

# Chronic Conditions Warehouse

*Your source for national CMS Medicare and Medicaid research data*



**Chronic Conditions Warehouse**

**CODEBOOK:**

## **Million Hearts<sup>®</sup> Cardiovascular Disease (CVD) Risk Reduction Model Medicare Data Files**

MAY 2023 | VERSION 1.0

This page intentionally left blank.

## Revision Log

Date	Changed by	Revisions	Version
May 2023	K. Schneider	Initial release of codebook	1.0

## Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Million Hearts® CVD Risk Reduction Model Medicare Data research files. Because the files have many variables, we have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the [^Back to TOC^](#) link after each variable description will take you back to the Table of Contents.

# Table of Contents

This section of the codebook contains a list of all variables in alphabetical order based on the SAS variable name.

**Quick links:**     [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

<b>Variable Details.....</b>	<b>1</b>
ACCURACY_ATTESTATION.....	1
ACTIVATION_DATE .....	2
ACTIVITY_DATE.....	3
ACTIVITY_END_DATE .....	4
ADDRESS_LINE_1.....	5
ADDRESS_LINE_2.....	6
ALIGNED .....	7
BASELINE_DATE.....	8
BASELINE_GROUP.....	9
BASELINE_SCORE.....	10
BENE_ID .....	11
BILLING_TIN.....	12
CCNS .....	13
CITY .....	14
CODE .....	15
CREATE_DATE.....	16
DEACTIVATION_DATE .....	17
ELIGIBLE.....	18
FILE_COUNT .....	19
FIRST_NAME.....	20
FOLLOWUP_ATTESTATION.....	21
GROUP_TYPE.....	22
INSERT_DATE.....	23
IS_ACTIVE .....	24
IS_BASELINE_COMPLETE.....	25
IS_MEDICARE_PARTB.....	26
LAST_MODIFIED_DATE .....	27
LAST_NAME.....	28
MODIFIER .....	29
NPI .....	30
NPIS .....	31
PATIENT_DOB.....	32
PATIENT_ETHNICITY.....	33
PATIENT_GENDER.....	34
PATIENT_RACE.....	35

PRACTICE_ID.....	36
PRACTICE_NAME.....	37
REASON_CODE.....	38
RISK_SCORE.....	40
STATE.....	41
TIN.....	42
TINS.....	43
UNIQUE_PATIENT_ID.....	44
UNITS.....	45
UPDATE_DATE.....	46
VALUE.....	47
VISIT_DATE.....	48
ZIP_CODE.....	49

## Variable Details

This section of the codebook contains one entry for each variable in the Million Hearts® CVD Risk Reduction Model Medicare Data files. Each entry contains variable details to facilitate understanding and use of the variables.

### **ACCURACY\_ATTESTATION**

**LABEL:** Practitioner's Accuracy of Attestation

**DESCRIPTION:** Practitioner's accuracy of attestation. This variable addresses the question, “Has the practitioner attested to accuracy?”

**SHORT NAME:** ACCURACY\_ATTESTATION

**LONG NAME:** ACCURACY\_ATTESTATION

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** Visit

**SOURCE:** Million Hearts Data Registry

**VALUES:** Y = Yes  
N = No

**COMMENT:** —

[^ Back to TOC ^](#)

## ACTIVATION\_DATE

**LABEL:** Date the Provider Joined the Program

**DESCRIPTION:** Date the provider joined the program.

**SHORT NAME:** ACTIVATION\_DATE

**LONG NAME:** ACTIVATION\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** NPI

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 09/18/2016

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)



## ACTIVITY\_DATE

**LABEL:** Encounter/Procedure/Diagnosis/Lab/Medication Start or Occurrence Date

**DESCRIPTION:** Encounter/Procedure/Diagnosis/Lab/Medication start or occurrence date.

**SHORT NAME:** ACTIVITY\_DATE

**LONG NAME:** ACTIVITY\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Clinical (final and raw)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 07/10/2020

**COMMENT:** Formatted as MMDDYY10. in SAS

[^ Back to TOC ^](#)

