HHCAHPS Data File Submission

User's Guide

WellSky CAHPS

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Overview

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

Two options to get the data to WellSky CAHPS

There are two options to get the patient data to WellSky. The file can be exported through your Software Vendor, or you can manually create your file using the WellSky CAHPS Standard File Specifications.

Option 1: EMR software vendor system export

Most EMR software vendors will have the option to export your HHCAHPS patient file monthly. Please contact them directly for a walk through on their HHCAHPS export process. In some cases, vendors may schedule automated creation and transmission of your HHCAHPS 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 HHCAHPS files. WellSky's automated system for receiving HHCAHPS files can accommodate any vendor created file unless vendors change a file without notifying you or WellSky. If you are changing EMR software vendors and need to submit 2 files, to capture all patients served, please contact our File Experts at 1-800-379-0361.

Option 2: Manual creation and transmission of HHCAHPS 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 HHCAHPS files to us. A designated person at your agency will create the HHCAHPS file based on the WellSky's Standard File Specification found on pg. 5 of this document. We also recommend a call to WellSky's File Experts before starting the file for guidance at 1-800-379-0361.

- **Step 1: HHCAHPS Data File Layout and Specifications:** Use the WellSky Standard File Specification, found on pg. 5, and data fields to input the patient information in the acceptable format. Include the data as specified in the layout.
- **Step 2: HHCAHPS Data File Format:** Prepare the files as Comma Delimited ASCII File format (.csv or .txt) or as Excel files (.xls or .xlsx). For comma delimited ASCII files, enclose text in double-quotes, which also includes the columns; Provider ID, Zip Code, and Medical Record Number. For the type of file you choose, please do NOT include any header information, nor have a first row for column names. (If you are sending it as an excel file, be sure that the file does not contain any macros.)

- **Step 3: Exclude Patients per CMS Guidelines:** When creating the file, please be sure to exclude the following types of patients per CMS guidelines:
  - Patients who are known to be deceased;
  - Patients who currently receive hospice care;
  - Patients who received home visits for pediatric and maternity care only; and
  - Patients who requested that the HHA not release their names to anyone outside the HHA.

Step 4: HHCAHPS Data File Naming Convention: HHCAHPS data files should use the following naming convention: HHCAHPS_<Sample Month>_<SampleYear>.ext The sample month should use a 2-digit number to designate the month. For example, for files uploaded for the June sampling month, the file would be named as follows: HHCAHPS_06_2017.<ext>.

(ext is the file extension identifying the type of file being transmitted. E.g. .csv, .txt, .xls or .xlsx.) Upon receipt, all files transmitted through our website are electronically stamped with an identifier for your agency and the date and time of transmission.

Transmitting HHCAHPS Data Files

To ensure that an HHCAHPS survey is administered to all eligible home care patients, participating agencies should transmit electronic HHCAHPS data files within five business days of each month. HHCAHPS data files submitted after the fifth business day 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.

HHCAHPS data files are uploaded through the WellSky CAHPS secure website with the user name and password assigned to 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 CAHPS web reporting page, follow this process:

1. Go to www.wellsky.com/login.
2. Click the 'Home Health CAHPS' in the Home Health box and then sign in with your assigned login and password.
3. To upload HHCAHPS files, choose HHCAHPS Patient List in the drop down menu for File Type.
4. Click the 'Browse' 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. Click 'Submit file for upload' to transfer your data.

Transmission Feedback

A File Submission Outcome Report will be emailed which identifies any issues with the HHCAHPS data file that was submitted. The email is sent to the contact that submitted the file. This report gives visibility over file receipt, and that your patients 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 website by navigating to the HHCAHPS tab and selecting 'Survey Activity', a grid will appear with your agencies file submission. Any questions regarding issues on the File Submission Outcome report or Survey Activity tab should contact WellSky CAHPS File Experts at 1-800-379-0361.

