![WellSky logo]

Hospice CAHPS File Submission

User's Guide

WellSky

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Overview

The Centers for Medicare and Medicaid (CMS) have created detailed file specifications for decedent/caregiver data that must be submitted to ensure Hospice CAHPS survey data collection meets high research standards. This document outlines how you can ensure your Hospice CAHPS files meet CMS requirements and submission deadlines. Most EMR software vendors have partnered with WellSky to provide a Hospice CAHPS file export. If your EMR software vendor system lacks these capabilities or if you do not use such a system, you can create Hospice CAHPS data files using this document. Following each Hospice CAHPS file transmission, WellSky will send a receipt message via email to whomever is responsible for transmitting the files, regarding the status of the file transmission and any issues that should be resolved to ensure compliance with CMS. Contact the WellSky Hospice CAHPS team at 1-800-379-0361 if you have any questions. Our goal is to make the Hospice CAHPS file submission process as easy as possible for every agency.

Two options to get the data to WellSky

There are two options to get the patient data to WellSky. The file can be exported through your EMR software vendor or you can manually create your file using the WellSky Hospice Standard File Specifications.

Option 1: EMR software vendor system export

Most EMR software vendors will have the option to export your Hospice CAHPS decedent/caregiver file monthly. Please contact them directly for a walk through on their Hospice CAHPS export process. In some cases, vendors may schedule automated creation and transmission of your Hospice CAHPS file on a monthly basis. This option will eliminate the need for you or any member of your staff to take action to prepare or transmit Hospice CAHPS files. WellSky' automated system for receiving Hospice CAHPS files can accommodate any vendor created file unless vendors change a file without notifying you or WellSky. If you are changing EMR software vendors, please contact our File Experts at 1-800-379-0361.

Option 2: Manual creation and transmission of Hospice CAHPS files at your agency

If you do not use an EMR software vendor system in your agency, WellSky has created an option for your agency to prepare and transmit Hospice CAHPS files to us. A designated person at your agency will create the Hospice CAHPS file based on the WellSky Standard File Specification found on Appendix A of this document. We also recommend a call to WellSky's File Experts before starting the file for guidance at 1-800-379-0361.

Transmitting Hospice CAHPS Data Files

To ensure that a Hospice CAHPS survey is administered to all eligible caregivers, participating agencies should transmit electronic Hospice CAHPS data files before the 20th of each month. Hospice CAHPS data files submitted after the 20th of each month may leave insufficient time to address file issues that must be resolved in time to support survey mailing within required CMS timeframes. As a result, survey data may be disqualified for reporting to CMS.

Hospice CAHPS data files are uploaded through WellSky's secure website with the user name and password set up by designated staff. If you do not have a user name and password to access the upload site, contact the CAHPS Team at 1-800-379-0361 or cahpsteam@wellsky.com. To submit your patient files on WellSky's web reporting page, follow this process:

1. Go to https://wellsky.com/login/.

2. Select the 'Hospice CAHPS', sign in with your login and password.

3. To upload Hospice CAHPS files, select the 'File Submission Tab'.

4. Click the 'Choose File' button and locate the file from your hard drive or desktop.

5. Select the file and click 'Open'.

6. The file you have selected will automatically appear in the upload window.

7. Choose Hospice with in the 'Specify Type' drop down menu.

8. Select 'Yes' or 'No' for Test file.

9. Click 'Upload' to transfer your data.

Transmission Feedback

A File Outcome Report will be emailed which identifies any issues with the Hospice CAHPS decedent/caregiver file that was submitted. The email is sent to the person that submitted the file. This report gives visibility over file receipt, and that your caregivers have all the required information to be sampled, surveyed, and the results reported back to your agency and CMS. We also recommend agencies verify file submission on the Hospice website. Once on the website, click on the 'Hospice' tab and then select your agency under 'File Activity.' A grid will display your file activity by sample month. Any questions regarding issues on the File Outcome Report or File Activity tab should contact WellSky CAHPS File Experts at 800-379-0361.