## ACTIVITY\_END\_DATE

**LABEL:** Encounter/Procedure/Diagnosis End date  
**DESCRIPTION:** Encounter/Procedure/Diagnosis end date.  
**SHORT NAME:** ACTIVITY\_END\_DATE  
**LONG NAME:** ACTIVITY\_END\_DATE  
**TYPE:** DATE  
**LENGTH:** 8  
**FILE(S):** Clinical (final and raw)  
**SOURCE:** Million Hearts Data Registry  
**VALUES:** Ex — 07/10/2020  
**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## ADDRESS\_LINE\_1

<b>LABEL:</b>	Practice's Address (line 1)
<b>DESCRIPTION:</b>	Practice's address (line 1).
<b>SHORT NAME:</b>	ADDRESS_LINE_1
<b>LONG NAME:</b>	ADDRESS_LINE_1
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	100
<b>FILE(S):</b>	Practice
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — 12345 MAIN STREET
<b>COMMENT:</b>	This field is the street address where billing TIN is located. There is also a second address line practices could use if needed (ADDRESS_LINE_2).

[^ Back to TOC ^](#)

## ADDRESS\_LINE\_2

<b>LABEL:</b>	Practice's Address (line 2)
<b>DESCRIPTION:</b>	Practice's address (line 2).
<b>SHORT NAME:</b>	ADDRESS_LINE_2
<b>LONG NAME:</b>	ADDRESS_LINE_2
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	100
<b>FILE(S):</b>	Practice
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — Suite 100, or null/missing
<b>COMMENT:</b>	This is the second line of an address, used only if needed. Refer to the first portion of the street address in ADDRESS_LINE_1.

[^ Back to TOC ^](#)

## ALIGNED

<b>LABEL:</b>	Indication of Patient's Attribution to the Practice (Y or N)
<b>DESCRIPTION:</b>	Indication of patient's attribution to the practice (Y or N).
<b>SHORT NAME:</b>	ALIGNED
<b>LONG NAME:</b>	ALIGNED
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	Alignment (final and EVAA cycle files)
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Y = Yes N = No Null/missing
<b>COMMENT:</b>	The (beneficiary) Enrollment, Validation, Alignment, and Adjudication (EVAA) analysis was performed by the Million Hearts data contractor. The Million Hearts model employed a complex EVAA analytic process. During this process, each beneficiary record submitted by providers to the Million Hearts registry was validated against claims data, and beneficiary alignments and program eligibilities were determined. The EVAA process occurred semiannually, each October and April. There was a total of 10 EVAA analytical cycles, between October 2017 through April 2022 (two per year for the five years of the project).

[^ Back to TOC ^](#)

## **BASELINE\_DATE**

**LABEL:** Patient's Baseline Date

**DESCRIPTION:** Patient's baseline date.

**SHORT NAME:** BASELINE\_DATE

**LONG NAME:** BASELINE\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Visit

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 10/12/2018

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## BASELINE\_GROUP

**LABEL:** Patient's Baseline Group (Low, Medium, High)

**DESCRIPTION:** Patient's baseline group (low, medium, high).

**SHORT NAME:** BASELINE\_GROUP

**LONG NAME:** BASELINE\_GROUP

**TYPE:** CHAR

**LENGTH:** 10

**FILE(S):** Visit

**SOURCE:** Million Hearts Data Registry

**VALUES:** LOW  
MEDIUM  
HIGH  
Null/missing

**COMMENT:** This field is the stratified CVD risk group derived from the BASELINE\_SCORE. For the purposes of the Million Hearts® Cardiovascular Disease Risk Reduction Model, CMS defined “high-risk” beneficiaries as individuals with an ACC/AHA 10-year ASCVD risk score of greater than 30%. The ACC/AHA guidelines still hold true that all individuals should have a risk score less than 7.5%. CMS was attempting to intervene on the critically high-risk group (reference <https://innovation.cms.gov/files/x/mhcvdrmm-faqs.pdf>).

[^ Back to TOC ^](#)

## BASELINE\_SCORE

<b>LABEL:</b>	Patient's Baseline ASCVD Score
<b>DESCRIPTION:</b>	Patient's baseline atherosclerotic cardiovascular disease (ASCVD) score.
<b>SHORT NAME:</b>	BASELINE_SCORE
<b>LONG NAME:</b>	BASELINE_SCORE
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	10
<b>FILE(S):</b>	Visit
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — 21.7000, or null/missing
<b>COMMENT:</b>	This field is the ACC Risk score calculated from information during the visit. The higher the score, the greater the ASCVD risk. The data file also includes a categorical variable that groups this score into either high, medium, or low risk (BASELINE_GROUP). After the baseline assessment, subsequent provider assessments of patient risk are in the RISK_SCORE field.