Reviewing Transmission Feedback Reports

File Summary

The subject of the email will always contain information on the status of the file submission. The status definitions are:

1. File Accepted - No errors and has eligible patients to sample and survey.
2. File Accepted Requires Corrections - Has some eligible patients to sample and survey, but has errors as well.
3. File Rejected - Has errors and no eligible patients to sample and survey.
4. Test File Submitted - Test file.

HHCAHPS Patient File Definitions Explanation

The File Definition row of the file summary will report the file definition used for the submitted file.

Location Summary

Next is the location summary which is very helpful for agencies with multiple providers and/or multiple branch locations. This allows you to see the patients received by provider and branch. Note: If multiple branches are setup for a provider each patient must be correctly associated with a branch via the location code in the data file. If some patients have an incorrect location code no patients will be processed for that provider. Before a row in the data file can be processed its location and provider must be validated.

Sample Month	Status	Provider ID	Provider	Branch	Location Code	Total	Errors	Warnings	Duplicates	Eligible	New
04/01/2010	Test File Submitted	000000	My Agency, Inc.			54	4	0	3	0	50
04/01/2010	Test File Submitted			My Agency, Inc. - Central	CENT	41	3	0	3	0	38
04/01/2010	Test File Submitted			My Agency, Inc. - East	EAST	13	1	0	0	0	12

Record Warnings

Records with a 'Warning' are still imported into the system and will be valid to sample. However, it's important to fix all warnings to ensure the integrity of your data. Some warnings will impact survey administration. You can find all warnings on the file at the end of the File Submission Outcome Report. The following are a list of possible warnings:

- Exceeding specified field length.
- ICD10 : Must be a valid ICD10 code (V codes and E codes are allowed).
- Skilled Visits > Lookback: The skilled visits column must never be greater than your lookback visits column. CMS identifies the lookback period as the number of skilled visits in the current sample month **PLUS** the number of skilled visits in the previous sample month.
- Missing telephone number: A record is missing a telephone number (this will impact survey administration).
- Missing address: A record is missing an address (this will impact survey administration).

Row	Type	Message
7	Warning	Invalid Value (Telephone)
8	Warning	Invalid Value (Address1)
8	Warning	Invalid Value (State)
8	Warning	Invalid Value (ZipCode)
8	Warning	Invalid Value (City)

WellSky CAHPS HHCAHPS Standard File Specifications

The table below contains a list of all data elements needed for HHCAHPS data file. Your EMR software vendor may use the WellSky Standard File Specification to create the data files submitted to WellSky CAHPS for your agency OR they may use their own proprietary layout. WellSky CAHPS can accommodate data files created to comply with either the WellSky CAHPS Standard File Specification or any proprietary specification used by EMR software vendors. The 'Valid Values' column specifies the values that are acceptable for each data element. If the data element is not required and is not available, please enter 'M' in the applicable column.

Here is a key to the data types listed in the Data Type Column:

- Integer = Numeric values with no decimal values
- Test = Alphanumeric values
- Bit = 1 if Yes and 0 if No

Name	Data Type	Required	Maximum Width	Description	Valid Values
SampleMonth	Integer	Yes	2	The number of the month (1 to 12) in which the patient received home health services	1 through 12
SampleYear	Integer	Yes	4	The year in which the patient received home health services.	2009 or higher years
LocationCode	Text	Yes	50	Code for the physical location, branch or office of staff who provided the patient's care	M0016_BRANCH ID or actual location name, abbreviation or the branch or location code used by the agency's information system. Enter M for missing.
CMSProviderID	Text	Yes	6	CMS Certification Number (CCN, formerly known as the Medicare Provider ID	M0010_CCN - Valid 6 digit CMS Certification Number including leading zero if present Number)
NPINumberID	Text	Yes	10	National Provider ID Number	NATL_PROV_ID - Valid 10 digit National Provider Identifier
TotalServed	Integer	Yes	6	Total number of patients the HHA served during the sample month	Up to 6 digits specifying total patients served in sample month. Enter M for missing.
FirstName	Text	Yes	30	Patient's First Name	Up to 30 alpha numeric characters for First Name