Reviewing Your Submission Details

File Summary

An email is sent to the person that submitted the file once the file has been submitted. The subject of the email will always contain information on the status of the file submission. The status definitions are:
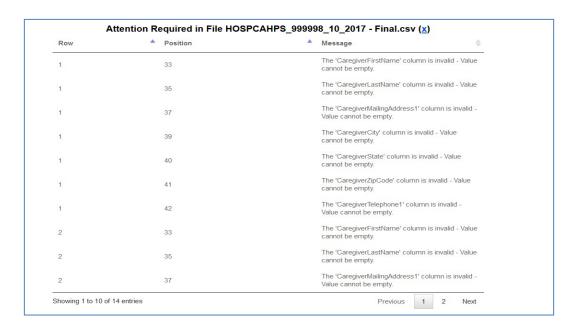
1. Complete - The decedent/caregiver file has processed. You will need to verify that the file has 0 attention required messages.

2. Not processed – The file did not process and a corrected file will need to be resubmitted.

Attention Required Messages

Attention required messages will prevent survey administration. To view your submission details click on the 'Hospice' tab. Once you are on the Hospice tab, select your agency under 'File Activity.' A grid will display your file activity. Click on the number under the 'Attention required' line and the messages will display under the grid. The following are a list of possible Attention Required Messages:
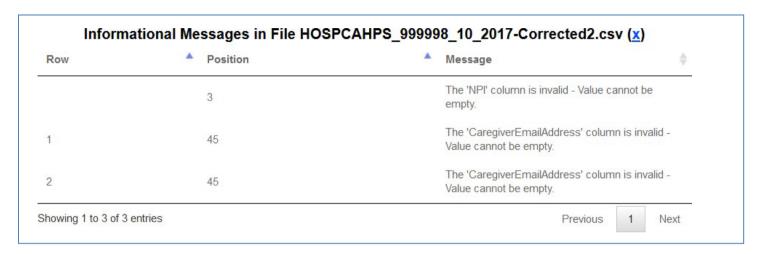
- Missing decedent information (name, dates of death, etc.)

- Missing caregiver information (name, address, etc.)

Attention Required in File HOSPCAHPS_999998_10_2017 - Final.csv (x)

Row	Position	Message
1	33	The 'CaregiverFirstName' column is invalid - Value cannot be empty.
1	35	The 'CaregiverLastName' column is invalid - Value cannot be empty.
1	37	The 'CaregiverMailingAddress1' column is invalid - Value cannot be empty.
1	39	The 'CaregiverCity' column is invalid - Value cannot be empty.
1	40	The 'CaregiverState' column is invalid - Value cannot be empty.
1	41	The 'CaregiverZipCode' column is invalid - Value cannot be empty.
1	42	The 'CaregiverTelephone1' column is invalid - Value cannot be empty.
2	33	The 'CaregiverFirstName' column is invalid - Value cannot be empty.
2	35	The 'CaregiverLastName' column is invalid - Value cannot be empty.
2	37	The 'CaregiverMailingAddress1' column is invalid - Value cannot be empty.

Showing 1 to 10 of 14 entries   Previous   1   2   Next

Informational Messages

Informational Messages will not prevent survey administration. If you are seeing a lot of Informational messages please reach out to your EMR software vendor for assistance. To view your submission details, click on the 'Hospice' tab. Once you are on the Hospice tab, select your agency under 'File Activity.' A grid will display your file activity. Click on the number under the 'Info Messages' line and the messages will display under the grid.

Informational Messages in File HOSPCAHPS_999998_10_2017-Corrected2.csv (x)

Row	Position	Message
	3	The 'NPI' column is invalid - Value cannot be empty.
1	45	The 'CaregiverEmailAddress' column is invalid - Value cannot be empty.
2	45	The 'CaregiverEmailAddress' column is invalid - Value cannot be empty.