[^ Back to TOC ^](#)



## BENE\_ID

**LABEL:** Encrypted CCW Beneficiary ID

**DESCRIPTION:** The unique CCW identifier for a beneficiary.

The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/ or Medicaid and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims and enrollment, T-MSIS claims, and MDS assessment data).

This number does not change during a beneficiary's lifetime, and CCW uses each number only once.

The BENE\_ID is specific to the CCW and is not applicable to any other identification system or data source.

**SHORT NAME:** BENE\_ID

**LONG NAME:** BENE\_ID

**TYPE:** CHAR

**LENGTH:** 15

**FILE(S):** Clinical (final and raw)  
Visit  
Demographic  
Alignment (final and EVAA cycle files)

**SOURCE:** CCW

**VALUES:** —

**COMMENT:** —

[^ Back to TOC ^](#)

## BILLING\_TIN

**LABEL:** Practice's Billing TIN

**DESCRIPTION:** Practice's billing federal Taxpayer Identification Number (TIN).

**SHORT NAME:** BILLING\_TIN

**LONG NAME:** BILLING\_TIN

**TYPE:** CHAR

**LENGTH:** 9

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** Identifies the practice to whom payment was made for the Million Hearts Model. If attempting to join this field to Medicare carrier claims files in the CCW, the provider Tax ID field is called TAX\_NUM.

[^ Back to TOC ^](#)

## CCNS

**LABEL:** List of CMS Certification Numbers (Facility Numbers) for the Practice

**DESCRIPTION:** List of CMS Certification Numbers (facility numbers) for the practice.

**SHORT NAME:** CCNS

**LONG NAME:** CCNS

**TYPE:** CHAR

**LENGTH:** 4000

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** EX — 15161718,15161719  
Null/missing

**COMMENT:** The first six digits of each CMS Certification Number (CCN) are the facility number; additional digits (i.e., positions 7–13) may be used to distinguish between campuses for multiple campus hospitals. This field could be missing or have one or more CCNs, separated by a comma.

Note that if attempting to join to Medicare claims files in the CCW, the 6-digit CCN is called the provider number (PRVDR\_NUM).

[^ Back to TOC ^](#)

## CITY

<b>LABEL:</b>	Practice's City
<b>DESCRIPTION:</b>	Practice's city.
<b>SHORT NAME:</b>	CITY
<b>LONG NAME:</b>	CITY
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	100
<b>FILE(S):</b>	Practice
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — BRONX
<b>COMMENT:</b>	This field is the city where billing TIN is located.

[^ Back to TOC ^](#)

## CODE

**LABEL:** Code Used to Document the Service

**DESCRIPTION:** Code used to document the service. The ACC/AHA risk calculation used clinical information submitted by the practice to ascertain CVD risk. The risk factors are documented for each patient. There is one record in the file for each patient and each risk factor that was assessed on a given date (i.e., the ACTIVITY\_DATE).

**SHORT NAME:** CODE

**LONG NAME:** CODE

**TYPE:** CHAR

**LENGTH:** 20

**FILE(S):** Clinical (final and raw)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Within the Clinical\_Final file the values are:

AFB.NO = Whether or not the patient has atrial fibrillation

AFB.YES = Whether or not the patient has atrial fibrillation

ASP.NO = Whether or not the patient is taking aspirin

ASP.YES = Whether or not the patient is taking aspirin

DBT.NO = Whether or not the patient has diabetes

DBT.YES = Whether or not the patient has diabetes

HDL = High-density lipoprotein

LDL = Low-density lipoprotein

SBP = Systolic blood pressure

SCM = Stress cardiomyopathy

SMK.NO = Smoking — whether or not the patient is a smoker

SMK.YES = Smoking — whether or not the patient is a smoker

STT.NO = Statin — whether the patient is on a Statin

STT.YES = Statin — whether the patient is on a Statin

TCH = Total cholesterol

THY.NO = Thyroid

THY.YES = Thyroid

**COMMENT:** The values above are the cleaned and standardized values that populate the final clinical file. In the raw clinical file, values are a mixture of non-standardized values which may include diagnosis codes, values from test results, free-form text, and other unknown values.

