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?* 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q7	Q7	Q7	Q7
FxVRPHCMP Follow Up Survey: Physical Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: *Now, we'd like to ask you some questions about how your health may have changed. **Compared <u>to one year ago</u>**, how would you rate your **physical health** in general **now**?* 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8	Q8	Q8	Q8
FxVRMHCMP Follow Up Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: ***Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?* 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9	Q9	Q9	Q9
FxADLBTH Follow Up Survey: Bathing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a	Q10a	Q10a	Q10a

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)　　　　　　　　October 2022
Prepared by Health Services Advisory Group　　　　　　　　Page 40

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FxADLDRS Follow Up Survey: Dressing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Dressing 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b	Q10b	Q10b	Q10b
FxADLEAT Follow Up Survey: Eating Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Eating 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c	Q10c	Q10c	Q10c
FxADLCHR Follow Up Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Getting in or out of chairs 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10d	Q10d	Q10d	Q10d
FxADLWLK Follow Up Survey: Walking Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Walking 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e	Q10e	Q10e	Q10e
FxADLTLT Follow Up Survey: Using the Toilet Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Using the toilet 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10f	Q10f	Q10f	Q10f

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 41

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FxDIFMEALS Follow Up Survey: Difficulty Preparing Meals Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Preparing meals</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11a	Q11a	Q11a	Q11a
FxDIFMONEY Follow Up Survey: Difficulty Managing Money Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Managing money</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11b	Q11b	Q11b	Q11b
FxDIFMEDS Follow Up Survey: Difficulty Taking Medication as Prescribed Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Taking medication as prescribed</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11c	Q11c	Q11c	Q11c
FxHDPHY Follow Up Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: These next questions ask about your physical and mental health during the past 30 days. *Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q12	Q12	Q12	Q12
FxHDMEN Follow Up Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your **mental health not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q13	Q13	Q13	Q13
FxHDACT Follow Up Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)*	Q14	Q14	Q14	Q14

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

FxDIFSEE
Follow Up Survey:
Blind or Serious Difficulty Seeing
Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you blind or do you have serious difficulty seeing, even when wearing glasses?
			    1 = Yes
			    2 = No
				Q15	Q15	Q15	Q15

FxDIFHEAR
Follow Up Survey:
Deaf or Serious Difficulty Hearing
Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you deaf or do you have serious difficulty hearing, even with a hearing aid?
			    1 = Yes
			    2 = No
				Q16	Q16	Q16	Q16

FxDIFREMEM
Follow Up Survey:
Difficulty Concentrating,
Remembering, or Making Decisions
Question
	Num	3	Beneficiary's response from the follow up survey:
			Because of a physical, mental, or emotional condition, do you have **serious** difficulty concentrating, remembering or making decisions?
			    1 = Yes
			    2 = No
				Q17	Q17	Q17	Q17

FxDIFERRND
Follow Up Survey:
Difficulty Doing Errands Question
	Num	3	Beneficiary's response from the follow up survey:
			Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
			    1 = Yes
			    2 = No
				Q18	Q18	Q18	Q18

FxDIFMPROB
Follow Up Survey:
Memory Problems Interfered with
Activities Question
	Num	3	Beneficiary's response from the follow up survey:
			*In the **past month**, how often did memory problems interfere with your daily activities?*
			    1 = Every day (7 days a week)
			    2 = Most days (5-6 days a week)
			    3 = Some days (2-4 days a week)
			    4 = Rarely (once a week or less)
			    5 = Never
				Q19	Q19	Q19	Q19

FxCCHBP
Follow Up Survey:
Hypertension Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			    <u>Hypertension or high blood pressure</u>
			    1 = Yes
			    2 = No
				Q20	Q20	Q20	Q20

FxCC_CAD
Follow Up Survey:
Angina/Coronary Artery Disease
Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			    <u>Angina pectoris or coronary artery disease</u>
			    1 = Yes
			    2 = No
				Q21	Q21	Q21	Q21

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FxCC_CHF
Follow Up Survey:
Congestive Heart Failure Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			   <u>Congestive heart failure</u>
			   1 = Yes
			   2 = No
				Q22	Q22	Q22	Q22

FxCCMI
Follow Up Survey:
Myocardial Infarction Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			   <u>A myocardial infarction or heart attack</u>
			   1 = Yes
			   2 = No
				Q23	Q23	Q23	Q23

FxCCHRTOTH
Follow Up Survey:
Other Heart Conditions Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			   <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u>
			   1 = Yes
			   2 = No
				Q24	Q24	Q24	Q24