Showing 1 to 3 of 3 entries   Previous   1   Next

Resubmitting Your File

To submit a corrected file, please fix the information in your EMR software vendor system, re-export the entire decedent/caregiver file, and resubmit the corrected file. If you are manually creating your file and need to submit a corrected file, please contact a File Expert at 800-379-0361 for assistance

Technical Guidelines

CAHPS Hospice Program Decedent/Caregiver List - File Specification

Version: 2.3

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Revision History

Document Date	Version	Edition/Change
October 29, 2015	2.0	Initial version for file specification based on QAG 2.0
February 6, 2017	2.1	Per QAG 3.0, added the valid value of 8 to the CaregiverRelationship field of the CSV file format and to the Relationship field of the XML file format.
January 10, 2022	2.2	Per QAG 8.0, added the valid value of 9 to the CaregiverRelationship field of the CSV file format and to the Relationship field of the XML file format.
January 18, 2022	2.3	WellSky rebranding

Related Documents

Document	Location
CAHPS Hospice Survey Quality Assurance Guidelines (QAG) v8.0	https://hospicecahpssurvey.org/en/quality-assurance-guidelines/
CSV file format standards	http://tools.ietf.org/html/rfc4180

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1 INTRODUCTION

1.1 Overview

Under the CAHPS Hospice program initiated by the Centers for Medicare and Medicaid Services (CMS), there is a need for EMR and certified CAHPS vendors to exchange Decedent/Caregiver data. This has been an unnecessarily complicated matter in previous CAHPS programs because EMR and CAHPS vendors would publish their own proprietary format with others forced to implement many of them to support their clients.

In response, WellSky is releasing its specification to the entire CAHPS Hospice community under the Apache License, Version 2.0. We hope that the exchange of Decedent/Caregiver data between all parties will be made simpler as a result. We encourage the reader to share and promote the use of the specification among his/her peers in the industry.

The specification includes both an XML and CSV format. XML is the preferred format as we have provided an XSD for vendors to validate their files prior to submission. With the ready availability of software tools, we expect most vendors can support the XML format.

However, we understand that some small agencies and vendors use manual processes to assemble their data. For that reason, we have also included a specification for a CSV file format. Users of this format will have no ability to validate their file prior to submission.

WellSky welcomes feedback and will periodically release updated versions of this document to the community.

1.2 Scope

This specification describes the structure and attributes of the XML and CSV data files only. It is silent on the method of transport.

2 XML File Format

2.1 XML Elements

Defined below are the elements of the XML document and general constraints surrounding them.

```
<? Xml version="1.0" encoding="utf-8"?>
<ProviderDecedentList
xmlns="http://standards.fazzi.com/CAHPS_Hospice_Vendor_Ingress.xsd">
<!--1 or more repetitions :-->
  <HospiceAgency>
    <HospiceAgencyHeader>
      <!--Optional :-->
      <SampleMonth>1900-01</SampleMonth>
```

```xml
<ProviderId>012345</ProviderId>
<ProviderName>ProviderName1</ProviderName>
<!--Optional :-->
<NPI>0123456789</NPI>
<HospiceOffices>9</HospiceOffices>
<LiveDischargeCount>1</LiveDischargeCount>
<TotalDecedentCount>1</TotalDecedentCount>
<NoPublicityCount>1</NoPublicityCount>
<!--Optional :-->
<CustomFields>
  <!--1 or more repetitions :-->
  <CustomElement name="name1" value="value1" />
  <CustomElement name="name2" value="value2" />
  <CustomElement name="name3" value="value3" />
</CustomFields>
</HospiceAgencyHeader>
<!--Zero or more repetitions :-->
<DecedentCaregiverPair>
  <HospiceDecedentInfo>
    <!--Optional:-->
    <ProviderDecedentId>ProviderDecedentId</ProviderDecedentId>
    <DecedentName>
      <!--Optional :-->
      <Prefix>Prefix</Prefix>
      <FirstName>FirstName</FirstName>
      <!--Optional :-->
      <MiddleInitial>MiddleInitial</MiddleInitial>
      <LastName>LastName</LastName>
      <!--Optional :-->
      <Suffix>Suffix</Suffix>
    </DecedentName>
    <Gender>1</Gender>
    <Hispanic>1</Hispanic>
    <Race>1</Race>
    <BirthDate>9999-12-13</BirthDate>
    <DeathDate>9970-10-05</DeathDate>
    <AdmissionDate>9999-08-31</AdmissionDate>
    <!--Optional :-->
    <FacilityName>FacilityName</FacilityName>
    <!--Optional :-->
    <FacilityId>FacilityId</FacilityId>
    <LastCareLocation>1</LastCareLocation>
    <!--Optional :-->
    <BranchName>BranchName</BranchName>
    <!--Optional :-->
    <BranchId>BranchId</BranchId>
    <PrimaryPayer>1</PrimaryPayer>
```

```xml
        <SecondaryPayer>1</SecondaryPayer>
        <OtherPayer>1</OtherPayer>
        <PrimaryDiagnosis>B01.2</PrimaryDiagnosis>
        <DecedentCaregiverInfo>
          <CaregiverName>
            <!--Optional :-->
            <Prefix>Prefix</Prefix>
            <FirstName>FirstName</FirstName>
            <!--Optional :-->
            <MiddleInitial>MiddleInitial</MiddleInitial>
            <LastName>LastName</LastName>
            <!--Optional :-->
            <Suffix>Suffix</Suffix>
          </CaregiverName>
          <MailingAddresses>
            <MailingAddress>
              <MailingAddress1>MailingAddress1</MailingAddress1>
              <!--Optional :-->
              <MailingAddress2>MailingAddress2</MailingAddress2>
              <City>City</City>
              <State>ST</State>
              <ZipCode>00000</ZipCode>
            </MailingAddress>
          </MailingAddresses>
          <TelephoneNumbers>
            <TelephoneNumber>9898989898</TelephoneNumber>
            <TelephoneNumber>9696969696</TelephoneNumber>
            <TelephoneNumber>6363636363</TelephoneNumber>
          </TelephoneNumbers>
          <EmailAddress>caregiver@somehost.com</EmailAddress>
          <SurveyLanguage>1</SurveyLanguage>
          <Relationship>1</Relationship>
        </DecedentCaregiverInfo>
      </HospiceDecedentInfo>
      <!--Optional :-->
      <CustomFields>
        <!--1 or more repetitions :-->
        <CustomElement name="name1" value="value1" />
        <CustomElement name="name2" value="value2" />
        <CustomElement name="name3" value="value3" />
      </CustomFields>
    </DecedentCaregiverPair>
  </HospiceAgency>
</ProviderDecedentList>
```