[^ Back to TOC ^](#)

## CREATE\_DATE

**LABEL:** Date the Record was Created

**DESCRIPTION:** Date when the record was created.

**SHORT NAME:** CREATE\_DATE

**LONG NAME:** CREATE\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Demographic  
Clinical (final and raw)  
Visit

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 10/12/2018

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## DEACTIVATION\_DATE

**LABEL:** Date the Provider Left the Program

**DESCRIPTION:** Date the provider left the program.

**SHORT NAME:** DEACTIVATION\_DATE

**LONG NAME:** DEACTIVATION\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** NPI

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 10/12/2018

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## ELIGIBLE

<b>LABEL:</b>	Indication of Patient's Eligibility
<b>DESCRIPTION:</b>	Indication of patient's eligibility.
<b>SHORT NAME:</b>	ELIGIBLE
<b>LONG NAME:</b>	ELIGIBLE
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	Alignment (final and EVAA cycle files)
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Y = Yes N = No Null/missing
<b>COMMENT:</b>	If ELIGIBLE variable value is "N" then the reason code for ineligibility is documented in the REASON_CODE.

[^ Back to TOC ^](#)



## FILE\_COUNT

**LABEL:** Number of Files Submitted for the Practice

**DESCRIPTION:** Number of files submitted to the Million Hearts Data Registry (MHDR) for the practice.

**SHORT NAME:** FILE\_COUNT

**LONG NAME:** FILE\_COUNT

**TYPE:** CHAR

**LENGTH:** 10

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** 0, 3

**COMMENT:** Practices were to submit demographic/clinical data for patients to MHDR.

[^ Back to TOC ^](#)

## FIRST\_NAME

**LABEL:** Provider's First Name  
**DESCRIPTION:** Provider's first name.  
**SHORT NAME:** FIRST\_NAME  
**LONG NAME:** FIRST\_NAME  
**TYPE:** CHAR  
**LENGTH:** 100  
**FILE(S):** NPI  
**SOURCE:** Million Hearts Data Registry  
**VALUES:** —  
**COMMENT:** —

[^ Back to TOC ^](#)

## **FOLLOWUP\_ATTESTATION**

<b>LABEL:</b>	Practitioner's Attestation to Follow-up
<b>DESCRIPTION:</b>	Practitioner's attestation to follow-up. This variable addresses the question, "Has the practitioner attested to follow-up?"
<b>SHORT NAME:</b>	FOLLOWUP_ATTESTATION
<b>LONG NAME:</b>	FOLLOWUP_ATTESTATION
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	Visit
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Y = Yes N = No
<b>COMMENT:</b>	–

[^ Back to TOC ^](#)

## **GROUP\_TYPE**

**LABEL:** Practice Group Type

**DESCRIPTION:** Practice group type.

**SHORT NAME:** GROUP\_TYPE

**LONG NAME:** GROUP\_TYPE

**TYPE:** CHAR

**LENGTH:** 100

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** CONTROL  
INTERVENTION

**COMMENT:** —

[^ Back to TOC ^](#)

## INSERT\_DATE

<b>LABEL:</b>	Date the Record was Created
<b>DESCRIPTION:</b>	The date when the practice or provider record was created.
<b>SHORT NAME:</b>	INSERT_DATE
<b>LONG NAME:</b>	INSERT_DATE
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	8
<b>FILE(S):</b>	Practice NPI
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — 06/15/2018
<b>COMMENT:</b>	This field is in two files. Within the practice file, it is populated with the date the practice record was created; within the NPI file, it is the date the provider record was created.