FxCCSTROKE
Follow Up Survey:
Stroke Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor <u>ever</u> told you that you had:
			   <u>A stroke</u>
			   1 = Yes
			   2 = No
				Q25	Q25	Q25	Q25

FxCC_COPD
Follow Up Survey:
COPD Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   <u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u>
			   1 = Yes
			   2 = No
				Q26	Q26	Q26	Q26

FxCCGI
Follow Up Survey:
Inflammatory Bowel Disease Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u>
			   1 = Yes
			   2 = No
				Q27	Q27	Q27	Q27

FxCCARTHIP
Follow Up Survey:
Arthritis of Hip/Knee Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   <u>Arthritis of the hip or knee</u>
			   1 = Yes
			   2 = No
				Q28	Q28	Q28	Q28

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FxCCARTHND
Follow Up Survey:
Arthritis of Hand/Wrist Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Arthritis of the hand or wrist
			   1 = Yes
			   2 = No
				Q29	Q29	Q29	Q29

FxCCOSTEO
Follow Up Survey:
Osteoporosis Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Osteoporosis, sometimes called thin or brittle bones
			   1 = Yes
			   2 = No
				Q30	Q30	Q30	Q30

FxCCSCIATI
Follow Up Survey:
Sciatica Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Sciatica (pain or numbness that travels down your leg to below your knee)
			   1 = Yes
			   2 = No
				Q31	Q31	Q31	Q31

FxCCDIABET
Follow Up Survey:
Diabetes Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Diabetes, high blood sugar, or sugar in the urine
			   1 = Yes
			   2 = No
				Q32	Q32	Q32	Q32

FxCCDEP
Follow Up Survey:
Depression Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Depression
			   1 = Yes
			   2 = No
				Q33	Q33	Q33	Q33

FxCCANYCA
Follow Up Survey:
Any Cancer Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			   Any cancer (other than skin cancer)
			   1 = Yes
			   2 = No
				Q34	Q34	Q34	Q34

FxCACOLON
Follow Up Survey:
Colorectal Cancer Treatment
Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question FxCCANYCA above, *Are you **currently** under treatment for:*
			   Colon or rectal cancer
			   1 = Yes
			   2 = No
				Q35a	Q35a	Q35a	Q35a

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 45

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22˜ FIELDS

FxCALUNG
Follow Up Survey:
Lung Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			*If you answered "yes" to question FxCCANYCA above, Are you **currently** under treatment for:*
			    Lung cancer
			    1 = Yes
			    2 = No
				Q35b	Q35b	Q35b	Q35b

FxCABRST
Follow Up Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			*If you answered "yes" to question FxCCANYCA above, Are you **currently** under treatment for:*
			    Breast cancer
			    1 = Yes
			    2 = No
				Q35c	Q35c	Q35c	Q35c

FxCAPROS
Follow Up Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			*If you answered "yes" to question FxCCANYCA above, Are you **currently** under treatment for:*
			    Prostate cancer
			    1 = Yes
			    2 = No
				Q35d	Q35d	Q35d	Q35d

FxCAOTHER
Follow Up Survey:
Treatment for Other Cancer Question
	Num	3	Beneficiary's response from the follow up survey:
			*If you answered "yes" to question FxCCANYCA above, Are you **currently** under treatment for:*
			    Other cancer (other than skin cancer)
			    1 = Yes
			    2 = No
				Q35e	Q35e	Q35e	Q35e

FxPAINDACT
Follow Up Survey:
Pain Interfered With Activities Question
	Num	3	Beneficiary's response from the follow up survey:
			*In the **past 7 days**, how much did pain interfere with your day to day activities?*
			    1 = Not at all
			    2 = A little bit
			    3 = Somewhat
			    4 = Quite a bit
			    5 = Very much
				Q36	Q36	Q36	Q36

FxPAINSACT
Follow Up Survey:
Pain Kept You from Socializing With Others Question
	Num	3	Beneficiary's response from the follow up survey:
			*In the **past 7 days**, how often did pain keep you from socializing with others?*
			    1 = Never
			    2 = Rarely
			    3 = Sometimes
			    4 = Often
			    5 = Always
				Q37	Q37	Q37	Q37