Name	Data Type	Required	Maximum Width	Description	Valid Values
MiddleInitial	Text	No	1	Patient's Middle Initial	One alpha character for middle initial
LastName	Text	Yes	30	Patient's Last Name	Up to 30 alphanumeric characters for LastName
Birthday	DateTime	Yes	10	Patient's date of birth as of sample month	M0066_PAT_BIRTH_DT - 8 digits XXXXXXXX; 2 digits for month, 2 digits for day, and 4 digits for year. No dashes or spaces, separators, or delimiters
Gender	Text	Yes	1	Patient's gender	M0069_PAT_GENDER- 1= Male 2= Female M= Unknown/Missing
Address1	Text	Yes	50	Patient's street or post office box number	Up to 50 alphanumeric characters for street or PO box number
Address2	Text	No	50	Second line of patient address	Up to 50 alphanumeric characters for second address line
City	Text	Yes	50	Mailing address city	Up to 50 alphanumeric characters for City
State	Text	Yes	2	Mailing address state. Use 2 character postal abbreviation	2 alphanumeric characters for State abbreviation
ZipCode	Text	Yes	9	Patient's Mailing address Zip Code	M0060_PAT_ZIP - (5 digit Zip Code or 5 digit Zip Code followed by 4 digit ext; no hyphens, separators or delimiters)
Telephone	Text	Yes	10	Patient's home telephone number.	Include 3 digit area and 7 digit telephone number: no dashes or spaces, separators, or delimiters. Enter M for missing.
MedicalRecord	Text	Yes	30	Patient's Medical Record Number	M020_PAT_ID - Up to 30 alphanumeric characters
Language	Text	No	2	The Language of the survey sent to the patient.	EN = English, ES = Spanish, ZH = Chinese, RU = Russian, VI = Vietnamese, M = Missing

Name	Data Type	Required	Maximum Width	Description	Valid Values
SkilledVisits	Integer	Yes	3	Number of skilled home health visits patient had in sample month. Skilled home health care visits are visits by registered nurses, physical therapists, occupational therapists and speech therapists. Visits by home health aides are not included in this number.	Up to three digits specifying number of skilled visits
LookbackVisits	Integer	Yes	3	Total number of skilled home health care visits patient had in the lookback period.	Up to three digits specifying number of skilled visits in lookback period
MedicarePayer	Bit	Yes	1	If the patient's payer is Medicare	1 = Yes, 0 = No, M = Missing
MedicaidPayer	Bit	Yes	1	If the patient's payer is Medicaid	1 = Yes, 0 = No, M = Missing
HMO	Bit	Yes	1	If the patient's payer is HMO	1 = Yes, 0 = No, M = Missing
PrivatePayer	Bit	Yes	1	If the patient's payer is Private	1 = Yes, 0 = No, M = Missing
OtherPayerSource	Bit	Yes	1	If the patient's payer is Other	1 = Yes, 0 = No, M = Missing
AdminSourceHospital	Integer	Yes	1	Hospital = Source of patient admission for home health care	M1000_DC_IPPS_14_DA - Enter 1 in this field in the template if the source of admission was a hospital. Enter 0 if the Source of Admission was not a hospital. Enter M for missing.
AdminSourceRehab	Integer	Yes	1	Rehabilitation Facility = of patient admission for home health care. Enter 1 in this field in the template if the source of admission was a Rehabilitation Facility.	M1000_DC_IRF_14_DA - Enter 1 in this field in the template if the source of admission was a rehabilitation facility. Enter 0 if the Source of Admission was not a rehabilitation facility. Enter M for missing.