[^ Back to TOC ^](#)

## IS\_ACTIVE

**LABEL:** Active Practice (Y) or Inactive Practice (N)

**DESCRIPTION:** Active practice or inactive practice.

**SHORT NAME:** IS\_ACTIVE

**LONG NAME:** IS\_ACTIVE

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** Y = Yes (active practice)  
N = No (inactive practice)

**COMMENT:** —

[^ Back to TOC ^](#)

## **IS\_BASELINE\_COMPLETE**

**LABEL:** Indication of Completion of Beneficiary Record in the Registry (Y or N)

**DESCRIPTION:** Indication of completion of beneficiary record in the registry (Y or N).

**SHORT NAME:** IS\_BASELINE\_COMPLETE

**LONG NAME:** IS\_BASELINE\_COMPLETE

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Y = Yes  
N = No

**COMMENT:** —

[^ Back to TOC ^](#)

## **IS\_MEDICARE\_PARTB**

**LABEL:** Identify if the Patient is Enrolled in Medicare Part B

**DESCRIPTION:** Identify if the patient is enrolled in Medicare Part B at the time of enrollment in the project.

**SHORT NAME:** IS\_MEDICARE\_PARTB

**LONG NAME:** IS\_MEDICARE\_PARTB

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** Demographic

**SOURCE:** Million Hearts Data Registry

**VALUES:** Y = Yes  
N = No

**COMMENT:** –

[^ Back to TOC ^](#)



## LAST\_MODIFIED\_DATE

**LABEL:** Date the Patient Record was Modified

**DESCRIPTION:** Date the patient record was modified.

**SHORT NAME:** LAST\_MODIFIED\_DATE

**LONG NAME:** LAST\_MODIFIED\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Demographic  
Visit  
Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 06/15/2018

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## LAST\_NAME

**LABEL:** Provider's Last Name  
**DESCRIPTION:** Provider's last name.  
**SHORT NAME:** LAST\_NAME  
**LONG NAME:** LAST\_NAME  
**TYPE:** CHAR  
**LENGTH:** 100  
**FILE(S):** NPI  
**SOURCE:** Million Hearts Data Registry  
**VALUES:** —  
**COMMENT:** —

[^ Back to TOC ^](#)

## MODIFIER

**LABEL:** Any Modifiers for the Base Code

**DESCRIPTION:** Any modifiers for the base code.

**SHORT NAME:** MODIFIER

**LONG NAME:** MODIFIER

**TYPE:** CHAR

**LENGTH:** 10

**FILE(S):** Clinical (final and raw)

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** This field is only populated in the Clinical\_raw file (not the Clinical\_final where it is always missing). In the raw clinical file, values are a mixture of non-standardized values which may include numbers, words, NULL, N/A, free-form text, and other unknown values.

[^ Back to TOC ^](#)

## NPI

**LABEL:** Provider's National Provider Identifier

**DESCRIPTION:** Provider's National Provider Identifier (NPI).

**SHORT NAME:** NPI

**LONG NAME:** NPI

**TYPE:** CHAR

**LENGTH:** 10

**FILE(S):** Clinical (final and raw)  
Visit  
NPI

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** —

[^ Back to TOC ^](#)

## NPIS

**LABEL:** List of National Provider Identifiers in the Practice

**DESCRIPTION:** List of National Provider Identifiers in the practice.

**SHORT NAME:** NPIS

**LONG NAME:** NPIS

**TYPE:** CHAR

**LENGTH:** 4000

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** List of one or more NPI separated by a comma.

[^ Back to TOC ^](#)

## **PATIENT\_DOB**

**LABEL:** Patient's Date of Birth

**DESCRIPTION:** Patient's date of birth (DOB).

**SHORT NAME:** PATIENT\_DOB

**LONG NAME:** PATIENT\_DOB

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Demographic  
Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 04/22/1943

**COMMENT:** Formatted as MMDDYY10 in SAS

[^ Back to TOC ^](#)

## PATIENT\_ETHNICITY

**LABEL:** Patient's Ethnicity

**DESCRIPTION:** Patient's ethnicity.

**SHORT NAME:** PATIENT\_ETHNICITY

**LONG NAME:** PATIENT\_ETHNICITY

**TYPE:** CHAR

**LENGTH:** 6

**FILE(S):** Demographic  
Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** 2135-2 = Hispanic or Latino  
2186-5 = Not Hispanic or Latino  
NA, or Null/missing

**COMMENT:** —

[^ Back to TOC ^](#)

## PATIENT\_GENDER

**LABEL:** Patient's Gender

**DESCRIPTION:** Patient's gender.

**SHORT NAME:** PATIENT\_GENDER

**LONG NAME:** PATIENT\_GENDER

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** Demographic  
Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** M = male  
F = female  
Null/missing

