

SUPPLEMENT TWO
STANDARD LAYOUTS FOR BIOMETRIC, DISEASE MANAGEMENT, AND HRA DATA

BIOMETRIC LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
Standard Truven Health Analytics Fields							
1	Employee SSN	1	9	9	Number	Employee's Social Security Number	
2	Date of Birth	10	19	10	Date	Member's Birth date	MM/DD/CCYY format.
3	Gender	20	20	1	Character	Member's Gender	
4	Date of Collection	21	30	10	Character	Date the biometric data was collected.	MM/DD/CCYY format.
5	Relationship	31	31	1	Character	Specifies the relationship of the member to the subscriber. Client-specific values	Code defined by vendor. Code and descriptions will be identified in a Data Dictionary.
6	Glucose Fasting Indicator	32	32	1	Character	Indicates that at least 3 hours of fasting occurred prior to the glucose test	Y = Yes N = No
7	Glucose	33	35	3	Numeric	Member's blood glucose level.	
8	Nicotine Indicator	36	36	1	Character	Indicates whether the member uses nicotine.	Y = Yes N = No
9	Pregnant Indicator	37	37	1	Character	Indicates whether the member is pregnant	Y = Yes N = No
10	Biometric Screening Type Code	38	52	15	Character	Code indicating the type of screening completed	Code and descriptions will be identified in a Data Dictionary.
11	Height	53	55	3	Numeric	Member's height in inches	

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12	Weight	56	58	3	Numeric	Member's weight in pounds	
13	Body Mass Index	59	61	3	Numeric	Body mass index is a measure of an adult's body fat based on height and weight.	
14	Waist Circumference	62	64	3	Numeric	Waist measurement in inches	
15	Body Fat Percent	65	67	3	Numeric	The percentage of body fat for the member.	
16	Cholesterol Total	68	70	3	Numeric	Member's total cholesterol level.	
17	Cholesterol HDL	71	73	3	Numeric	Member's HDL cholesterol	
18	Cholesterol LDL	74	76	3	Numeric	Member's LDL cholesterol	
19	Blood Pressure Systolic	77	79	3	Numeric	Member's systolic blood pressure	
20	Blood Pressure Diastolic	80	83	4	Numeric	Member's diastolic blood pressure	
21	Triglycerides	84	86	3	Numeric	Member's triglycerides	
22	Filler	87	199	113	Character	Retain for future use.	
23	Record Type	200	200	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "D"

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BIOMETRIC LAYOUT TRAILER

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
1	Record Count	1	5	5	Number	The number of records in the detail section	The count of records provided in the data including the Trailer Record
2	Data Start Date	6	15	10	Date	The first day of the month of the data submission	
3	Data End Date	16	25	10	Date	The last day of the month of the data submission	
4	Filler	26	199	174	Character	Filler for any future additional fields.	Blank filled
5	Record Type	200	200	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "T"

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DISEASE MANAGEMENT LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	Population of Employee / Dependent Records
Standard Truven Health Fields								
1	Employee SSN	1	9	9	Number	The Social Security number of the employee.		Employee-Specific
2	Participant Date of Birth	10	19	10	Date	Birth date of the person	MM/DD/CCYY format	Member-Specific
3	Participant Gender	20	20	1	Character	Gender of the person	M or F	Member-Specific
4	Date of Disease Management Month	21	30	10	Character	The last day of the month for the reporting period.	MM/DD/CCYY format	Member-Specific
5	Acuity/Severity	31	31	1	Character	The level of sickness of the participant	Codes and descriptions will be identified in the Data Dictionary. Examples of possible codes : 0 – Not Participating 1 – Low 2 – Moderate 3 – High ~ - Missing	Member-Specific
6	Disease State Program	32	32	1	Character	The type of program the person is enrolled in.	See values in Disease State Program below. Codes and descriptions will be identified in the Data Dictionary.	Member-Specific
7	Date Identified	33	42	10	Date	The date that the person was identified as a candidate for a disease management program.	MM/DD/CCYY format	Member-Specific
8	Participation Start Date	43	52	10	Date	The first date of disease management participation for the person	MM/DD/CCYY format	Member-Specific

