

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_PRVDR_ALL_VW	ADDTNL_ST_ADR	VARCHAR2 (50)	N	2nd Street Address Line	This column contains the provider's additional street address.	
CSP_PRVDR_ALL_VW	CITY_NAME	VARCHAR2 (28)	N	City	City in which the provider is physically located.	
CSP_PRVDR_ALL_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
CSP_PRVDR_ALL_VW	FAX_PHNE_NUM	VARCHAR2 (10)	N	Fax Phone Number	The 10-digit fax phone number of the primary contact or the operator of the provider.	
CSP_PRVDR_ALL_VW	HHA_ASMT_SBMT_CD	VARCHAR2 (1)	N	HHA Assessment Submit Code	Indicates if the HHA submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	HOSPC_ASMT_SBMT_CD	VARCHAR2 (1)	N	Hospice Assessment Submit Code	Indicates if the hospice submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	IRF_ASMT_SBMT_CD	VARCHAR2 (1)	N	IRF-PAI Assessment Submit Code	IRF-PAI assessment submit indicator. Set to 'R' if the facility is allowed to submit IRF-PAI	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	IRF_FAC_ID	VARCHAR2 (40)	N	IRF Facility ID	This is an artificial column created to enable users to link the Inpatient Rehab Facility (when	
CSP_PRVDR_ALL_VW	LTCH_ASMT_SBMT_CD	VARCHAR2 (1)	N	LTCH Assessment Submit Code	LTCH assessment submit indicator. Set to 'L' if the facility is allowed to submit LTCH	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	MAIL_ADDTNL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 2	The second line of a provider's mailing street address, if different from its location address.	
CSP_PRVDR_ALL_VW	MAIL_CITY_NAME	VARCHAR2 (28)	N	Mailing Address-City	The city of a provider's mailing address, if the address is different than the location address.	
CSP_PRVDR_ALL_VW	MAIL_STATE_CD	VARCHAR2 (2)	N	Mailing Address-State	The two-letter state abbreviation for a provider's mailing address, if different than its location	STATES
CSP_PRVDR_ALL_VW	MAIL_ST_ADR	VARCHAR2 (50)	N	Mailing Address-Street Line 1	The first line of a provider's mailing street address, if different than its location address.	
CSP_PRVDR_ALL_VW	MAIL_ZIP4_CD	VARCHAR2 (4)	N	Mailing Address-ZIP Four	The four-digit additional postal code which indicates a provider's mailing address, if	
CSP_PRVDR_ALL_VW	MAIL_ZIP_CD	VARCHAR2 (5)	N	Mailing Address-ZIP Code	The 5-digit postal code for a provider's mailing address, if different than its location address.	
CSP_PRVDR_ALL_VW	MDCD_VNDR_NUM	VARCHAR2 (15)	N	Medicaid Vendor Number	A number which may be assigned to a facility by the state Medicaid agency for external	
CSP_PRVDR_ALL_VW	MDS_ASMT_SBMT_CD	VARCHAR2 (1)	N	MDS Assessment Submit Code	Indicates if the nursing home submits assessments.	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	ORGNL_PRTCPTN_DT	DATE (8)	N	Participation Date	The date a facility is first approved to provide Medicare and/or Medicaid services.	

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CSP_PRVDR_ALL_VW	PGM_TRMNTN_CD	VARCHAR2 (2)	N	Termination Code 1	Termination code number one: the reason a facility has been terminated from the CLIA,	CSP_TRMNTN_CD
CSP_PRVDR_ALL_VW	PGM_TRMNTN_DESC	VARCHAR2 (65)	N	Termination Description	Indicates the current termination status for the provider.	CSP_TRMNTN_CD
CSP_PRVDR_ALL_VW	PHNE_NUM	VARCHAR2 (10)	N	Telephone Number	The 10-digit telephone number of the primary contact or the operator of a provider.	
CSP_PRVDR_ALL_VW	PRVDR_CTGRY_CD	VARCHAR2 (2)	N	Provider Category Code	This code identifies the category which is most descriptive of the facility identified on the	CSP_PRVDR_CTGRY_CD
CSP_PRVDR_ALL_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal Number	Key to uniquely identify a provider, internally within the CASPER applications. Not available	
CSP_PRVDR_ALL_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	CMS Certification Number (CCN), formerly known as Provider Number, of the facility	
CSP_PRVDR_ALL_VW	SB_ASMT_SBMT_CD	VARCHAR2 (1)	N	Swing Bed Assessment Submit Code	Swing Bed assessment submit indicator. Set to 'S' if the facility is allowed to submit Swing Bed	CSP_ASMT_SBMT_CD
CSP_PRVDR_ALL_VW	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	CSP_CNTY_CD
CSP_PRVDR_ALL_VW	SSA_CNTY_CD_DESC	VARCHAR2 (24)	N	SSA County Description	SSA (Social Security Administration) geographic description indicating the county	CSP_CNTY_CD
CSP_PRVDR_ALL_VW	STATE_CD	VARCHAR2 (2)	N	State Abbreviation	Two-character state abbreviation.	STATES
CSP_PRVDR_ALL_VW	ST_ADR	VARCHAR2 (50)	N	Street Address	Street address of a provider that is certified to provide Medicare and/or Medicaid services.	
CSP_PRVDR_ALL_VW	TRMNTN_EXPRTN_DT	DATE (8)	N	Termination Date / Expiration Date 1	The date the laboratory's certificate terminated or the expiration date of the current CLIA	
CSP_PRVDR_ALL_VW	ZIP4_CD	VARCHAR2 (4)	N	ZIP Code + 4 Extra Digits	This field contains the additional four ZIP code digits.	
CSP_PRVDR_ALL_VW	ZIP_CD	VARCHAR2 (5)	N	ZIP Code	The five-digit postal code for the provider.	
CSP_USER_EMAIL_SHR_VW	CCN	VARCHAR2 (10)	N	Provider CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
CSP_USER_EMAIL_SHR_VW	EMAIL_ADR	VARCHAR2 (50)	N	Email Address	Email address associated with user's account	
CSP_USER_EMAIL_SHR_VW	FAC_ID	VARCHAR2 (16)	N	Facility ID	Facility identifier assigned by the state	
CSP_USER_EMAIL_SHR_VW	FAC_NAME	VARCHAR2 (50)	N	Facility Name	Name of the provider certified to participate in the Medicare and/or Medicaid program	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
CSP_USER_EMAIL_SHR_VW	USER_1ST_NAME	VARCHAR2 (25)	N	First Name	First name of user	
CSP_USER_EMAIL_SHR_VW	USER_ID	VARCHAR2 (20)	N	QIES User ID	User's QIES Login ID	
CSP_USER_EMAIL_SHR_VW	USER_LAST_NAME	VARCHAR2 (25)	N	Last Name	Last name of user	
EDB_LINK_KEY	LINK_KEY	NUMBER (9.0)	N	Resident Link Key	IBM generated key to uniquely identify residents across different systems	
EDB_LINK_KEY	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
EDB_LINK_KEY	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-digit state abbreviation. This may also be the two-character CMS region code.	
EDB_LINK_KEY	UPDT_TS	DATE (8)	N	Update Time Stamp	The date the file was updated.	
HHA_ASMT_DELETE_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This column contains the sequential correction number of assessment.	
HHA_ASMT_DELETE_VW	DLT_DT	DATE (8)	N	Assessment Delete Date	This column contains the date that the assessment was deleted from the system.	
HHA_ASMT_DELETE_VW	DLT_USER_ID	VARCHAR2 (30)	N	Delete User ID	This column contains the user ID that deleted the assessment from the system.	
HHA_ASMT_DELETE_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_DELETE_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_DELETE_VW	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	HHA_CRCTN_STUS
HHA_ASMT_DELETE_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_FED	AGENCY_DOC_CD	VARCHAR2 (20)	N	Agency Document ID Code	This is an optional item that can be used by agency for unique identification of record and	
HHA_ASMT_FED	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_FED	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_FED	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_FED	C_CCN_NUM	VARCHAR2 (12)	N	Calculated CMS Certification Number (CCN)	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED	C_HICN_MBI_IND	VARCHAR2 (1)	N	Calculated HICN/MBI Indicator	This value is populated by the ASAP system during file processing and indicates the type of	
HHA_ASMT_FED	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED	C_RSDNT_AGE_NUM	VARCHAR2 (3)	N	Calculated Patient Age Number	This column contains the system calculated patient age number.	
HHA_ASMT_FED	C_SSNRI_TRNSLTN_HICN_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation HICN Text	This is the resident's Health Insurance Claim Number [HICN] or Railroad Retirement Board	
HHA_ASMT_FED	C_SSNRI_TRNSLTN_MBI_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation MBI Text	This is the resident's Medicare Beneficiary identifier (MBI) that is returned from the Social	
HHA_ASMT_FED	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_FED	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_FED	GG0100A_SELF_CARE_CD	VARCHAR2 (1)	N	GG0100A Prior Functioning: Self Care	Indicates the patient's prior functioning abilities for self care.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED	GG0100B_INDR_MBLTY_CD	VARCHAR2 (1)	N	GG0100B Prior Functioning: Indoor Mobility (Ambulation)	Indicates the patient's prior functioning abilities for indoor mobility.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED	GG0100C_STR_CD	VARCHAR2 (1)	N	GG0100C Prior Functioning: Stairs	Indicates the patient's prior functioning abilities with stairs.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED	GG0100D_FNCTNL_CGNTN_CD	VARCHAR2 (1)	N	GG0100D Prior Functioning: Functional Cognition	Indicates the patient's prior functioning abilities for functional cognition.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED	GG0110A_MNL_WLCHR_CD	VARCHAR2 (1)	N	GG0110A Prior Device: Manual Wheelchair	Indicates the patient's prior use of a manual wheelchair.	HHA_CHKLIST_NA
HHA_ASMT_FED	GG0110B_MTR_WLCHR_CD	VARCHAR2 (1)	N	GG0110B Prior Device: Motorized Wheelchair and/or Scooter	Indicates the patient's prior use of a motorized wheelchair and/or scooter.	HHA_CHKLIST_NA
HHA_ASMT_FED	GG0110C_MCHNCL_LFT_CD	VARCHAR2 (1)	N	GG0110C Prior Device: Mechanical Lift	Indicates the patient's prior use of a mechanical lift.	HHA_CHKLIST_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0110D_WLKR_CD	VARCHAR2 (1)	N	GG0110D Prior Device: Walker	Indicates the patient's prior use of a walker.	HHA_CHKLIST_NA
HHA_ASMT_FED	GG0110E_PRSTHTC_CD	VARCHAR2 (1)	N	GG0110E Prior Device: Orthotics/Prosthetics	Indicates the patient's prior use of orthotics/prosthetics.	HHA_CHKLIST_NA
HHA_ASMT_FED	GG0110Z_NO_PRIOR_MBLTY_CD	VARCHAR2 (1)	N	GG0110Z Prior Device: None of the Above	Indicates the patient's prior use of devices as none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED	GG0130A1_EATG_SELF_ADM_SN_CD	VARCHAR2 (2)	N	GG0130A1 Self Care: Eating Ability at SOC/ROC	Indicates the patient's performance for self-feeding at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130A2_EATG_SELF_GOAL_CD	VARCHAR2 (2)	N	GG0130A2 Self Care: Eating Goal by Discharge	Indicates the patient's goal for self-feeding by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130A3_EATG_SELF_DSCR_CD	VARCHAR2 (2)	N	GG0130A3 Self Care: Eating Ability at Discharge	Indicates the patient's performance for self-feeding at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130A4_EATG_SELF_FLWUP_CD	VARCHAR2 (2)	N	GG0130A4 Self Care: Eating Ability at Follow-Up	Indicates the patient's performance for self-feeding at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130B1_ORAL_HYGNE_ADM_CD	VARCHAR2 (2)	N	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform oral hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130B2_ORAL_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130B2 Self Care: Oral Hygiene Goal by Discharge	Indicates the patient's goal to perform oral hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130B3_ORAL_HYGNE_DSCR_CD	VARCHAR2 (2)	N	GG0130B3 Self Care: Oral Hygiene Ability at Discharge	Indicates the patient's ability to perform oral hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130B4_ORAL_HYGNE_FLWUP_CD	VARCHAR2 (2)	N	GG0130B4 Self Care: Oral Hygiene Ability at Follow-Up	Indicates the patient's ability to perform oral hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130C1_TOILT_HYGNE_ADM_CD	VARCHAR2 (2)	N	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform toileting hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130C2_TOILT_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge	Indicates the patient's goal to perform toileting hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130C3_TOILT_HYGNE_DSCR_CD	VARCHAR2 (2)	N	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge	Indicates the patient's ability to perform toileting hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130C4_TOILT_HYGNE_FLWUP_CD	VARCHAR2 (2)	N	GG0130C4 Self Care: Toileting Hygiene Ability at Follow-Up	Indicates the patient's ability to perform toileting hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130E1_SHWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC	Indicates the patient's ability to shower/bathe self at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130E2_SHWR_GOAL_CD	VARCHAR2 (2)	N	GG0130E2 Self Care: Shower/Bathe Goal by Discharge	Indicates the patient's goal to shower/bathe self by discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0130E3_SHWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130E3 Self Care: Shower/Bathe Ability at Discharge	Indicates the patient's ability to shower/bathe self at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130F1_UPR_DRSG_ADMSN_CD	VARCHAR2 (2)	N	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress above the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130F2_UPR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge	Indicates the patient's goal to dress above the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130F3_UPR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge	Indicates the patient's ability to dress above the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130G1_LWR_DRSG_ADMSN_CD	VARCHAR2 (2)	N	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress below the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130G2_LWR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge	Indicates the patient's goal to dress below the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130G3_LWR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge	Indicates the patient's ability to dress below the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130H1_FTWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130H1 Self Care: Footwear Ability at SOC/ROC	Indicates the patient's ability to put on and take off footwear at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130H2_FTWR_GOAL_CD	VARCHAR2 (2)	N	GG0130H2 Self Care: Footwear Goal by Discharge	Indicates the patient's goal to put on and take off footwear by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0130H3_FTWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130H3 Self Care: Footwear Ability at Discharge	Indicates the patient's ability to put on and take off footwear at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170A1_ROLL_ADMSN_CD	VARCHAR2 (2)	N	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC	Indicates the patient's ability to roll left and right at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170A2_ROLL_GOAL_CD	VARCHAR2 (2)	N	GG0170A2 Mobility: Roll Left Right Goal by Discharge	Indicates the patient's goal for rolling left and right by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170A3_ROLL_DSCHRG_CD	VARCHAR2 (2)	N	GG0170A3 Mobility: Roll Left Right Ability at Discharge	Indicates the patient's ability to roll left and right at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170A4_ROLL_FLWP_CD	VARCHAR2 (2)	N	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up	Indicates the patient's ability to roll left and right at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170B1_SIT_ADMSN_CD	VARCHAR2 (2)	N	GG0170B1 Mobility: Sit to Lying at SOC/ROC	Indicates the patient's ability to move from a sitting to lying position at the start of	HHA_PRFMNC_NA_CD