**COMMENT:** —

[^ Back to TOC ^](#)



## PATIENT\_RACE

**LABEL:** Patient's Race

**DESCRIPTION:** Patient's race.

**SHORT NAME:** PATIENT\_RACE

**LONG NAME:** PATIENT\_RACE

**TYPE:** CHAR

**LENGTH:** 6

**FILE(S):** Demographic  
Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** 1002-5 = American Indian or Alaska Native  
2028-9 = Asian  
2054-5 = Black or African American  
2076-8 = Native Hawaiian or Other Pacific Islander  
2106-3 = White  
2131-1 = Other race  
Null/missing

**COMMENT:** —

[^ Back to TOC ^](#)

## PRACTICE\_ID

<b>LABEL:</b>	Model-Assigned Practice ID
<b>DESCRIPTION:</b>	Model-assigned practice identifier (ID).
<b>SHORT NAME:</b>	PRACTICE_ID
<b>LONG NAME:</b>	PRACTICE_ID
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	9
<b>FILE(S):</b>	Clinical (final and raw) Visit Demographic Alignment (final and EVAA cycle files) Practice NPI
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Value formatted as: MH-xxxxxx Ex — MH-123456
<b>COMMENT:</b>	This number appears on every MH data file and only has meaning within the MH model. The corresponding name of the practice is a field called PRACTICE_NAME.

[^ Back to TOC ^](#)

## **PRACTICE\_NAME**

<b>LABEL:</b>	Name of Practice
<b>DESCRIPTION:</b>	Name of practice.
<b>SHORT NAME:</b>	PRACTICE_NAME
<b>LONG NAME:</b>	PRACTICE_NAME
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	100
<b>FILE(S):</b>	Clinical (final and raw) Visit Demographic Alignment (final and EVAA cycle files) Practice NPI
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	—
<b>COMMENT:</b>	The corresponding practice Identification number (ID) is the field called PRACTICE_ID.

[^ Back to TOC ^](#)

## REASON\_CODE

**LABEL:** Reason Code(s) for Patient Status Change

**DESCRIPTION:** Reason code(s) for patient status change.

**SHORT NAME:** REASON\_CODE

**LONG NAME:** REASON\_CODE

**TYPE:** CHAR

**LENGTH:** 250

**FILE(S):** Alignment (final and EVAA cycle files)

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — S014, SC017, SC018, SC019

Registry status	Status display in registry (patient grid)	Supporting codes (sub-codes)	Code definition
S001	Incomplete record	SC001	The temporarily not enrolled for cause beneficiary has now been accepted
S001	Incomplete record	SC002	The pending acceptance beneficiary is accepted, but data is not complete
S002	Released for validation	SC003	PO updated HICN for verify HICN action
S002	Released for validation	SC023	PO updated record for verify beneficiary action
S002	Released for validation	SC022	PO updated MBI for verify MBI action
S002	Released for validation	SC033	Beneficiary was lost to follow up
S002	Released for validation	SC034	PO updated records for dropped action
S002	Released for validation	SC036	PO updated visit for verify visit action
S003	Enrolled	SC004	The pending acceptance beneficiary was accepted and completed
S003	Enrolled	SC005	The temporarily not enrolled for cause beneficiary has now been accepted
S003	Enrolled	SC006	Beneficiary status changed to aligned
	Low/Med	SC015	The alignment record indicates that the Low- or Medium-risk patient is not aligned but eligible
S004	Pending acceptance	SC013	The beneficiary is pending acceptance
S005	Not aligned	SC014	Beneficiary status changed to not aligned
S006	Verify HICN	SC017	Verify HICN
S007	Ineligible	SC026	Exclusion: The beneficiary is not enrolled in Medicare Fee for Service Parts A and B
S007	Ineligible	SC027	Exclusion: The beneficiary is not age 40–79 at time of enrollment
S007	Ineligible	SC028	Exclusion: The beneficiary is enrolled in the hospice benefit
S007	Ineligible	SC029	Exclusion: The beneficiary is enrolled in Medicare Advantage
S007	Ineligible	SC030	Exclusion: Medicare is not a primary payer
S008	Permanently ineligible	SC025	Exclusion: The beneficiary is not alive
S008	Permanently ineligible	SC031	Exclusion: The beneficiary has end-stage renal disease