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	Population of Employee / Dependent Records
9	Participation Status Code	53	57	5	Character	Indicates participation status within the disease management program.	Codes and descriptions will be identified in the Data Dictionary. Examples of possible codes of participation: P=Participating D=Declined Participation C=Completed DM Program	Member-Specific
10	Non-Participation Reason	58	62	5	Character	Reason that the member is not participating in the DM program for which they were eligible.	Codes and descriptions will be identified in the Data Dictionary. Examples of possible codes of non-participation: R=Refused Participation NR=Contacted but no response	Member-Specific
11	Method of Outreach	63	67	5	Character	For those identified for disease management, the method of contact.	Codes and descriptions will be identified in the Data Dictionary. Examples of possible codes of outreach: M=Mail P=Phone C=Active Coaching	Member-Specific
12	Method of Identification	68	72	5	Character	The method that was used to identify a person for a disease management program.	Codes and descriptions will be identified in the Data Dictionary. Examples are Self Referral, Physician or other provider referral, medical and/or drug claims data, HRA data, etc.	Member-Specific
13	Date Case Closed	73	82	10	Date	The date on which the disease management case was closed.		Member-Specific

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	Population of Employee / Dependent Records
14	Attempted Calls	83	92	10	Numeric	The total number of attempted calls to the member during the month.	Attempted calls should include completed calls as well.	Member-Specific
15	Completed Calls	93	102	10	Numeric	The total number of calls completed to the member during the month.		Member-Specific
16	Mailings	103	112	10	Numeric	The total number of mailings to the member during the month.		Member-Specific
17	Diagnosis Code Principal	113	120	8		The first or principal diagnosis code.	No decimal point. If this is not populated, it will be mapped based on the Disease Program Code.	Member-Specific
18	Referral Date	121	130	10	Date	The date that the member was referred to another program or company.	MM/DD/CCYY format	Member-Specific
19	Referral Program Code	131	135	5	Character	The code identifying the program or company the member was referred.	Codes and descriptions will be identified in the Data Dictionary. Examples include Case Management, EAP, etc. It may reflect the company name if the referral was to another vendor.	Member-Specific

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DISEASE MANAGEMENT LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	Population of Employee / Dependent Records
20	ICD Version	136	136	1	Character	The ICD version or qualifier code that identifies either ICD-9 (9) or ICD-10 (0) diagnosis and procedure codes on the facility claim.	If 0 and 9 not used, values defined in the Data Dictionary.	Member-Specific
21	Filler	137	249	113	Character	Filler for any future additional fields.	Blank filled	Member-Specific
22	Record Type	250	250	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "D"	N/A

DISEASE MANAGEMENT LAYOUT TRAILER

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	Population of Employee / Dependent Records
Standard Truven Health Fields								
1	Record Count	1	5	5	Number	The number of records in the detail section	The count of records provided in the data including the Trailer Record	
2	Data Start Date	6	15	10	Date	The first day of the month of the data submission		
3	Data End Date	16	25	10	Date	The last day of the month of the data submission		
4	Filler	26	249	224	Character	Filler for any future additional fields.	Blank filled	
5	Record Type	250	250	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "T"	

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Sample - DISEASE STATE PROGRAM VALUES

Disease State Code	Disease State Description
A	Heart disease
B	Asthma
C	Diabetes
D	Gastro Esophageal Reflux disease (GERD)
E	Cholesterol (diagnosed disease state)
F	Blood pressure (diagnosed disease state)
G	Weight management
H	Physical activity
I	Stress management
J	Cholesterol
K	Smoking cessation
L	Pre-diabetes
M	Blood pressure
N	Health Awareness Program
O	Low Back
~	Missing

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HRA LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
Standard Truven Health Analytics Fields							
1	Employee SSN	1	9	9	Number	Employee's Social Security Number	
2	Date of Birth	10	19	10	Date	Respondent's Birth date	MM/DD/CCYY format.
3	Gender	20	20	1	Character	Respondent's Gender	
4	Date of Assessment	21	30	10	Character	Survey completion date.	MM/DD/CCYY format.
5	Relationship	31	31	1	Character	Specifies the relationship of the member to the subscriber. Client-specific values	Code defined by vendor. Relationship code values will be identified in a Data Dictionary.
6	HRA Weight Risk Level Code	32	46	15	Character	The overall score for weight risk.	As defined by vendor
7	HRA Height	47	49	3	Numeric	Respondent's height in inches	Numeric
8	HRA Weight	50	52	3	Numeric	Respondent's weight in pounds	Numeric
9	HRA Waist Circumference	53	55	3	Numeric	Waist measurement in inches	Numeric
10	HRA Body Mass Index	56	58	3	Numeric	Body mass index is a measure of an adult's body fat based on height and weight.	Numeric
11	HRA Pregnant Indicator	59	59	1	Character	Yes/No	Y,N
12	HRA Weight Change Readiness	60	74	15	Character	The readiness to change for weight.	This can be a code, or description like Contemplating Change, etc.
13	HRA Cholesterol Risk Score	75	89	15	Character	The overall score for cholesterol risk.	As defined by vendor

