Sample File Layout Specifications
Home Health Care CAHPS Survey (HHCAHPS)

The following table presents the specifications for the sample file layout. The sample frame file is for the survey vendor's internal use only; vendors may use these specifications as a guide for developing sample frame files for the HHCAHPS Survey.

Some of the data elements shown in the table below are provided by the HHA; others are created by the vendor. Note that the sample frame file should include all of the data elements that will be needed for data submission. However, data submitted to the HHCAHPS Data Center will be de-identified—that is, the data will not contain any information that can identify a patient. **Data elements in the sample file layout specifications shown below that *will not be* included on the data file submitted to the HHCAHPS Survey Data Center are shaded in light grey and *italicized*.**

Table 1. Sample File Layout Specifications

Data Element	Length	Value Labels and Use	Required for Data Submission
Provider Name	100	Name of Home Health Agency	Yes
Provider ID	6	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	Yes
NPI	10	National Provider ID Number	Optional (Can be submitted if available)
Sample Month	2	Home Health Care CAHPS Survey sampling month	Yes
Sample Year	4	Year of sample month	Yes
No. of Patients Served	6	Total number of patients the HHA served during the sample month	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
No. Patients on file(s) submitted to Vendor	6	Include the total number of patients on the file(s) submitted by the HHA. Note that HHAs will exclude from the files that they submit to survey vendors patients who are deceased, those who requested that their name not be released to anyone else, patients who received home health visits for routine maternity care only, those currently receiving hospice care, and patients who have a certain condition or disease and live in a state that has regulations or laws restricting the release of patient information about patients with those conditions or illnesses.	Yes
Eligible patients	6	Number of patients eligible for survey in the sample month	Yes
Number of Patients Sampled	6	Number of patients sampled during this sample month	Yes
Sample ID No.	16	Survey vendors will assign a unique, de-identified sample identification number (SID) to each patient. The SID number will be used to track the survey status of the patient throughout the survey administration process and to designate sample patients on the data file submitted to the Data Center.	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Patient First Name	*30*	*The name of the patient is needed to generate and send personalized mail survey materials to sample members and/or for telephone survey data collection.*	*No*
Patient Middle Initial	*1*	*The name of the patient is needed to generate and send personalized mail survey materials to sample members and/or for telephone survey data collection.*	*No*
Patient Last Name	*30*	*The name of the patient is needed to generate and send personalized mail survey materials to sample members and/or for telephone survey data collection.*	*No*
Patient Sex	1	1 = Male 2 = Female M = Unknown/Missing	Yes
Patient Date of Birth	*8*	*MMDDYYYY* *Used by survey vendor to calculate patient age prior to submitting data to the Home Health Care CAHPS Survey Data Center.*	*No*
Patient Mailing Address 1	*50*	*Patient's street or post office box number* *Address information needed for surveying patients in surveys using mail data collection mode*	*No*
Patient Mailing Address 2	*50*	*Second line of patient address (if needed)*	*No*
Patient Address City	*50*	*Mailing address city*	*No*
Patient Address State	*2*	*Mailing address state. Use 2-character postal abbreviation*	*No*
Patient Address Zip Code	*9*	*9-digit Mailing Address Zip Code* *(5-digit zip code followed by 4-digit extension; no hyphens, separators or delimiters)*	*No*
Telephone Number including area code	*10*	*Patient's home telephone number. Needed for telephone survey administration.* *Include 3-digit area code and 7-digit number: no dashes or spaces, separators, or delimiters.*	*No*

Data Element	Length	Value Labels and Use	Required for Data Submission
Medical Record Number	*20*	*Patient's Medical Record Number*	*No*
Number of skilled visits	2	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. (Therapy Assistants are also included.) Visits by home health aides are not included in this number. Used by survey vendor to confirm patient meets survey eligibility requirements	Yes
Lookback Period Visits	3	Total number of skilled home health care visits patient had in the lookback period. Used by survey vendor to confirm patient meets survey eligibility criteria.	Yes
Admission Source	1	Source of patient admission for home health care. Inpatient setting: 1 = Hospital (acute or long-term) 2 = Rehabilitation facility (hospital) 3 = Skilled Nursing Facility (or swing bed in hospital) 4 = Other nursing home (long-term care) 5 = Other inpatient facility Non-inpatient setting: 6 = Directly from community (e.g., private home, assisted living, group home, adult foster care) M = Unknown/Missing Will be used in analysis. Note that multiple entries are allowed (i.e., code all that apply.)	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
Payer (e.g., Medicare, Medicaid, private insurance)	1	Source(s) of payment for home health care. 1 = Medicare 2 = Medicaid 3 = Private health insurance 4 = Other M = Unknown/Missing Will be used in analysis. Note that multiple entries are allowed (i.e., code all that apply). Also note that in the XML file the vendor will indicate whether the source of payment is known, assumed or missing.	Yes
HMO Indicator	1	Is patient in an HMO? 1 = Yes 2 = No M = Unknown/Missing Will be used in analysis.	Yes
Dually eligible for Medicare and Medicaid?	1	Is patient dually eligible for Medicare and Medicaid coverage? 1 = Yes 2 = No 3 = Not applicable M= Unknown/Missing Will be used in analysis.	Yes
Surgical Discharge	1	Is care related to surgical discharge? 1 = Yes 2 = No M = Unknown/Missing Will be used in analysis.	Yes
End-Stage Renal Disease (ESRD)	1	Does patient have end-stage renal disease? 1 = Yes 2 = No M = Unknown/Missing Will be used in analysis.	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
ADL Deficits	1	Number of activities of daily living (ADLs) for which patient is not independent. Either this field or the ADL fields below should be included on the file. Enter the number of OASIS ADL items listed below for which the patient has, or would have, a response code greater than 0. (0-5, M = Missing)	Yes
ADL Dress Upper	1	Ability to Dress Upper Body (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps. 0, 1, 2, 3 M = Missing 0 = fully independent	Yes
ADL Dress Lower	1	Ability to Dress Lower Body (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes. 0, 1, 2, 3 M = Missing 0 = fully independent	Yes
ADL Bathing	1	Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only). 0, 1, 2, 3, 4, 5, 6 M = Missing 0 = fully independent	Yes
ADL Toilet Transferring	1	Toileting: Ability to get to and from the toilet or bedside commode. 0, 1, 2, 3, 4 M = Missing 0 = fully independent	Yes

Data Element	Length	Value Labels and Use	Required for Data Submission
ADL Transferring	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. 0, 1, 2, 3, 4, 5 M = Missing 0 = fully independent	Yes
Type of Sampling[1]	1	1 = Census 2 = Simple Random Sampling 3 = Proportionate Stratified Random Sampling 4 = Disproportionate Stratified Random Sampling Use Code 1 if a census of patients (100% of eligible patients) is included in the survey.	Yes
DSRS Stratum Name	45	Stratum name	Yes, if DSRS
DSRS No. of Patients Eligible in stratum	6	Number of patients **eligible** within the stratum	Yes, if DSRS
DSRS No. of Patients Sampled in stratum	6	This is the number of **sampled** patients within the stratum. This variable will be used to weight the data.	Yes, if DSRS

[1] **NOTE: If the type of sampling is "4-Disproportionate Stratified Random Sampling" (DSRS)** the following three fields are required. These three variables will be repeated for each stratum in the sample. Also, at least two strata names must be defined and strata names must be the same within a quarter. In addition, each stratum must contain a minimum of ten sampled patients, in every stratum in every month in the quarter.