Registry status	Status display in registry (patient grid)	Supporting codes (sub-codes)	Code definition
S008	Permanently ineligible	SC032	Exclusion: The beneficiary has a previous heart attack or stroke
S009	Permanent: Not enrolled for cause	SC007	Significant comorbidities with a limited life expectancy of less than two years
S009	Permanent: Not enrolled for cause	SC008	Unstable angina
S009	Permanent: Not enrolled for cause	SC009	Class IV heart failure
S009	Permanent: Not enrolled for cause	SC010	Peripheral vascular disease
S009	Permanent: Not enrolled for cause	SC011	Prior heart attack or stroke
S010	Temporary: Not enrolled for cause	SC012	One-time encounter/Will not return for follow up
S010	Temporary: Not enrolled for cause	SC013	Beneficiary declines to participate in the model
S010	Unavailable cholesterol	SC016	Cholesterol not available or out of range
S011	Lost to follow-up		Enrolled beneficiary lost to follow-up
S012	Dropped		Low/Medium beneficiary lost to follow-up

**COMMENT:** Provides reason code(s) for patient status change, and if ELIGIBLE variable value is “N” provides the reason code for ineligibility; multiple codes are separated by commas. Codes that begin with “S” are status codes, those that begin with “SC” are supporting codes or subcodes.

[^ Back to TOC ^](#)

## RISK\_SCORE

<b>LABEL:</b>	Calculated ASCVD Risk Score
<b>DESCRIPTION:</b>	Calculated atherosclerotic cardiovascular disease (ASCVD) risk score.
<b>SHORT NAME:</b>	RISK_SCORE
<b>LONG NAME:</b>	RISK_SCORE
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	10
<b>FILE(S):</b>	Visit
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — 21.7
<b>COMMENT:</b>	This field is the ACC risk score calculated from information during the visit. The higher the score, the greater the ASCVD risk. If the visit is after the baseline visit, then the RISK_SCORE includes the value for that visit. Otherwise, at baseline, the two risk score fields match (i.e., BASELINE_SCORE equals RISK_SCORE).

[^ Back to TOC ^](#)

## STATE

**LABEL:** Practice's State (postal abbreviation)

**DESCRIPTION:** Practice's state (postal abbreviation).

**SHORT NAME:** STATE

**LONG NAME:** STATE

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** Two-character postal state code

AK = Alaska

AL = Alabama

AR = Arkansas

AZ = Arizona

CA = California

CO = Colorado

CT = Connecticut

DC = District of Columbia

DE = Delaware

FL = Florida

GA = Georgia

HI = Hawaii

IA = Iowa

ID = Idaho

IL = Illinois

IN = Indiana

KS = Kansas

KY = Kentucky

LA = Louisiana

MA = Massachusetts

MD = Maryland

ME = Maine

MI = Michigan

MN = Minnesota

MO = Missouri

MS = Mississippi

MT = Montana

NC = North Carolina

ND = North Dakota

NE = Nebraska

NH = New Hampshire

NJ = New Jersey

NM = New Mexico

NV = Nevada

NY = New York

OH = Ohio

OK = Oklahoma

OR = Oregon

PA = Pennsylvania

PR = Puerto Rico

RI = Rhode Island

SC = South Carolina

TN = Tennessee

TX = Texas

UT = Utah

VA = Virginia

WA = Washington

WI = Wisconsin

WV = West Virginia

WY = Wyoming

**COMMENT:** This field is the state where billing TIN is located.

[^ Back to TOC ^](#)

## TIN

**LABEL:** Practice's Taxpayer Identification Number

**DESCRIPTION:** Practice's federal Taxpayer Identification Number (TIN).

**SHORT NAME:** TIN

**LONG NAME:** TIN

**TYPE:** CHAR

**LENGTH:** 9

**FILE(S):** Clinical (final and raw)  
Visit  
Demographic  
Alignment (final and EVAA cycle files)  
NPI

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** If attempting to join to Medicare carrier claims files in the CCW, the provider Tax ID field is called TAX\_NUM.