2.2 XML Element Definitions

Each element must have a closing tag that is the same as the opening tag but with a forward slash.

> Eg: <ProviderName>…. </ProviderName>

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
<ProviderDecedentList>		Opening tag, defines the survey data xml	N/A	N/A	N/A	Yes
<HospiceAgency>	Sub-element of ProviderDecedentList	Defines one or more agencies	N/A	N/A	N/A	Yes
This section defines the structure of the header record						
<HospiceAgencyHeader>	Sub-element of HospiceAgency			N/A	N/A	Yes
<SampleMonth>	Sub-element of HospiceAgencyHeader	Year and month of the data file (YYYY-DD)	2015-01	Text	7	No
<ProviderId>	Sub-element of HospiceAgencyHeader	Id number of the hospice represented by the survey	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number). E.g.: "011010"	Text	6	Yes
<ProviderName>	Sub-element of HospiceAgencyHeader	Name of the Hospice	N/A	Text/Alphanumeric	255	Yes
<NPI>	Sub-element of HospiceAgencyHeader	National Provider Identifier	Valid 10 digit National Provider Identifier E.g.: "0123456789"	Text	10	No
<HospiceOffices>	Sub-element of HospiceAgencyHeader	Total number of offices within ProviderId (CCN). This is separate from individual facility or setting where	N/A	Integer/Number	10	Yes

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
		hospice care is provided				
<LiveDischargeCount>	Sub-element of HospiceAgencyHeader	Number of patients who were discharged alive during the month	N/A	Integer/Number	3	Yes
<TotalDecedentCount>	Sub-element of HospiceAgencyHeader	Number of decedents/caregivers during the month	N/A	Integer/Number	3	Yes
<NoPublicityCount>	Sub-element of HospiceAgencyHeader	Number of "no-publicity" decedents/caregivers during the month who were excluded from the file	N/A	Integer/Number	3	Yes
<CustomFields>	Sub-element of HospiceAgencyHeader			N/A	N/A	Yes
<CustomElement>	Sub-element of CustomFields	Any additional Hospice/Facility custom information fields to be entered here	N/A	Text	255	No
This section defines the structure for Decedent/Caregiver pair						
<DecedentCaregiverPair>	Sub-element of HospiceAgency			N/A	N/A	Yes
<HospiceDecedentInfo>	Sub-element of DecedentCaregiverPair			N/A	N/A	Yes
<ProviderDecedentId>	Sub-element of HospiceDecedentInfo	Hospice generated unique identifier for each decedent/caregiver, if applicable	N/A	Text	50	No
<DecedentName>	Sub-element of			N/A	N/A	Yes