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HRA LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
14	HRA Cholesterol HDL	90	92	3	Numeric	Respondent's HDL cholesterol	Numeric
15	HRA Cholesterol LDL	93	95	3	Numeric	Respondent's LDL cholesterol	Numeric
16	HRA Triglycerides	96	98	3	Numeric	Respondent's triglycerides	Numeric
17	HRA Cholesterol Total	99	101	3	Numeric	Respondent's cholesterol	Numeric
18	HRA Glucose Risk Score	102	116	15	Character	The overall score for glucose risk.	As defined by vendor
19	HRA Glucose	117	119	3	Numeric	Respondent's blood glucose level.	Numeric
20	HRA Glucose Fasting Indicator	120	120	1	Character	Indicates that at least 3 hours of fasting occurred prior to the glucose test	Y,N
21	HRA Blood Pressure Risk Level Code	121	135	15	Character	The overall score for blood pressure risk.	As defined by vendor
22	HRA Blood Pressure Systolic	136	138	3	Numeric	Respondent's systolic blood pressure	Numeric
23	HRA Blood Pressure Diastolic	139	142	4	Numeric	Respondent's diastolic blood pressure	Numeric
24	HRA Safety Risk Score	143	157	15	Character	The overall score for safety risk.	As defined by vendor
25	HRA Safety Question Seat Belt	158	172	15	Character	How often do you wear a seatbelt while traveling?	Example Responses: Always/almost always Sometimes Rarely or never Missing

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HRA LAYOUT DETAIL

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
26	HRA Safety Question Drink and Drive	173	187	15	Character	Safety Question 2: How often do you drink and drive, or ride with a driver who may have had too much to drink?	Example Responses: Quite often Sometimes Never Unknown
27	HRA Mental Health Risk Score	188	202	15	Character	The overall score for mental health risk. Includes Stress.	As defined by vendor
28	HRA Mental Health Question Current	203	217	15	Character	Do you currently suffer from depression, anxiety, or other mental health issues?	Y/N or number indicating level of agreement.
29	HRA Mental Health Question Frequent	218	232	15	Character	How often do you feel anxious and depressed?	Example Responses: Always/almost always Sometimes Rarely or never Missing
30	HRA Mental Health Question Stress	233	267	35	Character	How do you currently feel you are coping with life?	Example Responses: Seldom stressed/coping well Sometimes stressed/coping well Stressed /coping well Sometimes stressed/trouble coping often stressed/trouble coping

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
31	HRA Mental Health Question Issues	268	282	15	Character	During the past six months, AS A RESULT OF EMOTIONAL PROBLEMS, (such as feeling anxious or depressed) have you had ANY difficulties with your work or other regular daily activities?	Example Responses: Always/almost always Sometimes Rarely or never Missing
32	HRA Stress Change Readiness Code	283	297	15	Character	The readiness to change for stress.	This can be a code, or description like Contemplating Change, etc.
33	HRA Nutrition Risk Level Code	298	312	15	Character	The overall score for nutrition risk.	As defined by vendor
34	HRA Nutrition Question Fruits Vegetables	313	327	15	Character	Nutrition Question 1: How many servings of fruit or vegetables do you consume per day?	1 serving or less 2 servings 3 servings 4 servings 5 or more servings Unknown
35	HRA Nutrition Change Readiness Code	328	342	15	Character	The readiness to change for nutrition.	This can be a code, or description like Contemplating Change, etc.
36	HRA Exercise Risk Score	343	357	15	Character	The overall score for exercise risk.	As defined by vendor