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HHA_ASMT_FED	GG0170B2_SIT_GOAL_CD	VARCHAR2 (2)	N	GG0170B2 Mobility: Sit to Lying Goal by Discharge	Indicates the patient's goal to move from a sitting to lying position by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170B3_SIT_DSCHRG_CD	VARCHAR2 (2)	N	GG0170B3 Mobility: Sit to Lying at Discharge	Indicates the patient's ability to move from a sitting to lying position at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170B4_SIT_FLWP_CD	VARCHAR2 (2)	N	GG0170B4 Mobility: Sit to Lying at Follow-Up	Indicates the patient's ability to move from a sitting to lying position at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170C3_LYNG_DSCHRG_CD	VARCHAR2 (2)	N	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170C4_LYNG_FLWP_CD	VARCHAR2 (2)	N	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170C_LYNG_ADMSN_CD	VARCHAR2 (2)	N	GG0170C1 Mobility: Lying to Sitting at Side of Bed Ability at SOC/ROC	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at SOC/ROC.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170C_LYNG_GOAL_CD	VARCHAR2 (2)	N	GG0170C2 Mobility: Lying to Sitting at Side of Bed Goal by Discharge	Indicates the patient's goal to move from a lying to sitting position at the side of the bed by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170D1_STAND_ADMSN_CD	VARCHAR2 (2)	N	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC	Indicates the patient's ability to move to a standing position from a sitting position in a chair or on a bed at SOC/ROC.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170D2_STAND_GOAL_CD	VARCHAR2 (2)	N	GG0170D2 Mobility: Sitting to Standing Goal by Discharge	Indicates the patient's goal to move to a standing position from a sitting position in a chair or on a bed by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170D3_STAND_DSCHRG_CD	VARCHAR2 (2)	N	GG0170D3 Mobility: Sitting to Standing Ability at Discharge	Indicates the patient's ability to move to a standing position from a sitting position in a chair or on a bed at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170D4_STAND_FLWP_CD	VARCHAR2 (2)	N	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up	Indicates the patient's ability to move to a standing position from a sitting position in a chair or on a bed at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170E1_CHR_TRNSF_ADM SN_CD	VARCHAR2 (2)	N	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC	Indicates the patient's ability to transfer from the bed or chair to another chair at the start of SOC/ROC.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170E2_CHR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge	Indicates the patient's goal to transfer from the bed or chair to another chair by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170E3_CHR_TRNSF_DSCRG_CD	VARCHAR2 (2)	N	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge	Indicates the patient's ability to transfer from the bed or chair to another chair at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170E4_CHR_TRNSF_FLWP_CD	VARCHAR2 (2)	N	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up	Indicates the patient's ability to transfer from the bed or chair to another chair at follow-up.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0170F1_TOILT_TRNSF_AD MSN_CD	VARCHAR2 (2)	N	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC	Indicates the patient's ability to safely transfer on or off the toilet at the start of care/resumption	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170F2_TOILT_TRNSF_GO AL_CD	VARCHAR2 (2)	N	GG0170F2 Mobility: Toilet Transfer Goal by Discharge	Indicates the patient's goal to transfer on or off the toilet by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170F3_TOILT_TRNSF_DS CHRG_CD	VARCHAR2 (2)	N	GG0170F3 Mobility: Toilet Transfer Ability at Discharge	Indicates the patient's ability to safely transfer on or off the toilet at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170F4_TOILT_TRNSF_FL WP_CD	VARCHAR2 (2)	N	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up	Indicates the patient's ability to safely transfer on or off the toilet at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170G1_CAR_TRNSF_AD MSN_CD	VARCHAR2 (2)	N	GG0170G1 Mobility: Car transfer Ability at SOC/ROC	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170G2_CAR_TRNSF_GOA L_CD	VARCHAR2 (2)	N	GG0170G2 Mobility: Car transfer Goal by Discharge	Indicates the patient's goal to transfer in and out of a car or van on the passenger side (does not	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170G3_CAR_TRNSF_DSC HRG_CD	VARCHAR2 (2)	N	GG0170G3 Mobility: Car transfer Ability at Discharge	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170I1_WLK_10_ADMSN_ CD	VARCHAR2 (2)	N	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170I2_WLK_10_GOAL_C D	VARCHAR2 (2)	N	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge	Indicates the patient's goal once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170I3_WLK_10_DSCHRG_ CD	VARCHAR2 (2)	N	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170I4_WLK_10_FLWP_CD	VARCHAR2 (2)	N	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170J1_WLK_50_ADMSN_ CD	VARCHAR2 (2)	N	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to walk at least 50 feet with two turns at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170J2_WLK_50_GOAL_C D	VARCHAR2 (2)	N	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge	Indicates the patient's goal to walk at least 50 feet with two turns by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170J3_WLK_50_DSCHRG_ CD	VARCHAR2 (2)	N	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge	Indicates the patient's ability to walk at least 50 feet with two turns at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170J4_WLK_50_FLWP_C D	VARCHAR2 (2)	N	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to walk at least 50 feet with two turns at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170K1_WLK_150_ADMSN_ CD	VARCHAR2 (2)	N	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at the start of	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0170K2_WLK_150_GOAL_CD	VARCHAR2 (2)	N	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge	Indicates the patient's goal to walk at least 150 feet in a corridor or similar space by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170K3_WLK_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170L1_WLK_10U_ADMS_N_CD	VARCHAR2 (2)	N	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170L2_WLK_10U_GOAL_CD	VARCHAR2 (2)	N	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge	Indicates the patient's goal to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170L3_WLK_10U_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170L4_WLK_10U_FLWP_CD	VARCHAR2 (2)	N	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170M1_STP_1_ADMSN_CD	VARCHAR2 (2)	N	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC	Indicates the patient's ability to go up and down a curb and/or up and down one step at the start	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170M2_STP_1_GOAL_CD	VARCHAR2 (2)	N	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge	Indicates the patient's goal to go up and down a curb and/or up and down one step by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170M3_STP_1_DSCHRG_CD	VARCHAR2 (2)	N	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge	Indicates the patient's ability to go up and down a curb and/or up and down one step at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170M4_STP_1_FLWP_CD	VARCHAR2 (2)	N	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up	Indicates the patient's ability to go up and down a curb and/or up and down one step at follow-	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170N1_STP_4_ADMSN_CD	VARCHAR2 (2)	N	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC	Indicates the patient's ability to go up and down four steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170N2_STP_4_GOAL_CD	VARCHAR2 (2)	N	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge	Indicates the patient's goal to go up and down four steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170N3_STP_4_DSCHRG_CD	VARCHAR2 (2)	N	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge	Indicates the patient's ability to go up and down four steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170N4_STP_4_FLWP_CD	VARCHAR2 (2)	N	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up	Indicates the patient's ability to go up and down four steps with or without a rail at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170O1_STP_12_ADMSN_CD	VARCHAR2 (2)	N	GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC	Indicates the patient's ability to go up and down 12 steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170O2_STP_12_GOAL_CD	VARCHAR2 (2)	N	GG0170O2 Mobility: Goal to Go Up 12 steps by Discharge	Indicates the patient's goal to go up and down 12 steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0170O3_STP_12_DSCHRG_CD	VARCHAR2 (2)	N	GG0170O3 Mobility: Ability to Go Up 12 steps at Discharge	Indicates the patient's ability to go up and down 12 steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170P1_PCKP_OBJ_ADMS_N_CD	VARCHAR2 (2)	N	GG0170P1 Mobility: Ability to up Object at SOC/ROC	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170P2_PCKP_OBJ_GOAL_CD	VARCHAR2 (2)	N	GG0170P2 Mobility: Goal to up Object by Discharge	Indicates the patient's goal to bend/stoop from a standing position to pick up a small object, such	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170P3_PCKP_OBJ_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170P3 Mobility: Ability to up Object at Discharge	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED	GG0170Q1_WLCHR_ADMSN_CD	VARCHAR2 (1)	N	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC	Indicates whether the patient uses a wheelchair and/or scooter at the start of care/resumption of	HHA_YES_NO_NO_INFO
HHA_ASMT_FED	GG0170Q3_WLCHR_DSCHRG_CD	VARCHAR2 (1)	N	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge	Indicates whether the patient uses a wheelchair and/or scooter at discharge.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED	GG0170Q4_WLCHR_FLWP_CD	VARCHAR2 (1)	N	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up	Indicates whether the patient uses a wheelchair and/or scooter at follow-up.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED	GG0170R1_WHL_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170R2_WHL_50_GOAL_CD	VARCHAR2 (2)	N	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170R3_WHL_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170R4_WHL_50_FLWP_CD	VARCHAR2 (2)	N	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170RR1_WHLCHR_50_ADMSN_CD	VARCHAR2 (1)	N	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/ROC	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED	GG0170RR3_WHLCHR_50_DSCHRG_CD	VARCHAR2 (1)	N	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Discharge	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED	GG0170S1_WHL_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	GG0170S2_WHL_150_GOAL_CD	VARCHAR2 (2)	N	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170S3_WHL_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED	GG0170SS1_WHLCHR_150_A_DMSN_CD	VARCHAR2 (1)	N	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC/ROC	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED	GG0170SS3_WHLCHR_150_D_SCHR_G_CD	VARCHAR2 (1)	N	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Discharge	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED	HHA_AGENCY_ID	VARCHAR2 (16)	N	HHA Agency ID	This column contains the assigned agency ID.	
HHA_ASMT_FED	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_FED	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	
HHA_ASMT_FED	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_ASMT_FED	HHA_SUBMSN_DAY	DATE (7)	N	HHA Submission Day	This column contains the date the submission file was received by the system.	
HHA_ASMT_FED	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_FED	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_FED	J1800_FALL_LAST_ASMT_CD	VARCHAR2 (1)	N	J1800 Falls Since SOC/ROC	Indicates whether the resident had any falls since admission or prior assessment.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED	J1900A_FALL_NO_INJURY_CD	VARCHAR2 (1)	N	J1900A Number of Falls Since SOC/ROC With No Injury Code	Indicates the number of falls that resulted in no injury since admission or prior assessment.	HHA_NUM_FALL_CD
HHA_ASMT_FED	J1900B_FALL_INJURY_CD	VARCHAR2 (1)	N	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code	Indicates the number of falls that resulted in injury (except major) since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED	J1900C_FALL_MAJ_INJURY_CD	VARCHAR2 (1)	N	J1900C Number of Falls Since SOC/ROC With Major Injury Code	Indicates the number of falls that resulted in major injury since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_FED	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_FED	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_FED	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_FED	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_FED	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_FED	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_FED	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_FED	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_FED	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_FED	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_FED	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_FED	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_FED	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP Code.	
HHA_ASMT_FED	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLIST
HHA_ASMT_FED	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_FED	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_FED	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLST
HHA_ASMT_FED	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_FED	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_FED	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_FED	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_FED	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_FED	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_FED	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_FED	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLST_BLANK
HHA_ASMT_FED	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_FED	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD
HHA_ASMT_FED	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLST
HHA_ASMT_FED	M0140_AMRCN_INDN_AK_N_TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	HHA_CHKLST
HHA_ASMT_FED	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLST
HHA_ASMT_FED	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLST
HHA_ASMT_FED	M0140_NTV_HI_PCFC_ISLND_R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLST
HHA_ASMT_FED	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLIST
HHA_ASMT_FED	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLIST
HHA_ASMT_FED	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLIST
HHA_ASMT_FED	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	HHA_CHKLIST
HHA_ASMT_FED	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLIST
HHA_ASMT_FED	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLIST
HHA_ASMT_FED	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLIST
HHA_ASMT_FED	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLIST
HHA_ASMT_FED	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLIST
HHA_ASMT_FED	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLIST
HHA_ASMT_FED	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_FED	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_FED	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLIST
HHA_ASMT_FED	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLIST
HHA_ASMT_FED	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLIST
HHA_ASMT_FED	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLIST
HHA_ASMT_FED	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLIST
HHA_ASMT_FED	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_FED	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLIST
HHA_ASMT_FED	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
HHA_ASMT_FED	M1005_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED	M1011_IP_DGNS10_1_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 1 ICD-10-C M	This column lists the Inpatient Diagnosis 1 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED	M1011_IP_DGNS10_2_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 2 ICD-10-C M	This column lists the Inpatient Diagnosis 2 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED	M1011_IP_DGNS10_3_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 3 ICD-10-C M	This column lists the Inpatient Diagnosis 3 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED	M1011_IP_DGNS10_4_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 4 ICD-10-C M	This column lists the Inpatient Diagnosis 4 - ICD-10-C M code for conditions actively treated	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1011_IP_DGNS10_5_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 5 ICD-10-C M	This column lists the Inpatient Diagnosis 5 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED	M1011_IP_DGNS10_6_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 6 ICD-10-C M	This column lists the Inpatient Diagnosis 6 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED	M1011_IP_DGNS10_NA_CD	VARCHAR2 (1)	N	M1011 Inpatient Diagnosis ICD-10-C M Not Applicable	This column indicates the patient was not discharged from an inpatient facility.	HHA_CHKLIST
HHA_ASMT_FED	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_FED	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_FED	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_FED	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_FED	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_FED	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLIST
HHA_ASMT_FED	M1017_MDCL_DGNS10_1_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 1 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 1 for those conditions	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1017_MDCL_DGNS10_2_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 2 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 2 for those conditions	
HHA_ASMT_FED	M1017_MDCL_DGNS10_3_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 3 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 3 for those conditions	
HHA_ASMT_FED	M1017_MDCL_DGNS10_4_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 4 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 4 for those conditions	
HHA_ASMT_FED	M1017_MDCL_DGNS10_5_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 5 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 5 for those conditions	
HHA_ASMT_FED	M1017_MDCL_DGNS10_6_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 6 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 6 for those conditions	
HHA_ASMT_FED	M1017_MDCL_DGNS10_NA_CD	VARCHAR2 (1)	N	M1017 Regimen Change - Not Applicable ICD-10-C M Code	This column indicates the patient did not require medical or treatment regimen changes within the	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_DSRPTV_BHR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLIST
HHA_ASMT_FED	M1018_PRIOR_URNRY_INCNTNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLIST
HHA_ASMT_FED	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_FED	M1020_PRMRY_SVRTY_RATING_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1021_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1021 Primary Diagnosis ICD-10-C M Code	This field lists the primary diagnosis ICD-10-C M code.	
HHA_ASMT_FED	M1021_PRMRY_SVRTY10_RA_TG_CD	VARCHAR2 (2)	N	M1021 Primary Diagnosis Severity Rating ICD-10-C M Code	This field lists the severity of the primary diagnosis rating ICD-10-C M code.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_1_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_2_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1.	
HHA_ASMT_FED	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2.	
HHA_ASMT_FED	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3.	
HHA_ASMT_FED	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4.	
HHA_ASMT_FED	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5.	
HHA_ASMT_FED	M1023_OTHR_1_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 1 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1023_OTHR_2_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 2 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1023_OTHR_3_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 3 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1023_OTHR_4_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 4 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED	M1023_OTHR_5_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 5 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 5.	HHA_DGNS_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1023_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 1.	
HHA_ASMT_FED	M1023_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 2.	
HHA_ASMT_FED	M1023_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 3.	
HHA_ASMT_FED	M1023_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 4.	
HHA_ASMT_FED	M1023_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 5.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1024 Payment Primary Diagnosis ICD-9 Code	This field lists the ICD-9 case mix primary diagnosis, column 3.	
HHA_ASMT_FED	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 Payment Primary Diagnosis Multiple ICD-9 Code	This field lists the ICD-9 case mix primary diagnosis, column 4.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1025_OPT_OTHRDGNS10_1_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 4.	
HHA_ASMT_FED	M1025_OPT_OTHRDGNS10_2_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED	M1025_OPT_OTHRDGNS10_3_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 4.	
HHA_ASMT_FED	M1025_OPT_OTHRDGNS10_4_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED	M1025_OPT_OTHRDGNS10_5_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 4.	
HHA_ASMT_FED	M1025_OPT_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 3.	
HHA_ASMT_FED	M1025_OPT_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED	M1025_OPT_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 3.	
HHA_ASMT_FED	M1025_OPT_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED	M1025_OPT_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 3.	
HHA_ASMT_FED	M1025_OPT_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis ICD-10-C M Code	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 3.	
HHA_ASMT_FED	M1025_OPT_PRMRY_DGNS10_MULT_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis Multiple Codes ICD-10-C M	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 4.	
HHA_ASMT_FED	M1028_DM_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: DM	This column indicates whether the patient has an active diagnosis of Diabetes Mellitus (DM).	HHA_CHKLIST_NA
HHA_ASMT_FED	M1028_NO_ACTV_DEASE_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: None of the above	Indicates active diagnoses are none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED	M1028_PVD_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: PVD or PAD	This column indicates whether the patient has an active diagnosis of Peripheral Vascular Disease	HHA_CHKLIST_NA
HHA_ASMT_FED	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLIST
HHA_ASMT_FED	M1030_HOME_IV_THRPHY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLIST
HHA_ASMT_FED	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_MULTHO_SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_MULT_M_DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST
HHA_ASMT_FED	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_CMPLNC_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Difficulty with Medical Instructions	This field indicates if the patient is at risk for hospitalization due to reported or observed	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_EXHSTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Exhaustion	This field indicates if the patient is at risk for hospitalization due to current reports of	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_FALL_HS_TRY_CD	VARCHAR2 (1)	N	M1033 Risk for Hospitalization - Fall History	This field indicates if the patient is at risk for hospitalization due to history of falls (2 or more	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_FIVE_MD_CTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_MENTL_BHVR_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Mental, Emotional, Behavioral	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_MLT_ER_VISIT_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple ER Visits	This field indicates if the patient is at risk for hospitalization due to multiple emergency	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_MLT_HO_SP_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_FED	M1033_HOSP_RISK_NONE_A_BV_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1033_HOSP_RISK_OTHER_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLST
HHA_ASMT_FED	M1033_HOSP_RISK_WT_LOSS_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Weight Loss	This field indicates if the patient is at risk for hospitalization due to unintentional weight loss	HHA_CHKLST
HHA_ASMT_FED	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_FED	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLST
HHA_ASMT_FED	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLST
HHA_ASMT_FED	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_FED	M1041_INFLNZ_SEASN_CD	VARCHAR2 (1)	N	M1041 Influenza Season	This field indicates if the episode of care (SOC/ROC to Transfer/Discharge) include any	HHA_YES_NO
HHA_ASMT_FED	M1045_RSN_INFLNZ_NOT_RCV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_FED	M1046_INFLNZ_VCCN_RCVD_CD	VARCHAR2 (2)	N	M1046 Influenza Vaccine Received During Flu Season	This field indicates whether the patient received the influenza vaccine during this year's flu	HHA_INFLNZ_RCVD_CD
HHA_ASMT_FED	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_FED	M1051_PVX_RCVD_EVER_CD	VARCHAR2 (1)	N	M1051 Pneumococcal Vaccine Ever Received	This field indicates if the patient has ever received the pneumococcal vaccination.	HHA_YES_NO
HHA_ASMT_FED	M1055_RSN_PPV_NOT_RCVD_CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_FED	M1056_RSN_PVX_NEVER_RCVD_CD	VARCHAR2 (2)	N	M1056 Pneumococcal Vaccine - Reason Never Received	This field indicates the reason why the patient has never received the pneumococcal	HHA_PVX_RCVD_CD
HHA_ASMT_FED	M1060_HGT_NUM	VARCHAR2 (2)	N	M1060 Height in inches	This column contains the patient's height in inches.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1060_WT_NUM	VARCHAR2 (3)	N	M1060 Weight in pounds	This column contains the patient's weight in pounds.	
HHA_ASMT_FED	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_FED	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_FED	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_FED	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_FED	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD
HHA_ASMT_FED	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_FED	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_FED	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_FED	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_FED	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer/Injury at Stage II or Higher	Indicates whether the patient has at least one unhealed pressure ulcer/injury at stage II or	HHA_YES_NO
HHA_ASMT_FED	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	
HHA_ASMT_FED	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of onset of the oldest unhealed stage II pressure ulcer identified	HHA_OLDST_STUS_CD
HHA_ASMT_FED	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_FED	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_FED	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_FED	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
HHA_ASMT_FED	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_FED	M1308_UNSTGBL_ULCR_DEE P_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED	M1308_UNSTGBL_ULCR_DR S NG_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED	M1308_UNSTGBL_ULCR_ESC _NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED	M1308_U_ULCR_DEEP_ADM SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED	M1308_U_ULCR_DR SNG_A D MSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED	M1308_U_ULCR_ESC_A DMS N_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED	M1309_WRSNG_NSTG_ULCR _NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Nonstageable Pressure Ulcers at SOC/ROC	This field indicates the number of unstageable pressure ulcers due to slough or eschar that are	
HHA_ASMT_FED	M1309_WRSNG_STG_2_ULCR _NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage II Pressure Ulcers at SOC/ROC	This field indicates the number of Stage II pressure ulcers that are new or have increased in	
HHA_ASMT_FED	M1309_WRSNG_STG_3_ULCR _NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage III Pressure Ulcers at SOC/ROC	This field indicates the number of Stage III pressure ulcers that are new or have increased in	
HHA_ASMT_FED	M1309_WRSNG_STG_4_ULCR _NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage IV Pressure Ulcers at SOC/ROC	This field indicates the number of Stage IV pressure ulcers that are new or have increased in	
HHA_ASMT_FED	M1310_STG_3_4_ULCR_LNGT H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_FED	M1311_STG_2_PU_A DMSN_N UM	VARCHAR2 (2)	N	M1311A2 Number of Stage 2 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 2 pressure ulcers present at most recent	
HHA_ASMT_FED	M1311_STG_2_PU_NUM	VARCHAR2 (2)	N	M1311A1 Number of Stage 2 Pressure Ulcers	This column indicates the number of stage 2 pressure ulcers present.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1311_STG_3_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311B2 Number of Stage 3 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 3 pressure ulcers present at most recent	
HHA_ASMT_FED	M1311_STG_3_PU_NUM	VARCHAR2 (2)	N	M1311B1 Number of Stage 3 Pressure Ulcers	This column indicates the number of stage 3 pressure ulcers present.	
HHA_ASMT_FED	M1311_STG_4_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311C2 Number of Stage 4 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 4 pressure ulcers present at most recent	
HHA_ASMT_FED	M1311_STG_4_PU_NUM	VARCHAR2 (2)	N	M1311C1 Number of Stage 4 Pressure Ulcers	This column indicates the number of stage 4 pressure ulcers present.	
HHA_ASMT_FED	M1311_UNSTG_DEEP_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311F2 Number of Unstageable Pressure Ulcers with Deep Tissue Injury	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED	M1311_UNSTG_DRNG_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311D2 Number of Unstageable Pressure Ulcers due to Dressing/Device	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED	M1311_UNSTG_ESC_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311E2 Number of Unstageable Pressure Ulcers due to Slough/eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED	M1311_UNSTG_PU_DEEP_NUM	VARCHAR2 (2)	N	M1311F1 Number of Unstageable Pressure Ulcers with Suspected Deep Tissue Injury Evolution	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED	M1311_UNSTG_PU_DRNG_NUM	VARCHAR2 (2)	N	M1311D1 Number of Unstageable Pressure Ulcers	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED	M1311_UNSTG_PU_ESC_NUM	VARCHAR2 (2)	N	M1311E1 Number of Unstageable Pressure Ulcers due to Slough/Eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED	M1312_STG_3_4_ULCR_WIDTH_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_FED	M1313_WRSNG_DEEP_PU_NUM	VARCHAR2 (2)	N	M1313f Number of Worsening Pressure Ulcers Suspected Deep Tissue Injury	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED	M1313_WRSNG_DRNG_PU_NUM	VARCHAR2 (2)	N	M1313d Number of Worsening Pressure Ulcers Due to Non-Removable Dressing	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED	M1313_WRSNG_ESC_PU_NUM	VARCHAR2 (2)	N	M1313e Number of Worsening Pressure Ulcers Due to Slough/Eschar	This column indicates the number of current pressure ulcers that were not present or were at a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1313_WRSNG_STG_2_PU_N UM	VARCHAR2 (2)	N	M1313a Number of Worsening Pressure Ulcers - Stage 2	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED	M1313_WRSNG_STG_3_PU_N UM	VARCHAR2 (2)	N	M1313b Number of Worsening Pressure Ulcers - Stage 3	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED	M1313_WRSNG_STG_4_PU_N UM	VARCHAR2 (2)	N	M1313c Number of Worsening Pressure Ulcers - Stage 4	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED	M1314_STG_3_4_ULCR_DPTH _NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_FED	M1320_PRBLM_PRSR_ULCR_ STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_FED	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number of Stage I Pressure Injuries	Indicates the current number of stage I pressure injuries.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_FED	M1324_PRBLM_PRSR_ULCR_ STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer/Injury	Indicates the stage of the most problematic unhealed (observable) pressure ulcer/injury.	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_FED	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_FED	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_FED	M1334_STASIS_ULCR_STUS_ CD	VARCHAR2 (2)	N	M1334 Status of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD
HHA_ASMT_FED	M1340_SRGL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND_CD
HHA_ASMT_FED	M1342_SRGL_WND_STUS_C D	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGL_WND_STUS_CD
HHA_ASMT_FED	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_FED	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD
HHA_ASMT_FED	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLST
HHA_ASMT_FED	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1410_RSPRTRY_TRTMT_N OA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLST
HHA_ASMT_FED	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLST
HHA_ASMT_FED	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_FED	M1501_SYMTM_HRT_FAILR_CD	VARCHAR2 (2)	N	M1501 Symptoms in Heart Failure Patients	This column indicates if patient has been diagnosed with heart failure and exhibits	HHA_HRT_FAILR_CD
HHA_ASMT_FED	M1510_HF_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1510_HF_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1510_HF_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1510_HF_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up-Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up-Obtained Change in Care Plan	This column indicates if patient has been diagnosed with heart failure and has exhibited Order	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up-Patient Education or Other Clinical Interventions	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_ER_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up-Patient Advised to Get Emergency Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_NO_ACTN_CD	VARCHAR2 (1)	N	M1511 Heart Failure Follow-up-No Action Taken	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up-Patients Physician Contacted	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED	M1511_HRT_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up-Implemented Physician-Ordered Patient-Specific Parameters for Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_FED	M1610_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_FED	M1615_URNRY_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_FED	M1620_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_FED	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_FED	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD
HHA_ASMT_FED	M1710_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSD_FREQ_CD
HHA_ASMT_FED	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_FED	M1730_DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_FED	M1730_PHQ2_DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_FED	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD
HHA_ASMT_FED	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLST
HHA_ASMT_FED	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLST
HHA_ASMT_FED	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLST
HHA_ASMT_FED	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_FED	M1750_PHYCH_NRSRG_SRVC_CD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_FED	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_FED	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_FED	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD
HHA_ASMT_FED	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_FED	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_FED	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_FED	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_FED	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_FED	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD
HHA_ASMT_FED	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_FED	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD
HHA_ASMT_FED	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED	M1900_PRIOR_HSEHLD_TASK_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDNCY_CD
HHA_ASMT_FED	M1900_PRIOR_SELF_CARE_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDNCY_CD
HHA_ASMT_FED	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED	M1910_FALL_RISK_ASMT_CD	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_FED	M2001_DRUG_RGMN_RVW_CD	VARCHAR2 (1)	N	M2001: Drug Regimen Review	This column indicates whether or not a drug regimen review identified any potential	HHA_DRUG_RGMN_RVW_CD
HHA_ASMT_FED	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_FED	M2003_PHYSN_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2003: Medication Follow-up	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_YES_NO_NO_INFO_BLANK
HHA_ASMT_FED	M2004_MDCTN_INTRVTN_CD	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_FED	M2005_PHYSN_MDCTN_INTRVTN_CD	VARCHAR2 (1)	N	M2005: Medication Intervention	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_MDCTN_INTRVTN_CD
HHA_ASMT_FED	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK
HHA_ASMT_FED	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_FED	M2016_PTNT_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2016: Patient/Caregiver Drug Education Intervention	This column indicates if the patient/caregiver was instructed to monitor the effectiveness of	HHA_DRUG_YES_NO_CD
HHA_ASMT_FED	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_FED	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD
HHA_ASMT_FED	M2040_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED	M2040_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2100_ADVYCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_ADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - ADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_ADVC_Y_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Advocacy Or Facilitation	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_EQUIP_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Management of Equipment	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_IADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - IADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_MDCTN_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medication Administration	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_PRCDR_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medical Procedures/Treatments	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2102_CARE_ASTNC_SFTY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Supervision And Safety	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD
HHA_ASMT_FED	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO
HHA_ASMT_FED	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_FED	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_FED	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
HHA_ASMT_FED	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_FED	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_FED	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED	M2300_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMERGNT_CARE_CD
HHA_ASMT_FED	M2301_PTNT_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2301: Emergent Care	This column indicates if the patient has utilized a hospital emergency department since the most	HHA_EMERGNT_CARE_CD
HHA_ASMT_FED	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_RSPTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_FED	M2400_SYNPS_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_FED	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
HHA_ASMT_FED	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_FED	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_FED	M2401_INTRV_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2401a: Diabetic Foot Care	This column indicates if the patient has undergone diabetic foot care since SOC/ROC	HHA_YES_NO_NA
HHA_ASMT_FED	M2401_INTRV_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2401c: Depression Intervention(s)	This column indicates if the patient has undergone depression intervention(s).	HHA_YES_NO_NA
HHA_ASMT_FED	M2401_INTRV_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2401b: Falls Prevention Interventions	This column indicates if the patient has undergone any falls prevention interventions	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2401_INTRV_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2401d: Intervention to monitor and mitigate pain	This column indicates if the patient has undergone intervention(s) to monitor and	HHA_YES_NO_NA
HHA_ASMT_FED	M2401_INTRV_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2401f: Pressure Ulcer Treatment Based on Principles of Moist Wound Healing	This column indicates if the patient has undergone pressure ulcer treatment based upon	HHA_YES_NO_NA
HHA_ASMT_FED	M2401_INTRV_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2401e: Intervention to Prevent Pressure Ulcers	This column indicates if the patient has undergone intervention(s) to prevent pressure	HHA_YES_NO_NA
HHA_ASMT_FED	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_FED	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD
HHA_ASMT_FED	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_CRDC_DSRTM_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_FED	M2440_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_FED	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_FED	PRCSD_TS	TIMESTAMP(6) (11.6)	N	Processed Timestamp	This is the date/time that the submission file processing completed and when the	
HHA_ASMT_FED	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_FED	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_FED	SFTWR_PROD_NAME	VARCHAR2 (50)	N	Software Product Name	This is the name of the software that was used to create the OASIS data submission file.	
HHA_ASMT_FED	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_FED	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_FED	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_FED	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_FED	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_FED	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_FED	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_FED	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of record being submitted.	HHA_TRANS_TYPE_CD
HHA_ASMT_FED	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_ASMT_FED	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_FED	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_FED_HSTRY	AGNCY_DOC_CD	VARCHAR2 (20)	N	Agency Document ID Code	This is an optional item that can be used by agency for unique identification of record and	
HHA_ASMT_FED_HSTRY	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_FED_HSTRY	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_FED_HSTRY	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_FED_HSTRY	C_CCN_NUM	VARCHAR2 (12)	N	Calculated CMS Certification Number (CCN)	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY	C_HICN_MBI_IND	VARCHAR2 (1)	N	Calculated HICN/MBI Indicator	This value is populated by the ASAP system during file processing and indicates the type of	
HHA_ASMT_FED_HSTRY	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY	C_RSDNT_AGE_NUM	VARCHAR2 (3)	N	Calculated Patient Age Number	This column contains the system calculated patient age number.	
HHA_ASMT_FED_HSTRY	C_SSNRI_TRNSLTN_HICN_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation HICN Text	This is the resident's Health Insurance Claim Number [HICN] or Railroad Retirement Board	
HHA_ASMT_FED_HSTRY	C_SSNRI_TRNSLTN_MBI_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation MBI Text	This is the resident's Medicare Beneficiary identifier (MBI) that is returned from the Social	
HHA_ASMT_FED_HSTRY	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_FED_HSTRY	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_FED_HSTRY	GG0100A_SELF_CARE_CD	VARCHAR2 (1)	N	GG0100A Prior Functioning: Self Care	Indicates the patient's prior functioning abilities for self care.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY	GG0100B_INDR_MBLTY_CD	VARCHAR2 (1)	N	GG0100B Prior Functioning: Indoor Mobility (Ambulation)	Indicates the patient's prior functioning abilities for indoor mobility.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY	GG0100C_STR_CD	VARCHAR2 (1)	N	GG0100C Prior Functioning: Stairs	Indicates the patient's prior functioning abilities with stairs.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY	GG0100D_FNCTNL_CGNTN_CD	VARCHAR2 (1)	N	GG0100D Prior Functioning: Functional Cognition	Indicates the patient's prior functioning abilities for functional cognition.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY	GG0110A_MNL_WLCHR_CD	VARCHAR2 (1)	N	GG0110A Prior Device: Manual Wheelchair	Indicates the patient's prior use of a manual wheelchair.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY	GG0110B_MTR_WLCHR_CD	VARCHAR2 (1)	N	GG0110B Prior Device: Motorized Wheelchair and/or Scooter	Indicates the patient's prior use of a motorized wheelchair and/or scooter.	HHA_CHKLIST_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0110C_MCHNCL_LFT_CD	VARCHAR2 (1)	N	GG0110C Prior Device: Mechanical Lift	Indicates the patient's prior use of a mechanical lift.	HHA_CHKLST_NA
HHA_ASMT_FED_HSTRY	GG0110D_WLKR_CD	VARCHAR2 (1)	N	GG0110D Prior Device: Walker	Indicates the patient's prior use of a walker.	HHA_CHKLST_NA
HHA_ASMT_FED_HSTRY	GG0110E_PRSTHTC_CD	VARCHAR2 (1)	N	GG0110E Prior Device: Orthotics/Prosthetics	Indicates the patient's prior use of orthotics/prosthetics.	HHA_CHKLST_NA
HHA_ASMT_FED_HSTRY	GG0110Z_NO_PRIOR_MBLTY_CD	VARCHAR2 (1)	N	GG0110Z Prior Device: None of the Above	Indicates the patient's prior use of devices as none of the above.	HHA_CHKLST_NA
HHA_ASMT_FED_HSTRY	GG0130A1_EATG_SELF_ADM_SN_CD	VARCHAR2 (2)	N	GG0130A1 Self Care: Eating Ability at SOC/ROC	Indicates the patient's performance for self-feeding at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130A2_EATG_SELF_GOAL_CD	VARCHAR2 (2)	N	GG0130A2 Self Care: Eating Goal by Discharge	Indicates the patient's goal for self-feeding by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130A3_EATG_SELF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0130A3 Self Care: Eating Ability at Discharge	Indicates the patient's performance for self-feeding at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130A4_EATG_SELF_FLWP_CD	VARCHAR2 (2)	N	GG0130A4 Self Care: Eating Ability at Follow-Up	Indicates the patient's performance for self-feeding at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130B1_ORAL_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform oral hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130B2_ORAL_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130B2 Self Care: Oral Hygiene Goal by Discharge	Indicates the patient's goal to perform oral hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130B3_ORAL_HYGNE_DS_CHRG_CD	VARCHAR2 (2)	N	GG0130B3 Self Care: Oral Hygiene Ability at Discharge	Indicates the patient's ability to perform oral hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130B4_ORAL_HYGNE_FLWP_CD	VARCHAR2 (2)	N	GG0130B4 Self Care: Oral Hygiene Ability at Follow-Up	Indicates the patient's ability to perform oral hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130C1_TOILT_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform toileting hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130C2_TOILT_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge	Indicates the patient's goal to perform toileting hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130C3_TOILT_HYGNE_DS_SCHRG_CD	VARCHAR2 (2)	N	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge	Indicates the patient's ability to perform toileting hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130C4_TOILT_HYGNE_FLWP_CD	VARCHAR2 (2)	N	GG0130C4 Self Care: Toileting Hygiene Ability at Follow-Up	Indicates the patient's ability to perform toileting hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130E1_SHWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC	Indicates the patient's ability to shower/bathe self at the start of care/resumption of care.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0130E2_SHWR_GOAL_CD	VARCHAR2 (2)	N	GG0130E2 Self Care: Shower/Bathe Goal by Discharge	Indicates the patient's goal to shower/bathe self by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130E3_SHWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130E3 Self Care: Shower/Bathe Ability at Discharge	Indicates the patient's ability to shower/bathe self at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130F1_UPR_DRSG_ADMS_N_CD	VARCHAR2 (2)	N	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress above the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130F2_UPR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge	Indicates the patient's goal to dress above the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130F3_UPR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge	Indicates the patient's ability to dress above the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130G1_LWR_DRSG_ADM_SN_CD	VARCHAR2 (2)	N	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress below the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130G2_LWR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge	Indicates the patient's goal to dress below the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130G3_LWR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge	Indicates the patient's ability to dress below the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130H1_FTWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130H1 Self Care: Footwear Ability at SOC/ROC	Indicates the patient's ability to put on and take off footwear at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130H2_FTWR_GOAL_CD	VARCHAR2 (2)	N	GG0130H2 Self Care: Footwear Goal by Discharge	Indicates the patient's goal to put on and take off footwear by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0130H3_FTWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130H3 Self Care: Footwear Ability at Discharge	Indicates the patient's ability to put on and take off footwear at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170A1_ROLL_ADMSN_CD	VARCHAR2 (2)	N	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC	Indicates the patient's ability to roll left and right at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170A2_ROLL_GOAL_CD	VARCHAR2 (2)	N	GG0170A2 Mobility: Roll Left Right Goal by Discharge	Indicates the patient's goal for rolling left and right by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170A3_ROLL_DSCHRG_CD	VARCHAR2 (2)	N	GG0170A3 Mobility: Roll Left Right Ability at Discharge	Indicates the patient's ability to roll left and right at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170A4_ROLL_FLWP_CD	VARCHAR2 (2)	N	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up	Indicates the patient's ability to roll left and right at follow-up.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0170B1_SIT_ADMSN_CD	VARCHAR2 (2)	N	GG0170B1 Mobility: Sit to Lying at SOC/ROC	Indicates the patient's ability to move from a sitting to lying position at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170B2_SIT_GOAL_CD	VARCHAR2 (2)	N	GG0170B2 Mobility: Sit to Lying Goal by Discharge	Indicates the patient's goal to move from a sitting to lying position by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170B3_SIT_DSCHRG_CD	VARCHAR2 (2)	N	GG0170B3 Mobility: Sit to Lying at Discharge	Indicates the patient's ability to move from a sitting to lying position at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170B4_SIT_FLWP_CD	VARCHAR2 (2)	N	GG0170B4 Mobility: Sit to Lying at Follow-Up	Indicates the patient's ability to move from a sitting to lying position at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170C3_LYNG_DSCHRG_CD	VARCHAR2 (2)	N	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170C4_LYNG_FLWP_CD	VARCHAR2 (2)	N	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170C_LYNG_ADMSN_CD	VARCHAR2 (2)	N	GG0170C1 Mobility: Lying to Sitting at Side of Bed Ability at SOC/ROC	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170C_LYNG_GOAL_CD	VARCHAR2 (2)	N	GG0170C2 Mobility: Lying to Sitting at Side of Bed Goal by Discharge	Indicates the patient's goal to move from a lying to sitting position at the side of the bed by	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170D1_STAND_ADMSN_CD	VARCHAR2 (2)	N	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170D2_STAND_GOAL_CD	VARCHAR2 (2)	N	GG0170D2 Mobility: Sitting to Standing Goal by Discharge	Indicates the patient's goal to move to a standing position from a sitting position in a chair or on	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170D3_STAND_DSCHRG_CD	VARCHAR2 (2)	N	GG0170D3 Mobility: Sitting to Standing Ability at Discharge	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170D4_STAND_FLWP_CD	VARCHAR2 (2)	N	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170E1_CHR_TRNSF_ADM SN_CD	VARCHAR2 (2)	N	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC	Indicates the patient's ability to transfer from the bed or chair to another chair at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170E2_CHR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge	Indicates the patient's goal to transfer from the bed or chair to another chair by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170E3_CHR_TRNSF_DSCRG_CD	VARCHAR2 (2)	N	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge	Indicates the patient's ability to transfer from the bed or chair to another chair at discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0170E4_CHR_TRNSF_FLWP_CD	VARCHAR2 (2)	N	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up	Indicates the patient's ability to transfer from the bed or chair to another chair at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170F1_TOILT_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC	Indicates the patient's ability to safely transfer on or off the toilet at the start of care/resumption	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170F2_TOILT_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170F2 Mobility: Toilet Transfer Goal by Discharge	Indicates the patient's goal to transfer on or off the toilet by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170F3_TOILT_TRNSF_DSCHRG_CD	VARCHAR2 (2)	N	GG0170F3 Mobility: Toilet Transfer Ability at Discharge	Indicates the patient's ability to safely transfer on or off the toilet at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170F4_TOILT_TRNSF_FLWP_CD	VARCHAR2 (2)	N	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up	Indicates the patient's ability to safely transfer on or off the toilet at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170G1_CAR_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170G1 Mobility: Car transfer Ability at SOC/ROC	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170G2_CAR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170G2 Mobility: Car transfer Goal by Discharge	Indicates the patient's goal to transfer in and out of a car or van on the passenger side (does not	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170G3_CAR_TRNSF_DSCHRG_CD	VARCHAR2 (2)	N	GG0170G3 Mobility: Car transfer Ability at Discharge	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170I1_WLK_10_ADMSN_CD	VARCHAR2 (2)	N	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170I2_WLK_10_GOAL_CD	VARCHAR2 (2)	N	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge	Indicates the patient's goal once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170I3_WLK_10_DSCHRG_CD	VARCHAR2 (2)	N	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170I4_WLK_10_FLWP_CD	VARCHAR2 (2)	N	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170J1_WLK_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to walk at least 50 feet with two turns at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170J2_WLK_50_GOAL_CD	VARCHAR2 (2)	N	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge	Indicates the patient's goal to walk at least 50 feet with two turns by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170J3_WLK_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge	Indicates the patient's ability to walk at least 50 feet with two turns at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170J4_WLK_50_FLWP_CD	VARCHAR2 (2)	N	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to walk at least 50 feet with two turns at follow-up.	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0170K1_WLK_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170K2_WLK_150_GOAL_CD	VARCHAR2 (2)	N	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge	Indicates the patient's goal to walk at least 150 feet in a corridor or similar space by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170K3_WLK_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170L1_WLK_10U_ADMSN_CD	VARCHAR2 (2)	N	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170L2_WLK_10U_GOAL_CD	VARCHAR2 (2)	N	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge	Indicates the patient's goal to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170L3_WLK_10U_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170L4_WLK_10U_FLWP_CD	VARCHAR2 (2)	N	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170M1_STP_1_ADMSN_CD	VARCHAR2 (2)	N	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC	Indicates the patient's ability to go up and down a curb and/or up and down one step at the start	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170M2_STP_1_GOAL_CD	VARCHAR2 (2)	N	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge	Indicates the patient's goal to go up and down a curb and/or up and down one step by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170M3_STP_1_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge	Indicates the patient's ability to go up and down a curb and/or up and down one step at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170M4_STP_1_FLWP_CD	VARCHAR2 (2)	N	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up	Indicates the patient's ability to go up and down a curb and/or up and down one step at follow-	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170N1_STP_4_ADMSN_CD	VARCHAR2 (2)	N	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC	Indicates the patient's ability to go up and down four steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170N2_STP_4_GOAL_CD	VARCHAR2 (2)	N	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge	Indicates the patient's goal to go up and down four steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170N3_STP_4_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge	Indicates the patient's ability to go up and down four steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170N4_STP_4_FLWP_CD	VARCHAR2 (2)	N	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up	Indicates the patient's ability to go up and down four steps with or without a rail at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170O1_STP_12_ADMSN_CD	VARCHAR2 (2)	N	GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC	Indicates the patient's ability to go up and down 12 steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG017002_STP_12_GOAL_CD	VARCHAR2 (2)	N	GG017002 Mobility: Goal to Go Up 12 steps by Discharge	Indicates the patient's goal to go up and down 12 steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG017003_STP_12_DSCHRG_CD	VARCHAR2 (2)	N	GG017003 Mobility: Ability to Go Up 12 steps at Discharge	Indicates the patient's ability to go up and down 12 steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170P1_PCKP_OBJ_ADMS_N_CD	VARCHAR2 (2)	N	GG0170P1 Mobility: Ability to up Object at SOC/ROC	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170P2_PCKP_OBJ_GOAL_CD	VARCHAR2 (2)	N	GG0170P2 Mobility: Goal to up Object by Discharge	Indicates the patient's goal to bend/stoop from a standing position to pick up a small object, such	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170P3_PCKP_OBJ_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170P3 Mobility: Ability to up Object at Discharge	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY	GG0170Q1_WLCHR_ADMSN_CD	VARCHAR2 (1)	N	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC	Indicates whether the patient uses a wheelchair and/or scooter at the start of care/resumption of	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY	GG0170Q3_WLCHR_DSCHRG_CD	VARCHAR2 (1)	N	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge	Indicates whether the patient uses a wheelchair and/or scooter at discharge.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY	GG0170Q4_WLCHR_FLWP_CD	VARCHAR2 (1)	N	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up	Indicates whether the patient uses a wheelchair and/or scooter at follow-up.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY	GG0170R1_WHL_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170R2_WHL_50_GOAL_CD	VARCHAR2 (2)	N	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170R3_WHL_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170R4_WHL_50_FLWP_CD	VARCHAR2 (2)	N	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170RR1_WHLCHR_50_ADMSN_CD	VARCHAR2 (1)	N	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/ROC	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY	GG0170RR3_WHLCHR_50_DSCHR_G_CD	VARCHAR2 (1)	N	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Discharge	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	GG0170S1_WHL_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170S2_WHL_150_GOAL_CD	VARCHAR2 (2)	N	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170S3_WHL_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY	GG0170SS1_WHLCHR_150_ADMSN_CD	VARCHAR2 (1)	N	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC/ROC	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY	GG0170SS3_WHLCHR_150_DSCHR_CD	VARCHAR2 (1)	N	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Discharge	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY	HHA_AGENCY_ID	VARCHAR2 (16)	N	HHA Agency ID	This column contains the assigned agency ID.	
HHA_ASMT_FED_HSTRY	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_FED_HSTRY	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	
HHA_ASMT_FED_HSTRY	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_ASMT_FED_HSTRY	HHA_SUBMSN_DAY	DATE (7)	N	HHA Submission Day	This column contains the date the submission file was received by the system.	
HHA_ASMT_FED_HSTRY	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_FED_HSTRY	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_FED_HSTRY	J1800_FALL_LAST_ASMT_CD	VARCHAR2 (1)	N	J1800 Falls Since SOC/ROC	Indicates whether the resident had any falls since admission or prior assessment.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY	J1900A_FALL_NO_INJURY_CD	VARCHAR2 (1)	N	J1900A Number of Falls Since SOC/ROC With No Injury Code	Indicates the number of falls that resulted in no injury since admission or prior assessment.	HHA_NUM_FALL_CD
HHA_ASMT_FED_HSTRY	J1900B_FALL_INJURY_CD	VARCHAR2 (1)	N	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code	Indicates the number of falls that resulted in injury (except major) since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED_HSTRY	J1900C_FALL_MAJ_INJURY_CD	VARCHAR2 (1)	N	J1900C Number of Falls Since SOC/ROC With Major Injury Code	Indicates the number of falls that resulted in major injury since admission or prior	HHA_NUM_FALL_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	
HHA_ASMT_FED_HSTRY	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_FED_HSTRY	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_FED_HSTRY	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_FED_HSTRY	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_FED_HSTRY	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_FED_HSTRY	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_FED_HSTRY	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_FED_HSTRY	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_FED_HSTRY	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_FED_HSTRY	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_FED_HSTRY	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_FED_HSTRY	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP Code.	
HHA_ASMT_FED_HSTRY	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_FED_HSTRY	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_FED_HSTRY	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_FED_HSTRY	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_FED_HSTRY	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_FED_HSTRY	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_FED_HSTRY	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_FED_HSTRY	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_FED_HSTRY	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_FED_HSTRY	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD
HHA_ASMT_FED_HSTRY	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0140_AMRCN_INDN_AK_NTV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_FED_HSTRY	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
HHA_ASMT_FED_HSTRY	M1005_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_1_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 1 ICD-10-C M	This column lists the Inpatient Diagnosis 1 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_2_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 2 ICD-10-C M	This column lists the Inpatient Diagnosis 2 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_3_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 3 ICD-10-C M	This column lists the Inpatient Diagnosis 3 - ICD-10-C M code for conditions actively treated	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_4_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 4 ICD-10-C M	This column lists the Inpatient Diagnosis 4 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_5_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 5 ICD-10-C M	This column lists the Inpatient Diagnosis 5 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_6_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 6 ICD-10-C M	This column lists the Inpatient Diagnosis 6 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY	M1011_IP_DGNS10_NA_CD	VARCHAR2 (1)	N	M1011 Inpatient Diagnosis ICD-10-C M Not Applicable	This column indicates the patient was not discharged from an inpatient facility.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_FED_HSTRY	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_1_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 1 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 1 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_2_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 2 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 2 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_3_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 3 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 3 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_4_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 4 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 4 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_5_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 5 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 5 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_6_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 6 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 6 for those conditions	
HHA_ASMT_FED_HSTRY	M1017_MDCL_DGNS10_NA_CD	VARCHAR2 (1)	N	M1017 Regimen Change - Not Applicable ICD-10-C M Code	This column indicates the patient did not require medical or treatment regimen changes within the	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_DSRPTV_BHVR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1018_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1020_PRMRY_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1021_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1021 Primary Diagnosis ICD- 10-C M Code	This field lists the primary diagnosis ICD-10-C M code.	
HHA_ASMT_FED_HSTRY	M1021_PRMRY_SVRTY10_RA TG_CD	VARCHAR2 (2)	N	M1021 Primary Diagnosis Severity Rating ICD-10-C M Code	This field lists the severity of the primary diagnosis rating ICD-10-C M code.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_1_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_2_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_3_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_4_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_5_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1. ICD-9	
HHA_ASMT_FED_HSTRY	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2. ICD-9	
HHA_ASMT_FED_HSTRY	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3. ICD-9	
HHA_ASMT_FED_HSTRY	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4. ICD-9	
HHA_ASMT_FED_HSTRY	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5. ICD-9	
HHA_ASMT_FED_HSTRY	M1023_OTHR_1_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 1 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1023_OTHR_2_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 2 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1023_OTHR_3_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 3 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1023_OTHR_4_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 4 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 4.	HHA_DGNS_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1023_OTHR_5_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 5 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY	M1023_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 1.	
HHA_ASMT_FED_HSTRY	M1023_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 2.	
HHA_ASMT_FED_HSTRY	M1023_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 3.	
HHA_ASMT_FED_HSTRY	M1023_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 4.	
HHA_ASMT_FED_HSTRY	M1023_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 5.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS1_ MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS2_ MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS3_ MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS4_ MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS5_ MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS1_ CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS2_ CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS3_ CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS4_ CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1024_PMT_OTHR_DGNS5_ CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1024_PMT_PRMRY_DGNS_ CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 3	This field lists the ICD-9 case mix primary diagnosis, column 3.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 4	This field lists the ICD-9 case mix primary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHRDGNS10_1_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHRDGNS10_2_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHRDGNS10_3_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHRDGNS10_4_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHRDGNS10_5_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_HSTRY	M1025_OPT_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1025_OPT_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis ICD-10-C M Code	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 3.	
HHA_ASMT_FED_HSTRY	M1025_OPT_PRMRY_DGNS10_MULT_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis Multiple Codes ICD-10-C M	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 4.	
HHA_ASMT_FED_HSTRY	M1028_DM_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: DM	This column indicates whether the patient has an active diagnosis of Diabetes Mellitus (DM).	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY	M1028_NO_ACTV_DEASE_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: None of the above	Indicates active diagnoses are none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY	M1028_PVD_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: PVD or PAD	This column indicates whether the patient has an active diagnosis of Peripheral Vascular Disease	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLIST