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
	HospiceDecedentInfo					
<Prefix>	Sub-element of DecedentName			Text	10	No
<FirstName>	Sub-element of DecedentName			Text	50	Yes
<MiddleInitial>	Sub-element of DecedentName			Text	1	No
<LastName>	Sub-element of DecedentName	Name information used to personalize materials to caregiver		Text	50	Yes
<Suffix>	Sub-element of DecedentName		N/A	Text	10	No
<Gender>	Sub-element of HospiceDecedentInfo	Decedent sex provided by the hospice	1 = Male 2 = Female M = Unknown/Missing	Text	1	Yes
<Hispanic>	Sub-element of HospiceDecedentInfo	Indication whether or not decedent is Hispanic	1 = Hispanic 2 = Non- Hispanic M = Unknown/Missing	Text	1	Yes
<Race>	Sub-element of HospiceDecedentInfo	Decedent's race	1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Pacific Islander 5 = American Indian or Alaska Native 6 = More than one race 7 = Other M = Unknown/Missing	Text	1	Yes
<BirthDate>	Sub-element of HospiceDecedentInfo	Decedent's date of birth(YYYY-MM-DD)	1960-01-01	Date	8	Yes
<DeathDate>	Sub-element of HospiceDecedentInfo	Decedent's date of death(YYYY-MM-DD)	2014-11-10	Date	8	Yes

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
<AdmissionDate>	Sub-element of HospiceDecedentInfo	Date on which decedent was admitted to the Hospice (YYYY-MM-DD)	2014-10-05	Date	8	Yes
<FacilityName>	Sub-element of HospiceDecedentInfo	Name of hospice, inpatient or nursing home facility, if applicable	N/A	Text	255	No
<FacilityId>	Sub-element of HospiceDecedentInfo	Hospice generated unique identifier for facility at which decedent was admitted to.	N/A	Text	255	No
<LastCareLocation>	Sub-element of HospiceDecedentInfo	Decedent's last location/setting of hospice care	1 = Home 2 = Assisted living 3 = Long-term care facility or non-skilled nursing facility 4 = Skilled nursing facility 5 = Inpatient hospital 6 = Inpatient hospice facility 7 = Long-term care facility 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Missing	Text	2	Yes
<BranchName>	Sub-element of HospiceDecedentInfo	Name of the branch associated with the Hospice/Facility, if applicable	N/A	Text	255	No
<BranchId>	Sub-element of HospiceDecedentInfo	Hospice generated unique identifier for the branch at which	N/A	Text	255	No

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
		decedent was admitted to				
<PrimaryPayer>	Sub-element of HospiceDecedentInfo	Decedent's primary payer for healthcare services	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/no payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other M = Unknown/Missing	Text	1	Yes
<SecondaryPayer>	Sub-element of HospiceDecedentInfo	Decedent's secondary payer for healthcare services		Text	1	Yes
<OtherPayer>	Sub-element of HospiceDecedentInfo	Decedent's other payer for healthcare services		Text	1	Yes
<PrimaryDiagnosis>	Sub-element of HospiceDecedentInfo	The decedent's primary diagnosis provided by the hospice	ICD-10 codes - E.g.: "B01.2", "O30.003","S52.5"	Text	10	Yes
<DecedentCaregiverInfo>	Sub-element of DecedentCaregiverPair			N/A	N/A	Yes
<CaregiverName>	Sub-element of DecedentCaregiverInfo			N/A	N/A	Yes
<Prefix>	Sub-element of CaregiverName	Name information used to personalize materials to caregiver	N/A	Text	10	No
<FirstName>	Sub-element of CaregiverName			Text	50	Yes
<MiddleInitial>	Sub-element of CaregiverName			Text	1	No
<LastName>	Sub-element of CaregiverName			Text	50	Yes
<Suffix>	Sub-element of CaregiverName			Text	10	No
<MailingAddresses>	Sub-element of DecedentCaregiverInfo			N/A	N/A	Yes