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FxPAINRATE Follow Up Survey: Average Pain Rating Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 7 days**, how would you rate your pain **on average**?* <u>Cohorts 19 - 21</u> <u>Cohort 22</u> 1 = No pain 0 = No pain 2 1 3 2 4 3 5 4 6 5 7 6 8 7 9 8 10 = Worst imaginable pain 9 10 = Worst imaginable pain	Q38	Q38	Q38	Q38
FxDEPNOPLS Follow Up Survey: Little Interest or Pleasure In Doing Things Question	Num	3	Beneficiary's response from the follow up survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* <u>Little interest or pleasure in doing things</u> 1 = Not at al 2 = Several days 3 = More than half the days 4 = Nearly every day	Q39a	Q39a	Q39a	Q39a
FxDEPDOWN Follow Up Survey: Feeling Down, Depressed, or Hopeless Question	Num	3	Beneficiary's response from the follow up survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the day 4 = Nearly every day	Q39b	Q39b	Q39b	Q39b
FxCMPHTH Follow Up Survey: Comparative Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, compared to other people your age, would you say that your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q40	Q40	Q40	Q40

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FxSMOKE Follow Up Survey: Current Smoker Question	Num	3	Beneficiary's response from the follow up survey: *Do you __now__ smoke every day, some days, or not at all?* 　1 = Every day 　2 = Some days 　3 = Not at all 　4 = Don't know	Q41	Q41	Q41	Q41
FxMUILKG Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Many people experience leakage of urine, also called urinary incontinence. In the __past six months__, have you experienced leaking of urine?* 　1 = Yes　*(Go to FxMUIDACT below)* 　2 = No　*(Go to FxPAOTLK below)*	Q42	Q42	Q42	Q42
FxMUIDACT Follow Up Survey: Urine Leakage Changed Daily Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the __past six months__, how much did leaking of urine make you change your daily activities or interfere with your sleep?* 　1 = A lot 　2 = Somewhat 　3 = Not at all	Q43	Q43	Q43	Q43
FxMUITLK Follow Up Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Have you __ever__ talked with a doctor, nurse, or other health care provider about leaking of urine?* 　1 = Yes 　2 = No	Q44	Q44	Q44	Q44
FxMUITRT Follow Up Survey:Talked About Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you __ever__ talked with a doctor, nurse, or other health care provider about any of these approaches?* 　1 = Yes 　2 = No	Q45	Q45	Q45	Q45
FxPAOTLK Follow Up Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the follow up survey: *In the __past 12 months__, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.* 　1 = Yes　*(Go to FxPAOADV below)* 　2 = No　*(Go to FxPAOADV below)* 　3 = I had no visits in the past 12 months　*(Go to FxFRMTLK below)*	Q46	Q46	Q46	Q46

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FxPAOADV Follow Up Survey: Advised to Increase or Maintain Activities Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.* 1 = Yes 2 = No	Q47	Q47	Q47	Q47
FxFRMTLK Follow Up Survey: Talked with Doctor about Falling or Balance Problem Question	Num	3	Beneficiary's response from the follow up survey: *A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?* 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q48	Q48	Q48	Q48
FxFRMFALL Follow Up Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: *Did you fall in the **past 12 months**?* 1 = Yes 2 = No	Q49	Q49	Q49	Q49
FxFRMBAL Follow Up Survey: Problem with Walking or Balance in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 12 months**, have you had a problem with balance or walking?* 1 = Yes 2 = No	Q50	Q50	Q50	Q50
FxFRMPREV Follow Up Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the follow up survey: *Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:* • *Suggest that you use a cane or walker.* • *Suggest that you do an exercise or physical therapy program.* • *Suggest a vision or hearing test.* 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q51	Q51	Q51	Q51
FxOTOTEST Follow Up Survey: Bone Density Test for Osteoporosis Question	Num	3	*Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as "brittle bones"? This test would have been done to your back or hip.* 1 = Yes 2 = No	Q52	Q52	Q52	

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 49

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
FxSLEEPHRS Follow Up Survey: Average Hours of Sleep per Night in Past Month Question	Num	3	During the **past month**, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.) 1 = Less than 5 hours 2 = 5–6 hours 3 = 7–8 hours 4 = 9 or more hours	Q53	Q53	Q53	Q52
Fx SLEEPQUA Follow Up Survey: Overall Sleep Quality Rating in Past Month Question	Num	3	During the *past month*, how would you rate your overall sleep quality? 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Q54	Q54	Q54	Q53
FxWEIGHTLB Follow Up Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the follow up survey: *How much do you weigh in pounds (lbs.)?*	Q55	Q55	Q55	Q54
FxHEIGHTFT Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the follow up survey: *How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).* **Note:** This field contains only the feet (ft.) portion of the response.	Q56a	Q56a	Q56a	Q55a
FxHEIGHTIN Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the follow up survey: *How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).* **Note:** This field contains only the inches (in.) portion of the response.	Q56b	Q56b	Q56b	Q55b
FxSRVGEND Follow Up Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the follow up survey: *Are you male or female?* _Cohort 19_ _Cohorts 20 - 22_ 1 = Male 1 = Male 2 = Female 2 = Female 3 = Other (*Telephone surveys only*)	Q57	Q57a	Q57a	Q56a