[^ Back to TOC ^](#)



## TINS

<b>LABEL:</b>	List of Taxpayer Identification Numbers for the Practice
<b>DESCRIPTION:</b>	List of federal Taxpayer Identification Numbers (TINs) for the practice.
<b>SHORT NAME:</b>	TINS
<b>LONG NAME:</b>	TINS
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	4000
<b>FILE(S):</b>	Practice
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	—
<b>COMMENT:</b>	This field is a list of one or more TINs for the practice, separated by a comma.

[^ Back to TOC ^](#)

## UNIQUE\_PATIENT\_ID

<b>LABEL:</b>	Unique Model-Assigned Patient ID
<b>DESCRIPTION:</b>	Unique patient ID assigned for the Million Hearts model.
<b>SHORT NAME:</b>	UNIQUE_PATIENT_ID
<b>LONG NAME:</b>	UNIQUE_PATIENT_ID
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	36
<b>FILE(S):</b>	Clinical (final and raw) Visit Demographic Alignment (final and EVAA cycle files)
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Value formatted as: #####-####-####-####-##### Ex — A1B2C3D4-E5F6-G7H8-IJKLM9012345
<b>COMMENT:</b>	This identifier has meaning only within the CCW MHM data files; not linkable to any other data set. Within CCW you may use the BENE_ID to join to other Medicare data files (outside the MHM data product).

[^ Back to TOC ^](#)

## UNITS

<b>LABEL:</b>	Unit for the Value Provided for Certain Service Attributes
<b>DESCRIPTION:</b>	Unit for the value provided for certain service attributes.
<b>SHORT NAME:</b>	UNITS
<b>LONG NAME:</b>	UNITS
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	10
<b>FILE(S):</b>	Clinical (final and raw)
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — %, ##, -##.#, MG/DL, NULL, MM HG, missing
<b>COMMENT:</b>	This field is only populated in the Clinical_raw file (not the Clinical_final where it is always missing). In the raw clinical file, values are a mixture of non-standardized values which may include values from test results, dosages of medications, free-form text, and other unknown values.

[^ Back to TOC ^](#)

## UPDATE\_DATE

**LABEL:** Date the Record was Modified

**DESCRIPTION:** The date when the practice or NPI record was modified.

**SHORT NAME:** UPDATE\_DATE

**LONG NAME:** UPDATE\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Practice  
NPI

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 07/17/2019

**COMMENT:** Formatted as MMDDYY10 in SAS. This field is in two files. Within the practice file it is populated with the date the practice record was updated; within the NPI file it is the date the provider record was updated.

[^ Back to TOC ^](#)

## VALUE

<b>LABEL:</b>	Value Provided for Certain Service Attributes
<b>DESCRIPTION:</b>	Value provided for certain service attributes.
<b>SHORT NAME:</b>	VALUE
<b>LONG NAME:</b>	VALUE
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	250
<b>FILE(S):</b>	Clinical (final and raw)
<b>SOURCE:</b>	Million Hearts Data Registry
<b>VALUES:</b>	Ex — 114, 2, 684, 999, %, (12-27), 7.4 TH/UL, NORMAL, or null/missing
<b>COMMENT:</b>	The values in the Clinical_final file have been cleaned and standardized and include missing values. In the raw clinical file, values are a mixture of non-standardized values which may include values from test results, ranges of values, symbols such as % or +, as well as free-form text, and other unknown values.

The information in the VALUE field is associated with CODE value in the Clinical\_final file.

[^ Back to TOC ^](#)

## VISIT\_DATE

**LABEL:** Patient Visit Date

**DESCRIPTION:** The patient visit date.

**SHORT NAME:** VISIT\_DATE

**LONG NAME:** VISIT\_DATE

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** Visit

**SOURCE:** Million Hearts Data Registry

**VALUES:** Ex — 04/127/2018

**COMMENT:** Formatted as MMDDYY10 in SAS.

[^ Back to TOC ^](#)

## ZIP\_CODE

**LABEL:** Practice's Zip Code

**DESCRIPTION:** Practice's zip code.

**SHORT NAME:** ZIP\_CODE

**LONG NAME:** ZIP\_CODE

**TYPE:** CHAR

**LENGTH:** 20

**FILE(S):** Practice

**SOURCE:** Million Hearts Data Registry

**VALUES:** —

**COMMENT:** This field is the zip code where billing TIN is located.

[^ Back to TOC ^](#)