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HHA_ASMT_FED_HSTRY	M1030_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_MULTHO_SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_MULT_M_DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_CMPLNC_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Difficulty with Medical Instructions	This field indicates if the patient is at risk for hospitalization due to reported or observed	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_EXHSTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Exhaustion	This field indicates if the patient is at risk for hospitalization due to current reports of	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_FALL_HS_TRY_CD	VARCHAR2 (1)	N	M1033 Risk for Hospitalization - Fall History	This field indicates if the patient is at risk for hospitalization due to history of falls (2 or more	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_FIVE_MD_CTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_MENTL_BHVR_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Mental, Emotional, Behavioral	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_MLT_ER_VISIT_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple ER Visits	This field indicates if the patient is at risk for hospitalization due to multiple emergency	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_MLT_HO_SP_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_NONE_A BV_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_OTHER_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1033_HOSP_RISK_WT_LOS S_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Weight Loss	This field indicates if the patient is at risk for hospitalization due to unintentional weight loss	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_FED_HSTRY	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M1041_INFLNZ_SEASN_CD	VARCHAR2 (1)	N	M1041 Influenza Season	This field indicates if the episode of care (SOC/ROC to Transfer/Discharge) include any	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1045_RSN_INFLNZ_NOT_R CV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_FED_HSTRY	M1046_INFLNZ_VCCN_RCVD _CD	VARCHAR2 (2)	N	M1046 Influenza Vaccine Received During Flu Season	This field indicates whether the patient received the influenza vaccine during this year's flu	HHA_INFLNZ_RCVD_CD
HHA_ASMT_FED_HSTRY	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1051_PVX_RCVD_EVER_C D	VARCHAR2 (1)	N	M1051 Pneumococcal Vaccine Ever Received	This field indicates if the patient has ever received the pneumococcal vaccination.	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1055_RSN_PPV_NOT_RCVD _CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_FED_HSTRY	M1056_RSN_PVX_NEVER_RC VD_CD	VARCHAR2 (2)	N	M1056 Pneumococcal Vaccine - Reason Never Received	This field indicates the reason why the patient has never received the pneumococcal	HHA_PVX_RCVD_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1060_HGT_NUM	VARCHAR2 (2)	N	M1060 Height in inches	This column contains the patient's height in inches.	
HHA_ASMT_FED_HSTRY	M1060_WT_NUM	VARCHAR2 (3)	N	M1060 Weight in pounds	This column contains the patient's weight in pounds.	
HHA_ASMT_FED_HSTRY	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_FED_HSTRY	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_FED_HSTRY	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_FED_HSTRY	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_FED_HSTRY	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD
HHA_ASMT_FED_HSTRY	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_FED_HSTRY	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_FED_HSTRY	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_FED_HSTRY	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_FED_HSTRY	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer/Injury at Stage II or Higher	Indicates whether the patient has at least one unhealed pressure ulcer/injury at stage II or	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	
HHA_ASMT_FED_HSTRY	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of onset of the oldest unhealed stage II pressure ulcer identified	HHA_OLDST_STUS_CD
HHA_ASMT_FED_HSTRY	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_FED_HSTRY	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_FED_HSTRY	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_FED_HSTRY	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	

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HHA_ASMT_FED_HSTRY	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	
HHA_ASMT_FED_HSTRY	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_FED_HSTRY	M1308_UNSTGBL_ULCR_DEEP_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY	M1308_UNSTGBL_ULCR_DRSENG_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY	M1308_UNSTGBL_ULCR_ESC_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY	M1308_U_ULCR_DEEP_ADM SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY	M1308_U_ULCR_DRSENG_ADM SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY	M1308_U_ULCR_ESC_ADM SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY	M1309_WRSNG_NSTG_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Nonstageable Pressure Ulcers at SOC/ROC	This field indicates the number of unstageable pressure ulcers due to slough or eschar that are	
HHA_ASMT_FED_HSTRY	M1309_WRSNG_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage II Pressure Ulcers at SOC/ROC	This field indicates the number of Stage II pressure ulcers that are new or have increased in	
HHA_ASMT_FED_HSTRY	M1309_WRSNG_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage III Pressure Ulcers at SOC/ROC	This field indicates the number of Stage III pressure ulcers that are new or have increased in	
HHA_ASMT_FED_HSTRY	M1309_WRSNG_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage IV Pressure Ulcers at SOC/ROC	This field indicates the number of Stage IV pressure ulcers that are new or have increased in	
HHA_ASMT_FED_HSTRY	M1310_STG_3_4_ULCR_LNGT H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_FED_HSTRY	M1311_STG_2_PU_ADM SN_NUM	VARCHAR2 (2)	N	M1311A2 Number of Stage 2 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 2 pressure ulcers present at most recent	

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HHA_ASMT_FED_HSTRY	M1311_STG_2_PU_NUM	VARCHAR2 (2)	N	M1311A1 Number of Stage 2 Pressure Ulcers	This column indicates the number of stage 2 pressure ulcers present.	
HHA_ASMT_FED_HSTRY	M1311_STG_3_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311B2 Number of Stage 3 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 3 pressure ulcers present at most recent	
HHA_ASMT_FED_HSTRY	M1311_STG_3_PU_NUM	VARCHAR2 (2)	N	M1311B1 Number of Stage 3 Pressure Ulcers	This column indicates the number of stage 3 pressure ulcers present.	
HHA_ASMT_FED_HSTRY	M1311_STG_4_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311C2 Number of Stage 4 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 4 pressure ulcers present at most recent	
HHA_ASMT_FED_HSTRY	M1311_STG_4_PU_NUM	VARCHAR2 (2)	N	M1311C1 Number of Stage 4 Pressure Ulcers	This column indicates the number of stage 4 pressure ulcers present.	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_DEEP_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311F2 Number of Unstageable Pressure Ulcers with Deep Tissue Injury	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_DRSNG_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311D2 Number of Unstageable Pressure Ulcers due to Dressing/Device	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_ESC_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311E2 Number of Unstageable Pressure Ulcers due to Slough/eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_PU_DEEP_NUM	VARCHAR2 (2)	N	M1311F1 Number of Unstageable Pressure Ulcers with Suspected Deep Tissue Injury Evolution	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_PU_DRSNG_NUM	VARCHAR2 (2)	N	M1311D1 Number of Unstageable Pressure Ulcers	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY	M1311_UNSTG_PU_ESC_NUM	VARCHAR2 (2)	N	M1311E1 Number of Unstageable Pressure Ulcers due to Slough/Eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED_HSTRY	M1312_STG_3_4_ULCR_WDTH_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_FED_HSTRY	M1313_WRSNG_DEEP_PU_NUM	VARCHAR2 (2)	N	M1313f Number of Worsening Pressure Ulcers Suspected Deep Tissue Injury	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY	M1313_WRSNG_DRSNG_PU_NUM	VARCHAR2 (2)	N	M1313d Number of Worsening Pressure Ulcers Due to Non-Removable Dressing	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY	M1313_WRSNG_ESC_PU_NUM	VARCHAR2 (2)	N	M1313e Number of Worsening Pressure Ulcers Due to Slough/Eschar	This column indicates the number of current pressure ulcers that were not present or were at a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1313_WRSNG_STG_2_PU_NUM	VARCHAR2 (2)	N	M1313a Number of Worsening Pressure Ulcers - Stage 2	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY	M1313_WRSNG_STG_3_PU_NUM	VARCHAR2 (2)	N	M1313b Number of Worsening Pressure Ulcers - Stage 3	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY	M1313_WRSNG_STG_4_PU_NUM	VARCHAR2 (2)	N	M1313c Number of Worsening Pressure Ulcers - Stage 4	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY	M1314_STG_3_4_ULCR_DPTH_NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_FED_HSTRY	M1320_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_FED_HSTRY	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number of Stage I Pressure Injuries	Indicates the current number of stage I pressure injuries.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_FED_HSTRY	M1324_PRBLM_PRSR_ULCR_STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer/Injury	Indicates the stage of the most problematic unhealed (observable) pressure ulcer/injury.	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_FED_HSTRY	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_FED_HSTRY	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_FED_HSTRY	M1334_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD
HHA_ASMT_FED_HSTRY	M1340_SRGL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND_CD
HHA_ASMT_FED_HSTRY	M1342_SRGL_WND_STUS_CD	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGL_WND_STUS_CD
HHA_ASMT_FED_HSTRY	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD
HHA_ASMT_FED_HSTRY	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLST

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HHA_ASMT_FED_HSTRY	M1410_RSPRTRY_TRTMT_N OA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLST
HHA_ASMT_FED_HSTRY	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_FED_HSTRY	M1501_SYMTM_HRT_FAILR_CD	VARCHAR2 (2)	N	M1501 Symptoms in Heart Failure Patients	This column indicates if patient has been diagnosed with heart failure and exhibits	HHA_HRT_FAILR_CD
HHA_ASMT_FED_HSTRY	M1510_HF_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1510_HF_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1510_HF_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1510_HF_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Obtained Change in Care Plan	This column indicates if patient has been diagnosed with heart failure and has exhibited Order	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Patient Education or Other Clinical Interventions	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_ER_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Patient Advised to Get Emergency Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_NO_ACTN_CD	VARCHAR2 (1)	N	M1511 Heart Failure Follow-up - No Action Taken	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Patients Physician Contacted	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY	M1511_HRT_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Implemented Physician-Ordered Patient-Specific Parameters for Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_FED_HSTRY	M1610_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_FED_HSTRY	M1615_URNRY_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_FED_HSTRY	M1620_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_FED_HSTRY	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_FED_HSTRY	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD
HHA_ASMT_FED_HSTRY	M1710_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSD_FREQ_CD
HHA_ASMT_FED_HSTRY	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_FED_HSTRY	M1730_DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_FED_HSTRY	M1730_PHQ2_DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_FED_HSTRY	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD
HHA_ASMT_FED_HSTRY	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_FED_HSTRY	M1750_PHYCH_NRSRG_SRVC_CD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_FED_HSTRY	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_FED_HSTRY	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD
HHA_ASMT_FED_HSTRY	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_FED_HSTRY	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_FED_HSTRY	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_FED_HSTRY	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_FED_HSTRY	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_FED_HSTRY	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD
HHA_ASMT_FED_HSTRY	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_FED_HSTRY	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD
HHA_ASMT_FED_HSTRY	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY	M1900_PRIOR_HSEHLD_TASK_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY	M1900_PRIOR_SELF_CARE_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY	M1910_FALL_RISK_ASMT_CD	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_FED_HSTRY	M2001_DRUG_RGMN_RVW_CD	VARCHAR2 (1)	N	M2001: Drug Regimen Review	This column indicates whether or not a drug regimen review identified any potential	HHA_DRUG_RGMN_RVW_CD
HHA_ASMT_FED_HSTRY	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_FED_HSTRY	M2003_PHYSN_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2003: Medication Follow-up	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_YES_NO_NO_INFO_BLANK
HHA_ASMT_FED_HSTRY	M2004_MDCTN_INTRVTN_CD	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2005_PHYSN_MDCTN_INTRVTN_CD	VARCHAR2 (1)	N	M2005: Medication Intervention	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_MDCTN_INTRVTN_CD
HHA_ASMT_FED_HSTRY	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK
HHA_ASMT_FED_HSTRY	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2016_PTNT_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2016: Patient/Caregiver Drug Education Intervention	This column indicates if the patient/caregiver was instructed to monitor the effectiveness of	HHA_DRUG_YES_NO_CD
HHA_ASMT_FED_HSTRY	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_FED_HSTRY	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD
HHA_ASMT_FED_HSTRY	M2040_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED_HSTRY	M2040_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED_HSTRY	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2100_ADVYCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_ADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - ADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_ADVC_Y_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Advocacy Or Facilitation	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_EQUIP_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Management of Equipment	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_IADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - IADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_MDCTN_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medication Administration	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_PRCDR_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medical Procedures/Treatments	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2102_CARE_ASTNC_SFTY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Supervision And Safety	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD
HHA_ASMT_FED_HSTRY	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO
HHA_ASMT_FED_HSTRY	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_FED_HSTRY	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2300_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMERGNT_CARE_CD
HHA_ASMT_FED_HSTRY	M2301_PTNT_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2301: Emergent Care	This column indicates if the patient has utilized a hospital emergency department since the most	HHA_EMERGNT_CARE_CD
HHA_ASMT_FED_HSTRY	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_RSPRTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2400_SYNPS_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2401_INTRV_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2401a: Diabetic Foot Care	This column indicates if the patient has undergone diabetic foot care since SOC/ROC	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2401_INTRV_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2401c: Depression Intervention(s)	This column indicates if the patient has undergone depression intervention(s).	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2401_INTRV_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2401b: Falls Prevention Interventions	This column indicates if the patient has undergone any falls prevention interventions	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2401_INTRV_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2401d: Intervention to monitor and mitigate pain	This column indicates if the patient has undergone intervention(s) to monitor and	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2401_INTRV_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2401f: Pressure Ulcer Treatment Based on Principles of Moist Wound Healing	This column indicates if the patient has undergone pressure ulcer treatment based upon	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2401_INTRV_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2401e: Intervention to Prevent Pressure Ulcers	This column indicates if the patient has undergone intervention(s) to prevent pressure	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_FED_HSTRY	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD
HHA_ASMT_FED_HSTRY	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_CRDC_DSRTM_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	M2440_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_FED_HSTRY	PRCSN_TS	TIMESTAMP(6) (11.6)	N	Processed Timestamp	This is the date/time that the submission file processing completed and when the	
HHA_ASMT_FED_HSTRY	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_FED_HSTRY	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_FED_HSTRY	SFTWR_PROD_NAME	VARCHAR2 (50)	N	Software Product Name	This is the name of the software that was used to create the OASIS data submission file.	
HHA_ASMT_FED_HSTRY	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_FED_HSTRY	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_FED_HSTRY	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_FED_HSTRY	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_FED_HSTRY	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_FED_HSTRY	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_FED_HSTRY	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_FED_HSTRY	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of record being submitted.	HHA_TRANS_TYPE_CD
HHA_ASMT_FED_HSTRY	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_ASMT_FED_HSTRY	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_FED_HSTRY	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_FED_HSTRY_VW	AGNCY_DOC_CD	VARCHAR2 (20)	N	Agency Document ID Code	This is an optional item that can be used by agency for unique identification of record and	
HHA_ASMT_FED_HSTRY_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	CREAT_TS	DATE (8)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_FED_HSTRY_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_FED_HSTRY_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_FED_HSTRY_VW	C_CCN_NUM	VARCHAR2 (12)	N	Calculated CMS Certification Number (CCN)	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY_VW	C_HICN_MBI_IND	VARCHAR2 (1)	N	Calculated HICN/MBI Indicator	This value is populated by the ASAP system during file processing and indicates the type of	
HHA_ASMT_FED_HSTRY_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_HSTRY_VW	C_RSDNT_AGE_NUM	VARCHAR2 (3)	N	Calculated Patient Age Number	This column contains the system calculated patient age number.	
HHA_ASMT_FED_HSTRY_VW	C_SSNRI_TRNSLTN_HICN_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation HICN Text	This is the resident's Health Insurance Claim Number [HICN] or Railroad Retirement Board	
HHA_ASMT_FED_HSTRY_VW	C_SSNRI_TRNSLTN_MBI_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation MBI Text	This is the resident's Medicare Beneficiary identifier (MBI) that is returned from the Social	
HHA_ASMT_FED_HSTRY_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_FED_HSTRY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_FED_HSTRY_VW	GG0100A_SELF_CARE_CD	VARCHAR2 (1)	N	GG0100A Prior Functioning: Self Care	Indicates the patient's prior functioning abilities for self care.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY_VW	GG0100B_INDR_MBLTY_CD	VARCHAR2 (1)	N	GG0100B Prior Functioning: Indoor Mobility (Ambulation)	Indicates the patient's prior functioning abilities for indoor mobility.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY_VW	GG0100C_STR_CD	VARCHAR2 (1)	N	GG0100C Prior Functioning: Stairs	Indicates the patient's prior functioning abilities with stairs.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY_VW	GG0100D_FNCTNL_CGNTN_CD	VARCHAR2 (1)	N	GG0100D Prior Functioning: Functional Cognition	Indicates the patient's prior functioning abilities for functional cognition.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_HSTRY_VW	GG0110A_MNL_WLCHR_CD	VARCHAR2 (1)	N	GG0110A Prior Device: Manual Wheelchair	Indicates the patient's prior use of a manual wheelchair.	HHA_CHKLIST_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	GG0110B_MTR_WLCHR_CD	VARCHAR2 (1)	N	GG0110B Prior Device: Motorized Wheelchair and/or Scooter	Indicates the patient's prior use of a motorized wheelchair and/or scooter.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	GG0110C_MCHNCL_LFT_CD	VARCHAR2 (1)	N	GG0110C Prior Device: Mechanical Lift	Indicates the patient's prior use of a mechanical lift.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	GG0110D_WLKR_CD	VARCHAR2 (1)	N	GG0110D Prior Device: Walker	Indicates the patient's prior use of a walker.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	GG0110E_PRSTHTC_CD	VARCHAR2 (1)	N	GG0110E Prior Device: Orthotics/Prosthetics	Indicates the patient's prior use of orthotics/prosthetics.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	GG0110Z_NO_PRIOR_MBLTY_CD	VARCHAR2 (1)	N	GG0110Z Prior Device: None of the Above	Indicates the patient's prior use of devices as none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	GG0130A1_EATG_SELF_ADM_SN_CD	VARCHAR2 (2)	N	GG0130A1 Self Care: Eating Ability at SOC/ROC	Indicates the patient's performance for self-feeding at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130A2_EATG_SELF_GOAL_CD	VARCHAR2 (2)	N	GG0130A2 Self Care: Eating Goal by Discharge	Indicates the patient's goal for self-feeding by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130A3_EATG_SELF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0130A3 Self Care: Eating Ability at Discharge	Indicates the patient's performance for self-feeding at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130A4_EATG_SELF_FLWP_CD	VARCHAR2 (2)	N	GG0130A4 Self Care: Eating Ability at Follow-Up	Indicates the patient's performance for self-feeding at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130B1_ORAL_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform oral hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130B2_ORAL_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130B2 Self Care: Oral Hygiene Goal by Discharge	Indicates the patient's goal to perform oral hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130B3_ORAL_HYGNE_DS_CHRG_CD	VARCHAR2 (2)	N	GG0130B3 Self Care: Oral Hygiene Ability at Discharge	Indicates the patient's ability to perform oral hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130B4_ORAL_HYGNE_FLWP_CD	VARCHAR2 (2)	N	GG0130B4 Self Care: Oral Hygiene Ability at Follow-Up	Indicates the patient's ability to perform oral hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130C1_TOILT_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform toileting hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130C2_TOILT_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge	Indicates the patient's goal to perform toileting hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130C3_TOILT_HYGNE_DS_SCHRG_CD	VARCHAR2 (2)	N	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge	Indicates the patient's ability to perform toileting hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130C4_TOILT_HYGNE_FLWP_CD	VARCHAR2 (2)	N	GG0130C4 Self Care: Toileting Hygiene Ability at Follow-Up	Indicates the patient's ability to perform toileting hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD

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HHA_ASMT_FED_HSTRY_VW	GG0130E1_SHWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC	Indicates the patient's ability to shower/bathe self at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130E2_SHWR_GOAL_CD	VARCHAR2 (2)	N	GG0130E2 Self Care: Shower/Bathe Goal by Discharge	Indicates the patient's goal to shower/bathe self by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130E3_SHWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130E3 Self Care: Shower/Bathe Ability at Discharge	Indicates the patient's ability to shower/bathe self at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130F1_UPR_DRSG_ADMSN_CD	VARCHAR2 (2)	N	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress above the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130F2_UPR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge	Indicates the patient's goal to dress above the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130F3_UPR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge	Indicates the patient's ability to dress above the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130G1_LWR_DRSG_ADMSN_CD	VARCHAR2 (2)	N	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress below the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130G2_LWR_DRSG_GOAL_CD	VARCHAR2 (2)	N	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge	Indicates the patient's goal to dress below the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130G3_LWR_DRSG_DSCHRG_CD	VARCHAR2 (2)	N	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge	Indicates the patient's ability to dress below the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130H1_FTWR_ADMSN_CD	VARCHAR2 (2)	N	GG0130H1 Self Care: Footwear Ability at SOC/ROC	Indicates the patient's ability to put on and take off footwear at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130H2_FTWR_GOAL_CD	VARCHAR2 (2)	N	GG0130H2 Self Care: Footwear Goal by Discharge	Indicates the patient's goal to put on and take off footwear by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0130H3_FTWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130H3 Self Care: Footwear Ability at Discharge	Indicates the patient's ability to put on and take off footwear at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170A1_ROLL_ADMSN_CD	VARCHAR2 (2)	N	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC	Indicates the patient's ability to roll left and right at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170A2_ROLL_GOAL_CD	VARCHAR2 (2)	N	GG0170A2 Mobility: Roll Left Right Goal by Discharge	Indicates the patient's goal for rolling left and right by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170A3_ROLL_DSCHRG_CD	VARCHAR2 (2)	N	GG0170A3 Mobility: Roll Left Right Ability at Discharge	Indicates the patient's ability to roll left and right at discharge.	HHA_PRFMNC_NA_CD

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HHA_ASMT_FED_HSTRY_VW	GG0170A4_ROLL_FLWP_CD	VARCHAR2 (2)	N	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up	Indicates the patient's ability to roll left and right at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170B1_SIT_ADMSN_CD	VARCHAR2 (2)	N	GG0170B1 Mobility: Sit to Lying at SOC/ROC	Indicates the patient's ability to move from a sitting to lying position at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170B2_SIT_GOAL_CD	VARCHAR2 (2)	N	GG0170B2 Mobility: Sit to Lying Goal by Discharge	Indicates the patient's goal to move from a sitting to lying position by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170B3_SIT_DSCHRG_CD	VARCHAR2 (2)	N	GG0170B3 Mobility: Sit to Lying at Discharge	Indicates the patient's ability to move from a sitting to lying position at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170B4_SIT_FLWP_CD	VARCHAR2 (2)	N	GG0170B4 Mobility: Sit to Lying at Follow-Up	Indicates the patient's ability to move from a sitting to lying position at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170C3_LYNG_DSCHRG_CD	VARCHAR2 (2)	N	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at Discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170C4_LYNG_FLWP_CD	VARCHAR2 (2)	N	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at Follow-Up	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170C_LYNG_ADMSN_CD	VARCHAR2 (2)	N	GG0170C1 Mobility: Lying to Sitting at Side of Bed Ability at SOC/ROC	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at SOC/ROC	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170C_LYNG_GOAL_CD	VARCHAR2 (2)	N	GG0170C2 Mobility: Lying to Sitting at Side of Bed Goal by Discharge	Indicates the patient's goal to move from a lying to sitting position at the side of the bed by Discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170D1_STAND_ADMSN_CD	VARCHAR2 (2)	N	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170D2_STAND_GOAL_CD	VARCHAR2 (2)	N	GG0170D2 Mobility: Sitting to Standing Goal by Discharge	Indicates the patient's goal to move to a standing position from a sitting position in a chair or on	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170D3_STAND_DSCHRG_CD	VARCHAR2 (2)	N	GG0170D3 Mobility: Sitting to Standing Ability at Discharge	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170D4_STAND_FLWP_CD	VARCHAR2 (2)	N	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170E1_CHR_TRNSF_ADM SN_CD	VARCHAR2 (2)	N	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC	Indicates the patient's ability to transfer from the bed or chair to another chair at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170E2_CHR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge	Indicates the patient's goal to transfer from the bed or chair to another chair by discharge.	HHA_PRFMNC_NA_CD

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HHA_ASMT_FED_HSTRY_VW	GG0170E3_CHR_TRNSF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge	Indicates the patient's ability to transfer from the bed or chair to another chair at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170E4_CHR_TRNSF_FLW_P_CD	VARCHAR2 (2)	N	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up	Indicates the patient's ability to transfer from the bed or chair to another chair at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170F1_TOILT_TRNSF_AD_MSN_CD	VARCHAR2 (2)	N	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC	Indicates the patient's ability to safely transfer on or off the toilet at the start of care/resumption	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170F2_TOILT_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170F2 Mobility: Toilet Transfer Goal by Discharge	Indicates the patient's goal to transfer on or off the toilet by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170F3_TOILT_TRNSF_DS_CHRG_CD	VARCHAR2 (2)	N	GG0170F3 Mobility: Toilet Transfer Ability at Discharge	Indicates the patient's ability to safely transfer on or off the toilet at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170F4_TOILT_TRNSF_FL_WP_CD	VARCHAR2 (2)	N	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up	Indicates the patient's ability to safely transfer on or off the toilet at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170G1_CAR_TRNSF_AD_MSN_CD	VARCHAR2 (2)	N	GG0170G1 Mobility: Car transfer Ability at SOC/ROC	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170G2_CAR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170G2 Mobility: Car transfer Goal by Discharge	Indicates the patient's goal to transfer in and out of a car or van on the passenger side (does not	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170G3_CAR_TRNSF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0170G3 Mobility: Car transfer Ability at Discharge	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170I1_WLK_10_ADMSN_CD	VARCHAR2 (2)	N	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170I2_WLK_10_GOAL_CD	VARCHAR2 (2)	N	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge	Indicates the patient's goal once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170I3_WLK_10_DSCHRG_CD	VARCHAR2 (2)	N	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170I4_WLK_10_FLWP_CD	VARCHAR2 (2)	N	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170J1_WLK_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to walk at least 50 feet with two turns at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170J2_WLK_50_GOAL_CD	VARCHAR2 (2)	N	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge	Indicates the patient's goal to walk at least 50 feet with two turns by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170J3_WLK_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge	Indicates the patient's ability to walk at least 50 feet with two turns at discharge.	HHA_PRFMNC_NA_SKIP_CD