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed) October 2022
Prepared by Health Services Advisory Group Page 50

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FxHPNOHISP
Follow Up Survey:
No, not Hispanic, Latino/a or Spanish Origin Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you of Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)
			    a. No, not of Hispanic, Latino/a or Spanish origin
			    0 = No, not Hispanic not checked
			    1 = No, not Hispanic checked
				Q58a	Q58a	Q58a	Q57a

FxHPMEX
Follow Up Survey:
Yes, Mexican, Mexican American, Chicano/a Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)
			    b. Yes, Mexican, Mexican American, Chicano/a
			    0 = Respondent did not check Mexican
			    1 = Respondent checked Mexican
				Q58b	Q58b	Q58b	Q57b

FxHPPR
Follow Up Survey:
Yes, Puerto Rican Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)
			    c. Yes, Puerto Rican
			    0 = Respondent did not check Puerto Rican
			    1 = Respondent checked Puerto Rican
				Q58c	Q58c	Q58c	Q57c

FxHPCUBA
Follow Up Survey:
Yes, Cuban Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)
			    d. Yes, Cuban
			    0 = Respondent did not check Cuban
			    1 = Respondent checked Cuban
				Q58d	Q58d	Q58d	Q57d

FxHPOTHER
Follow Up Survey:
Yes, Another Hispanic, Latino/a or Spanish Origin Question
	Num	3	Beneficiary's response from the follow up survey:
			Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)
			    e. Yes, another Hispanic, Latino/a or Spanish origin
			    0 = Respondent did not check Other Hispanic
			    1 = Respondent checked Other Hispanic
				Q58e	Q58e	Q58e	Q57e

FxRCWHITE
Follow Up Survey:
White Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    a. White
			    0 = Respondent did not check White
			    1 = Respondent checked White
				Q59a	Q59a	Q59a	Q58a

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

FxRCAFRAM
Follow Up Survey:
Black or African American Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    b. Black or African American
			      0 = Respondent did not check Black or African American
			      1 = Respondent checked Black or African American
				Q59b	Q59b	Q59b	Q58b

FxRCNATAM
Follow Up Survey:
American Indian or Alaskan Native Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    c. American Indian or Alaskan Native
			      0 = Respondent did not check American Indian or Alaskan Native
			      1 = Respondent checked American Indian or Alaskan Native
				Q59c	Q59c	Q59c	Q58c

FxRCINDIA
Follow Up Survey:
Asian Indian Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    d. Asian Indian
			      0 = Respondent did not check Asian Indian
			      1 = Respondent checked Asian Indian
				Q59d	Q59d	Q59d	Q58d

FxRCCHINA
Follow Up Survey:
Chinese Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    e. Chinese
			      0 = Respondent did not check Chinese
			      1 = Respondent checked Chinese
				Q59e	Q59e	Q59e	Q58e

FxRCFILIP
Follow Up Survey:
Filipino Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    f. Filipino
			      0 = Respondent did not check Filipino
			      1 = Respondent checked Filipino
				Q59f	Q59f	Q59f	Q58f

FxRCJAPAN
Follow Up Survey:
Japanese Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    g. Japanese
			      0 = Respondent did not check Japanese
			      1 = Respondent checked Japanese
				Q59g	Q59g	Q59g	Q58g

FxRCKOREA
Follow Up Survey:
Korean Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			    h. Korean
			      0 = Respondent did not check Korean
			      1 = Respondent checked Korean
				Q59h	Q59h	Q59h	Q58h

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

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FxRCVIET
Follow Up Survey:
Vietnamese Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   i. Vietnamese
			    0 = Respondent did not check Vietnamese
			    1 = Respondent checked Vietnamese
				Q59i	Q59i	Q59i	Q58i

FxRCOTHASN
Follow Up Survey:
Other Asian Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   j. Other Asian
			    0 = Respondent did not check Other Asian
			    1 = Respondent checked Other Asian
				Q59j	Q59j	Q59j	Q58j

FxRCHAWAII
Follow Up Survey:
Native Hawaiian Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   k. Native Hawaiian
			    0 = Respondent did not check Native Hawaiian
			    1 = Respondent checked Native Hawaiian
				Q59k	Q59k	Q59k	Q58k