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
37	HRA Exercise Question Frequent	358	367	10	Character	Which choice best describes your level of exercise for the previous week?	Example Responses: 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Unknown
38	HRA Exercise Change Readiness Code	368	382	15	Character	The readiness to change for exercise.	This can be a code, or description like Contemplating Change, etc.
39	HRA Smoking Risk Score	383	397	15	Character	The overall score for smoking.	As defined by vendor
40	HRA Smoking Question Current	398	398	1	Character	Do you currently smoke cigarettes?	Y,N
41	HRA Smoking Question Current Number	399	413	15	Character	Tobacco Question 2a: How many cigarettes do you smoke per day	Example Responses: 1-10 11-20 21-40 41+ Unknown or not applicable
42	HRA Smoking Question Years	414	428	15	Character	Tobacco Question 2b: How many years have you smoked cigarettes?	Example Responses: <5 5-10 10-20 >20 Unknown or not applicable
43	HRA Smoking Question Previous	429	443	15	Character	Tobacco Question 3a: If you do not currently smoke, did you smoke previously?	Y,N

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
44	HRA Smoking Change Readiness Code	444	458	15	Character	The readiness to change for smoking.	This can be a code, or description like Contemplating Change, etc.
45	HRA Alcohol Risk Score	459	473	15	Character	The overall score for alcohol risk.	As defined by vendor
46	HRA Alcohol Question Number	474	488	15	Character	Alcohol Question 1: How many alcoholic drinks do you consume per day? (1drink=12 oz beer, 5 oz wine, or 1.5 oz liquor)	Example Responses: 0 drinks <1 drink 1-2 drinks >2 drinks Unknown or not applicable
47	HRA Alcohol Question Days	489	518	30	Character	Alcohol Question 2: In a typical week, on how many days do you drink an alcoholic beverage?	Example responses: I rarely or dont drink alcohol 1 day a week or less 2 to 3 days a week 4 or more days a week Unknown or not applicable
48	HRA Alcohol Change Readiness Code	519	533	15	Character	The readiness to change for alcohol.	This can be a code, or description like Contemplating Change, etc.
49	HRA Prevention Risk Score	534	548	15	Character	The overall score for prevention/self care risk.	As defined by vendor
50	HRA General Health Risk Score	549	563	15	Character	The overall score for general health status risk.	As defined by vendor
51	HRA Sleep Risk Score	564	578	15	Character	The overall score for sleep risk.	As defined by vendor
52	HRA Absence Question Days Empl	579	593	15	Character	Absence Question 1: In the past 12 months how many times have you missed work due to illness or injury?	Example Responses: 1=Zero, 2= 1-2, 3= 3-5, 4= 6-10, 5= 11-15, 6=16-high

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
53	HRA Absence Question Days Family	594	608	15	Character	Absence Question 2: In the PAST YEAR, how many days of work have you missed due to your having to take care of a sick or disabled FAMILY MEMBER?	Example Responses: 1=Zero, 2= 1-2, 3= 3-5, 4= 6-10, 5= 11-15, 6=16-high
54	HRA Absence Question Productivity	609	613	15	Character	During the past four weeks, how many days did your health problems affect your productivity at work? (Productivity refers to your ability to get everything done on your job at a good level of quality.)	Example Responses: 1=Zero, 2= 1-2, 3= 3-5, 4= 6-10, 5= 11-15, 6=16-high
55	HRA Absence Question Hours	614	628	15	Character	During the past 7 days, how many hours did you miss from work because of your health problems? (Include sick days, days you went in late, left early, etc., because of your health problems.)	Example Responses: 1=Zero, 2= 1-2, 3= 3-5, 4= 6-10, 5= 11-15, 6=16-high
56	HRA Total Risk Score	629	633	15	Character	The rollup of all risk scores.	As defined by vendor
57	Filler	634	699	66		Available for future use.	Blank fill.
58	Record Type	700	700	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "D"

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Standard Truven Health Fields								
1	Record Count	1	5	5	Number	The number of records in the detail section	The count of records provided in the data including the Trailer Record	
2	Data Start Date	6	15	10	Date	The first day of the month of the data submission		
3	Data End Date	16	25	10	Date	The last day of the month of the data submission		
4	Filler	26	699	673	Character	Filler for any future additional fields.	Blank filled	
5	Record Type	700	700	1	Character	Indicates whether a record is a detail or trailer record.	Hard code "T"	