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HHA_ASMT_FED_HSTRY_VW	GG0170J4_WLK_50_FLWP_CD	VARCHAR2 (2)	N	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to walk at least 50 feet with two turns at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170K1_WLK_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170K2_WLK_150_GOAL_CD	VARCHAR2 (2)	N	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge	Indicates the patient's goal to walk at least 150 feet in a corridor or similar space by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170K3_WLK_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170L1_WLK_10U_ADMSN_CD	VARCHAR2 (2)	N	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170L2_WLK_10U_GOAL_CD	VARCHAR2 (2)	N	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge	Indicates the patient's goal to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170L3_WLK_10U_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170L4_WLK_10U_FLWP_CD	VARCHAR2 (2)	N	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170M1_STP_1_ADMSN_CD	VARCHAR2 (2)	N	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC	Indicates the patient's ability to go up and down a curb and/or up and down one step at the start	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170M2_STP_1_GOAL_CD	VARCHAR2 (2)	N	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge	Indicates the patient's goal to go up and down a curb and/or up and down one step by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170M3_STP_1_DSCHRG_CD	VARCHAR2 (2)	N	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge	Indicates the patient's ability to go up and down a curb and/or up and down one step at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170M4_STP_1_FLWP_CD	VARCHAR2 (2)	N	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up	Indicates the patient's ability to go up and down a curb and/or up and down one step at follow-	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170N1_STP_4_ADMSN_CD	VARCHAR2 (2)	N	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC	Indicates the patient's ability to go up and down four steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170N2_STP_4_GOAL_CD	VARCHAR2 (2)	N	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge	Indicates the patient's goal to go up and down four steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170N3_STP_4_DSCHRG_CD	VARCHAR2 (2)	N	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge	Indicates the patient's ability to go up and down four steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170N4_STP_4_FLWP_CD	VARCHAR2 (2)	N	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up	Indicates the patient's ability to go up and down four steps with or without a rail at follow-up.	HHA_PRFMNC_NA_SKIP_CD

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HHA_ASMT_FED_HSTRY_VW	GG017001_STP_12_ADMSN_CD	VARCHAR2 (2)	N	GG017001 Mobility: Ability to Go Up 12 steps at SOC/ROC	Indicates the patient's ability to go up and down 12 steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG017002_STP_12_GOAL_CD	VARCHAR2 (2)	N	GG017002 Mobility: Goal to Go Up 12 steps by Discharge	Indicates the patient's goal to go up and down 12 steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG017003_STP_12_DSCHRG_CD	VARCHAR2 (2)	N	GG017003 Mobility: Ability to Go Up 12 steps at Discharge	Indicates the patient's ability to go up and down 12 steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170P1_PCKP_OBJ_ADMSN_CD	VARCHAR2 (2)	N	GG0170P1 Mobility: Ability to up Object at SOC/ROC	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170P2_PCKP_OBJ_GOAL_CD	VARCHAR2 (2)	N	GG0170P2 Mobility: Goal to up Object by Discharge	Indicates the patient's goal to bend/stoop from a standing position to pick up a small object, such	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170P3_PCKP_OBJ_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170P3 Mobility: Ability to up Object at Discharge	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_HSTRY_VW	GG0170Q1_WLCHR_ADMSN_CD	VARCHAR2 (1)	N	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC	Indicates whether the patient uses a wheelchair and/or scooter at the start of care/resumption of	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY_VW	GG0170Q3_WLCHR_DSCHRG_CD	VARCHAR2 (1)	N	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge	Indicates whether the patient uses a wheelchair and/or scooter at discharge.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY_VW	GG0170Q4_WLCHR_FLWP_CD	VARCHAR2 (1)	N	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up	Indicates whether the patient uses a wheelchair and/or scooter at follow-up.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY_VW	GG0170R1_WHL_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170R2_WHL_50_GOAL_CD	VARCHAR2 (2)	N	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170R3_WHL_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170R4_WHL_50_FLWP_CD	VARCHAR2 (2)	N	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170RR1_WHLCHR_50_ADMSN_CD	VARCHAR2 (1)	N	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/ROC	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY_VW	GG0170RR3_WHLCHR_50_DSCHRG_CD	VARCHAR2 (1)	N	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Discharge	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	GG0170S1_WHL_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170S2_WHL_150_GOAL_CD	VARCHAR2 (2)	N	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170S3_WHL_150_DSCHRG_CD	VARCHAR2 (2)	N	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_HSTRY_VW	GG0170SS1_WHLCHR_150_ADMSN_CD	VARCHAR2 (1)	N	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC/ROC	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY_VW	GG0170SS3_WHLCHR_150_DSCHRG_CD	VARCHAR2 (1)	N	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Discharge	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_HSTRY_VW	HHA_AGENCY_ID	VARCHAR2 (16)	N	HHA Agency ID	This column contains the assigned agency ID.	
HHA_ASMT_FED_HSTRY_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_FED_HSTRY_VW	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	
HHA_ASMT_FED_HSTRY_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_FED_HSTRY_VW	HHA_SUBMSN_DAY	DATE (7)	N	HHA Submission Day	This column contains the date the submission file was received by the system.	
HHA_ASMT_FED_HSTRY_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_FED_HSTRY_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_FED_HSTRY_VW	J1800_FALL_LAST_ASMT_CD	VARCHAR2 (1)	N	J1800 Falls Since SOC/ROC	Indicates whether the resident had any falls since admission or prior assessment.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_HSTRY_VW	J1900A_FALL_NO_INJURY_CD	VARCHAR2 (1)	N	J1900A Number of Falls Since SOC/ROC With No Injury Code	Indicates the number of falls that resulted in no injury since admission or prior assessment.	HHA_NUM_FALL_CD
HHA_ASMT_FED_HSTRY_VW	J1900B_FALL_INJURY_CD	VARCHAR2 (1)	N	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code	Indicates the number of falls that resulted in injury (except major) since admission or prior	HHA_NUM_FALL_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	J1900C_FALL_MAJ_INJURY_CD	VARCHAR2 (1)	N	J1900C Number of Falls Since SOC/ROC With Major Injury Code	Indicates the number of falls that resulted in major injury since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED_HSTRY_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	
HHA_ASMT_FED_HSTRY_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_FED_HSTRY_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_FED_HSTRY_VW	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_FED_HSTRY_VW	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_FED_HSTRY_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_FED_HSTRY_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_FED_HSTRY_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_FED_HSTRY_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_FED_HSTRY_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_FED_HSTRY_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_FED_HSTRY_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_FED_HSTRY_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_FED_HSTRY_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_FED_HSTRY_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_FED_HSTRY_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_FED_HSTRY_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_FED_HSTRY_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_FED_HSTRY_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_FED_HSTRY_VW	M0090_ASMT_CMPLT_DT	DATE (7)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_FED_HSTRY_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_FED_HSTRY_VW	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_FED_HSTRY_VW	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_FED_HSTRY_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD
HHA_ASMT_FED_HSTRY_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M0140_AMRCN_INDN_AK_N_TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0140_NTV_HI_PCFC_ISLND_R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_OTHR_GOV'T_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
HHA_ASMT_FED_HSTRY_VW	M1005_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_HSTRY_VW	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_1_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 1 ICD-10-C M	This column lists the Inpatient Diagnosis 1 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_2_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 2 ICD-10-C M	This column lists the Inpatient Diagnosis 2 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_3_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 3 ICD-10-C M	This column lists the Inpatient Diagnosis 3 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_4_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 4 ICD-10-C M	This column lists the Inpatient Diagnosis 4 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_5_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 5 ICD-10-C M	This column lists the Inpatient Diagnosis 5 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_6_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 6 ICD-10-C M	This column lists the Inpatient Diagnosis 6 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_HSTRY_VW	M1011_IP_DGNS10_NA_CD	VARCHAR2 (1)	N	M1011 Inpatient Diagnosis ICD-10-C M Not Applicable	This column indicates the patient was not discharged from an inpatient facility.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_FED_HSTRY_VW	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_1_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 1 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 1 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_2_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 2 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 2 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_3_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 3 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 3 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_4_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 4 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 4 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_5_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 5 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 5 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_6_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 6 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 6 for those conditions	
HHA_ASMT_FED_HSTRY_VW	M1017_MDCL_DGNS10_NA_CD	VARCHAR2 (1)	N	M1017 Regimen Change - Not Applicable ICD-10-C M Code	This column indicates the patient did not require medical or treatment regimen changes within the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_DSRPTV_BHR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1018_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_FED_HSTRY_VW	M1020_PRMRY_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1021_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1021 Primary Diagnosis ICD-10-C M Code	This field lists the primary diagnosis ICD-10-C M code.	
HHA_ASMT_FED_HSTRY_VW	M1021_PRMRY_SVRTY10_RA_TG_CD	VARCHAR2 (2)	N	M1021 Primary Diagnosis Severity Rating ICD-10-C M Code	This field lists the severity of the primary diagnosis rating ICD-10-C M code.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_1_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_2_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1.	
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2.	
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3.	
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4.	
HHA_ASMT_FED_HSTRY_VW	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5.	
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_1_SVRTY10_RATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 1 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 1.	HHA_DGNS_SVRTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_2_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 2 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_3_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 3 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_4_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 4 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_5_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 5 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 1.	
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 2.	
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 3.	
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 4.	
HHA_ASMT_FED_HSTRY_VW	M1023_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 5.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS1_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS2_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS3_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 3	This field lists the ICD-9 case mix primary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 4	This field lists the ICD-9 case mix primary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHRDGNS10_1_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHRDGNS10_2_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHRDGNS10_3_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHRDGNS10_4_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHRDGNS10_5_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis ICD-10-C M Code	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 3.	
HHA_ASMT_FED_HSTRY_VW	M1025_OPT_PRMRY_DGNS10_MULT_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis Multiple Codes ICD-10-C M	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 4.	
HHA_ASMT_FED_HSTRY_VW	M1028_DM_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: DM	This column indicates whether the patient has an active diagnosis of Diabetes Mellitus (DM).	HHA_CHKLIST_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1028_NO_ACTV_DEASE_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: None of the above	Indicates active diagnoses are none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	M1028_PVD_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: PVD or PAD	This column indicates whether the patient has an active diagnosis of Peripheral Vascular Disease	HHA_CHKLIST_NA
HHA_ASMT_FED_HSTRY_VW	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1030_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental, Decline	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_MULTHO_SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_MULT_M_DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_CMPLNC_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Difficulty with Medical Instructions	This field indicates if the patient is at risk for hospitalization due to reported or observed	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_EXHSTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Exhaustion	This field indicates if the patient is at risk for hospitalization due to current reports of	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_FALL_HS_TRY_CD	VARCHAR2 (1)	N	M1033 Risk for Hospitalization - Fall History	This field indicates if the patient is at risk for hospitalization due to history of falls (2 or more	HHA_CHKLIST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_FIVE_MD_CTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_MENTL_BHVR_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Mental, Emotional, Behavioral	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_MLT_ER_VISIT_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple ER Visits	This field indicates if the patient is at risk for hospitalization due to multiple emergency	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_MLT_HOSP_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_NONE_A_BV_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_OTHER_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1033_HOSP_RISK_WT_LOS_S_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Weight Loss	This field indicates if the patient is at risk for hospitalization due to unintentional weight loss	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M1041_INFLNZ_SEASN_CD	VARCHAR2 (1)	N	M1041 Influenza Season	This field indicates if the episode of care (SOC/ROC to Transfer/Discharge) include any	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1045_RSN_INFLNZ_NOT_RCV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_FED_HSTRY_VW	M1046_INFLNZ_VCCN_RCVD_CD	VARCHAR2 (2)	N	M1046 Influenza Vaccine Received During Flu Season	This field indicates whether the patient received the influenza vaccine during this year's flu	HHA_INFLNZ_RCVD_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1051_PVX_RCVD_EVER_CD	VARCHAR2 (1)	N	M1051 Pneumococcal Vaccine Ever Received	This field indicates if the patient has ever received the pneumococcal vaccination.	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1055_RSN_PPV_NOT_RCVD_CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_FED_HSTRY_VW	M1056_RSN_PVX_NEVER_RCVD_CD	VARCHAR2 (2)	N	M1056 Pneumococcal Vaccine - Reason Never Received	This field indicates the reason why the patient has never received the pneumococcal	HHA_PVX_RCVD_CD
HHA_ASMT_FED_HSTRY_VW	M1060_HGT_NUM	VARCHAR2 (2)	N	M1060 Height in inches	This column contains the patient's height in inches.	
HHA_ASMT_FED_HSTRY_VW	M1060_WT_NUM	VARCHAR2 (3)	N	M1060 Weight in pounds	This column contains the patient's weight in pounds.	
HHA_ASMT_FED_HSTRY_VW	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_FED_HSTRY_VW	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_FED_HSTRY_VW	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_FED_HSTRY_VW	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_FED_HSTRY_VW	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD
HHA_ASMT_FED_HSTRY_VW	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_FED_HSTRY_VW	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_FED_HSTRY_VW	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_FED_HSTRY_VW	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer/Injury at Stage II or Higher	Indicates whether the patient has at least one unhealed pressure ulcer/injury at stage II or	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of onset of the oldest unhealed stage II pressure ulcer identified	HHA_OLDST_STUS_CD
HHA_ASMT_FED_HSTRY_VW	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_FED_HSTRY_VW	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_FED_HSTRY_VW	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_FED_HSTRY_VW	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
HHA_ASMT_FED_HSTRY_VW	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	
HHA_ASMT_FED_HSTRY_VW	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_FED_HSTRY_VW	M1308_UNSTGBL_ULCR_DEEP_P_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY_VW	M1308_UNSTGBL_ULCR_DRDNG_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY_VW	M1308_UNSTGBL_ULCR_ESC_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY_VW	M1308_U_ULCR_DEEP_ADM_SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY_VW	M1308_U_ULCR_DRDNG_ADM_SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY_VW	M1308_U_ULCR_ESC_ADM_SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_HSTRY_VW	M1309_WRSNG_NSTG_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Nonstageable Pressure Ulcers at SOC/ROC	This field indicates the number of unstageable pressure ulcers due to slough or eschar that are	
HHA_ASMT_FED_HSTRY_VW	M1309_WRSNG_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage II Pressure Ulcers at SOC/ROC	This field indicates Stage II pressure ulcers that are new or have increased in numerical stage,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1309_WRSNG_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage III Pressure Ulcers at SOC/ROC	This field indicates the number of Stage III pressure ulcers that are new or have increased in	
HHA_ASMT_FED_HSTRY_VW	M1309_WRSNG_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage IV Pressure Ulcers at SOC/ROC	This field indicates the number of Stage IV pressure ulcers that are new or have increased in	
HHA_ASMT_FED_HSTRY_VW	M1310_STG_3_4_ULCR_LNGT_H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_2_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311A2 Number of Stage 2 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 2 pressure ulcers present at most recent	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_2_PU_NUM	VARCHAR2 (2)	N	M1311A1 Number of Stage 2 Pressure Ulcers	This column indicates the number of stage 2 pressure ulcers present.	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_3_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311B2 Number of Stage 3 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 3 pressure ulcers present at most recent	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_3_PU_NUM	VARCHAR2 (2)	N	M1311B1 Number of Stage 3 Pressure Ulcers	This column indicates the number of stage 3 pressure ulcers present.	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_4_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311C2 Number of Stage 4 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 4 pressure ulcers present at most recent	
HHA_ASMT_FED_HSTRY_VW	M1311_STG_4_PU_NUM	VARCHAR2 (2)	N	M1311C1 Number of Stage 4 Pressure Ulcers	This column indicates the number of stage 4 pressure ulcers present.	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_DEEP_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311F2 Number of Unstageable Pressure Ulcers with Deep Tissue Injury	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_DRNG_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311D2 Number of Unstageable Pressure Ulcers due to Dressing/Device	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_ESC_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311E2 Number of Unstageable Pressure Ulcers due to Slough/eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_PU_DEEP_NUM	VARCHAR2 (2)	N	M1311F1 Number of Unstageable Pressure Ulcers with Suspected Deep Tissue Injury Evolution	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_PU_DRNG_NUM	VARCHAR2 (2)	N	M1311D1 Number of Unstageable Pressure Ulcers	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED_HSTRY_VW	M1311_UNSTG_PU_ESC_NUM	VARCHAR2 (2)	N	M1311E1 Number of Unstageable Pressure Ulcers due to Slough/Eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1312_STG_3_4_ULCR_WDT_H_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_DEEP_PU_NUM	VARCHAR2 (2)	N	M1313f Number of Worsening Pressure Ulcers Suspected Deep Tissue Injury	This column indicates the number of current pressure ulcers that were not present or were at a Tissue Injury	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_DRNG_PU_NUM	VARCHAR2 (2)	N	M1313d Number of Worsening Pressure Ulcers Due to Non-Removable Dressing	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_ESC_PU_NUM	VARCHAR2 (2)	N	M1313e Number of Worsening Pressure Ulcers Due to Slough/Eschar	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_STG_2_PU_NUM	VARCHAR2 (2)	N	M1313a Number of Worsening Pressure Ulcers - Stage 2	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_STG_3_PU_NUM	VARCHAR2 (2)	N	M1313b Number of Worsening Pressure Ulcers - Stage 3	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY_VW	M1313_WRSNG_STG_4_PU_NUM	VARCHAR2 (2)	N	M1313c Number of Worsening Pressure Ulcers - Stage 4	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_HSTRY_VW	M1314_STG_3_4_ULCR_DPTH_NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_FED_HSTRY_VW	M1320_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_FED_HSTRY_VW	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number of Stage I Pressure Injuries	Indicates the current number of stage I pressure injuries.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_FED_HSTRY_VW	M1324_PRBLM_PRSR_ULCR_STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer/Injury	Indicates the stage of the most problematic unhealed (observable) pressure ulcer/injury.	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_FED_HSTRY_VW	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_FED_HSTRY_VW	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_FED_HSTRY_VW	M1334_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD
HHA_ASMT_FED_HSTRY_VW	M1340_SRGL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND_CD
HHA_ASMT_FED_HSTRY_VW	M1342_SRGL_WND_STUS_CD	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGL_WND_STUS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD
HHA_ASMT_FED_HSTRY_VW	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1410_RSPRTRY_TRTMT_N_OA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_FED_HSTRY_VW	M1501_SYMTM_HRT_FAILR_CD	VARCHAR2 (2)	N	M1501 Symptoms in Heart Failure Patients	This column indicates if patient has been diagnosed with heart failure and exhibits	HHA_HRT_FAILR_CD
HHA_ASMT_FED_HSTRY_VW	M1510_HF_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1510_HF_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1510_HF_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1510_HF_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Obtained Change in Care Plan	This column indicates if patient has been diagnosed with heart failure and has exhibited Order	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Education or Other Clinical Interventions	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_ER_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Advised to Get Emergency Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_NO_ACTN_CD	VARCHAR2 (1)	N	M1511 Heart Failure Follow-up: No Action Taken	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patients Physician Contacted	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1511_HRT_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Implemented Physician-Ordered Patient-Specific Parameters for Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_HSTRY_VW	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_FED_HSTRY_VW	M1610_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_FED_HSTRY_VW	M1615_URNRY_INCNTNC_FR_EQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1620_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_FED_HSTRY_VW	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD
HHA_ASMT_FED_HSTRY_VW	M1710_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSD_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1730_DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_FED_HSTRY_VW	M1730_PHQ2_DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_FED_HSTRY_VW	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD
HHA_ASMT_FED_HSTRY_VW	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_HSTRY_VW	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M1750_PHYCH_NRSRVC_CD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_FED_HSTRY_VW	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_FED_HSTRY_VW	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_FED_HSTRY_VW	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD
HHA_ASMT_FED_HSTRY_VW	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_FED_HSTRY_VW	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_FED_HSTRY_VW	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_FED_HSTRY_VW	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_FED_HSTRY_VW	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_FED_HSTRY_VW	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD
HHA_ASMT_FED_HSTRY_VW	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_FED_HSTRY_VW	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY_VW	M1900_PRIOR_HSEHLD_TASK_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY_VW	M1900_PRIOR_SELF_CARE_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY_VW	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_HSTRY_VW	M1910_FALL_RISK_ASMT_CD	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD
HHA_ASMT_FED_HSTRY_VW	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_FED_HSTRY_VW	M2001_DRUG_RGMN_RVW_CD	VARCHAR2 (1)	N	M2001: Drug Regimen Review	This column indicates whether or not a drug regimen review identified any potential	HHA_DRUG_RGMN_RVW_CD
HHA_ASMT_FED_HSTRY_VW	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_FED_HSTRY_VW	M2003_PHYSN_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2003: Medication Follow-up	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_YES_NO_NO_INFO_BLANK
HHA_ASMT_FED_HSTRY_VW	M2004_MDCTN_INTRVTN_CD	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2005_PHYSN_MDCTN_INTRVTN_CD	VARCHAR2 (1)	N	M2005: Medication Intervention	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_MDCTN_INTRVTN_CD
HHA_ASMT_FED_HSTRY_VW	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK
HHA_ASMT_FED_HSTRY_VW	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2016_PTNT_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2016: Patient/Caregiver Drug Education Intervention	This column indicates if the patient/caregiver was instructed to monitor the effectiveness of	HHA_DRUG_YES_NO_CD
HHA_ASMT_FED_HSTRY_VW	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_FED_HSTRY_VW	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD
HHA_ASMT_FED_HSTRY_VW	M2040_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2040_PRIOR_ORAL_MDCT_N_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED_HSTRY_VW	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_ADVCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_ADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - ADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_ADVCY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Advocacy Or Facilitation	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_EQUIP_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Management of Equipment	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_IADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - IADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_MDCTN_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medication Administration	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_PRCDR_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medical Procedures/Treatments	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2102_CARE_ASTNC_SFTY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Supervision And Safety	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_HSTRY_VW	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD
HHA_ASMT_FED_HSTRY_VW	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_FED_HSTRY_VW	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2300_EMRGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE_CD
HHA_ASMT_FED_HSTRY_VW	M2301_PTNT_EMRGNT_CARE_CD	VARCHAR2 (2)	N	M2301: Emergent Care	This column indicates if the patient has utilized a hospital emergency department since the most	HHA_EMRGNT_CARE_CD
HHA_ASMT_FED_HSTRY_VW	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_CRDC_DSRTM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper Administration	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_RSPTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2401a: Diabetic Foot Care	This column indicates if the patient has undergone diabetic foot care since SOC/ROC	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2401c: Depression Intervention(s)	This column indicates if the patient has undergone depression intervention(s).	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2401b: Falls Prevention Interventions	This column indicates if the patient has undergone any falls prevention interventions	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2401d: Intervention to monitor and mitigate pain	This column indicates if the patient has undergone intervention(s) to monitor and	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2401f: Pressure Ulcer Treatment Based on Principles of Moist Wound Healing	This column indicates if the patient has undergone pressure ulcer treatment based upon	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2401_INTRV_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2401e: Intervention to Prevent Pressure Ulcers	This column indicates if the patient has undergone intervention(s) to prevent pressure	HHA_YES_NO_NA
HHA_ASMT_FED_HSTRY_VW	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_FED_HSTRY_VW	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_CRDC_DSRTH_M_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	M2440_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_FED_HSTRY_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_FED_HSTRY_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_FED_HSTRY_VW	PRCSN_TS	DATE (8)	N	Processed Timestamp	This is the date/time that the submission file processing completed and when the	
HHA_ASMT_FED_HSTRY_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_FED_HSTRY_VW	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_FED_HSTRY_VW	SFTWR_PROD_NAME	VARCHAR2 (50)	N	Software Product Name	This is the name of the software that was used to create the OASIS data submission file.	
HHA_ASMT_FED_HSTRY_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_FED_HSTRY_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_FED_HSTRY_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_FED_HSTRY_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_FED_HSTRY_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_FED_HSTRY_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_FED_HSTRY_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_HSTRY_VW	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of record being submitted.	HHA_TRANS_TYPE_CD
HHA_ASMT_FED_HSTRY_VW	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_ASMT_FED_HSTRY_VW	UPDT_TS	DATE (8)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_FED_HSTRY_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_FED_VW	AGNCY_DOC_CD	VARCHAR2 (20)	N	Agency Document ID Code	This is an optional item that can be used by agency for unique identification of record and	
HHA_ASMT_FED_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_FED_VW	CREAT_TS	DATE (8)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_FED_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_FED_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_FED_VW	C_CCN_NUM	VARCHAR2 (12)	N	Calculated CMS Certification Number (CCN)	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_VW	C_HICN_MBI_IND	VARCHAR2 (1)	N	Calculated HICN/MBI Indicator	This value is populated by the ASAP system during file processing and indicates the type of	
HHA_ASMT_FED_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_FED_VW	C_RSDNT_AGE_NUM	VARCHAR2 (3)	N	Calculated Patient Age Number	This column contains the system calculated patient age number.	
HHA_ASMT_FED_VW	C_SSNRI_TRNSLTN_HICN_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation HICN Text	This is the resident's Health Insurance Claim Number [HICN] or Railroad Retirement Board	
HHA_ASMT_FED_VW	C_SSNRI_TRNSLTN_MBI_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation MBI Text	This is the resident's Medicare Beneficiary identifier (MBI) that is returned from the Social	
HHA_ASMT_FED_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_FED_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0100A_SELF_CARE_CD	VARCHAR2 (1)	N	GG0100A Prior Functioning: Self Care	Indicates the patient's prior functioning abilities for self care.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_VW	GG0100B_INDR_MBLTY_CD	VARCHAR2 (1)	N	GG0100B Prior Functioning: Indoor Mobility (Ambulation)	Indicates the patient's prior functioning abilities for indoor mobility.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_VW	GG0100C_STR_CD	VARCHAR2 (1)	N	GG0100C Prior Functioning: Stairs	Indicates the patient's prior functioning abilities with stairs.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_VW	GG0100D_FNCTNL_CGNTN_CD	VARCHAR2 (1)	N	GG0100D Prior Functioning: Functional Cognition	Indicates the patient's prior functioning abilities for functional cognition.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_FED_VW	GG0110A_MNL_WLCHR_CD	VARCHAR2 (1)	N	GG0110A Prior Device: Manual Wheelchair	Indicates the patient's prior use of a manual wheelchair.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0110B_MTR_WLCHR_CD	VARCHAR2 (1)	N	GG0110B Prior Device: Motorized Wheelchair and/or Scooter	Indicates the patient's prior use of a motorized wheelchair and/or scooter.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0110C_MCHNCL_LFT_CD	VARCHAR2 (1)	N	GG0110C Prior Device: Mechanical Lift	Indicates the patient's prior use of a mechanical lift.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0110D_WLKR_CD	VARCHAR2 (1)	N	GG0110D Prior Device: Walker	Indicates the patient's prior use of a walker.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0110E_PRSTHTC_CD	VARCHAR2 (1)	N	GG0110E Prior Device: Orthotics/Prosthetics	Indicates the patient's prior use of orthotics/prosthetics.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0110Z_NO_PRIOR_MBLTY_CD	VARCHAR2 (1)	N	GG0110Z Prior Device: None of the Above	Indicates the patient's prior use of devices as none of the above.	HHA_CHKLST_NA
HHA_ASMT_FED_VW	GG0130A1_EATG_SELF_ADM_SN_CD	VARCHAR2 (2)	N	GG0130A1 Self Care: Eating Ability at SOC/ROC	Indicates the patient's performance for self-feeding at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130A2_EATG_SELF_GOAL_CD	VARCHAR2 (2)	N	GG0130A2 Self Care: Eating Goal by Discharge	Indicates the patient's goal for self-feeding by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130A3_EATG_SELF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0130A3 Self Care: Eating Ability at Discharge	Indicates the patient's performance for self-feeding at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130A4_EATG_SELF_FLWP_CD	VARCHAR2 (2)	N	GG0130A4 Self Care: Eating Ability at Follow-Up	Indicates the patient's performance for self-feeding at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130B1_ORAL_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform oral hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130B2_ORAL_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130B2 Self Care: Oral Hygiene Goal by Discharge	Indicates the patient's goal to perform oral hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130B3_ORAL_HYGNE_DS_CHRG_CD	VARCHAR2 (2)	N	GG0130B3 Self Care: Oral Hygiene Ability at Discharge	Indicates the patient's ability to perform oral hygiene tasks at discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0130B4_ORAL_HYGNE_FL WP_CD	VARCHAR2 (2)	N	GG0130B4 Self Care: Oral Hygiene Ability at Follow-Up	Indicates the patient's ability to perform oral hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130C1_TOILT_HYGNE_A DMSN_CD	VARCHAR2 (2)	N	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform toileting hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130C2_TOILT_HYGNE_G OAL_CD	VARCHAR2 (2)	N	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge	Indicates the patient's goal to perform toileting hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130C3_TOILT_HYGNE_D SCHRG_CD	VARCHAR2 (2)	N	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge	Indicates the patient's ability to perform toileting hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130C4_TOILT_HYGNE_F LWP_CD	VARCHAR2 (2)	N	GG0130C4 Self Care: Toileting Hygiene Ability at Follow-Up	Indicates the patient's ability to perform toileting hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130E1_SHWR_ADMSN_C D	VARCHAR2 (2)	N	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC	Indicates the patient's ability to shower/bathe self at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130E2_SHWR_GOAL_CD	VARCHAR2 (2)	N	GG0130E2 Self Care: Shower/Bathe Goal by Discharge	Indicates the patient's goal to shower/bathe self by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130E3_SHWR_DSCHRG_ CD	VARCHAR2 (2)	N	GG0130E3 Self Care: Shower/Bathe Ability at Discharge	Indicates the patient's ability to shower/bathe self at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130F1_UPR_DRSG_ADMS N_CD	VARCHAR2 (2)	N	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress above the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130F2_UPR_DRSG_GOAL _CD	VARCHAR2 (2)	N	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge	Indicates the patient's goal to dress above the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130F3_UPR_DRSG_DSCH RG_CD	VARCHAR2 (2)	N	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge	Indicates the patient's ability to dress above the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130G1_LWR_DRSG_ADM SN_CD	VARCHAR2 (2)	N	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress below the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130G2_LWR_DRSG_GOA L_CD	VARCHAR2 (2)	N	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge	Indicates the patient's goal to dress below the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130G3_LWR_DRSG_DSC HRG_CD	VARCHAR2 (2)	N	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge	Indicates the patient's ability to dress below the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130H1_FTWR_ADMSN_C D	VARCHAR2 (2)	N	GG0130H1 Self Care: Footwear Ability at SOC/ROC	Indicates the patient's ability to put on and take off footwear at the start of care/resumption of	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0130H2_FTWR_GOAL_CD	VARCHAR2 (2)	N	GG0130H2 Self Care: Footwear Goal by Discharge	Indicates the patient's goal to put on and take off footwear by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0130H3_FTWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130H3 Self Care: Footwear Ability at Discharge	Indicates the patient's ability to put on and take off footwear at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170A1_ROLL_ADMSN_CD	VARCHAR2 (2)	N	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC	Indicates the patient's ability to roll left and right at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170A2_ROLL_GOAL_CD	VARCHAR2 (2)	N	GG0170A2 Mobility: Roll Left Right Goal by Discharge	Indicates the patient's goal for rolling left and right by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170A3_ROLL_DSCHRG_CD	VARCHAR2 (2)	N	GG0170A3 Mobility: Roll Left Right Ability at Discharge	Indicates the patient's ability to roll left and right at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170A4_ROLL_FLWP_CD	VARCHAR2 (2)	N	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up	Indicates the patient's ability to roll left and right at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170B1_SIT_ADMSN_CD	VARCHAR2 (2)	N	GG0170B1 Mobility: Sit to Lying at SOC/ROC	Indicates the patient's ability to move from a sitting to lying position at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170B2_SIT_GOAL_CD	VARCHAR2 (2)	N	GG0170B2 Mobility: Sit to Lying Goal by Discharge	Indicates the patient's goal to move from a sitting to lying position by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170B3_SIT_DSCHRG_CD	VARCHAR2 (2)	N	GG0170B3 Mobility: Sit to Lying at Discharge	Indicates the patient's ability to move from a sitting to lying position at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170B4_SIT_FLWP_CD	VARCHAR2 (2)	N	GG0170B4 Mobility: Sit to Lying at Follow-Up	Indicates the patient's ability to move from a sitting to lying position at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170C3_LYNG_DSCHRG_CD	VARCHAR2 (2)	N	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170C4_LYNG_FLWP_CD	VARCHAR2 (2)	N	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at follow-up	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170C_LYNG_ADMSN_CD	VARCHAR2 (2)	N	GG0170C1 Mobility: Lying to Sitting at Side of Bed Ability at SOC/ROC	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at SOC/ROC	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170C_LYNG_GOAL_CD	VARCHAR2 (2)	N	GG0170C2 Mobility: Lying to Sitting at Side of Bed Goal by Discharge	Indicates the patient's goal to move from a lying to sitting position at the side of the bed by discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170D1_STAND_ADMSN_CD	VARCHAR2 (2)	N	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170D2_STAND_GOAL_CD	VARCHAR2 (2)	N	GG0170D2 Mobility: Sitting to Standing Goal by Discharge	Indicates the patient's goal to move to a standing position from a sitting position in a chair or on	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0170D3_STAND_DSCHRG_CD	VARCHAR2 (2)	N	GG0170D3 Mobility: Sitting to Standing Ability at Discharge	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170D4_STAND_FLWP_CD	VARCHAR2 (2)	N	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170E1_CHR_TRNSF_ADM_SN_CD	VARCHAR2 (2)	N	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC	Indicates the patient's ability to transfer from the bed or chair to another chair at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170E2_CHR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge	Indicates the patient's goal to transfer from the bed or chair to another chair by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170E3_CHR_TRNSF_DSCRG_CD	VARCHAR2 (2)	N	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge	Indicates the patient's ability to transfer from the bed or chair to another chair at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170E4_CHR_TRNSF_FOLLOWUP_CD	VARCHAR2 (2)	N	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up	Indicates the patient's ability to transfer from the bed or chair to another chair at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170F1_TOILT_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC	Indicates the patient's ability to safely transfer on or off the toilet at the start of care/resumption	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170F2_TOILT_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170F2 Mobility: Toilet Transfer Goal by Discharge	Indicates the patient's goal to transfer on or off the toilet by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170F3_TOILT_TRNSF_DSCHRG_CD	VARCHAR2 (2)	N	GG0170F3 Mobility: Toilet Transfer Ability at Discharge	Indicates the patient's ability to safely transfer on or off the toilet at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170F4_TOILT_TRNSF_FOLLOWUP_CD	VARCHAR2 (2)	N	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up	Indicates the patient's ability to safely transfer on or off the toilet at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170G1_CAR_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170G1 Mobility: Car transfer Ability at SOC/ROC	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170G2_CAR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170G2 Mobility: Car transfer Goal by Discharge	Indicates the patient's goal to transfer in and out of a car or van on the passenger side (does not	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170G3_CAR_TRNSF_DSCRG_CD	VARCHAR2 (2)	N	GG0170G3 Mobility: Car transfer Ability at Discharge	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170I1_WLK_10_ADMSN_CD	VARCHAR2 (2)	N	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170I2_WLK_10_GOAL_CD	VARCHAR2 (2)	N	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge	Indicates the patient's goal once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170I3_WLK_10_DSCHRG_CD	VARCHAR2 (2)	N	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0170I4_WLK_10_FLWP_CD	VARCHAR2 (2)	N	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170J1_WLK_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to walk at least 50 feet with two turns at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170J2_WLK_50_GOAL_CD	VARCHAR2 (2)	N	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge	Indicates the patient's goal to walk at least 50 feet with two turns by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170J3_WLK_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge	Indicates the patient's ability to walk at least 50 feet with two turns at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170J4_WLK_50_FLWP_CD	VARCHAR2 (2)	N	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to walk at least 50 feet with two turns at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170K1_WLK_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170K2_WLK_150_GOAL_CD	VARCHAR2 (2)	N	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge	Indicates the patient's goal to walk at least 150 feet in a corridor or similar space by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170K3_WLK_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170L1_WLK_10U_ADMSN_CD	VARCHAR2 (2)	N	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170L2_WLK_10U_GOAL_CD	VARCHAR2 (2)	N	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge	Indicates the patient's goal to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170L3_WLK_10U_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170L4_WLK_10U_FLWP_CD	VARCHAR2 (2)	N	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170M1_STP_1_ADMSN_CD	VARCHAR2 (2)	N	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC	Indicates the patient's ability to go up and down a curb and/or up and down one step at the start	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170M2_STP_1_GOAL_CD	VARCHAR2 (2)	N	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge	Indicates the patient's goal to go up and down a curb and/or up and down one step by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170M3_STP_1_DSCHRG_CD	VARCHAR2 (2)	N	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge	Indicates the patient's ability to go up and down a curb and/or up and down one step at discharge.	HHA_PRFMNC_NA_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0170M4_STP_1_FLWP_CD	VARCHAR2 (2)	N	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up	Indicates the patient's ability to go up and down a curb and/or up and down one step at follow-	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170N1_STP_4_ADMSN_CD	VARCHAR2 (2)	N	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC	Indicates the patient's ability to go up and down four steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170N2_STP_4_GOAL_CD	VARCHAR2 (2)	N	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge	Indicates the patient's goal to go up and down four steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170N3_STP_4_DSCHRG_CD	VARCHAR2 (2)	N	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge	Indicates the patient's ability to go up and down four steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170N4_STP_4_FLWP_CD	VARCHAR2 (2)	N	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up	Indicates the patient's ability to go up and down four steps with or without a rail at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170O1_STP_12_ADMSN_CD	VARCHAR2 (2)	N	GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC	Indicates the patient's ability to go up and down 12 steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170O2_STP_12_GOAL_CD	VARCHAR2 (2)	N	GG0170O2 Mobility: Goal to Go Up 12 steps by Discharge	Indicates the patient's goal to go up and down 12 steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170O3_STP_12_DSCHRG_CD	VARCHAR2 (2)	N	GG0170O3 Mobility: Ability to Go Up 12 steps at Discharge	Indicates the patient's ability to go up and down 12 steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170P1_PCKP_OBJ_ADMSN_CD	VARCHAR2 (2)	N	GG0170P1 Mobility: Ability to up Object at SOC/ROC	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170P2_PCKP_OBJ_GOAL_CD	VARCHAR2 (2)	N	GG0170P2 Mobility: Goal to up Object by Discharge	Indicates the patient's goal to bend/stoop from a standing position to pick up a small object, such	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170P3_PCKP_OBJ_DSCHRG_CD	VARCHAR2 (2)	N	GG0170P3 Mobility: Ability to up Object at Discharge	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_FED_VW	GG0170Q1_WLCHR_ADMSN_CD	VARCHAR2 (1)	N	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC	Indicates whether the patient uses a wheelchair and/or scooter at the start of care/resumption of	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_VW	GG0170Q3_WLCHR_DSCHRG_CD	VARCHAR2 (1)	N	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge	Indicates whether the patient uses a wheelchair and/or scooter at discharge.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_VW	GG0170Q4_WLCHR_FLWP_CD	VARCHAR2 (1)	N	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up	Indicates whether the patient uses a wheelchair and/or scooter at follow-up.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_VW	GG0170R1_WHL_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170R2_WHL_50_GOAL_CD	VARCHAR2 (2)	N	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	GG0170R3_WHL_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170R4_WHL_50_FLWP_CD	VARCHAR2 (2)	N	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170RR1_WHLCHR_50_ADMSN_CD	VARCHAR2 (1)	N	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/ROC	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED_VW	GG0170RR3_WHLCHR_50_DSCHRG_CD	VARCHAR2 (1)	N	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Discharge	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_FED_VW	GG0170S1_WHL_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170S2_WHL_150_GOAL_CD	VARCHAR2 (2)	N	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170S3_WHL_150_DSCHRG_CD	VARCHAR2 (2)	N	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_FED_VW	GG0170SS1_WHLCHR_150_ADMSN_CD	VARCHAR2 (1)	N	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC/ROC	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_VW	GG0170SS3_WHLCHR_150_DSCHRG_CD	VARCHAR2 (1)	N	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Discharge	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_FED_VW	HHA_AGENCY_ID	VARCHAR2 (16)	N	HHA Agency ID	This column contains the assigned agency ID.	
HHA_ASMT_FED_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_FED_VW	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	
HHA_ASMT_FED_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_FED_VW	HHA_SUBMSN_DAY	DATE (7)	N	HHA Submission Day	This column contains the date the submission file was received by the system.	
HHA_ASMT_FED_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_FED_VW	J1800_FALL_LAST_ASMT_CD	VARCHAR2 (1)	N	J1800 Falls Since SOC/ROC	Indicates whether the resident had any falls since admission or prior assessment.	HHA_YES_NO_NO_INFO
HHA_ASMT_FED_VW	J1900A_FALL_NO_INJURY_CD	VARCHAR2 (1)	N	J1900A Number of Falls Since SOC/ROC With No Injury Code	Indicates the number of falls that resulted in no injury since admission or prior assessment.	HHA_NUM_FALL_CD
HHA_ASMT_FED_VW	J1900B_FALL_INJURY_CD	VARCHAR2 (1)	N	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code	Indicates the number of falls that resulted in injury (except major) since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED_VW	J1900C_FALL_MAJ_INJURY_CD	VARCHAR2 (1)	N	J1900C Number of Falls Since SOC/ROC With Major Injury Code	Indicates the number of falls that resulted in major injury since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_FED_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	
HHA_ASMT_FED_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_FED_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_FED_VW	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_FED_VW	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_FED_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_FED_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_FED_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_FED_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_FED_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_FED_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_FED_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_FED_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_FED_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_FED_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLIST
HHA_ASMT_FED_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_FED_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_FED_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLIST
HHA_ASMT_FED_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLIST
HHA_ASMT_FED_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_FED_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_FED_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_FED_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_FED_VW	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_FED_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_FED_VW	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_FED_VW	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_FED_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLST
HHA_ASMT_FED_VW	M0140_AMRCN_INDN_AK_N TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	HHA_CHKLST
HHA_ASMT_FED_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLST
HHA_ASMT_FED_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLST
HHA_ASMT_FED_VW	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLST
HHA_ASMT_FED_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLST
HHA_ASMT_FED_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLST
HHA_ASMT_FED_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_FED_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_FED_VW	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLST
HHA_ASMT_FED_VW	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLST
HHA_ASMT_FED_VW	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This column indicates the most recent inpatient discharge date.	
HHA_ASMT_FED_VW	M1005_IP_DSCHRG_UNK_TXT	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_VW	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_VW	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_VW	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_VW	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_1_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 1 ICD-10-C M	This column lists the Inpatient Diagnosis 1 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_2_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 2 ICD-10-C M	This column lists the Inpatient Diagnosis 2 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_3_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 3 ICD-10-C M	This column lists the Inpatient Diagnosis 3 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_4_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 4 ICD-10-C M	This column lists the Inpatient Diagnosis 4 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_5_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 5 ICD-10-C M	This column lists the Inpatient Diagnosis 5 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_6_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 6 ICD-10-C M	This column lists the Inpatient Diagnosis 6 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_FED_VW	M1011_IP_DGNS10_NA_CD	VARCHAR2 (1)	N	M1011 Inpatient Diagnosis ICD-10-C M Not Applicable	This column indicates the patient was not discharged from an inpatient facility.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_FED_VW	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_FED_VW	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_FED_VW	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_FED_VW	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_FED_VW	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLIST
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_1_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 1 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 1 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_2_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 2 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 2 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_3_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 3 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 3 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_4_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 4 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 4 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_5_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 5 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 5 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_6_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 6 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 6 for those conditions	
HHA_ASMT_FED_VW	M1017_MDCL_DGNS10_NA_CD	VARCHAR2 (1)	N	M1017 Regimen Change - Not Applicable ICD-10-C M Code	This column indicates the patient did not require medical or treatment regimen changes within the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_DSRPTV_BHVR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLIST
HHA_ASMT_FED_VW	M1018_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLIST
HHA_ASMT_FED_VW	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_FED_VW	M1020_PRMRY_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1021_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1021 Primary Diagnosis ICD-10-C M Code	This field lists the primary diagnosis ICD-10-C M code.	
HHA_ASMT_FED_VW	M1021_PRMRY_SVRTY10_RA_TG_CD	VARCHAR2 (2)	N	M1021 Primary Diagnosis Severity Rating ICD-10-C M Code	This field lists the severity of the primary diagnosis rating ICD-10-C M code.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_1_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_2_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1. ICD-9	
HHA_ASMT_FED_VW	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2. ICD-9	
HHA_ASMT_FED_VW	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3. ICD-9	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4.	
HHA_ASMT_FED_VW	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5.	
HHA_ASMT_FED_VW	M1023_OTHR_1_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 1 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1023_OTHR_2_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 2 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1023_OTHR_3_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 3 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1023_OTHR_4_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 4 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1023_OTHR_5_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 5 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_FED_VW	M1023_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 1.	
HHA_ASMT_FED_VW	M1023_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 2.	
HHA_ASMT_FED_VW	M1023_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 3.	
HHA_ASMT_FED_VW	M1023_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 4.	
HHA_ASMT_FED_VW	M1023_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 5.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 3	This field lists the ICD-9 case mix primary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 4	This field lists the ICD-9 case mix primary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1025_OPT_OTHRDGNS10_1_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1025_OPT_OTHRDGNS10_2_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_VW	M1025_OPT_OTHRDGNS10_3_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1025_OPT_OTHRDGNS10_4_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_VW	M1025_OPT_OTHRDGNS10_5_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 4.	
HHA_ASMT_FED_VW	M1025_OPT_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1025_OPT_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_FED_VW	M1025_OPT_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 3.	
HHA_ASMT_FED_VW	M1025_OPT_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_FED_VW	M1025_OPT_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 3.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1025_OPT_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis ICD-10-C M Code	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 3.	
HHA_ASMT_FED_VW	M1025_OPT_PRMRY_DGNS10_MULT_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis Multiple Codes ICD-10-C M	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 4.	
HHA_ASMT_FED_VW	M1028_DM_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: DM	This column indicates whether the patient has an active diagnosis of Diabetes Mellitus (DM).	HHA_CHKLIST_NA
HHA_ASMT_FED_VW	M1028_NO_ACTV_DEASE_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: None of the above	Indicates active diagnoses are none of the above.	HHA_CHKLIST_NA
HHA_ASMT_FED_VW	M1028_PVD_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: PVD or PAD	This column indicates whether the patient has an active diagnosis of Peripheral Vascular Disease	HHA_CHKLIST_NA
HHA_ASMT_FED_VW	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1030_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_MULTHO_SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_MULT_M_DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST
HHA_ASMT_FED_VW	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_CMPLNC_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Difficulty with Medical Instructions	This field indicates if the patient is at risk for hospitalization due to reported or observed	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1033_HOSP_RISK_EXHSTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Exhaustion	This field indicates if the patient is at risk for hospitalization due to current reports of	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_FALL_HS_TRY_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Fall History	This field indicates if the patient is at risk for hospitalization due to history of falls (2 or more	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_FIVE_MD_CTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_MENTL_BHVR_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Mental, Emotional, Behavioral	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_MLT_ER_VISIT_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple ER Visits	This field indicates if the patient is at risk for hospitalization due to multiple emergency	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_MLT_HOSP_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_NONE_A_BV_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_OTHER_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_FED_VW	M1033_HOSP_RISK_WT_LOSS_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Weight Loss	This field indicates if the patient is at risk for hospitalization due to unintentional weight loss	HHA_CHKLIST
HHA_ASMT_FED_VW	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_FED_VW	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLIST
HHA_ASMT_FED_VW	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_FED_VW	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLIST
HHA_ASMT_FED_VW	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M1041_INFLNZ_SEASN_CD	VARCHAR2 (1)	N	M1041 Influenza Season	This field indicates if the episode of care (SOC/ROC to Transfer/Discharge) include any	HHA_YES_NO