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
\<MailingAddress1\>	Sub-element of MailingAddresses		Street address - "123, Smith Rd"	Text	255	Yes
\<MailingAddress2\>	Sub-element of MailingAddresses		Mailing address 2, if applicable - "Apt 101"	Text	255	No
\<City\>	Sub-element of MailingAddresses		Mailing city	Text	50	Yes
\<State\>	Sub-element of MailingAddresses		2-character state abbreviation - AZ,CA,….,VT	Text	2	Yes
\<ZipCode\>	Sub-element of MailingAddresses	Street address or post office box information of caregiver	9-digit zip code - no hyphen, separators or de-limiters	Text	9	Yes
\<TelephoneNumbers\>	Sub-element of DecedentCaregiverInfo	Must contain at least one telephone number element and can be up to 3 telephone numbers element		N/A	N/A	Yes
\<TelephoneNumber\>	Sub-element of TelephoneNumbers	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters		Text	10	Yes
\<EmailAddress\>	Sub-element of DecedentCaregiverInfo	Email address of caregiver	caregiver@somehost.com	Text	255	No

XML Element		Description	Valid Values	Data Type	Max Size	Required Field
\<Relationship\>	Sub-element of DecedentCaregiverInfo	Caregiver relationship to decedent	1 = Spouse / partner 2 = Parent 3 = Child 4 = Other family member 5 = Friend 6 = Legal guardian 7 = Other 8 = No caregiver of record 9 = Paid caregiver M=Missing	Text	1	Yes
\<SurveyLanguage\>	Sub-element of DecedentCaregiverInfo	Identify survey language in which the survey was administered	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Portuguese M = Unknown/Missing	Text	2	Yes
\<CustomFields\>	Sub-element of DecedentCaregiverPair					Yes
\<CustomElement\>	Sub-element of CustomFields	Any additional Hospice/Facility custom information fields to be entered here	N/A	Text	255	No

2.3 Minimum Required Data for XML

The QAG requires that all non-exempt hospices submit the following data elements every month. If a hospice has no decedents in a given sample month, it should submit a file with a header record and values for these data elements.

ProviderName

ProviderId

NPI

TotalDecedentCount

LiveDischargeCount

NoPublicityCount

HospiceOffices

3 CSV File Format

3.1 Field Definitions

Header/Field	Description	Valid Values	Data Type	Max Size	Required Field
ProviderName	Name of the Hospice	N/A	Text/Alphanumeric	255	Yes
ProviderId	Id number of the hospice represented by the survey	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number). E.g.: "011010"	Text	6	Yes
NPI	National Provider Identifier	Valid 10 digit National Provider Identifier E.g.: "0123456789"	Text	10	No
HospiceOffices	Total number of offices within ProviderId (CCN). This is separate from individual facility or setting where hospice care is provided	N/A	Integer/Number	10	Yes
TotalDecedentCount	Number of decedents/caregivers during the month	N/A	Integer/Number	3	Yes
LiveDischargeCount	Number of patients who were discharged alive during the month	N/A	Integer/Number	3	Yes
NoPublicityCount	Number of "no-publicity" decedents/caregivers during	N/A	Integer/Number	3	Yes

