HHCAHPS Standard File Specification

for EMR Software Vendors

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Revision History

Document Date	Version	Edition/Change
January 28, 2022	3.0	Added PatientEmailAddress
January 31, 2022	4.0	WellSky Rebranding

Overview

This document describes Fazzi's standard mail file layout for HHCAHPS. Fazzi recommends that EMR vendors wishing to integrate with Fazzi Associates use this layout.

It includes support for the transition to ICD-10 and incorporates information provided to certified HHCAHPS vendors by CMS on June 1, 2015. EMR vendors will need to support these changes starting with the October 2015 sample month. Vendors integrating with Fazzi using proprietary formats can assume the same diagnosis code field changes will be made on the Fazzi side of their integrations.

File Format

Files can be submitted in Excel (xls) or CSV format. Column headers should not be included.

There is no required naming convention for the file, however, the following convention is helpful:

HHCAHPS_<CMS_Provider ID>_<sample month>-<sample year>.csv

or

HHCAHPS_<CMS_Provider ID>_<sample month>-<sample year>.xls

Field Definitions

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

Name	Data Type	Required	Maximum Width	Description	Valid Values
				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
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)

Name	Data Type	Required	Maximum Width	Description	Valid Values
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
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

Name	Data Type	Required	Maximum Width	Description	Valid Values
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.
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 for missing.

Name	Data Type	Required	Maximum Width	Description	Valid Values
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 patient 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
ICD9PrimaryDiagnosis	Text	Yes	7	PrimaryDiagnosis	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point
ICD9OtherDiagnosis1	Text	Yes	7	Other Diagnosis 1	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point
ICD9OtherDiagnosis2	Text	Yes	7	Other Diagnosis 2	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point

Name	Data Type	Required	Maximum Width	Description	Valid Values
ICD9OtherDiagnosis3	Text	Yes	7	Other Diagnosis 3	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point
ICD9OtherDiagnosis4	Text	Yes	7	Other Diagnosis 4	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point
ICD9OtherDiagnosis5	Text	Yes	7	Other Diagnosis 5	ICD-10-CM codes, left justify, retain all leading zeros, do not include decimal point
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
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

Name	Data Type	Required	Maximum Width	Description	Valid Values
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
PatientEmailAddress	Text	No	255	Patient's email address	Up to 100 alphanumeric characters for patient's email address