FxRCGUAM
Follow Up Survey:
Guamanian or Chamorro
Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   l. Guamanian or Chamorro
			    0 = Respondent did not check Guamanian or Chamorro
			    1 = Respondent checked Guamanian or Chamorro
				Q59l	Q59l	Q59l	Q58l

FxRCSAMOA
Follow Up Survey:
Samoan Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   m. Samoan
			    0 = Respondent did not check Samoan
			    1 = Respondent checked Samoan
				Q59m	Q59m	Q59m	Q58m

FxRCOTHPAC
Follow Up Survey:
Other Pacific Islander
Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your race? (One or more categories may be selected)
			   n. Other Pacific Islander
			    0 = Respondent did not check Other Pacific Islander
			    1 = Respondent checked Other Pacific Islander
				Q59n	Q59n	Q59n	Q58n

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 53

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

FxSPEAKLNG
Language Mainly Spoken at Home Question
	Num	3	Beneficiary's response from the follow up survey:
			*What language do you **mainly** speak at home?*
			Cohorts 19 - 20 Cohorts 21 - 22
			1 = English 1 = English
			2 = Spanish 2 = Spanish
			3 = Chinese 3 = Chinese
			4 = Some other language 4 = Russian
			   (please specify) 7 = Some other language
			                                (please specify)
				Q60a	Q60a	Q60a	Q59a

FxSPEAKOTH Specify Other Language Spoken at Home Question	Char	20	Beneficiary's response from the follow up survey: *What language do you **mainly** speak at home?* Some other language (please specify) _____	Q60b	Q60b	Q60b	Q59b

FxMARITAL
Follow Up Survey:
Marital Status Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your current marital status?
			   1 = Married
			   2 = Divorced
			   3 = Separated
			   4 = Widowed
			   5 = Never married
				Q61	Q61	Q61	Q60

FxEDUC
Follow Up Survey:
Education Question
	Num	3	Beneficiary's response from the follow up survey:
			What is the highest grade or level of school that you have completed?
			   1 = 8th 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	Q61

FxLVALONE
Follow Up Survey:
Living Alone Question
	Num	3	Beneficiary's response from the follow up survey:
			Do you live alone or with others? (One or more categories may be selected)
			   a. Alone
			   0 = Respondent did not check live alone
			   1 = Respondent checked live alone
				Q63a	Q63a	Q63a	Q62a

FxLVSPOUSE
Follow Up Survey:
Living With Spouse/Significant Other Question
	Num	3	Beneficiary's response from the follow up survey:
			Do you live alone or with others? (One or more categories may be selected)
			   b. With spouse/significant other
			   0 = Respondent did not check live with spouse/significant other
			   1 = Respondent checked live with spouse/significant other
				Q63b	Q63b	Q63b	Q62b

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
FxLVCHILD Follow Up Survey: Living With Children/Other Relatives Question	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* <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	Q62c
FxLVNONREL Follow Up Survey: Living With Non-Relatives Question	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* <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	Q62d
FxLVCAREGV Follow Up Survey: Living With Paid Caregiver Question	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* <u>*e. With paid caregiver*</u> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Q63e	Q63e	Q63e	Q62e
FxWHERELV Follow Up Survey: Where Do You Live Question	Num	3	Beneficiary's response from the follow up survey: *Where do you live?* 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 *FxHMOWN* below; If answered 3 or 4, go to *FxCMPWHO* below)	Q64	Q64	Q64	Q63
FxHMOWN Follow Up Survey: Housing Question	Num	3	Beneficiary's response from the follow up survey: *Is the house or apartment you currently live in:* 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	Q64
FxCMPWHO Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: *Who completed this survey form?* 1 = Person to whom survey was addressed **(Go to FxHHINC below)** 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	Q65

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
FxHHINC Follow Up Survey: Household Income Question	Num	3	Beneficiary's response from the follow up survey: *Which of the following categories best represents the **combined income for all family members in your household** for the **past 12 months**?* 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	Q67
FxSRVDISP 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 (*Russian only*) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25 = Ineligible: 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 * M21/T21 codes were removed in *2021 Cohort 22*. ** The M24 code was implemented in *2019 Cohort 20* and was removed in *2020 Cohort 21*. The code was implemented again in *2021 Cohort 22*.	✓	✓	✓	✓

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Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 56