Header/Field	Description	Valid Values	Data Type	Max Size	Required Field
	the month who were excluded from the file				
SampleMonth	Year and month of the data file in following format – "**YYYY-MM**"	"2015-01"	Text	7	No
ProviderDecedentId	Hospice generated unique identifier for each decedent/caregiver, if applicable	N/A	Text	50	No
DecedentPrefix			Text	10	No
DecedentFirstName			Text	50	Yes
DecedentMiddleInitial	Name information used to personalize materials to caregiver		Text	1	No
DecedentLastName			Text	50	Yes
DecedentSuffix		N/A	Text	10	No
BirthDate	Decedent's date of birth in following format – "**MMDDYYYY**"	"01311900"	Date	8	Yes
DeathDate	Decedent's date of death in following format – "**MMDDYYYY**"	"01202015"	Date	8	Yes
AdmissionDate	Date on which decedent was admitted to the Hospice in following format – "**MMDDYYYY**"	"01012015"	Date	8	Yes
DecedentGender	Decedent sex provided by the hospice	1 = Male 2 = Female M = Unknown/Missing	Text	1	Yes
DecedentRace	Decedent's race	1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Pacific Islander 5 = American Indian or Alaska Native 6 = More than one race 7 = Other M = Unknown/Missing	Text	1	Yes
DecedentHispanic	Indication whether or not the decedent is Hispanic	1 = Hispanic 2 = Non-Hispanic M = Unknown/Missing	Text	1	Yes
DecedentPrimaryDiagnosis	The decedent's primary diagnosis provided by the	ICD-10 codes - E.g.: "B01.2","O30.003","S52.5"	Text	7	Yes

Header/Field	Description	Valid Values	Data Type	Max Size	Required Field
	hospice				
DecedentLastLocation	Decedent's last location/setting of hospice care	1 = Home 2 = Assisted living 3 = Long-term care facility or non-skilled nursing facility 4 = Skilled nursing facility 5 = Inpatient hospital 6 = Inpatient hospice facility 7 = Long-term care facility 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Unknown/Missing	Text	2	Yes
DecedentPrimaryPayer	Decedent's primary payer for healthcare services	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/no payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other M = Unknown/Missing	Text	1	Yes
DecedentSecondaryPayer	Decedent's secondary payer for healthcare services		Text	1	Yes
DecedentOtherPayer	Decedent's other payer for healthcare services		Text	1	Yes
FacilityId	Hospice generated unique identifier for facility at which decedent was admitted to.	N/A	Text	255	No
FacilityName	Name of hospice, inpatient or nursing home facility, if applicable	N/A	Text	255	No
BranchId	Hospice generated unique identifier for the branch at which decedent was admitted to	N/A	Text	255	No
BranchName	Name of the branch associated with the Hospice/Facility, if applicable	N/A	Text	255	No
SurveyLanguage	Identify survey language in which the survey was administered	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Portuguese	Text	2	Yes

Header/Field	Description	Valid Values	Data Type	Max Size	Required Field
		M = Unknown/Missing			
CaregiverRelationship	Caregiver relationship to decedent	1 = Spouse / partner 2 = Parent 3 = Child 4 = Other family member 5 = Friend 6 = Legal guardian 7 = Other 8 = No caregiver of record 9 = Paid caregiver M=Missing	Text	1	Yes
CaregiverPrefix	Name information used to personalize materials to caregiver	N/A	Text	10	No
CaregiverFirstName			Text	50	Yes
CaregiverMiddleInitial			Text	1	No
CaregiverLastName			Text	50	Yes
CaregiverSuffix			Text	10	No
CaregiverMailingAddress1	Street address or post office box information of caregiver	Street address - "123, Smith Rd"	Text	255	Yes
CaregiverMailingAddress2		Mailing address 2, if applicable - "Apt 101"	Text	255	No
CaregiverCity		Mailing city	Text	50	Yes
CaregiverState		2-character state abbreviation - AZ,CA,….,VT	Text	2	Yes
CaregiverZipCode		9-digit zip code - no hyphen, separators or de-limiters	Text	9	Yes
CaregiverTelephone1	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters		Text	10	Yes
CaregiverTelephone2			Text	10	No
CaregiverTelephone3			Text	10	No
CaregiverEmailAddress	Email address of caregiver	caregiver@somehost.com	Text	255	No
ProviderCustomFieldName1	Any additional Hospice/Facility information field to be entered here	N/A	Text	255	No
ProviderCustomFieldValue1	Any additional Hospice/Facility information field value to be entered here	N/A	Text	255	No
ProviderCustomFieldName2	Any additional Hospice/Facility information field to be entered here	N/A	Text	255	No
ProviderCustomFieldValue2	Any additional Hospice/Facility information field value to be entered here	N/A	Text	255	No
ProviderCustomFieldName3	Any additional Hospice/Facility information field to be entered	N/A	Text	255	No