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1045_RSN_INFLNZ_NOT_RCV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_FED_VW	M1046_INFLNZ_VCCN_RCVD_CD	VARCHAR2 (2)	N	M1046 Influenza Vaccine Received During Flu Season	This field indicates whether the patient received the influenza vaccine during this year's flu	HHA_INFLNZ_RCVD_CD
HHA_ASMT_FED_VW	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_FED_VW	M1051_PVX_RCVD_EVER_CD	VARCHAR2 (1)	N	M1051 Pneumococcal Vaccine Ever Received	This field indicates if the patient has ever received the pneumococcal vaccination.	HHA_YES_NO
HHA_ASMT_FED_VW	M1055_RSN_PPV_NOT_RCVD_CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_FED_VW	M1056_RSN_PVX_NEVER_RCVD_CD	VARCHAR2 (2)	N	M1056 Pneumococcal Vaccine - Reason Never Received	This field indicates the reason why the patient has never received the pneumococcal	HHA_PVX_RCVD_CD
HHA_ASMT_FED_VW	M1060_HGT_NUM	VARCHAR2 (2)	N	M1060 Height in inches	This column contains the patient's height in inches.	
HHA_ASMT_FED_VW	M1060_WT_NUM	VARCHAR2 (3)	N	M1060 Weight in pounds	This column contains the patient's weight in pounds.	
HHA_ASMT_FED_VW	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_FED_VW	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_FED_VW	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_FED_VW	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_FED_VW	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD
HHA_ASMT_FED_VW	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_FED_VW	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_FED_VW	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_FED_VW	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_FED_VW	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer/Injury at Stage II or Higher	Indicates whether the patient has at least one unhealed pressure ulcer/injury at stage II or	HHA_YES_NO