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS

FxSRVMODE
Round in which Completed Follow Up Survey Obtained
	Char	2	Round in which the completed survey was obtained:
			    M1 = 1st mailing
			    M2 = 2nd mailing
			    T1 = 1st telephone
			    T2 = 2nd telephone
			    T3 = 3rd telephone
			    T4 = 4th telephone
			    T5 = 5th telephone
			    T6 = 6th telephone
			    T7 = 7th telephone
			    T8 = 8th telephone
			    T9 = 9th 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
				√	√	√	√

FxSRVLANG Survey Language at Follow Up	Num	3	Follow up Survey Language *Cohort 19* *Cohorts 20 - 22* 1 = English 1 = English 2 = Spanish 2 = Spanish 3 = Not Applicable 3 = Not Applicable 4 = Chinese 4 = Chinese 5* = Russian * While no surveys were completed in Russian for *Cohorts 20, 21,* and *22 Follow Up*, the survey code reflects the Russian language option addition in 2019.	√	√	√	√
FxSRVDATE 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)	√	√	√	√
FxVUCATI Vendor's Follow Up Unique Telephone Interviewer ID	Char	10	Vendor's 10-digit unique telephone interviewer ID at follow up	√	√	√	√

FxMCONUM
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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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
FxEXCLUDE 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 *Take me off your list and/or never contact me again* 2 = Member did **not** request *Take me off your list and/or never contact me again*	✓	✓	✓	✓
FxPROXST 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	✓	✓	✓	✓
FxDISP 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	✓	✓	✓	✓
FxINVSRV 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*. The code was implemented again in *2021 Cohort 22*.	✓	✓	✓	✓
FxADLCOUNT 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 (*FxADLBTH, FxADLDRS, FxADLEAT, FxADLCHR, FxADLWLK,* and *FxADLTLT*) in the Follow Up Survey.	✓	✓	✓	✓
FxPCTCMP Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	✓	✓	✓	✓
FxCMPSRV 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 (*FxADLBTH, FxADLDRS, FxADLEAT, FxADLCHR, FxADLWLK,* and *FxADLTLT*) 0 = Incomplete 1 = Complete	✓	✓	✓	✓
FxCMPFLG 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	✓	✓	✓	✓

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Field Name / Description Bx = Baseline Fx = Follow Up Px = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19[§] Fields	B20F20[#] Fields	B21F21[∞] Fields	B22F22[~] Fields
FxTDOB 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	✓	✓	✓	✓
FxTSRVDAT Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. Format	✓	✓	✓	✓
FxTDOE 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	✓	✓	✓	✓
FxTSRVDATIM Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (*FxSRVDATE*). 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	✓	✓	✓	✓
FxTDOELMT 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 (FxTDOE), was used to calculate enrollment duration (FxENRDUR)	✓	✓	✓	✓
FxBMI Calculated Body Mass Index at Follow Up	Num	8	BMI = [FxWEIGHTLB / (Height in inches from FxHEIGHTFT and FxHEIGHTIN^2] x 703	✓	✓	✓	✓
FxBMICAT 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)	✓	✓	✓	✓
FxENRDUR Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	✓	✓	✓	✓
FxENRCAT 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	✓	✓	✓	✓
FxAGE Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. AGE = floor((intck('month', *FxTDOB*, *FxTSRVDATIM*)- (day(*FxTSRVDATIM*)< day(*FxTDOB*)))/12)	✓	✓	✓	✓

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FxAGECAT
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
				✓	✓	✓	✓

FxRACECAT
Beneficiary's Race Category at Follow Up
	Num	8	Beneficiary's race category at follow up, created by combining values of the *FxRACE* variable
			    1 = White
			    2 = Black
			    3 = Other
				✓	✓	✓	✓

FxHISPANA
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
				✓	✓	✓	✓

FxMARCAT
Marital Status at Follow Up Using Combined Groups
	Num	3	Beneficiary's marital status category at follow up, created by combining values of the *FxMARITAL* variable
			    1 = Married
			    2 = Divorced or separated
			    3 = Widowed
			    4 = Never married
				✓	✓	✓	✓

FxEDCAT
Educational Status at Follow Up Using Combined Groups
	Num	3	Beneficiary's education level category at follow up, created by combining values of the *FxEDUC* 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
				✓	✓	✓	✓

FxINCCAT
Household Income at Follow Up Using Combined Groups
	Num	3	Beneficiary's household income category at follow up, created by combining values of the *FxHHINC* 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
				✓	✓	✓	✓