Header/Field	Description	Valid Values	Data Type	Max Size	Required Field
	here				
ProviderCustomFieldValue3	Any additional Hospice/Facility information field value to be entered here	N/A	Text	255	No
DecedentCustomFieldName1	Any additional decedent/care information field to be entered here	N/A	Text	255	No
DecedentCustomFieldValue1	Any additional decedent/caregiver information field value to be entered here	N/A	Text	255	No
DecedentCustomFieldName2	Any additional decedent/care information field to be entered here	N/A	Text	255	No
DecedentCustomFieldValue2	Any additional decedent/caregiver information field value to be entered here	N/A	Text	255	No
DecedentCustomFieldName3	Any additional decedent/care information field to be entered here	N/A	Text	255	No
DecedentCustomFieldValue3	Any additional decedent/caregiver information field value to be entered here	N/A	Text	255	No

3.2 Minimum Required Data for CSV

The QAG requires that all non-exempt hospices submit the following data element every month. If a hospice has no decedents in a given sample month, it should submit a file with at least one row containing values for these data elements.

> ProviderName
>
> ProviderId
>
> NPI
>
> TotalDecedentCount
>
> LiveDischargeCount
>
> NoPublicityCount
>
> HospiceOffices

3.3 Special Field Handling

3.3.1 Date Fields

- Two (2) digit year are **not** allowed. Year specification for all dates **must be** a four (4) digit value – YYYY

- All dates should be wrapped within double quotes.

- BirthDate, DeathDate and AdmissionDate must be in the following format "MMDDYYYY"

 Eg: BirthDate – "01011900"

3.3.2 ICD-10-CM Codes

- ICD-10-CM codes must comply with CMS/NHCS standard. Primary diagnosis should be wrapped around with double quotes.
- ICD-10-CM structure :
  - o Must be 3-7digits, with decimal point placed after third character.
  - o First character is <u>always </u>an alphabet lead by numeric characters in second and third position.
  - o 4-7th digits of the code can be alphanumeric.
  - o Missing set as "MMMMMMM".
  - o Letters are case-insensitive.

3.3.3 Double quotes

- Double quote all numerical data to ensure beginning and leading zeros are not truncated / deleted.

  Eg: "L89.501" - for ICD-10-CM

   "010111" – for CCN/ProviderId

- For each custom field defined, corresponding field value must be submitted.

3.3.4 Hospice Office count

- The total number of hospice offices operating within given CCN. These are separate administrative or practice offices for the given CCN and **<u>NOT</u>** be confused with individual facilities or settings where care is provided.
- This value should a non-negative number.

3.4 CSV File Format Standards

Defined below are the general format rules to be followed when sending/accepting a CSV file. These rules are borrowed from RFC 4180. Please use RFC 4180 for questions and clarification on the CSV format.

- Each record is on a separate line, delimited by a line break

    Eg: DecedentName,ProviderId,NPI,… CRLF

             DecedentName1,ProviderId,NPI,…   CRLF

- The last record in the file may or may not have an ending line break

    Eg: DecedentName,ProviderId,NPI,… CRLF

             DecedentName1,ProviderId,NPI,…

- Fields are separated with commas **but** the last field in the record **must not** be followed by a comma.

    Eg: DecedentName1,ProviderId,NPI,…,CaregiverTelephone3,CaregiverEmail

- Each field may or may not be enclosed in double quotes.

    Eg: HospiceProvider,123456,…, CRLF

- Fields containing commas must be delimited with double quotes

    Eg: "Hospice Provider, MA"

- Fields containing line breaks must be surrounded by double quotes

    Eg: " Hospice Provider

       Intensive Care Center",1234567890,… CRLF

- If double quotes are used to enclose fields, then a double quote appearing inside a field must be escaped by preceding it with another double quote

    Eg: "Hospice Provider ''""Main''"","12345MAIN",… CRLF

- First record of the CSV must be a header record containing column names. The number fields for a record must match the header fields.

- An empty field must be delimited with a comma.

    Eg: ProviderName,ProviderId,NPI,TotalDecedentCount,…CaregiverEmail CRLF

       "ProviderName1","123456",,,,…, CRLF