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HHA_ASMT_FED_VW	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	
HHA_ASMT_FED_VW	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of onset of the oldest unhealed stage II pressure ulcer identified	HHA_OLDST_STUS_CD
HHA_ASMT_FED_VW	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_FED_VW	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_FED_VW	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_FED_VW	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
HHA_ASMT_FED_VW	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	
HHA_ASMT_FED_VW	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_FED_VW	M1308_UNSTGBL_ULCR_DEEP_P_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_VW	M1308_UNSTGBL_ULCR_DRNG_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_VW	M1308_UNSTGBL_ULCR_ESC_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_VW	M1308_U_ULCR_DEEP_ADM_SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_VW	M1308_U_ULCR_DRNG_ADMMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_FED_VW	M1308_U_ULCR_ESC_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_FED_VW	M1309_WRSNG_NSTG_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Nonstageable Pressure Ulcers at SOC/ROC	This field indicates the number of unstageable pressure ulcers due to slough or eschar that are	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1309_WRSNG_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage II Pressure Ulcers at SOC/ROC	This field indicates Stage II pressure ulcers that are new or have increased in numerical stage,	
HHA_ASMT_FED_VW	M1309_WRSNG_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage III Pressure Ulcers at SOC/ROC	This field indicates the number of Stage III pressure ulcers that are new or have increased in	
HHA_ASMT_FED_VW	M1309_WRSNG_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage IV Pressure Ulcers at SOC/ROC	This field indicates the number of Stage IV pressure ulcers that are new or have increased in	
HHA_ASMT_FED_VW	M1310_STG_3_4_ULCR_LNGT_H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_FED_VW	M1311_STG_2_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311A2 Number of Stage 2 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 2 pressure ulcers present at most recent	
HHA_ASMT_FED_VW	M1311_STG_2_PU_NUM	VARCHAR2 (2)	N	M1311A1 Number of Stage 2 Pressure Ulcers	This column indicates the number of stage 2 pressure ulcers present.	
HHA_ASMT_FED_VW	M1311_STG_3_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311B2 Number of Stage 3 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 3 pressure ulcers present at most recent	
HHA_ASMT_FED_VW	M1311_STG_3_PU_NUM	VARCHAR2 (2)	N	M1311B1 Number of Stage 3 Pressure Ulcers	This column indicates the number of stage 3 pressure ulcers present.	
HHA_ASMT_FED_VW	M1311_STG_4_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311C2 Number of Stage 4 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 4 pressure ulcers present at most recent	
HHA_ASMT_FED_VW	M1311_STG_4_PU_NUM	VARCHAR2 (2)	N	M1311C1 Number of Stage 4 Pressure Ulcers	This column indicates the number of stage 4 pressure ulcers present.	
HHA_ASMT_FED_VW	M1311_UNSTG_DEEP_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311F2 Number of Unstageable Pressure Ulcers with Deep Tissue Injury	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_VW	M1311_UNSTG_DRNG_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311D2 Number of Unstageable Pressure Ulcers due to Dressing/Device	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_FED_VW	M1311_UNSTG_ESC_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311E2 Number of Unstageable Pressure Ulcers due to Slough/eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED_VW	M1311_UNSTG_PU_DEEP_NUM	VARCHAR2 (2)	N	M1311F1 Number of Unstageable Pressure Ulcers with Suspected Deep Tissue Injury Evolution	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_FED_VW	M1311_UNSTG_PU_DRNG_NUM	VARCHAR2 (2)	N	M1311D1 Number of Unstageable Pressure Ulcers	This column indicates the number of unstageable pressure ulcers due to non-	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1311_UNSTG_PU_ESC_NUM	VARCHAR2 (2)	N	M1311E1 Number of Unstageable Pressure Ulcers due to Slough/Eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_FED_VW	M1312_STG_3_4_ULCR_WDTH_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_FED_VW	M1313_WRSNG_DEEP_PU_NUM	VARCHAR2 (2)	N	M1313f Number of Worsening Pressure Ulcers Suspected Deep Tissue Injury	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1313_WRSNG_DRNG_PU_NUM	VARCHAR2 (2)	N	M1313d Number of Worsening Pressure Ulcers Due to Non-Removable Dressing	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1313_WRSNG_ESC_PU_NUM	VARCHAR2 (2)	N	M1313e Number of Worsening Pressure Ulcers Due to Slough/Eschar	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1313_WRSNG_STG_2_PU_NUM	VARCHAR2 (2)	N	M1313a Number of Worsening Pressure Ulcers - Stage 2	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1313_WRSNG_STG_3_PU_NUM	VARCHAR2 (2)	N	M1313b Number of Worsening Pressure Ulcers - Stage 3	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1313_WRSNG_STG_4_PU_NUM	VARCHAR2 (2)	N	M1313c Number of Worsening Pressure Ulcers - Stage 4	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_FED_VW	M1314_STG_3_4_ULCR_DPTH_NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_FED_VW	M1320_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_FED_VW	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number of Stage I Pressure Injuries	Indicates the current number of stage I pressure injuries.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_FED_VW	M1324_PRBLM_PRSR_ULCR_STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer/Injury	Indicates the stage of the most problematic unhealed (observable) pressure ulcer/injury.	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_FED_VW	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_FED_VW	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_FED_VW	M1334_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M1334 Status of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1340_SRGLCL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGLCL_WND_CD
HHA_ASMT_FED_VW	M1342_SRGLCL_WND_STUS_CD	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGLCL_WND_STUS_CD
HHA_ASMT_FED_VW	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_FED_VW	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD
HHA_ASMT_FED_VW	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLST
HHA_ASMT_FED_VW	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLST
HHA_ASMT_FED_VW	M1410_RSPRTRY_TRTMT_NOA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLST
HHA_ASMT_FED_VW	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLST
HHA_ASMT_FED_VW	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_FED_VW	M1501_SYMTM_HRT_FAILR_CD	VARCHAR2 (2)	N	M1501 Symptoms in Heart Failure Patients	This column indicates if patient has been diagnosed with heart failure and exhibits	HHA_HRT_FAILR_CD
HHA_ASMT_FED_VW	M1510_HF_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1510_HF_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1510_HF_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1510_HF_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_FED_VW	M1511_HRT_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Obtained Change in Care Plan	This column indicates if patient has been diagnosed with heart failure and has exhibited Order	HHA_CHKLST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1511_HRT_CLNCL_INTRVT_N_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Education or Other Clinical Interventions	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1511_HRT_ER_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Advised to Get Emergency Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1511_HRT_NO_ACTN_CD	VARCHAR2 (1)	N	M1511 Heart Failure Follow-up: No Action Taken	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1511_HRT_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patients Physician Contacted	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1511_HRT_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Implemented Physician-Ordered Patient-Specific Parameters for Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_FED_VW	M1610_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_FED_VW	M1615_URNRY_INCNTNC_FR_EQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_FED_VW	M1620_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_FED_VW	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_FED_VW	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD
HHA_ASMT_FED_VW	M1710_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSD_FREQ_CD
HHA_ASMT_FED_VW	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_FED_VW	M1730_DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_FED_VW	M1730_PHQ2_DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_FED_VW	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_VW	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_FED_VW	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_FED_VW	M1750_PHYCH_NRSR_SRVC_CD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_FED_VW	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_FED_VW	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_FED_VW	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD
HHA_ASMT_FED_VW	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_FED_VW	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_FED_VW	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_FED_VW	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_FED_VW	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_FED_VW	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_FED_VW	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD
HHA_ASMT_FED_VW	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_VW	M1900_PRIOR_HSEHLD_TASK_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDNCY_CD
HHA_ASMT_FED_VW	M1900_PRIOR_SELF_CARE_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDNCY_CD
HHA_ASMT_FED_VW	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDNCY_CD
HHA_ASMT_FED_VW	M1910_FALL_RISK_ASMT_CD	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD
HHA_ASMT_FED_VW	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_FED_VW	M2001_DRUG_RGMN_RVW_CD	VARCHAR2 (1)	N	M2001: Drug Regimen Review	This column indicates whether or not a drug regimen review identified any potential	HHA_DRUG_RGMN_RVW_CD
HHA_ASMT_FED_VW	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_FED_VW	M2003_PHYSN_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2003: Medication Follow-up	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_YES_NO_NO_INFO_BLANK
HHA_ASMT_FED_VW	M2004_MDCTN_INTRVTN_CD	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2005_PHYSN_MDCTN_INTRVTN_CD	VARCHAR2 (1)	N	M2005: Medication Intervention	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_MDCTN_INTRVTN_CD
HHA_ASMT_FED_VW	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK
HHA_ASMT_FED_VW	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2016_PTNT_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2016: Patient/Caregiver Drug Education Intervention	This column indicates if the patient/caregiver was instructed to monitor the effectiveness of	HHA_DRUG_YES_NO_CD
HHA_ASMT_FED_VW	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_FED_VW	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2040_PRIOR_INJCT_MDCT_N_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED_VW	M2040_PRIOR_ORAL_MDCT_N_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_FED_VW	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_ADVCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_ADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - ADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_ADVCY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Advocacy Or Facilitation	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_EQUIP_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Management of Equipment	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_IADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - IADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_MDCT_N_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medication Administration	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_PRCDR_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medical Procedures/Treatments	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2102_CARE_ASTNC_SFTY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Supervision And Safety	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_FED_VW	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO
HHA_ASMT_FED_VW	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_FED_VW	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2300_EMRGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE_CD
HHA_ASMT_FED_VW	M2301_PTNT_EMRGNT_CARE_CD	VARCHAR2 (2)	N	M2301: Emergent Care	This column indicates if the patient has utilized a hospital emergency department since the most	HHA_EMRGNT_CARE_CD
HHA_ASMT_FED_VW	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_RSPRTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2400_SYNPS_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2401a: Diabetic Foot Care	This column indicates if the patient has undergone diabetic foot care since SOC/ROC	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2401c: Depression Intervention(s)	This column indicates if the patient has undergone depression intervention(s).	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2401b: Falls Prevention Interventions	This column indicates if the patient has undergone any falls prevention interventions	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2401d: Intervention to monitor and mitigate pain	This column indicates if the patient has undergone intervention(s) to monitor and	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2401f: Pressure Ulcer Treatment Based on Principles of Moist Wound Healing	This column indicates if the patient has undergone pressure ulcer treatment based upon	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2401_INTRV_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2401e: Intervention to Prevent Pressure Ulcers	This column indicates if the patient has undergone intervention(s) to prevent pressure	HHA_YES_NO_NA
HHA_ASMT_FED_VW	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_FED_VW	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD
HHA_ASMT_FED_VW	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	M2440_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_FED_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_FED_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_FED_VW	PRCSN_TS	DATE (8)	N	Processed Timestamp	This is the date/time that the submission file processing completed and when the	
HHA_ASMT_FED_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_FED_VW	RSDNT_MATCH_CRITIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_FED_VW	SFTWR_PROD_NAME	VARCHAR2 (50)	N	Software Product Name	This is the name of the software that was used to create the OASIS data submission file.	
HHA_ASMT_FED_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_FED_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_FED_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_FED_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_FED_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_FED_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_FED_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_FED_VW	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of record being submitted.	HHA_TRANS_TYPE_CD
HHA_ASMT_FED_VW	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_ASMT_FED_VW	UPDT_TS	DATE (8)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_FED_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_HSTRY_SMR Y_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_HSTRY_SMR Y_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_HSTRY_SMR Y_VW	FACID	VARCHAR2 (16)	N	Facility Identification	The facility identification assigned by the state, this is also known as Agency ID for OASIS.	
HHA_ASMT_HSTRY_SMR Y_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_HSTRY_SMR Y_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_HSTRY_SMR Y_VW	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	
HHA_ASMT_HSTRY_SMR Y_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_HSTRY_SMR Y_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_HSTRY_SMR Y_VW	HIC_NUM	VARCHAR2 (12)	N	Health Insurance Claim Number	This is the patient's Medicare number.	
HHA_ASMT_HSTRY_SMR Y_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_HSTRY_SMR Y_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_HSTRY_SMR Y_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_HSTRY_SMR Y_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_HSTRY_SMR Y_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_HSTRY_SMR Y_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_HSTRY_SMR Y_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_ID_CROSSW LK	CRCTN_NUM	NUMBER (2.0)	N			
HHA_ASMT_ID_CROSSW LK	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_ID_CROSSW LK	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_ID_CROSSW LK	DTRMND_VRSN	VARCHAR2 (1)	N	Version of Assessment	This field contains the OASIS version the assessment is based upon. Will display B if	
HHA_ASMT_ID_CROSSW LK	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_ID_CROSSW LK	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_ID_CROSSW LK	OASIS_ASMT_EFF_DATE	DATE (8)	N	OASIS Assessment Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
HHA_ASMT_ID_CROSSW LK	OASIS_AST_END_VER_DT	DATE (7)	N			
HHA_ASMT_ID_CROSSW LK	OASIS_AST_MOD_IND	VARCHAR2 (1)	N	OASIS Assessment Modification Indicator	This field contains the OASIS assessment modification indicator.	
HHA_ASMT_ID_CROSSW LK	OASIS_HHA_ASMT_INT_ID	NUMBER (15.0)	N	Pre-ASAP OASIS HHA Assessment Internal ID	This field contains the HHA assessment ID value used by the HHA state system (pre-	
HHA_ASMT_ID_CROSSW LK	OASIS_ORIG_ASMT_INT_ID	NUMBER (15.0)	N	Pre-ASAP OASIS Assessment Internal ID	The field contains the pre-ASAP original assessment ID.	
HHA_ASMT_ID_CROSSW LK	OASIS_SFTW_ID	VARCHAR2 (9)	N	OASIS Software Vendor ID	The field contains the OASIS software vendor identification number.	
HHA_ASMT_ID_CROSSW LK	OASIS_STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	
HHA_ASMT_ID_CROSSW LK	OASIS_SUBMISSION_DATE	DATE (8)	N	OASIS Original Submission Date	The field contains the original OASIS HHA assessment submission date.	
HHA_ASMT_ID_CROSSW LK	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	The field contains the original OASIS HHA assessment ID.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_ID_CROSSW LK	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_ID_CROSSW LK	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_LTGTN_HLD	CCN	VARCHAR2 (12)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
HHA_ASMT_LTGTN_HLD	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_LTGTN_HLD	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_LTGTN_HLD	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	This column contains the facility internal ID for the provider. This is populated only when the	
HHA_ASMT_LTGTN_HLD	LTGTN_HLD_CMMNT	VARCHAR2 (500)	N	Litigation Hold Comment	Comment regarding the litigation hold.	
HHA_ASMT_LTGTN_HLD	LTGTN_HLD_RQST_DT	DATE (8)	N	Litigation Hold Request Date	Date the litigation hold was requested.	
HHA_ASMT_LTGTN_HLD	LTGTN_HLD_RSCND_DT	DATE (8)	N	Litigation Hold Rescind Date	Date the litigation hold was rescinded. If the litigation is still open, the date will be	
HHA_ASMT_LTGTN_HLD	LTGTN_HLD_TRGT_BGN_DT	DATE (8)	N	Litigation Hold Target Start Date	Starting target date of the assessments to be held. The target date is based upon the type of	
HHA_ASMT_LTGTN_HLD	LTGTN_HLD_TRGT_END_DT	DATE (8)	N	Litigation Hold Target End Date	Ending target date of the assessments to be held. The target date is based upon the type of	
HHA_ASMT_LTGTN_HLD	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a unique number, assigned by the system, which identifies a patient. The combination of	
HHA_ASMT_LTGTN_HLD	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the two-digit state abbreviation code.	STATES
HHA_ASMT_LTGTN_HLD	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This column contains the date and time that the record was updated in the database.	
HHA_ASMT_LTGTN_HLD	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This column contains the user ID that updated the record in the database.	
HHA_ASMT_LTGTN_HLD _ARCHV	CCN	VARCHAR2 (12)	N	CCN	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
HHA_ASMT_LTGTN_HLD _ARCHV	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_LTGTN_HLD _ARCHV	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_LTGTN_HLD_ARCHV	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	This column contains the facility internal ID for the provider. This is populated only when the	
HHA_ASMT_LTGTN_HLD_ARCHV	LTGTN_HLD_CMMNT	VARCHAR2 (500)	N	Litigation Hold Comment	Comment regarding the litigation hold.	
HHA_ASMT_LTGTN_HLD_ARCHV	LTGTN_HLD_RQST_DT	DATE (8)	N	Litigation Hold Request Date	Date the litigation hold was requested.	
HHA_ASMT_LTGTN_HLD_ARCHV	LTGTN_HLD_RSCND_DT	DATE (8)	N	Litigation Hold Rescind Date	Date the litigation hold was rescinded. If the litigation is still open, the date will be	
HHA_ASMT_LTGTN_HLD_ARCHV	LTGTN_HLD_TRGT_BGN_DT	DATE (8)	N	Litigation Hold Target Start Date	Starting target date of the assessments to be held. The target date is based upon the type of	
HHA_ASMT_LTGTN_HLD_ARCHV	LTGTN_HLD_TRGT_END_DT	DATE (8)	N	Litigation Hold Target End Date	Ending target date of the assessments to be held. The target date is based upon the type of	
HHA_ASMT_LTGTN_HLD_ARCHV	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a unique number, assigned by the system, which identifies a patient. The combination of	
HHA_ASMT_LTGTN_HLD_ARCHV	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the two-digit state abbreviation code.	STATES
HHA_ASMT_LTGTN_HLD_ARCHV	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This column contains the date and time that the record was updated in the database.	
HHA_ASMT_LTGTN_HLD_ARCHV	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This column contains the user ID that updated the record in the database.	
HHA_ASMT_OASISB	ASMT_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment for OASIS B. C = Current, M = Modified, X = Inactive.	
HHA_ASMT_OASISB	AST_BEG_VER_DT	DATE (7)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_OASISB	AST_END_VER_DT	DATE (7)	N	Assessment Ending Version Date	Date of the submission file that contains the record to correct or inactivate the assessment.	
HHA_ASMT_OASISB	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_OASISB	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_OASISB	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_OASISB	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_OASISB	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_OASISB	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_OASISB	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_OASISB	LOCK_DATE	DATE (8)	N	Lock-In Date	The lock-in date for the HHA assessment.	
HHA_ASMT_OASISB	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (6)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record (M0010).	
HHA_ASMT_OASISB	M0012_MDCD_ID	VARCHAR2 (15)	N	M0012 Agency Medicaid Number	Agency Medicaid provider number (M0012) for OASIS B assessments. This item is not	
HHA_ASMT_OASISB	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_OASISB	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_OASISB	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_OASISB	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_OASISB	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_OASISB	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	
HHA_ASMT_OASISB	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_OASISB	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_OASISB	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_OASISB	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_OASISB	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_OASISB	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	
HHA_ASMT_OASISB	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_OASISB	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_OASISB	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	
HHA_ASMT_OASISB	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	
HHA_ASMT_OASISB	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_OASISB	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to June and the	
HHA_ASMT_OASISB	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	
HHA_ASMT_OASISB	M0072_PHYS_ID	VARCHAR2 (10)	N	M0072 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_OASISB	M0072_PHYS_UNK_TXT	VARCHAR2 (1)	N	M0072 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	
HHA_ASMT_OASISB	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	
HHA_ASMT_OASISB	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_OASISB	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	
HHA_ASMT_OASISB	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	
HHA_ASMT_OASISB	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
HHA_ASMT_OASISB	M0140_AMRCN_INDN_AK_N TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	
HHA_ASMT_OASISB	M0140_ETHNCTY_UNK_TXT	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Unknown	The data in this column indicates the patient's race is unknown.	
HHA_ASMT_OASISB	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	
HHA_ASMT_OASISB	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	
HHA_ASMT_OASISB	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	
HHA_ASMT_OASISB	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	
HHA_ASMT_OASISB	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	
HHA_ASMT_OASISB	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	
HHA_ASMT_OASISB	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	
HHA_ASMT_OASISB	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	
HHA_ASMT_OASISB	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	
HHA_ASMT_OASISB	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	
HHA_ASMT_OASISB	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	
HHA_ASMT_OASISB	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	
HHA_ASMT_OASISB	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	
HHA_ASMT_OASISB	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	
HHA_ASMT_OASISB	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	
HHA_ASMT_OASISB	M0160_LMT_FIN_EXPNS_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0160_LMT_FIN_FOOD_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Food	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0160_LMT_FIN_NONE_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: None	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0160_LMT_FIN_OTHR_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Other	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0160_LMT_FIN_RENT_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Rent	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0160_LMT_FIN_SUPLY_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical Supplies	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB	M0170_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0170 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0170_DSCHRG_NH_CD	VARCHAR2 (1)	N	M0170 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0170_DSCHRG_NONE_CD	VARCHAR2 (1)	N	M0170 Discharge - None	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB	M0170_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0170 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0170_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0170 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0175_DCSHRG_NH_CD	VARCHAR2 (1)	N	M0175 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0175_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0175 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0175_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0175 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0175_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0175 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB	M0175_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M0175 Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_OASISB	M0175_NO_DSCHRG_CD	VARCHAR2 (1)	N	M0175 Discharge - No	This column indicates the patient was not discharged from an inpatient facility during the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0180_IP_DSCHRG_DT	VARCHAR2 (8)	N	M0180 Inpatient Discharge Date	This column indicates the most recent inpatient discharge date.	
HHA_ASMT_OASISB	M0180_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M0180 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	
HHA_ASMT_OASISB	M0190_IP_DGNS_1_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 1 ICD-9	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB	M0190_IP_DGNS_2_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 2 ICD-9	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB	M0200_RGMN_CHG_CD	VARCHAR2 (1)	N	M0200 Medical or Treatment Regimen Change	This column indicates if patient has experienced a change in medical or treatment regimen within	
HHA_ASMT_OASISB	M0210_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_OASISB	M0210_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_OASISB	M0210_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_OASISB	M0210_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_OASISB	M0220_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	
HHA_ASMT_OASISB	M0220_PRIOR_COND_NOA_C D	VARCHAR2 (1)	N	M0220 Prior Condition - None of Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	
HHA_ASMT_OASISB	M0220_PRIOR_COND_UNK_C D	VARCHAR2 (1)	N	M0220 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	
HHA_ASMT_OASISB	M0220_PRIOR_DSRPTV_BHV R_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	
HHA_ASMT_OASISB	M0220_PRIOR_IMPRD_DCSN _MKG_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	
HHA_ASMT_OASISB	M0220_PRIOR_INDWLG_CTH TR_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	
HHA_ASMT_OASISB	M0220_PRIOR_INTRK_PAIN_ CD	VARCHAR2 (1)	N	M0220 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	
HHA_ASMT_OASISB	M0220_PRIOR_MEMRY_LOSS _CD	VARCHAR2 (1)	N	M0220 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0220_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	
HHA_ASMT_OASISB	M0230_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0230 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_OASISB	M0230_PRMRY_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0230 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	
HHA_ASMT_OASISB	M0240_OTHR_1_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 1: Rating ICD-9 Code	This field lists the other severity diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_2_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 2: Rating ICD-9 Code	This field lists the other severity diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 3: Rating ICD-9 Code	This field lists the other severity diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 4: Rating ICD-9 Code	This field lists the other severity diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 5: Rating ICD-9 Code	This field lists the other severity diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 1: ICD-9 Code	This field lists the other diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 2: ICD-9 Code	This field lists the other diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 3: ICD-9 Code	This field lists the other diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 4: ICD-9 Code	This field lists the other diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB	M0240_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 5: ICD-9 Code	This field lists the other diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB	M0245_PMT_ICD1_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 1 Code	The field lists the ICD-9 code indicating the first primary payment reason.	
HHA_ASMT_OASISB	M0245_PMT_ICD2_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 2 Code	The field lists the ICD-9 code indicating the first secondary payment reason.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the other payment diagnosis 1 multiple ICD-9 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the other payment diagnosis 2 multiple ICD-9 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the other payment diagnosis 3 multiple ICD-9 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the other payment diagnosis 4 multiple ICD-9 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the other payment diagnosis 5 multiple ICD-9 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 1 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 2 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 3 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 4 code.	
HHA_ASMT_OASISB	M0246_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5	The field lists the ICD-9 code indicating the first other payment diagnosis 5 code.	
HHA_ASMT_OASISB	M0246_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis ICD-9 Code	This field lists the payment diagnosis ICD-9 code.	
HHA_ASMT_OASISB	M0246_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis Multiple ICD-9 Code	This field lists the other payment diagnosis multiple ICD-9 code.	
HHA_ASMT_OASISB	M0250_HOME_ENTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	
HHA_ASMT_OASISB	M0250_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Intravenous, Infusion	This field indicates if the patient receives intravenous or infusion therapy at home.	
HHA_ASMT_OASISB	M0250_HOME_NOA_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: None of Above	This field indicates if the patient receives none of the above therapies at home.	
HHA_ASMT_OASISB	M0250_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	
HHA_ASMT_OASISB	M0260_OVRAL_PRGNS_CD	VARCHAR2 (2)	N	M0260 Overall Prognosis	This field indicates the best description of the patient's overall prognosis.	
HHA_ASMT_OASISB	M0270_REHAB_PRGNS_CD	VARCHAR2 (2)	N	M0270 Rehab Prognosis	This field indicates the best description of the patient's rehabilitative prognosis.	
HHA_ASMT_OASISB	M0280_LIFE_EXPCTNCY_CD	VARCHAR2 (2)	N	M0280 Life Expectancy Code	This field indicates the patient's overall life expectancy.	
HHA_ASMT_OASISB	M0290_RISK_ALCHL_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0290_RISK_DRUG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB	M0290_RISK_NOA_CD	VARCHAR2 (1)	N	M0290 Risk Factor - None of Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB	M0290_RISK_OBSTY_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB	M0290_RISK_SMKNG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB	M0290_RISK_UNK_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Unknown	This field indicates if there are unknown risk factors, either present or past, likely to affect the	
HHA_ASMT_OASISB	M0300_CRNT_RSDNC_CD	VARCHAR2 (2)	N	M0300 Current Residence	This field indicates the patient's current residence; 01 = Patient's owned or rented	
HHA_ASMT_OASISB	M0310_SB_DRWY_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Doorway Code	This field indicates if there are structural barriers present: Doorway	
HHA_ASMT_OASISB	M0310_SB_INSD_STR_MUST_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Must be Used	This field indicates if there are structural barriers present: Inside Stairs Must be Used	
HHA_ASMT_OASISB	M0310_SB_INSD_STR_OPT_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Used Optionally	This field indicates if there are structural barriers present: Inside Stairs Used Optionally	
HHA_ASMT_OASISB	M0310_SB_OTSD_STR_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Outside Stairs	This field indicates if there are structural barriers present: Outside Stairs.	
HHA_ASMT_OASISB	M0310_STRUC_BRR_NO_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: No Structural Barriers Present	This field indicates if there are structural barriers present: No Structural Barriers Present.	
HHA_ASMT_OASISB	M0320_SFTY_APLNC_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Appliance	This field indicates if there are safety hazards present: Unsafe Gas/Electric Appliance.	
HHA_ASMT_OASISB	M0320_SFTY_COOLNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Cooling	This field indicates if there are safety hazards present: Inadequate Cooling.	
HHA_ASMT_OASISB	M0320_SFTY_FIRE_SFTY_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Fire Safety Code	This field indicates if there are safety hazards present: Lack of Fire Safety Devices.	
HHA_ASMT_OASISB	M0320_SFTY_FLR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Flooring, Roof, Windows	This field indicates if there are safety hazards present: Inadequate Floor/Roof/Windows.	
HHA_ASMT_OASISB	M0320_SFTY_FLR_CVRG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Floor Coverings	This field indicates if there are safety hazards present: Unsafe Floor Coverings.	
HHA_ASMT_OASISB	M0320_SFTY_HEATNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Heating	This field indicates if there are safety hazards present: Inadequate Heating.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0320_SFTY_HZRDS_MATL_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Hazardous Materials	This field indicates if there are safety hazards present: Hazardous Materials.	
HHA_ASMT_OASISB	M0320_SFTY_LEAD_PAINT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Lead Based Paint	This field indicates if there are safety hazards present: Lead Based Paint.	
HHA_ASMT_OASISB	M0320_SFTY_LGHT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Lighting	This field indicates if there are safety hazards present: Inadequate Lighting.	
HHA_ASMT_OASISB	M0320_SFTY_NO_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: No Safety Hazards Present	This field indicates if there are safety hazards present: No Safety Hazards.	
HHA_ASMT_OASISB	M0320_SFTY_OTHR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Other Safety Hazards	This field indicates if there are safety hazards present: Other Safety Hazards.	
HHA_ASMT_OASISB	M0320_SFTY_RAILNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Stair Railings	This field indicates if there are safety hazards present: Inadequate Stair Railings.	
HHA_ASMT_OASISB	M0330_SNTN_BAD_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Contaminated Water	This field indicates if there are sanitation hazards present: Contaminated Water.	
HHA_ASMT_OASISB	M0330_SNTN_BUG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Insects / Rodents Present	This field indicates if there are sanitation hazards present: Insects/Rodents Present.	
HHA_ASMT_OASISB	M0330_SNTN_COOK_FAC_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Cooking Facilities	This field indicates if there are sanitation hazards present: No Cooking Facilities.	
HHA_ASMT_OASISB	M0330_SNTN_FOOD_STRG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate/Improper Food Storage	This field indicates if there are sanitation hazards present: Inadequate/Improper Food Storage	
HHA_ASMT_OASISB	M0330_SNTN_LVG_AREA_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Cluttered/Soiled Living Area	This field indicates if there are sanitation hazards present: Cluttered/Soiled Living Area.	
HHA_ASMT_OASISB	M0330_SNTN_NONE_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: None	This field indicates if there are sanitation hazards present: No Sanitation Hazards.	
HHA_ASMT_OASISB	M0330_SNTN_NO_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Running Water	This field indicates if there are sanitation hazards present: No Running Water.	
HHA_ASMT_OASISB	M0330_SNTN_OTHR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Other	This field indicates if there are sanitation hazards present: Other Sanitation Hazards.	
HHA_ASMT_OASISB	M0330_SNTN_OUTDR_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Outdoor Toileting Facilities Only	This field indicates if there are sanitation hazards present: Outdoor Toileting Facilities	
HHA_ASMT_OASISB	M0330_SNTN_RFRGTN_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Food Refrigeration	This field indicates if there are sanitation hazards present: No Food Refrigeration.	
HHA_ASMT_OASISB	M0330_SNTN_SWG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Sewage Disposal	This field indicates if there are sanitation hazards present: Inadequate Sewage Disposal.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0330_SNTN_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Toileting Facilities	This field indicates if there are sanitation hazards present: No Toileting Facilities.	
HHA_ASMT_OASISB	M0330_SNTN_TRASH_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Scheduled Trash Pickup	This field indicates if there are sanitation hazards present: No Scheduled Trash Pickup.	
HHA_ASMT_OASISB	M0340_LVS_ALN_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives Alone	This field indicates patient's living arrangement: Lives Alone.	
HHA_ASMT_OASISB	M0340_LVS_FRIEND_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With a Friend	This field indicates patient's living arrangement: Lives With a Friend.	
HHA_ASMT_OASISB	M0340_LVS_OTHR_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other	This field indicates patient's living arrangement: Lives With Other.	
HHA_ASMT_OASISB	M0340_LVS_OTHR_FMLY_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other Family Member	This field indicates patient's living arrangement: Lives With Other Family Member.	
HHA_ASMT_OASISB	M0340_LVS_PD_HELP_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Paid Help	This field indicates patient's living arrangement: Lives With Paid Help.	
HHA_ASMT_OASISB	M0340_LVS_SPSE_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Spouse	This field indicates patient's living arrangement: Lives With Spouse.	
HHA_ASMT_OASISB	M0350_ASTNC_NOA_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: None of the Above	This field indicates patient's supportive assistance: None the Above.	
HHA_ASMT_OASISB	M0350_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Unknown	This field indicates patient's supportive assistance: Unknown.	
HHA_ASMT_OASISB	M0350_HOME_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Person in Home	This field indicates patient's supportive assistance: Person in home (excluding paid	
HHA_ASMT_OASISB	M0350_PD_HELP_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Paid Help	This field indicates patient's supportive assistance: Paid Help.	
HHA_ASMT_OASISB	M0350_RLTV_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Relative	This field indicates patient's supportive assistance: Relative.	
HHA_ASMT_OASISB	M0360_PRMRY_CRGVR_CD	VARCHAR2 (2)	N	M0360 Primary Caregiver	This field indicates the patient's primary caregiver.	
HHA_ASMT_OASISB	M0370_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M0370 Assistance Frequency: Frequency Patient Receives Assistance	This field indicates how often the patient receives assistance from the primary caregiver.	
HHA_ASMT_OASISB	M0380_ADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance ADL	This field indicates the type of primary caregiver assistance: ADL Assistance.	
HHA_ASMT_OASISB	M0380_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Unknown	This field indicates the type of primary caregiver assistance: Assistance Unknown.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0380_ENVRMT_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Environmental Support	This field indicates the type of primary caregiver assistance: Environmental Support.	
HHA_ASMT_OASISB	M0380_FNCL_ASTCN_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Financial	This field indicates the type of primary caregiver assistance: Financial Assistance.	
HHA_ASMT_OASISB	M0380_HLTH_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Health Care	This field indicates the type of primary caregiver assistance: Health Care Assistance.	
HHA_ASMT_OASISB	M0380_IADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: IADL Assistance	This field indicates the type of primary caregiver assistance: IADL Assistance.	
HHA_ASMT_OASISB	M0380_MDCL_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Medical Care Assistance	This field indicates the type of primary caregiver assistance: Medical Care Assistance.	
HHA_ASMT_OASISB	M0380_PSYCHSOC_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Psychosocial Assistance	This field indicates the type of primary caregiver assistance: Psychosocial Assistance.	
HHA_ASMT_OASISB	M0390_VSN_CD	VARCHAR2 (2)	N	M0390 Patient Vision Status	This field indicates patient's vision status.	
HHA_ASMT_OASISB	M0400_HEARG_CD	VARCHAR2 (2)	N	M0400 Patient Hearing and Understanding Language	This field indicates patient's hearing and ability to understand spoken language.	
HHA_ASMT_OASISB	M0410_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M0410 Patient Speech and Oral Expression	This field indicates patient's speech and oral (verbal) expression of language.	
HHA_ASMT_OASISB	M0420_PAIN_FREQ_CD	VARCHAR2 (2)	N	M0420 Patient Pain Frequency Interferes with ADL	This field indicates pain frequency that interferes with patient's activity or movement.	
HHA_ASMT_OASISB	M0430_INTRC_PAIN_CD	VARCHAR2 (1)	N	M0430 Patient Intractable Pain Affecting ADL	This field indicates intractable pain that is not easily relieved, occurs at least daily, and affect	
HHA_ASMT_OASISB	M0440_OPN_WND_CD	VARCHAR2 (1)	N	M0440 Patient Open Wound Status Excludes Ostomies	This field indicates if patient has a skin lesion or an open wound; this excludes ostomies.	
HHA_ASMT_OASISB	M0445_PRSR_ULCR_CD	VARCHAR2 (1)	N	M0445 Patient Pressure Ulcer Status	This field indicates if patient has a pressure ulcer.	
HHA_ASMT_OASISB	M0450_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage I Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage I.	
HHA_ASMT_OASISB	M0450_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage II Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage II.	
HHA_ASMT_OASISB	M0450_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage III Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage III.	
HHA_ASMT_OASISB	M0450_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage IV Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage IV.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0450_UNSTGBL_ULCR_DR NG_NUM	VARCHAR2 (2)	N	M0450 Number Unstageable Ulcer Due to Dressing	This field indicates there is at least one pressure ulcer that cannot be observed due to the	
HHA_ASMT_OASISB	M0460_PRBLM_PRSR_ULCR_ STG_CD	VARCHAR2 (2)	N	M0460 Stage of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB	M0464_PRBLM_PRSR_ULCR_ STUS_CD	VARCHAR2 (2)	N	M0464 Status of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB	M0468_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0468 Patient Stasis Ulcer	This field indicates if a patient has a stasis ulcer.	
HHA_ASMT_OASISB	M0470_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M0470 Number of Stasis Ulcers Patient Has	This field indicates the current number of observable stasis ulcers.	
HHA_ASMT_OASISB	M0474_UNOBS_STASIS_ULC R_CD	VARCHAR2 (1)	N	M0474 Patient Has Unobservable Stasis Ulcers	This field indicates if a patient has at least one stasis ulcer that cannot be observed due to the	
HHA_ASMT_OASISB	M0476_STASIS_ULCR_STUS_ CD	VARCHAR2 (2)	N	M0476 Stasis Ulcer Status	This field indicates the status of the most problematic (observable) stasis ulcer.	
HHA_ASMT_OASISB	M0482_SRGL_WND_CD	VARCHAR2 (1)	N	M0482 Patient Has Surgical Wound	This field indicates if patient has a surgical wound.	
HHA_ASMT_OASISB	M0484_SRGL_WND_NUM	VARCHAR2 (2)	N	M0484 Number of Surgical Wound	This field indicates the current number of (observable) surgical wounds.	
HHA_ASMT_OASISB	M0486_UNOBS_SRGL_WND_ CD	VARCHAR2 (1)	N	M0486 Unobservable Surgical Wound	This field indicates if patient has at least one surgical wound that cannot be observed due to	
HHA_ASMT_OASISB	M0488_SRGL_WND_STUS_C D	VARCHAR2 (2)	N	M0488 Status of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	
HHA_ASMT_OASISB	M0490_SOB_CD	VARCHAR2 (2)	N	M0490 Patient Noticeably Short of Breath	This field indicates when the patient is noticeably short of breath or dyspneic.	
HHA_ASMT_OASISB	M0500_CPAP_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: CPAP	This field indicates patient's home use of respiratory treatments: CPAP	
HHA_ASMT_OASISB	M0500_OXGN_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Oxygen	This field indicates patient's home use of respiratory treatments: Oxygen	
HHA_ASMT_OASISB	M0500_RSPRTRY_TRTMT_N OA_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: None of the Above	This field indicates patient's home use of respiratory treatments: None of Above	
HHA_ASMT_OASISB	M0500_VNLTTR_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Ventilator	This field indicates patient's home use of Respiratory treatments: Ventilator	
HHA_ASMT_OASISB	M0510_UTI_CD	VARCHAR2 (2)	N	M0510 Patient Treated for UTI	This field indicates if the patient has been treated for a urinary tract infection within the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0520_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M0520 Patient Experiences Urinary Incontinence	This field indicates if the patient experiences urinary incontinence.	
HHA_ASMT_OASISB	M0530_URNRY_INCNTNC_FR_EQ_CD	VARCHAR2 (2)	N	M0530 Frequency Patient Experiences Urinary Incontinence	This field indicates the frequency in which the patient experiences urinary incontinence.	
HHA_ASMT_OASISB	M0540_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0540 Frequency Patient Experiences Bowel Incontinence	This field indicates the frequency in which the patient experiences bowel incontinence.	
HHA_ASMT_OASISB	M0550_OSTMY_CD	VARCHAR2 (2)	N	M0550 Ostomy Used for Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	
HHA_ASMT_OASISB	M0560_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M0560 Patient Current Level of Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	
HHA_ASMT_OASISB	M0570_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M0570 Patient Confused Frequency	This field indicates when the patient is confused.	
HHA_ASMT_OASISB	M0580_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M0580 Patient Anxious Frequency	This field indicates the frequency in which the patient is anxious.	
HHA_ASMT_OASISB	M0590_DPRSD_MOOD_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood	This field indicates reported or observed depressive feelings: Depressed Mood	
HHA_ASMT_OASISB	M0590_DRPSD_NOA_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: None of the Above	This field indicates reported or observed depressive feelings: None of Above	
HHA_ASMT_OASISB	M0590_HOPELESS_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Hopelessness	This field indicates reported or observed depressive feelings: Hopelessness	
HHA_ASMT_OASISB	M0590_SENSE_FAILR_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Sense of Failure	This field indicates reported or observed depressive feelings: Sense of Failure	
HHA_ASMT_OASISB	M0590_THGHT_DEATH_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Death	This field indicates reported or observed depressive feelings: Recurrent Thoughts of	
HHA_ASMT_OASISB	M0590_THGHT_SUICDE_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Suicide	This field indicates reported or observed depressive feelings: Thoughts of Suicide	
HHA_ASMT_OASISB	M0600_AGTATN_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Agitation	This field indicates patient behaviors: Agitation	
HHA_ASMT_OASISB	M0600_APPTITE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Recent Change in Appetite or Weight	This field indicates patient behaviors: Recent Change in Appetite or Weight	
HHA_ASMT_OASISB	M0600_BHVR_NOA_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: None of the Above	This field indicates patient behaviors: None of Above	
HHA_ASMT_OASISB	M0600_DIM_INTRST_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Diminished Interest in Most Activities	This field indicates patient behaviors: Diminished Interest in Most Activities	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0600_INDCV_BHVR_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Indecisiveness/Lack of Concentration	This field indicates patient behaviors: Indecisiveness, Lack of Concentration	
HHA_ASMT_OASISB	M0600_SLP_DSTRB_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Sleep Disturbances	This field indicates patient behaviors: Sleep Disturbances	
HHA_ASMT_OASISB	M0600_SUICDE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Suicide Attempt	This field indicates patient behaviors: Suicide Attempt	
HHA_ASMT_OASISB	M0610_CGNTV_NOA_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: None of Above	This field indicates patient Cog/Behav/Psych Sympt: None of Above	
HHA_ASMT_OASISB	M0610_DLSNL_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Delusional	This field indicates patient Cog/Behav/Psych Sympt: Delusional	
HHA_ASMT_OASISB	M0610_DSRPTV_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Disruptive	This field indicates patient Cog/Behav/Psych Sympt: Disruptive	
HHA_ASMT_OASISB	M0610_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Impaired Decision Making	This field indicates patient Cog/Behav/Psych Sympt: Impaired Decision Making	
HHA_ASMT_OASISB	M0610_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Memory Deficit	This field indicates patient Cog/Behav/Psych Sympt: Memory Deficit	
HHA_ASMT_OASISB	M0610_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Physical Aggression	This field indicates patient Cog/Behav/Psych Sympt: Physical Aggression	
HHA_ASMT_OASISB	M0610_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Verbal Disruption	This field indicates patient Cog/Behav/Psych Sympt: Verbal Disruption	
HHA_ASMT_OASISB	M0620_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M0620 Frequency Patient has Disruptive Behavior	This field indicates the frequency in which the patient has disruptive behavior.	
HHA_ASMT_OASISB	M0630_PHYCH_NRSRVC_CD	VARCHAR2 (1)	N	M0630 Patient Receives Psychiatric Nursing Services at Home	This field indicates if the patient receives Psychiatric Nursing Services at home.	
HHA_ASMT_OASISB	M0640_GRMG_CD	VARCHAR2 (2)	N	M0640 Current Ability to Tend to Personal Hygiene	This field indicates the patient's current ability to tend to personal hygiene.	
HHA_ASMT_OASISB	M0640_PRIOR_GRMG_CD	VARCHAR2 (2)	N	M0640 Prior Ability to Tend to Personal Hygiene	This field indicates the patient's prior ability to tend to personal hygiene.	
HHA_ASMT_OASISB	M0650_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Current Ability to Dress Upper Body	This field indicates the patient's current ability to dress upper body.	
HHA_ASMT_OASISB	M0650_PRIOR_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Prior Ability to Dress Upper Body	This field indicates the patient's prior ability to dress upper body.	
HHA_ASMT_OASISB	M0660_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Current Ability to Dress Lower Body	This field indicates the patient's current ability to dress lower body.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0660_PRIOR_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Prior Ability to Dress Lower Body	This field indicates the patient's prior ability to dress lower body.	
HHA_ASMT_OASISB	M0670_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Current Ability to Wash Entire Body	This field indicates the patient's current ability to wash entire body.	
HHA_ASMT_OASISB	M0670_PRIOR_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Prior Ability to Wash Entire Body	This field indicates the patient's prior ability to wash entire body.	
HHA_ASMT_OASISB	M0680_PRIOR_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Prior Ability to Use Toilet or Bedside Commode	This field indicates the patient's prior ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB	M0680_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Current Ability to Use Toilet or Bedside Commode	This field indicates the patient's current ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB	M0690_PRIOR_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Prior Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's prior ability to transfer body or if bedfast the ability to turn and reposition if bedfast	
HHA_ASMT_OASISB	M0690_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Current Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's current ability to transfer body or if bedfast the ability to turn and reposition if bedfast	
HHA_ASMT_OASISB	M0700_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Current Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's current ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB	M0700_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Prior Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's prior ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB	M0710_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Current Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's current ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB	M0710_PRIOR_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Prior Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's prior ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB	M0720_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Current Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's current ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB	M0720_PRIOR_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Prior Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's prior ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB	M0730_PRIOR_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Prior Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's prior ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB	M0730_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Current Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's current ability to physically and mentally to safely use a car, taxi,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0740_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Current Ability to do Laundry	This field indicates the patient's current ability to do their own laundry.	
HHA_ASMT_OASISB	M0740_PRIOR_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Prior Ability to do Laundry	This field indicates the patient's prior ability to do their own laundry.	
HHA_ASMT_OASISB	M0750_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Current Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's current ability to safely and effectively perform light	
HHA_ASMT_OASISB	M0750_PRIOR_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Prior Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's prior ability to safely and effectively perform light	
HHA_ASMT_OASISB	M0760_PRIOR_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Prior Ability to Shop	This field indicates the patient's prior ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB	M0760_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Current Ability to Shop	This field indicates the patient's current ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB	M0770_PRIOR_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Prior Ability to Effectively Communicate Using the Telephone	This field indicates the patient's prior ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB	M0770_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Current Ability to Effectively Communicate Using the Telephone	This field indicates the patient's current ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB	M0780_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Current Ability to Manage Oral Medications	This field indicates the patient's current ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB	M0780_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Prior Ability to Manage Oral Medications	This field indicates the patient's prior ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB	M0790_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Current Ability to Manage Inhalant/Mist Medications	This field indicates the patient's current ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB	M0790_PRIOR_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Prior Ability to Manage Inhalant/Mist Medications	This field indicates the patient's prior ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB	M0800_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Current Ability to Manage Injectable Medications	This field indicates the patient's current ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB	M0800_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Prior Ability to Manage Injectable Medications	This field indicates the patient's prior ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB	M0810_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0810 Patient Current Ability to Manage Medical Equipment	This field indicates the patient's current ability to manage medical equipment; includes ONLY	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0820_CRGVR_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0820 Caregiver Current Ability to Manage Medical Equipment for Patient	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_OASISB	M0825_THRPY_CD	VARCHAR2 (2)	N	M0825 Patient Home Therapy Needs - Physical, Occupational, and Speech	This field indicates the patient's home therapy needs; including physical, occupational, and	
HHA_ASMT_OASISB	M0826_THRPY_NA_CD	VARCHAR2 (1)	N	M0826 Home Therapy Not Applicable	This field indicates there are no patient home therapy needs.	
HHA_ASMT_OASISB	M0826_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M0826 Number of Patient Home Therapy Visits	This field indicates the patient's number of home therapy visits.	
HHA_ASMT_OASISB	M0830_EC_CLNC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Outpatient Department or Clinic	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB	M0830_EC_DR_OFCL_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Doctor Office	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB	M0830_EC_ER_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Emergency Room	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB	M0830_EC_NONE_CD	VARCHAR2 (1)	N	M0830 Emergent Care: None	This field indicates since the last assessment the patient has not utilized any emergent care	
HHA_ASMT_OASISB	M0830_EC_UNK_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Unknown	This field indicates since the last assessment it is unknown if the patient has utilized any emergent	
HHA_ASMT_OASISB	M0840_EC_CRDC_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Cardiac	This field indicates cardiac problems was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_DBTS_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Diabetes	This field indicates diabetes was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_FALL_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Injury Caused by Fall or Accident at Home	This field indicates injury caused by a fall was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_GI_CD	VARCHAR2 (1)	N	M0840 Emergent Care: GI Bleeding or Obstruction	This field indicates GI bleeding or obstruction was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_MDCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Improper Medication Administration	This field indicates improper medication administration was the reason emergent care was	
HHA_ASMT_OASISB	M0840_EC_NAUSEA_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Nausea, Dehydration, Malnutrition, Constipation, or Impaction	This field indicates nausea was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_OTHR_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Other Than Above	This field indicates other than above was the reason emergent care was sought.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0840_EC_RSPRTRY_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Respiratory Problems	This field indicates respiratory problems was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_UNK_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Unknown	This field indicates reason is unknown why emergent care was sought.	
HHA_ASMT_OASISB	M0840_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Wound Infection	This field indicates wound infection was the reason emergent care was sought.	
HHA_ASMT_OASISB	M0855_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M0855 Inpatient Facility Patient was Admitted to	This field indicates to which Inpatient Facility the patient was admitted.	
HHA_ASMT_OASISB	M0870_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M0870 Location Patient Was Discharged After Stay in Agency	This field indicates location the patient was discharged to after staying in agency.	
HHA_ASMT_OASISB	M0880_ASTNC_AFTDSC_FMLY_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Patient Received from Family After Discharge	This field indicates if after discharge, does the patient receive health, personal, support services	
HHA_ASMT_OASISB	M0880_ASTNC_AFTDSC_NO_NE_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: No Assistance Received After Discharge	This field indicates the patient did not receive health, personal, or support services or	
HHA_ASMT_OASISB	M0880_ASTNC_AFTDSC_OTH_R_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Other Assistance Received After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_OASISB	M0890_ADMT_HOSP_RSN_CD	VARCHAR2 (2)	N	M0890 Reason Patient was Admitted to Acute Care Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	
HHA_ASMT_OASISB	M0895_HOSP_CHF_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Exacerbation of CHF, fluid overload, heart failure	This field indicates the reason the patient required hospitalization was due to CHF.	
HHA_ASMT_OASISB	M0895_HOSP_CHMTHRPY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Chemotherapy	This field indicates the reason the patient required hospitalization was due to	
HHA_ASMT_OASISB	M0895_HOSP_DBTS_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Hypo/Hyperglycemia, Diabetes	This field indicates the reason the patient required hospitalization was due to diabetes.	
HHA_ASMT_OASISB	M0895_HOSP_FALL_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to falls.	
HHA_ASMT_OASISB	M0895_HOSP_GI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: GI Bleeding or Obstruction	This field indicates the reason the patient required hospitalization was due to GI issues.	
HHA_ASMT_OASISB	M0895_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: IV Catheter Related Infection	This field indicates the reason the patient required hospitalization was due to IV catheter.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0895_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	
HHA_ASMT_OASISB	M0895_HOSP_OTHR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Other	This field indicates the reason the patient required hospitalization was due to other	
HHA_ASMT_OASISB	M0895_HOSP_PAIN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pain	This field indicates the reason the patient required hospitalization was due to pain.	
HHA_ASMT_OASISB	M0895_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to pulmonary	
HHA_ASMT_OASISB	M0895_HOSP_PSYCH_EPSD_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Psychotic Episode	This field indicates the reason the patient required hospitalization was due to a psychotic	
HHA_ASMT_OASISB	M0895_HOSP_RSPTY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Respiratory Problems	This field indicates the reason the patient required hospitalization was due to respiratory	
HHA_ASMT_OASISB	M0895_HOSP_SCHLD_PRCDR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Scheduled Surgical Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	
HHA_ASMT_OASISB	M0895_HOSP_STROK_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Stroke	This field indicates the reason the patient required hospitalization was due to a stroke.	
HHA_ASMT_OASISB	M0895_HOSP_UTI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Urinary Tract Infection	This field indicates the reason the patient required hospitalization was due to a urinary	
HHA_ASMT_OASISB	M0895_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Wound or Tube Site Infection	This field indicates the reason the patient required hospitalization was due to a wound	
HHA_ASMT_OASISB	M0900_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Hospice	This field indicates the reason the patient was admitted to a Nursing Home for Hospice.	
HHA_ASMT_OASISB	M0900_ADMT_OTHR_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Other	This field indicates the reason the patient was admitted to a Nursing Home for Other type of	
HHA_ASMT_OASISB	M0900_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Permanent Placement	This field indicates the reason the patient was admitted to a Nursing Home for permanent	
HHA_ASMT_OASISB	M0900_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Respite Care	This field indicates the reason the patient was admitted to a Nursing Home for respite care.	
HHA_ASMT_OASISB	M0900_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Therapy Services	This field indicates the reason the patient was admitted to a Nursing Home for therapy	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	M0900_ADMT_UNK_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unknown Reason	This field indicates the reason the patient was admitted to a Nursing Home for reason	
HHA_ASMT_OASISB	M0900_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unsafe for Home Care	This field indicates the reason the patient was admitted to a Nursing Home due to unsafe for	
HHA_ASMT_OASISB	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_OASISB	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_OASISB	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_OASISB	OASIS_HHA_ASMT_INT_ID	NUMBER (15.0)	N			
HHA_ASMT_OASISB	OASIS_ORIG_ASMT_INT_ID	NUMBER (15.0)	N			
HHA_ASMT_OASISB	OASIS_SUBMISSION_DATE	DATE (7)	N			
HHA_ASMT_OASISB	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_OASISB	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_OASISB	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_OASISB	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_OASISB	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_OASISB	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_OASISB	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_OASISB	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
HHA_ASMT_OASISB	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_OASISB	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_OASISB_HST RY	ASMT_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment for OASIS B. C = Current, M = Modified, X = Inactive.	
HHA_ASMT_OASISB_HST RY	AST_BEG_VER_DT	DATE (7)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_OASISB_HST RY	AST_END_VER_DT	DATE (7)	N	Assessment Ending Version Date	Date of the submission file that contains the record that corrected or inactivated the	
HHA_ASMT_OASISB_HST RY	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_OASISB_HST RY	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_OASISB_HST RY	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_HST RY	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_HST RY	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ASMT_OASISB_HST RY	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_OASISB_HST RY	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_OASISB_HST RY	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_OASISB_HST RY	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_OASISB_HST RY	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_OASISB_HST RY	LOCK_DATE	DATE (8)	N	Lock-In Date	The lock-in date for the HHA assessment.	
HHA_ASMT_OASISB_HST RY	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (6)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record (M0010).	
HHA_ASMT_OASISB_HST RY	M0012_MDCD_ID	VARCHAR2 (15)	N	M0012 Agency Medicaid Number	Agency Medicaid provider number (M0012) for OASIS B assessments. This item is not	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_OASISB_HST RY	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_OASISB_HST RY	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_OASISB_HST RY	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_OASISB_HST RY	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_OASISB_HST RY	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	
HHA_ASMT_OASISB_HST RY	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_OASISB_HST RY	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_OASISB_HST RY	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_OASISB_HST RY	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_OASISB_HST RY	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_OASISB_HST RY	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_OASISB_HST RY	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	
HHA_ASMT_OASISB_HST RY	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_OASISB_HST RY	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_OASISB_HST RY	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	
HHA_ASMT_OASISB_HST RY	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_OASISB_HST RY	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to June and the	
HHA_ASMT_OASISB_HST RY	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	
HHA_ASMT_OASISB_HST RY	M0072_PHYS_ID	VARCHAR2 (10)	N	M0072 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_OASISB_HST RY	M0072_PHYS_UNK_TXT	VARCHAR2 (1)	N	M0072 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	
HHA_ASMT_OASISB_HST RY	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	
HHA_ASMT_OASISB_HST RY	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_OASISB_HST RY	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	
HHA_ASMT_OASISB_HST RY	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	
HHA_ASMT_OASISB_HST RY	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
HHA_ASMT_OASISB_HST RY	M0140_AMRCN_INDN_AK_N TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	
HHA_ASMT_OASISB_HST RY	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	
HHA_ASMT_OASISB_HST RY	M0140_ETHNCTY_UNK_TXT	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Unknown	The data in this column indicates the patient's race is unknown.	
HHA_ASMT_OASISB_HST RY	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	
HHA_ASMT_OASISB_HST RY	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	
HHA_ASMT_OASISB_HST RY	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	
HHA_ASMT_OASISB_HST RY	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	
HHA_ASMT_OASISB_HST RY	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	
HHA_ASMT_OASISB_HST RY	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	
HHA_ASMT_OASISB_HST RY	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	
HHA_ASMT_OASISB_HST RY	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	
HHA_ASMT_OASISB_HST RY	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	
HHA_ASMT_OASISB_HST RY	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	
HHA_ASMT_OASISB_HST RY	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	
HHA_ASMT_OASISB_HST RY	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	
HHA_ASMT_OASISB_HST RY	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	
HHA_ASMT_OASISB_HST RY	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	
HHA_ASMT_OASISB_HST RY	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	
HHA_ASMT_OASISB_HST RY	M0160_LMT_FIN_EXPNS_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY	M0160_LMT_FIN_FOOD_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Food	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY	M0160_LMT_FIN_NONE_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: None	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY	M0160_LMT_FIN_OTHR_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Other	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY	M0160_LMT_FIN_RENT_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Rent	This column indicates financial factors limiting ability of patient/family to meet basic health	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST	M0160_LMT_FIN_SUPLY_CD RY	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical Supplies	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST	M0170_DSCHRG_HOSP_CD RY	VARCHAR2 (1)	N	M0170 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0170_DSCHRG_NH_CD RY	VARCHAR2 (1)	N	M0170 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0170_DSCHRG_NONE_CD RY	VARCHAR2 (1)	N	M0170 Discharge - None	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB_HST	M0170_DSCHRG_OTHR_CD RY	VARCHAR2 (1)	N	M0170 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0170_DSCHRG_REHAB_CD RY	VARCHAR2 (1)	N	M0170 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0175_DCSHRG_NH_CD RY	VARCHAR2 (1)	N	M0175 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0175_DSCHRG_HOSP_CD RY	VARCHAR2 (1)	N	M0175 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0175_DSCHRG_OTHR_CD RY	VARCHAR2 (1)	N	M0175 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0175_DSCHRG_REHAB_CD RY	VARCHAR2 (1)	N	M0175 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST	M0175_DSCHRG_SNF_CD RY	VARCHAR2 (1)	N	M0175 Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_OASISB_HST	M0175_NO_DSCHRG_CD RY	VARCHAR2 (1)	N	M0175 Discharge - No	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB_HST	M0180_IP_DSCHRG_DT RY	VARCHAR2 (8)	N	M0180 Inpatient Discharge Date	This column indicates the most recent inpatient discharge date.	
HHA_ASMT_OASISB_HST	M0180_IP_DSCHRG_UNK_TX RY	VARCHAR2 (1)	N	M0180 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	
HHA_ASMT_OASISB_HST	M0190_IP_DGNS_1_CD RY	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 1 ICD-9	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_HST	M0190_IP_DGNS_2_CD RY	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 2 ICD-9	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_HST	M0200_RGMMN_CHG_CD RY	VARCHAR2 (1)	N	M0200 Medical or Treatment Regimen Change	This column indicates if patient has experienced a change in medical or treatment regimen within	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0210_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_OASISB_HST RY	M0210_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_OASISB_HST RY	M0210_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_OASISB_HST RY	M0210_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_COND_NOA_C D	VARCHAR2 (1)	N	M0220 Prior Condition - None of Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_COND_UNK_C D	VARCHAR2 (1)	N	M0220 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_DSRPTV_BHV R_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_IMPRD_DCSN _MKG_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_INDWLG_CTH TR_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_INTRK_PAIN_ CD	VARCHAR2 (1)	N	M0220 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_MEMRY_LOSS _CD	VARCHAR2 (1)	N	M0220 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	
HHA_ASMT_OASISB_HST RY	M0220_PRIOR_URNRY_INCN TNC_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	
HHA_ASMT_OASISB_HST RY	M0230_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0230 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_OASISB_HST RY	M0230_PRMRY_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0230 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	
HHA_ASMT_OASISB_HST RY	M0240_OTHR_1_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 1: Rating ICD-9 Code	This field lists the other severity diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_HST RY	M0240_OTHR_2_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 2: Rating ICD-9 Code	This field lists the other severity diagnosis 2 - ICD-9 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 3: Rating ICD-9 Code	This field lists the other severity diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 4: Rating ICD-9 Code	This field lists the other severity diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 5: Rating ICD-9 Code	This field lists the other severity diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 1: ICD-9 Code	This field lists the other diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 2: ICD-9 Code	This field lists the other diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 3: ICD-9 Code	This field lists the other diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 4: ICD-9 Code	This field lists the other diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0240_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 5: ICD-9 Code	This field lists the other diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0245_PMT_ICD1_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 1 Code	The field lists the ICD-9 code indicating the first primary payment reason.	
HHA_ASMT_OASISB_HST_RY	M0245_PMT_ICD2_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 2 Code	The field lists the ICD-9 code indicating the first secondary payment reason.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the other payment diagnosis 1 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the other payment diagnosis 2 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the other payment diagnosis 3 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the other payment diagnosis 4 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the other payment diagnosis 5 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 1 code.	
HHA_ASMT_OASISB_HST_RY	M0246_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 2 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0246_PMT_OTHR_DGNS_3_ CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 3 code.	
HHA_ASMT_OASISB_HST RY	M0246_PMT_OTHR_DGNS_4_ CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 4 code.	
HHA_ASMT_OASISB_HST RY	M0246_PMT_OTHR_DGNS_5_ CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5	The field lists the ICD-9 code indicating the first other payment diagnosis 5 code.	
HHA_ASMT_OASISB_HST RY	M0246_PMT_PRMRY_DGNS_ CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis ICD-9 Code	This field lists the payment diagnosis ICD-9 code.	
HHA_ASMT_OASISB_HST RY	M0246_PMT_PRMRY_DGNS_ MULTPL_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis Multiple ICD-9 Code	This field lists the other payment diagnosis multiple ICD-9 code.	
HHA_ASMT_OASISB_HST RY	M0250_HOME_ENTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	
HHA_ASMT_OASISB_HST RY	M0250_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Intravenous, Infusion	This field indicates if the patient receives intravenous or infusion therapy at home.	
HHA_ASMT_OASISB_HST RY	M0250_HOME_NOA_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: None of Above	This field indicates if the patient receives none of the above therapies at home.	
HHA_ASMT_OASISB_HST RY	M0250_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	
HHA_ASMT_OASISB_HST RY	M0260_OVRAL_PRGNS_CD	VARCHAR2 (2)	N	M0260 Overall Prognosis	This field indicates the best description of the patient's overall prognosis.	
HHA_ASMT_OASISB_HST RY	M0270_REHAB_PRGNS_CD	VARCHAR2 (2)	N	M0270 Rehab Prognosis	This field indicates the best description of the patient's rehabilitative prognosis.	
HHA_ASMT_OASISB_HST RY	M0280_LIFE_EXPCTNCY_CD	VARCHAR2 (2)	N	M0280 Life Expectancy Code	This field indicates the patient's overall life expectancy.	
HHA_ASMT_OASISB_HST RY	M0290_RISK_ALCHL_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	
HHA_ASMT_OASISB_HST RY	M0290_RISK_DRUG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST RY	M0290_RISK_NOA_CD	VARCHAR2 (1)	N	M0290 Risk Factor - None of Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST RY	M0290_RISK_OBSTY_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST RY	M0290_RISK_SMKNG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0290_RISK_UNK_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Unknown	This field indicates if there are unknown risk factors, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST RY	M0300_CRNT_RSDNC_CD	VARCHAR2 (2)	N	M0300 Current Residence	This field indicates the patient's current residence; 01 = Patient's owned or rented	
HHA_ASMT_OASISB_HST RY	M0310_SB_DRWY_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Doorway Code	This field indicates if there are structural barriers present: Doorway.	
HHA_ASMT_OASISB_HST RY	M0310_SB_INSD_STR_MUST_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Must be Used	This field indicates if there are structural barriers present: Inside Stairs Must be Used.	
HHA_ASMT_OASISB_HST RY	M0310_SB_INSD_STR_OPT_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Used Optionally	This field indicates if there are structural barriers present: Inside Stairs Used Optionally	
HHA_ASMT_OASISB_HST RY	M0310_SB_OTSD_STR_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Outside Stairs	This field indicates if there are structural barriers present: Outside Stairs.	
HHA_ASMT_OASISB_HST RY	M0310_STRUC_BRR_NO_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: No Structural Barriers Present	This field indicates if there are structural barriers present: No Structural Barriers Present.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_APLNC_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Appliance	This field indicates if there are safety hazards present: Unsafe Gas/Electric Appliance.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_COOLNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Cooling	This field indicates if there are safety hazards present: Inadequate Cooling.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_FIRE_SFTY_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Fire Safety Code	This field indicates if there are safety hazards present: Lack of Fire Safety Devices.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_FLR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Flooring, Roof, Windows	This field indicates if there are safety hazards present: Inadequate Floor/Roof/Windows	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_FLR_CVRG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Floor Coverings	This field indicates if there are safety hazards present: Unsafe Floor Coverings.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_HEATNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Heating	This field indicates if there are safety hazards present: Inadequate Heating.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_HZRDS_MATL_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Hazardous Materials	This field indicates if there are safety hazards present: Hazardous Materials.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_LEAD_PAINT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Lead Based Paint	This field indicates if there are safety hazards present: Lead Based Paint.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_LGHT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Lighting	This field indicates if there are safety hazards present: Inadequate Lighting.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_NO_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: No Safety Hazards Present	This field indicates if there are safety hazards present: No Safety Hazards.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0320_SFTY_OTHR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Other Safety Hazards	This field indicates if there are safety hazards present: Other Safety Hazards.	
HHA_ASMT_OASISB_HST RY	M0320_SFTY_RAILNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Stair Railings	This field indicates if there are safety hazards present: Inadequate Stair Railings.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_BAD_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Contaminated Water	This field indicates if there are sanitation hazards present: Contaminated Water.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_BUG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Insects / Rodents Present	This field indicates if there are sanitation hazards present: Insects/Rodents Present.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_COOK_FAC_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Cooking Facilities	This field indicates if there are sanitation hazards present: No Cooking Facilities.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_FOOD_STRG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate/Improper Food Storage	This field indicates if there are sanitation hazards present: Inadequate/Improper Food Storage	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_LVG_AREA_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Cluttered/Soiled Living Area	This field indicates if there are sanitation hazards present: Cluttered/Soiled Living Area.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_NONE_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: None	This field indicates if there are sanitation hazards present: No Sanitation Hazards.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_NO_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Running Water	This field indicates if there are sanitation hazards present: No Running Water.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_OTHR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Other	This field indicates if there are sanitation hazards present: Other Sanitation Hazards.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_OUTDR_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Outdoor Toileting Facilities Only	This field indicates if there are sanitation hazards present: Outdoor Toileting Facilities	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_RFRGTN_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Food Refrigeration	This field indicates if there are sanitation hazards present: No Food Refrigeration.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_SWG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Sewage Disposal	This field indicates if there are sanitation hazards present: Inadequate Sewage Disposal.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Toileting Facilities	This field indicates if there are sanitation hazards present: No Toileting Facilities.	
HHA_ASMT_OASISB_HST RY	M0330_SNTN_TRASH_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Scheduled Trash Pickup	This field indicates if there are sanitation hazards present: No Scheduled Trash Pickup.	
HHA_ASMT_OASISB_HST RY	M0340_LVS_ALN_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives Alone	This field indicates patient's living arrangement: Lives Alone.	
HHA_ASMT_OASISB_HST RY	M0340_LVS_FRIEND_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With a Friend	This field indicates patient's living arrangement: Lives With a Friend.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0340_LVS_OTHR_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other	This field indicates patient's living arrangement: Lives With Other.	
HHA_ASMT_OASISB_HST RY	M0340_LVS_OTHR_FMLY_C D	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other Family Member	This field indicates patient's living arrangement: Lives With Other Family Member.	
HHA_ASMT_OASISB_HST RY	M0340_LVS_PD_HELP_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Paid Help	This field indicates patient's living arrangement: Lives With Paid Help.	
HHA_ASMT_OASISB_HST RY	M0340_LVS_SPSE_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Spouse	This field indicates patient's living arrangement: Lives With Spouse.	
HHA_ASMT_OASISB_HST RY	M0350_ASTNC_NOA_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: None of the Above	This field indicates patient's supportive assistance: None the Above.	
HHA_ASMT_OASISB_HST RY	M0350_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Unknown	This field indicates patient's supportive assistance: Unknown.	
HHA_ASMT_OASISB_HST RY	M0350_HOME_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Person in Home	This field indicates patient's supportive assistance: Person in home (excluding paid	
HHA_ASMT_OASISB_HST RY	M0350_PD_HELP_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Paid Help	This field indicates patient's supportive assistance: Paid Help.	
HHA_ASMT_OASISB_HST RY	M0350_RLTV_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Relative	This field indicates patient's supportive assistance: Relative.	
HHA_ASMT_OASISB_HST RY	M0360_PRMRY_CRGVR_CD	VARCHAR2 (2)	N	M0360 Primary Caregiver	This field indicates the patient's primary caregiver.	
HHA_ASMT_OASISB_HST RY	M0370_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M0370 Assistance Frequency: Frequency Patient Receives Assistance	This field indicates how often the patient receives assistance from the primary caregiver.	
HHA_ASMT_OASISB_HST RY	M0380_ADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance ADL	This field indicates the type of primary caregiver assistance: ADL Assistance.	
HHA_ASMT_OASISB_HST RY	M0380_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Unknown	This field indicates the type of primary caregiver assistance: Assistance Unknown.	
HHA_ASMT_OASISB_HST RY	M0380_ENVRMT_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Environmental Support	This field indicates the type of primary caregiver assistance: Environmental Support.	
HHA_ASMT_OASISB_HST RY	M0380_FNCL_ASTCN_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Financial	This field indicates the type of primary caregiver assistance: Financial Assistance.	
HHA_ASMT_OASISB_HST RY	M0380_HLTH_CARE_ASTNC_ CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Health Care	This field indicates the type of primary caregiver assistance: Health Care Assistance.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0380_IADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: IADL Assistance	This field indicates the type of primary caregiver assistance: IADL Assistance.	
HHA_ASMT_OASISB_HST RY	M0380_MDCL_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Medical Care Assistance	This field indicates the type of primary caregiver assistance: Medical Care Assistance.	
HHA_ASMT_OASISB_HST RY	M0380_PSYCHSOC_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Psychosocial Assistance	This field indicates the type of primary caregiver assistance: Psychosocial Assistance.	
HHA_ASMT_OASISB_HST RY	M0390_VSN_CD	VARCHAR2 (2)	N	M0390 Patient Vision Status	This field indicates patient's vision status.	
HHA_ASMT_OASISB_HST RY	M0400_HEARG_CD	VARCHAR2 (2)	N	M0400 Patient Hearing and Understanding Language	This field indicates patient's hearing and ability to understand spoken language.	
HHA_ASMT_OASISB_HST RY	M0410_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M0410 Patient Speech and Oral Expression	This field indicates patient's speech and oral (verbal) expression of language.	
HHA_ASMT_OASISB_HST RY	M0420_PAIN_FREQ_CD	VARCHAR2 (2)	N	M0420 Patient Pain Frequency Interferes with ADL	This field indicates pain frequency that interferes with patient's activity or movement.	
HHA_ASMT_OASISB_HST RY	M0430_INTRC_PAIN_CD	VARCHAR2 (1)	N	M0430 Patient Intractable Pain Affecting ADL	This field indicates intractable pain that is not easily relieved, occurs at least daily, and affect	
HHA_ASMT_OASISB_HST RY	M0440_OPN_WND_CD	VARCHAR2 (1)	N	M0440 Patient Open Wound Status Excludes Ostomies	This field indicates if patient has a skin lesion or an open wound; this excludes ostomies.	
HHA_ASMT_OASISB_HST RY	M0445_PRSR_ULCR_CD	VARCHAR2 (1)	N	M0445 Patient Pressure Ulcer Status	This field indicates if patient has a pressure ulcer.	
HHA_ASMT_OASISB_HST RY	M0450_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage I Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage I.	
HHA_ASMT_OASISB_HST RY	M0450_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage II Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage II.	
HHA_ASMT_OASISB_HST RY	M0450_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage III Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage III.	
HHA_ASMT_OASISB_HST RY	M0450_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage IV Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage IV.	
HHA_ASMT_OASISB_HST RY	M0450_UNSTGBL_ULCR_DRNG_NUM	VARCHAR2 (2)	N	M0450 Number Unstageable Ulcer Due to Dressing	This field indicates there is at least one pressure ulcer that cannot be observed due to the	
HHA_ASMT_OASISB_HST RY	M0460_PRBLM_PRSR_ULCR_STG_CD	VARCHAR2 (2)	N	M0460 Stage of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB_HST RY	M0464_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M0464 Status of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0468_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0468 Patient Stasis Ulcer	This field indicates if a patient has a stasis ulcer.	
HHA_ASMT_OASISB_HST RY	M0470_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M0470 Number of Stasis Ulcers Patient Has	This field indicates the current number of observable stasis ulcers.	
HHA_ASMT_OASISB_HST RY	M0474_UNOBS_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0474 Patient Has Unobservable Stasis Ulcers	This field indicates if a patient has at least one stasis ulcer that cannot be observed due to the	
HHA_ASMT_OASISB_HST RY	M0476_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M0476 Stasis Ulcer Status	This field indicates the status of the most problematic (observable) stasis ulcer.	
HHA_ASMT_OASISB_HST RY	M0482_SRGL_WND_CD	VARCHAR2 (1)	N	M0482 Patient Has Surgical Wound	This field indicates if patient has a surgical wound.	
HHA_ASMT_OASISB_HST RY	M0484_SRGL_WND_NUM	VARCHAR2 (2)	N	M0484 Number of Surgical Wound	This field indicates the current number of (observable) surgical wounds.	
HHA_ASMT_OASISB_HST RY	M0486_UNOBS_SRGL_WND_CD	VARCHAR2 (1)	N	M0486 Unobservable Surgical Wound	This field indicates if patient has at least one surgical wound that cannot be observed due to	
HHA_ASMT_OASISB_HST RY	M0488_SRGL_WND_STUS_CD	VARCHAR2 (2)	N	M0488 Status of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	
HHA_ASMT_OASISB_HST RY	M0490_SOB_CD	VARCHAR2 (2)	N	M0490 Patient Noticeably Short of Breath	This field indicates when the patient is noticeably short of breath or dyspneic.	
HHA_ASMT_OASISB_HST RY	M0500_CPAP_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: CPAP	This field indicates patient's home use of respiratory treatments: CPAP	
HHA_ASMT_OASISB_HST RY	M0500_OXGN_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Oxygen	This field indicates patient's home use of respiratory treatments: Oxygen	
HHA_ASMT_OASISB_HST RY	M0500_RSPRTRY_TRTMT_NOA_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: None of the Above	This field indicates patient's home use of respiratory treatments: None of Above	
HHA_ASMT_OASISB_HST RY	M0500_VNTLTR_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Ventilator	This field indicates patient's home use of respiratory treatments: Ventilator	
HHA_ASMT_OASISB_HST RY	M0510_UTI_CD	VARCHAR2 (2)	N	M0510 Patient Treated for UTI	This field indicates if the patient has been treated for a urinary tract infection within the	
HHA_ASMT_OASISB_HST RY	M0520_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M0520 Patient Experiences Urinary Incontinence	This field indicates if the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_HST RY	M0530_URNRY_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0530 Frequency Patient Experiences Urinary Incontinence	This field indicates the frequency in which the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_HST RY	M0540_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0540 Frequency Patient Experiences Bowel Incontinence	This field indicates the frequency in which the patient experiences bowel incontinence.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0550_OSTMY_CD	VARCHAR2 (2)	N	M0550 Ostomy Used for Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	
HHA_ASMT_OASISB_HST RY	M0560_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M0560 Patient Current Level of Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	
HHA_ASMT_OASISB_HST RY	M0570_CNFSF_FREQ_CD	VARCHAR2 (2)	N	M0570 Patient Confused Frequency	This field indicates when the patient is confused.	
HHA_ASMT_OASISB_HST RY	M0580_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M0580 Patient Anxious Frequency	This field indicates the frequency in which the patient is anxious.	
HHA_ASMT_OASISB_HST RY	M0590_DPRSD_MOOD_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood	This field indicates reported or observed depressive feelings: Depressed Mood	
HHA_ASMT_OASISB_HST RY	M0590_DRPSD_NOA_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: None of the Above	This field indicates reported or observed depressive feelings: None of Above	
HHA_ASMT_OASISB_HST RY	M0590_HOPELESS_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Hopelessness	This field indicates reported or observed depressive feelings: Hopelessness	
HHA_ASMT_OASISB_HST RY	M0590_SENSE_FAILR_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Sense of Failure	This field indicates reported or observed depressive feelings: Sense of Failure	
HHA_ASMT_OASISB_HST RY	M0590_THGHT_DEATH_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Death	This field indicates reported or observed depressive feelings: Recurrent Thoughts of	
HHA_ASMT_OASISB_HST RY	M0590_THGHT_SUICDE_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Suicide	This field indicates reported or observed depressive feelings: Thoughts of Suicide	
HHA_ASMT_OASISB_HST RY	M0600_AGTATN_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Agitation	This field indicates patient behaviors: Agitation	
HHA_ASMT_OASISB_HST RY	M0600_APPTITE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Recent Change in Appetite or Weight	This field indicates patient behaviors: Recent Change in Appetite or Weight	
HHA_ASMT_OASISB_HST RY	M0600_BHVR_NOA_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: None of the Above	This field indicates patient behaviors: None of Above	
HHA_ASMT_OASISB_HST RY	M0600_DIM_INTRST_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Diminished Interest in Most Activities	This field indicates patient behaviors: Diminished Interest in Most Activities	
HHA_ASMT_OASISB_HST RY	M0600_INDCV_BHVR_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Indecisiveness/Lack of Concentration	This field indicates patient behaviors: Indecisiveness, Lack of Concentration	
HHA_ASMT_OASISB_HST RY	M0600_SLP_DSTRB_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Sleep Disturbances	This field indicates patient behaviors: Sleep Disturbances	
HHA_ASMT_OASISB_HST RY	M0600_SUICDE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Suicide Attempt	This field indicates patient behaviors: Suicide Attempt	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0610_CGNTV_NOA_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: None of Above	This field indicates patient Cog/Behav/Psych Sympt: None of Above	
HHA_ASMT_OASISB_HST RY	M0610_DLSNL_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Delusional	This field indicates patient Cog/Behav/Psych Sympt: Delusional	
HHA_ASMT_OASISB_HST RY	M0610_DSRPTV_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Disruptive	This field indicates patient Cog/Behav/Psych Sympt: Disruptive	
HHA_ASMT_OASISB_HST RY	M0610_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Impaired Decision Making	This field indicates patient Cog/Behav/Psych Sympt: Impaired Decision Making	
HHA_ASMT_OASISB_HST RY	M0610_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Memory Deficit	This field indicates patient Cog/Behav/Psych Sympt: Memory Deficit	
HHA_ASMT_OASISB_HST RY	M0610_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Physical Aggression	This field indicates patient Cog/Behav/Psych Sympt: Physical Aggression	
HHA_ASMT_OASISB_HST RY	M0610_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Verbal Disruption	This field indicates patient Cog/Behav/Psych Sympt: Verbal Disruption	
HHA_ASMT_OASISB_HST RY	M0620_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M0620 Frequency Patient has Disruptive Behavior	This field indicates the frequency in which the patient has disruptive behavior.	
HHA_ASMT_OASISB_HST RY	M0630_PHYCH_NRSRVC_CD	VARCHAR2 (1)	N	M0630 Patient Receives Psychiatric Nursing Services at Home	This field indicates if the patient receives Psychiatric Nursing Services at home.	
HHA_ASMT_OASISB_HST RY	M0640_GRMG_CD	VARCHAR2 (2)	N	M0640 Current Ability to Tend to Personal Hygiene	This field indicates the patient's current ability to tend to personal hygiene.	
HHA_ASMT_OASISB_HST RY	M0640_PRIOR_GRMG_CD	VARCHAR2 (2)	N	M0640 Prior Ability to Tend to Personal Hygiene	This field indicates the patient's prior ability to tend to personal hygiene.	
HHA_ASMT_OASISB_HST RY	M0650_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Current Ability to Dress Upper Body	This field indicates the patient's current ability to dress upper body.	
HHA_ASMT_OASISB_HST RY	M0650_PRIOR_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Prior Ability to Dress Upper Body	This field indicates the patient's prior ability to dress upper body.	
HHA_ASMT_OASISB_HST RY	M0660_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Current Ability to Dress Lower Body	This field indicates the patient's current ability to dress lower body.	
HHA_ASMT_OASISB_HST RY	M0660_PRIOR_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Prior Ability to Dress Lower Body	This field indicates the patient's prior ability to dress lower body.	
HHA_ASMT_OASISB_HST RY	M0670_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Current Ability to Wash Entire Body	This field indicates the patient's current ability to wash entire body.	
HHA_ASMT_OASISB_HST RY	M0670_PRIOR_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Prior Ability to Wash Entire Body	This field indicates the patient's prior ability to wash entire body.	