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Field Name / Description Bx = Baseline Fx = Follow Up Px = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	B19F19§ Fields	B20F20# Fields	B21F21∞ Fields	B22F22~ Fields
FxDEP2SCRN Positive Depression Indicator at Follow Up	Num	3	Beneficiary's depression status at follow up based on two depression questions, *FxDEPNOPLS* and *FxDEPDOWN*, 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	✓	✓	✓	✓
FxCOMO 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: *FxCCHBP, FxCCCAD, FxCCCHF, FxCCMI, FxCCHRTOTH, FxCCSTROKE, FxCCCOPD, FxCCGI, FxCCARTHIP, FxCCARTHND, FxCCOSTEO, FxCCSCIATI, FxCCDIABET, FxCCDEP,* and *FxCCANYCA.*	✓	✓	✓	✓
FxCOMOCT 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 *FxCOMO* variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	✓	✓	✓	✓
FxPCS Follow Up PCS Score	Num	8	Beneficiary's follow up PCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	✓	✓	✓	✓
FxMCS Follow Up MCS Score	Num	8	Beneficiary's follow up MCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	✓	✓	✓	✓
PxCONTRACT 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.	✓	✓	✓	✓
PxCONT_ID **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.**	✓	✓	✓	✓
PxHDOB 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.	✓	✓	✓	✓
PxTHDOB 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	✓	✓	✓	✓
PxHDOD 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.	✓	✓	✓	✓

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# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
PxTHDOD 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	✓	✓	✓	✓
PxACTDTH Beneficiary's Death Within 2 Year Window Indicator	Num	3	Beneficiary's death within 2 year window indicator 　　　0 = No 　　　1 = Yes	✓	✓	✓	✓
PxGROUP 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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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
PxSTATUS 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	✔	✔	✔	✔
PxANALYT 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	✔	✔	✔	✔
PxPMRIND 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	✔	✔	✔	✔

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
PxPHOUT 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"	√	√	√	√
PxMHOUT 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"	√	√	√	√
BxMONRPT 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	√	√	√	√
BxPLTYPE Plan Type at Baseline	Char	39	Plan type as listed in the CMS Monthly Report at the time of the baseline survey administration	√	√	√	√
BxPLORGNM 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	√	√	√	√
BxPLPTORG 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	√	√	√	√
BxPLMEDP 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	√	√	√	√
BxPLPOP 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	√	√	√	√
BxPOPCAT Number Enrolled in Plan Category at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	√	√	√	√

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxPLSTDT Plan Contract Start SAS Date at Baseline	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of the baseline survey administration MMDDYY10. format	✔	✔	✔	✔
BxPLANSTN Plan State at Baseline	Char	2	Two letter state abbreviation for the plan as listed in the Health Plan Management System (HPMS) Plan Contract List at the time of the baseline survey administration	✔	✔	✔	✔
BxPLREGN Plan's CMS Regional Office at Baseline	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the baseline survey administration	✔	✔	✔	✔

BxPLTAXST
Plan's tax status at Baseline
	Char	25	Plan's tax status as listed in the HPMS Plan Contract List at the time of the baseline survey administration
			    For Profit
			    Not-for-Profit/Non-Profit
			    Not Applicable
				✔	✔	✔	✔

BxPLREGCDE
Plan's CMS Regional Office Code at Baseline
	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 the baseline survey administration
			    1 = Boston
			    2 = New York
			    3 = Philadelphia
			    4 = Atlanta
			    5 = Chicago
			    6 = Dallas
			    7 = Kansas City
			    8 = Denver
			    9 = San Francisco
			    10 = Seattle
				✔	✔	✔	✔

BxPLDUR Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, calculated from the contract start SAS date (BxPLSTDT) from the CMS Monthly Report at the time of the baseline survey administration	✔	✔	✔	✔

BxPLNDCT
Duration of Plan Contract Categories at Baseline
	Num	8	Duration of plan contract categories at the time of the baseline survey administration
			    1 = Less than 1 year
			    2 = 1.0 to 4.9 years
			    3 = 5.0 to 9.9 years
			    4 = 10 or more years
				✔	✔	✔	✔

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§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS   ∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS
# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
BxRPTST Reporting Plan State	Char	2	**This field was the State level unit of analysis for the *Baseline* Reports.** All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the *BxPLANSTN* field: FS = PFFS RS = RPPO	√	√	√	√
FxMONRPT SAS Date of CMS Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized at Follow Up	Num	8	SAS Date of CMS Monthly Enrollment by Contract Report of MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the follow up survey administration MMDDYY10. format	√	√	√	√
FxPLTYPE Plan Type at Follow Up	Char	39	Plan type as listed in the CMS Monthly Report at the time of the follow up survey administration	√	√	√	√
FxPLORGNM Plan Organization Name at Follow Up - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the follow up survey administration	√	√	√	√
FxPLPTORG Plan Parent Organization at Follow Up – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the follow up survey administration	√	√	√	√
FxPLMEDP Plan Medicare Product Name at Follow Up - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the follow up survey administration	√	√	√	√
FxPLPOP Number Enrolled in Plan at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration	√	√	√	√
FxPOPCAT Number Enrolled in Plan Category at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	√	√	√	√
FxPLSTDT Plan Contract Start SAS Date at Follow Up	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of the follow up survey administration MMDDYY10. format	√	√	√	√