Name	Data Type	Required	Maximum Width	Description	Valid Values
AdminSourceSkilled	Integer	Yes	1	Skilled Nursing Facility = Source of patient admission for home health care.	M1000_DC_SNF_14_DA - Enter 1 in this field in the template if the source of admission was a skilled nursing facility. Enter 0 if the Source of Admission was not a skilled nursing facility. Enter M for missing.
AdminSourceNursing	Integer	Yes	1	Other type of nursing home = Source of patient admission for home health care.	M1000_DC_LTC_14_DA - Enter 1 in this field in the template if the source of admission was another type of nursing home. Enter 0 if the Source of Admission was not another type of nursing home. Enter M for missing.
AdminSourceInpatient	Integer	Yes	1	Other type of inpatient facility = Source of patient admission for home health care.	M1000_DC_OTH_14_DA - Enter 1 in this field in the template if the source of admission was another type of inpatient facility. Enter 0 if the Source of Admission was not another type of inpatient facility. Enter M
AdminSourceCommunity	Integer	Yes	1	Community, including a private home, assisted living, group home, adult foster care or any facility that does not provide medical care = Source of patients admission for home health care. Enter 1 in this field in the template if the source of admission was from the community, including a private home, assisted living, group home, adult foster care or any facility that does not provide medical care.	M1000_DC_NONE_14_DA - Enter 1 in this field in the template if the source of admission was the community. Enter 0 if the Source of Admission was not the community. Enter M for missing.
CMSDualEligibility	Integer	Yes	1	Is patient dually eligible for Medicare and Medicaid coverage?	1 = Yes, 0 = No, M = Missing

Name	Data Type	Required	Maximum Width	Description	Valid Values
ICD10PrimaryDiagnosis	Text	Yes	5	PrimaryDiagnosis	Recent hospitalization = M1010a, else use M1020/ 1022/ 1024, M1016a. V codes or E codes accepted– M1010a, M1016a, M1020/ 1022/1024. Enter M for missing.
ICD10OtherDiagnosis1	Text	Yes	5	Other Diagnosis 1	Recent hospitalization = M1010b, else use M1020/ 1022/1024, M1016b. V codes or E codes accepted– M1010b, M1016b, M1020/1022/1024. Enter M for missing.
ICD10OtherDiagnosis2	Text	Yes	5	Other Diagnosis 2	Recent hospitalization = M1010c, else use M1020/ 1022/1024, M1016c. V codes or E codes accepted – M1010c, M1016c, M1020/1022/1024. Enter
ICD10OtherDiagnosis3	Text	Yes	5	Other Diagnosis 3	Recent hospitalization = M1010d, else use M1020/ 1022/1024, M1016d. V codes or E codes accepted – M1010d, M1016d, M1020/1022/1024. Enter M for missing.
ICD10OtherDiagnosis4	Text	Yes	5	Other Diagnosis 4	Recent hospitalization = M1010e, else use M1020/1022/1024, M1016e. V codes or E codes accepted– M1010e, M1016e, M1020/1022/1024. Enter M for missing.
ICD10OtherDiagnosis5	Text	Yes	5	Other Diagnosis 5	Recent hospitalization = M1010f, else use M1020/ 1022/1024, M1016f. V codes or E codes accepted– M1010f, M1016f, M1020/ 1022/1024. Enter M for missing.
SurgicalDischarge	Integer	Yes	1	Is care related to surgical discharge?	1 = Yes, 0 = No, M = Missing
EndStageRenalDisease	Integer	Yes	1	Does patient have end stage renal disease?	1 = Yes, 0 = No, M = Missing

Name	Data Type	Required	Maximum Width	Description	Valid Values
DressUpperADL	Integer	Yes	1	Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front- opening shirts and blouses, managing zippers, buttons, and snaps.	M1810_CUR_DRESS_UPPER - 0, 1, 2, 3, M= Missing, 0= fully independent
DressLowerADL	Integer	Yes	1	Ability to Dress Lower Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	M1820_CUR_DRESS_LOWER - 0, 1, 2, 3, M= Missing, 0= fully independent
BathingADL	Integer	Yes	1	Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only).	M1830_CRNT_BATHG - 0, 1, 2, 3, 4, 5, 6, M= Missing, 0= fully independent
ToiletingADL	Integer	Yes	1	Toileting: Ability to get to and from the toilet or bedside commode.	M1840_CUR_TOILTG - 0, 1, 2, 3, 4, M= Missing, 0= fully independent
TransferringADL	Integer	Yes	1	Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.	M1850_CUR_TRNSFRNG - 0, 1, 2, 3, 4,5, M= Missing, 0= fully independent