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HHA_ASMT_OASISB_HST RY	M0680_PRIOR_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Prior Ability to Use Toilet or Bedside Commode	This field indicates the patient's prior ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_HST RY	M0680_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Current Ability to Use Toilet or Bedside Commode	This field indicates the patient's current ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_HST RY	M0690_PRIOR_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Prior Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's prior ability to transfer body or if bedfast the ability to turn and	
HHA_ASMT_OASISB_HST RY	M0690_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Current Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's current ability to transfer body or if bedfast the ability to turn and	
HHA_ASMT_OASISB_HST RY	M0700_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Current Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's current ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_HST RY	M0700_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Prior Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's prior ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_HST RY	M0710_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Current Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's current ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_HST RY	M0710_PRIOR_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Prior Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's prior ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_HST RY	M0720_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Current Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's current ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_HST RY	M0720_PRIOR_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Prior Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's prior ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_HST RY	M0730_PRIOR_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Prior Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's prior ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB_HST RY	M0730_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Current Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's current ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB_HST RY	M0740_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Current Ability to do Laundry	This field indicates the patient's current ability to do their own laundry.	
HHA_ASMT_OASISB_HST RY	M0740_PRIOR_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Prior Ability to do Laundry	This field indicates the patient's prior ability to do their own laundry.	
HHA_ASMT_OASISB_HST RY	M0750_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Current Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's current ability to safely and effectively perform light	