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§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS   ∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS
# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION Bx = BASELINE Fx = FOLLOW UP Px = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS
FxPLANSTN Plan State at Follow Up	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of the follow up survey administration	✓	✓	✓	✓
FxPLREGN Plan's CMS Regional Office at Follow Up	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the follow up survey administration	✓	✓	✓	✓
FxPLTAXST Plan Tax Status at Follow Up	Char	25	Plan's Tax Status at the time of follow up survey administration For Profit Not-for-Profit/Non-Profit Not Applicable	✓	✓	✓	✓
FxPLREGCDE Plan's CMS Regional Office Code at Follow Up	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 the follow up survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	✓	✓	✓	✓
FxPLDUR Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, calculated from the plan start date (FxPLSTDT) from the CMS Monthly Report at the time of the follow up survey administration	✓	✓	✓	✓
FxPLNDCT Duration of Plan Contract Categories at Follow Up	Num	8	Duration of plan contract categories at the time of the follow up survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✓	✓	✓	✓
PxMONRPT SAS Date of the CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized for Performance Measurement	Num	8	SAS Date of the CMS Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of performance measurement reporting MMDDYY10. format	✓	✓	✓	✓

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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19[§] FIELDS	B20F20[#] FIELDS	B21F21[∞] FIELDS	B22F22[~] FIELDS
PxPLTYPE Plan Type at the Time of Performance Measurement Reporting	Char	39	Plan type as listed in the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√
PxPLORGNM Plan Organization Name - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√
PxPLPTORG Plan Parent Organization – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√
PxPLMEDP Plan Medicare Product Name - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√
PxPLPOP Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√

PxPOPCAT
Number Enrolled in Plan Category at Time of Performance Measurement Reporting
	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting
			    1 = 1,200 or less
			    2 = 1,201 - 3,000
			    3 = 3,001 - 5,000
			    4 = 5,001 - 10,000
			    5 = 10,001 - 15,000
			    6 = 15,001 - 25,000
			    7 = 25,001 - 50,000
			    8 = 50,001 - 100,000
			    9 = 100,001 or more
				√	√	√	√

PxPLSTDT Plan Contract Start SAS Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of performance measurement reporting MMDDYY10. format	√	√	√	√
PxPLANSTN Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of performance measurement reporting.	√	√	√	√
PxPLREGN Plan's CMS Regional Office at the Time of Performance Measurement Reporting	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of performance measurement reporting	√	√	√	√

√ = Included Non-Survey Item
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FIELD NAME / DESCRIPTION *Bx* = BASELINE *Fx* = FOLLOW UP *Px* = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B19F19§ FIELDS	B20F20# FIELDS	B21F21∞ FIELDS	B22F22~ FIELDS

PxPLTAXST
Plan Tax Status at the Time of Performance Measurement Reporting
	Char	25	Plan's Tax Status at the time of performance measurement reporting
			    For Profit
			    Not-for-Profit/Non-Profit
			    Not Applicable
				√	√	√	√

PxPLREGCDE
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
				√	√	√	√

PxPLDUR 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 (PxPLSTDT) from the CMS Monthly Report at the time of performance measurement reporting	√	√	√	√

PxPLNDCT
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
				√	√	√	√

PxRPTST
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 *PxPLANSTN* field.
			    FS = PFFS
			    RS = RPPO
				√	√	√	√

√ = Included Non-Survey Item
§ B19F19= 2016-2018 Cohort 19 Merged Baseline and Follow Up LDS   ∞ B21F21= 2018-2020 Cohort 21 Merged Baseline and Follow Up LDS
# B20F20= 2017-2019 Cohort 20 Merged Baseline and Follow Up LDS   ~ B22F22= 2019-2021 Cohort 22 Merged Baseline and Follow Up LDS

Medicare HOS Limited Data Set (LDS) Data Users Guide (Plan Fields Removed)   October 2022
Prepared by Health Services Advisory Group   Page 69