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HHA_ASMT_OASISB_HST RY	M0750_PRIOR_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Prior Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's prior ability to safely and effectively perform light	
HHA_ASMT_OASISB_HST RY	M0760_PRIOR_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Prior Ability to Shop	This field indicates the patient's prior ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB_HST RY	M0760_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Current Ability to Shop	This field indicates the patient's current ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB_HST RY	M0770_PRIOR_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Prior Ability to Effectively Communicate Using the Telephone	This field indicates the patient's prior ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_HST RY	M0770_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Current Ability to Effectively Communicate Using the Telephone	This field indicates the patient's current ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_HST RY	M0780_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Current Ability to Manage Oral Medications	This field indicates the patient's current ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_HST RY	M0780_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Prior Ability to Manage Oral Medications	This field indicates the patient's prior ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_HST RY	M0790_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Current Ability to Manage Inhalant/Mist Medications	This field indicates the patient's current ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB_HST RY	M0790_PRIOR_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Prior Ability to Manage Inhalant/Mist Medications	This field indicates the patient's prior ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB_HST RY	M0800_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Current Ability to Manage Injectable Medications	This field indicates the patient's current ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_HST RY	M0800_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Prior Ability to Manage Injectable Medications	This field indicates the patient's prior ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_HST RY	M0810_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0810 Patient Current Ability to Manage Medical Equipment	This field indicates the patient's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_OASISB_HST RY	M0820_CRGVR_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0820 Caregiver Current Ability to Manage Medical Equipment for Patient	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_OASISB_HST RY	M0825_THRPY_CD	VARCHAR2 (2)	N	M0825 Patient Home Therapy Needs - Physical, Occupational, and Speech	This field indicates the patient's home therapy needs; including physical, occupational, and	
HHA_ASMT_OASISB_HST RY	M0826_THRPY_NA_CD	VARCHAR2 (1)	N	M0826 Home Therapy Not Applicable	This field indicates there are no patient home therapy needs.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0826_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M0826 Number of Patient Home Therapy Visits	This field indicates the patient's number of home therapy visits.	
HHA_ASMT_OASISB_HST RY	M0830_EC_CLNC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Outpatient Department or Clinic	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_HST RY	M0830_EC_DR_OFC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Doctor Office	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_HST RY	M0830_EC_ER_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Emergency Room	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_HST RY	M0830_EC_NONE_CD	VARCHAR2 (1)	N	M0830 Emergent Care: None	This field indicates since the last assessment the patient has not utilized any emergent care	
HHA_ASMT_OASISB_HST RY	M0830_EC_UNK_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Unknown	This field indicates since the last assessment it is unknown if the patient has utilized any emergent	
HHA_ASMT_OASISB_HST RY	M0840_EC_CRDC_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Cardiac	This field indicates cardiac problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_DBTS_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Diabetes	This field indicates diabetes was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_FALL_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Injury Caused by Fall or Accident at Home	This field indicates injury caused by a fall was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_GI_CD	VARCHAR2 (1)	N	M0840 Emergent Care: GI Bleeding or Obstruction	This field indicates GI bleeding or obstruction was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_MDCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Improper Medication Administration	This field indicates improper medication administration was the reason emergent care was	
HHA_ASMT_OASISB_HST RY	M0840_EC_NAUSEA_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Nausea, Dehydration, Malnutrition, Constipation, or Impaction	This field indicates nausea was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_OTHR_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Other Than Above	This field indicates other than above was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_RSPRTRY_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Respiratory Problems	This field indicates respiratory problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_UNK_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Unknown	This field indicates reason is unknown why emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0840_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Wound Infection	This field indicates wound infection was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST RY	M0855_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M0855 Inpatient Facility Patient was Admitted to	This field indicates to which Inpatient Facility the patient was admitted.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0870_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M0870 Location Patient Was Discharged After Stay in Agency	This field indicates location the patient was discharged to after staying in agency.	
HHA_ASMT_OASISB_HST RY	M0880_ASTNC_AFTDSC_FML Y_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Patient Received from Family After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_OASISB_HST RY	M0880_ASTNC_AFTDSC_NO NE_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: No Assistance Received After Discharge	This field indicates the patient did not receive health, personal, or support services or	
HHA_ASMT_OASISB_HST RY	M0880_ASTNC_AFTDSC_OTH R_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Other Assistance Received After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_OASISB_HST RY	M0890_ADMT_HOSP_RSN_C D	VARCHAR2 (2)	N	M0890 Reason Patient was Admitted to Acute Care Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_CHF_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Exacerbation of CHF, fluid overload, heart failure	This field indicates the reason the patient required hospitalization was due to CHF.	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_CHMTHRPY_C D	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Chemotherapy	This field indicates the reason the patient required hospitalization was due to	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_DBTS_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Hypo/Hyperglycemia, Diabetes	This field indicates the reason the patient required hospitalization was due to diabetes.	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_FALL_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to falls.	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_GI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: GI Bleeding or Obstruction	This field indicates the reason the patient required hospitalization was due to GI issues.	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: IV Catheter Related Infection	This field indicates the reason the patient required hospitalization was due to IV catheter.	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_OTHR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Other	This field indicates the reason the patient required hospitalization was due to other	
HHA_ASMT_OASISB_HST RY	M0895_HOSP_PAIN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pain	This field indicates the reason the patient required hospitalization was due to pain.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to pulmonary	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_PSYCH_EPSD_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Psychotic Episode	This field indicates the reason the patient required hospitalization was due to a psychotic	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Respiratory Problems	This field indicates the reason the patient required hospitalization was due to respiratory	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_SCHLD_PRCDR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Scheduled Surgical Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_STROK_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Stroke	This field indicates the reason the patient required hospitalization was due to a stroke.	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_UTI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Urinary Tract Infection	This field indicates the reason the patient required hospitalization was due to a urinary	
HHA_ASMT_OASISB_HST_RY	M0895_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Wound or Tube Site Infection	This field indicates the reason the patient required hospitalization was due to a wound	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Hospice	This field indicates the reason the patient was admitted to a Nursing Home for Hospice.	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_OTHR_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Other	This field indicates the reason the patient was admitted to a Nursing Home for other type of	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Permanent Placement	This field indicates the reason the patient was admitted to a Nursing Home for permanent	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Respite Care	This field indicates the reason the patient was admitted to a Nursing Home for respite care.	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Therapy Services	This field indicates the reason the patient was admitted to a Nursing Home for therapy	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_UNK_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unknown Reason	This field indicates the reason the patient was admitted to a Nursing Home for reason	
HHA_ASMT_OASISB_HST_RY	M0900_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unsafe for Home Care	This field indicates the reason the patient was admitted to a Nursing Home due to unsafe for	
HHA_ASMT_OASISB_HST_RY	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_OASISB_HST RY	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_OASISB_HST RY	OASIS_HHA_ASMT_INT_ID	NUMBER (15.0)	N			
HHA_ASMT_OASISB_HST RY	OASIS_ORIG_ASMT_INT_ID	NUMBER (15.0)	N			
HHA_ASMT_OASISB_HST RY	OASIS_SUBMISSION_DATE	DATE (7)	N			
HHA_ASMT_OASISB_HST RY	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_OASISB_HST RY	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_OASISB_HST RY	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_OASISB_HST RY	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_OASISB_HST RY	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_OASISB_HST RY	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_OASISB_HST RY	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_OASISB_HST RY	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
HHA_ASMT_OASISB_HST RY	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_OASISB_HST RY	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_OASISB_HST RY	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_OASISB_HST RY_VW	ASMT_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment for OASIS B. C = Current, M = Modified, X = Inactive.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_OASISB_HST RY_VW	AST_END_VER_DT	DATE (8)	N	Assessment Ending Version Date	Date of the submission file that contains the record that corrected or inactivated the	
HHA_ASMT_OASISB_HST RY_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_OASISB_HST RY_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_OASISB_HST RY_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_HST RY_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_HST RY_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
HHA_ASMT_OASISB_HST RY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_OASISB_HST RY_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_OASISB_HST RY_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_OASISB_HST RY_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_OASISB_HST RY_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_OASISB_HST RY_VW	LOCK_DATE	DATE (8)	N	Lock-In Date	The lock-in date for the HHA assessment.	
HHA_ASMT_OASISB_HST RY_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (6)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record (M0010).	
HHA_ASMT_OASISB_HST RY_VW	M0012_MDCD_ID	VARCHAR2 (15)	N	M0012 Agency Medicaid Number	Agency Medicaid provider number (M0012) for OASIS B assessments. This item is not	
HHA_ASMT_OASISB_HST RY_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_OASISB_HST RY_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_OASISB_HST RY_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_OASISB_HST RY_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_OASISB_HST RY_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	
HHA_ASMT_OASISB_HST RY_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_OASISB_HST RY_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_OASISB_HST RY_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_OASISB_HST RY_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_OASISB_HST RY_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_OASISB_HST RY_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_OASISB_HST RY_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	
HHA_ASMT_OASISB_HST RY_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_OASISB_HST RY_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_OASISB_HST RY_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	
HHA_ASMT_OASISB_HST RY_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	
HHA_ASMT_OASISB_HST RY_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_OASISB_HST RY_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to June and the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	
HHA_ASMT_OASISB_HST RY_VW	M0072_PHYS_ID	VARCHAR2 (10)	N	M0072 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_OASISB_HST RY_VW	M0072_PHYS_UNK_TXT	VARCHAR2 (1)	N	M0072 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	
HHA_ASMT_OASISB_HST RY_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	
HHA_ASMT_OASISB_HST RY_VW	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_OASISB_HST RY_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	
HHA_ASMT_OASISB_HST RY_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	
HHA_ASMT_OASISB_HST RY_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
HHA_ASMT_OASISB_HST RY_VW	M0140_AMRCN_INDN_AK_N TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	
HHA_ASMT_OASISB_HST RY_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	
HHA_ASMT_OASISB_HST RY_VW	M0140_ETHNCTY_UNK_TXT	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Unknown	The data in this column indicates the patient's race is unknown.	
HHA_ASMT_OASISB_HST RY_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	
HHA_ASMT_OASISB_HST RY_VW	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	
HHA_ASMT_OASISB_HST RY_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	
HHA_ASMT_OASISB_HST RY_VW	M0150_MD CD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	
HHA_ASMT_OASISB_HST RY_VW	M0150_MD CD_HMO_PMT_C D	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	
HHA_ASMT_OASISB_HST RY_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	
HHA_ASMT_OASISB_HST RY_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	
HHA_ASMT_OASISB_HST RY_VW	M0150_OTHR_GOV'T_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	
HHA_ASMT_OASISB_HST RY_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	
HHA_ASMT_OASISB_HST RY_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	
HHA_ASMT_OASISB_HST RY_VW	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	
HHA_ASMT_OASISB_HST RY_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	
HHA_ASMT_OASISB_HST RY_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	
HHA_ASMT_OASISB_HST RY_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	
HHA_ASMT_OASISB_HST RY_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_EXPNS_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_FOOD_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Food	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_NONE_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: None	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_OTHR_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Other	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_RENT_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Rent	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0160_LMT_FIN_SUPLY_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical Supplies	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_HST RY_VW	M0170_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0170 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0170_DSCHRG_NH_CD	VARCHAR2 (1)	N	M0170 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0170_DSCHRG_NONE_CD	VARCHAR2 (1)	N	M0170 Discharge - None	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB_HST RY_VW	M0170_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0170 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0170_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0170 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0175_DCSHRG_NH_CD	VARCHAR2 (1)	N	M0175 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0175_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0175 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0175_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0175 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0175_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0175 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_HST RY_VW	M0175_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M0175 Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_OASISB_HST RY_VW	M0175_NO_DSCHRG_CD	VARCHAR2 (1)	N	M0175 Discharge - No	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB_HST RY_VW	M0180_IP_DSCHRG_DT	VARCHAR2 (8)	N	M0180 Inpatient Discharge Date	This column indicates the most recent inpatient discharge date.	
HHA_ASMT_OASISB_HST RY_VW	M0180_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M0180 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	
HHA_ASMT_OASISB_HST RY_VW	M0190_IP_DGNS_1_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 1 ICD-9	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_HST RY_VW	M0190_IP_DGNS_2_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 2 ICD-9	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_HST RY_VW	M0200_RGMN_CHG_CD	VARCHAR2 (1)	N	M0200 Medical or Treatment Regimen Change	This column indicates if patient has experienced a change in medical or treatment regimen within	
HHA_ASMT_OASISB_HST RY_VW	M0210_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_OASISB_HST RY_VW	M0210_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0210_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_OASISB_HST RY_VW	M0210_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_COND_NOA_C D	VARCHAR2 (1)	N	M0220 Prior Condition - None of Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_COND_UNK_C D	VARCHAR2 (1)	N	M0220 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_DSRPTV_BHV R_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_IMPRD_DCSN _MKG_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_INDWLG_CTH TR_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_INTRK_PAIN_ CD	VARCHAR2 (1)	N	M0220 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_MEMRY_LOSS _CD	VARCHAR2 (1)	N	M0220 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	
HHA_ASMT_OASISB_HST RY_VW	M0220_PRIOR_URNRY_INCN TNC_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	
HHA_ASMT_OASISB_HST RY_VW	M0230_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0230 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_OASISB_HST RY_VW	M0230_PRMRY_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0230 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	
HHA_ASMT_OASISB_HST RY_VW	M0240_OTHR_1_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 1: Rating ICD-9 Code	This field lists the other severity diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_HST RY_VW	M0240_OTHR_2_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 2: Rating ICD-9 Code	This field lists the other severity diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB_HST RY_VW	M0240_OTHR_3_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 3: Rating ICD-9 Code	This field lists the other severity diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_HST RY_VW	M0240_OTHR_4_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M0240 Other Severity 4: Rating ICD-9 Code	This field lists the other severity diagnosis 4 - ICD-9 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M0240 Other Severity 5: Rating ICD-9 Code	This field lists the other severity diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 1: ICD-9 Code	This field lists the other diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 2: ICD-9 Code	This field lists the other diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 3: ICD-9 Code	This field lists the other diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 4: ICD-9 Code	This field lists the other diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0240_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 5: ICD-9 Code	This field lists the other diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0245_PMT_ICD1_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 1 Code	The field lists the ICD-9 code indicating the first primary payment reason.	
HHA_ASMT_OASISB_HST_RY_VW	M0245_PMT_ICD2_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 2 Code	The field lists the ICD-9 code indicating the first secondary payment reason.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the other payment diagnosis 1 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the other payment diagnosis 2 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the other payment diagnosis 3 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the other payment diagnosis 4 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the other payment diagnosis 5 multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 1 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 2 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 3 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 4 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5	The field lists the ICD-9 code indicating the first other payment diagnosis 5 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis ICD-9 Code	This field lists the payment diagnosis ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0246_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis Multiple ICD-9 Code	This field lists the other payment diagnosis multiple ICD-9 code.	
HHA_ASMT_OASISB_HST_RY_VW	M0250_HOME_ENTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	
HHA_ASMT_OASISB_HST_RY_VW	M0250_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Intravenous, Infusion	This field indicates if the patient receives intravenous or infusion therapy at home.	
HHA_ASMT_OASISB_HST_RY_VW	M0250_HOME_NOA_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: None of Above	This field indicates if the patient receives none of the above therapies at home.	
HHA_ASMT_OASISB_HST_RY_VW	M0250_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	
HHA_ASMT_OASISB_HST_RY_VW	M0260_OVRAL_PRGNS_CD	VARCHAR2 (2)	N	M0260 Overall Prognosis	This field indicates the best description of the patient's overall prognosis.	
HHA_ASMT_OASISB_HST_RY_VW	M0270_REHAB_PRGNS_CD	VARCHAR2 (2)	N	M0270 Rehab Prognosis	This field indicates the best description of the patient's rehabilitative prognosis.	
HHA_ASMT_OASISB_HST_RY_VW	M0280_LIFE_EXPCTNCY_CD	VARCHAR2 (2)	N	M0280 Life Expectancy Code	This field indicates the patient's overall life expectancy.	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_ALCHL_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_DRUG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_NOA_CD	VARCHAR2 (1)	N	M0290 Risk Factor - None of Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_OBSTY_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_SMKNG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0290_RISK_UNK_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Unknown	This field indicates if there are unknown risk factors, either present or past, likely to affect the	
HHA_ASMT_OASISB_HST_RY_VW	M0300_CRNT_RSDNC_CD	VARCHAR2 (2)	N	M0300 Current Residence	This field indicates the patient's current residence; 01 = Patient's owned or rented	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0310_SB_DRWY_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Doorway Code	This field indicates if there are structural barriers present: Doorway.	
HHA_ASMT_OASISB_HST_RY_VW	M0310_SB_INSD_STR_MUST_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Must be Used	This field indicates if there are structural barriers present: Inside Stairs Must be Used.	
HHA_ASMT_OASISB_HST_RY_VW	M0310_SB_INSD_STR_OPT_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Used Optionally	This field indicates if there are structural barriers present: Inside Stairs Used Optionally	
HHA_ASMT_OASISB_HST_RY_VW	M0310_SB_OTSD_STR_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Outside Stairs	This field indicates if there are structural barriers present: Outside Stairs.	
HHA_ASMT_OASISB_HST_RY_VW	M0310_STRUC_BRR_NO_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: No Structural Barriers Present	This field indicates if there are structural barriers present: No Structural Barriers Present.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_APLNC_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Appliance	This field indicates if there are safety hazards present: Unsafe Gas/Electric Appliance.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_COOLNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Cooling	This field indicates if there are safety hazards present: Inadequate Cooling.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_FIRE_SFTY_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Fire Safety Code	This field indicates if there are safety hazards present: Lack of Fire Safety Devices.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_FLR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Flooring, Roof, Windows	This field indicates if there are safety hazards present: Inadequate Floor/Roof/Windows	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_FLR_CVRG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Floor Coverings	This field indicates if there are safety hazards present: Unsafe Floor Coverings.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_HEATNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Heating	This field indicates if there are safety hazards present: Inadequate Heating.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_HZRDS_MATL_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Hazardous Materials	This field indicates if there are safety hazards present: Hazardous Materials.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_LEAD_PAINT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Lead Based Paint	This field indicates if there are safety hazards present: Lead Based Paint.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_LGHT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Lighting	This field indicates if there are safety hazards present: Inadequate Lighting.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_NO_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: No Safety Hazards Present	This field indicates if there are safety hazards present: No Safety Hazards.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_OTHR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Other Safety Hazards	This field indicates if there are safety hazards present: Other Safety Hazards.	
HHA_ASMT_OASISB_HST_RY_VW	M0320_SFTY_RAILNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Stair Railings	This field indicates if there are safety hazards present: Inadequate Stair Railings.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_BAD_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Contaminated Water	This field indicates if there are sanitation hazards present: Contaminated Water.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_BUG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Insects / Rodents Present	This field indicates if there are sanitation hazards present: Insects/Rodents Present.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_COOK_FAC_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Cooking Facilities	This field indicates if there are sanitation hazards present: No Cooking Facilities.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_FOOD_STRG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate/Improper Food Storage	This field indicates if there are sanitation hazards present: Inadequate/Improper Food Storage	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_LVG_AREA_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Cluttered/Soiled Living Area	This field indicates if there are sanitation hazards present: Cluttered/Soiled Living Area.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_NONE_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: None	This field indicates if there are sanitation hazards present: No Sanitation Hazards.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_NO_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Running Water	This field indicates if there are sanitation hazards present: No Running Water.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_OTHR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Other	This field indicates if there are sanitation hazards present: Other Sanitation Hazards.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_OUTDR_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Outdoor Toileting Facilities Only	This field indicates if there are sanitation hazards present: Outdoor Toileting Facilities	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_RFRGTN_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Food Refrigeration	This field indicates if there are sanitation hazards present: No Food Refrigeration.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_SWG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Sewage Disposal	This field indicates if there are sanitation hazards present: Inadequate Sewage Disposal.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Toileting Facilities	This field indicates if there are sanitation hazards present: No Toileting Facilities.	
HHA_ASMT_OASISB_HST_RY_VW	M0330_SNTN_TRASH_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Scheduled Trash Pickup	This field indicates if there are sanitation hazards present: No Scheduled Trash Pickup.	
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_ALN_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives Alone	This field indicates patient's living arrangement: Lives Alone.	
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_FRIEND_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With a Friend	This field indicates patient's living arrangement: Lives With a Friend.	
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_OTHR_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other	This field indicates patient's living arrangement: Lives With Other.	
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_OTHR_FMLY_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other Family Member	This field indicates patient's living arrangement: Lives With Other Family Member.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_PD_HELP_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Paid Help	This field indicates patient's living arrangement: Lives With Paid Help.	
HHA_ASMT_OASISB_HST_RY_VW	M0340_LVS_SPSE_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Spouse	This field indicates patient's living arrangement: Lives With Spouse.	
HHA_ASMT_OASISB_HST_RY_VW	M0350_ASTNC_NOA_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: None of the Above	This field indicates patient's supportive assistance: None the Above.	
HHA_ASMT_OASISB_HST_RY_VW	M0350_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Unknown	This field indicates patient's supportive assistance: Unknown.	
HHA_ASMT_OASISB_HST_RY_VW	M0350_HOME_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Person in Home	This field indicates patient's supportive assistance: Person in home (excluding paid	
HHA_ASMT_OASISB_HST_RY_VW	M0350_PD_HELP_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Paid Help	This field indicates patient's supportive assistance: Paid Help.	
HHA_ASMT_OASISB_HST_RY_VW	M0350_RLTV_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Relative	This field indicates patient's supportive assistance: Relative.	
HHA_ASMT_OASISB_HST_RY_VW	M0360_PRMRY_CRGVR_CD	VARCHAR2 (2)	N	M0360 Primary Caregiver	This field indicates the patient's primary caregiver.	
HHA_ASMT_OASISB_HST_RY_VW	M0370_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M0370 Assistance Frequency: Frequency Patient Receives Assistance	This field indicates how often the patient receives assistance from the primary caregiver.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_ADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance ADL	This field indicates the type of primary caregiver assistance: ADL Assistance.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Unknown	This field indicates the type of primary caregiver assistance: Assistance Unknown.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_ENVRMT_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Environmental Support	This field indicates the type of primary caregiver assistance: Environmental Support.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_FNCL_ASTCN_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Financial	This field indicates the type of primary caregiver assistance: Financial Assistance.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_HLTH_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Health Care	This field indicates the type of primary caregiver assistance: Health Care Assistance.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_IADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: IADL Assistance	This field indicates the type of primary caregiver assistance: IADL Assistance.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_MDCL_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Medical Care Assistance	This field indicates the type of primary caregiver assistance: Medical Care Assistance.	
HHA_ASMT_OASISB_HST_RY_VW	M0380_PSYCHSOC_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Psychosocial Assistance	This field indicates the type of primary caregiver assistance: Psychosocial Assistance.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0390_VSN_CD	VARCHAR2 (2)	N	M0390 Patient Vision Status	This field indicates patient's vision status.	
HHA_ASMT_OASISB_HST RY_VW	M0400_HEARG_CD	VARCHAR2 (2)	N	M0400 Patient Hearing and Understanding Language	This field indicates patient's hearing and ability to understand spoken language.	
HHA_ASMT_OASISB_HST RY_VW	M0410_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M0410 Patient Speech and Oral Expression	This field indicates patient's speech and oral (verbal) expression of language.	
HHA_ASMT_OASISB_HST RY_VW	M0420_PAIN_FREQ_CD	VARCHAR2 (2)	N	M0420 Patient Pain Frequency Interferes with ADL	This field indicates pain frequency that interferes with patient's activity or movement.	
HHA_ASMT_OASISB_HST RY_VW	M0430_INTRC_PAIN_CD	VARCHAR2 (1)	N	M0430 Patient Intractable Pain Affecting ADL	This field indicates intractable pain that is not easily relieved, occurs at least daily, and affect	
HHA_ASMT_OASISB_HST RY_VW	M0440_OPN_WND_CD	VARCHAR2 (1)	N	M0440 Patient Open Wound Status Excludes Ostomies	This field indicates if patient has a skin lesion or an open wound; this excludes ostomies.	
HHA_ASMT_OASISB_HST RY_VW	M0445_PRSR_ULCR_CD	VARCHAR2 (1)	N	M0445 Patient Pressure Ulcer Status	This field indicates if patient has a pressure ulcer.	
HHA_ASMT_OASISB_HST RY_VW	M0450_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage I Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage I.	
HHA_ASMT_OASISB_HST RY_VW	M0450_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage II Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage II.	
HHA_ASMT_OASISB_HST RY_VW	M0450_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage III Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage III.	
HHA_ASMT_OASISB_HST RY_VW	M0450_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage IV Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage IV.	
HHA_ASMT_OASISB_HST RY_VW	M0450_UNSTGBL_ULCR_DRS NG_NUM	VARCHAR2 (2)	N	M0450 Number Unstageable Ulcer Due to Dressing	This field indicates there is at least one pressure ulcer that cannot be observed due to the	
HHA_ASMT_OASISB_HST RY_VW	M0460_PRBLM_PRSR_ULCR_ STG_CD	VARCHAR2 (2)	N	M0460 Stage of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB_HST RY_VW	M0464_PRBLM_PRSR_ULCR_ STUS_CD	VARCHAR2 (2)	N	M0464 Status of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB_HST RY_VW	M0468_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0468 Patient Stasis Ulcer	This field indicates if a patient has a stasis ulcer.	
HHA_ASMT_OASISB_HST RY_VW	M0470_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M0470 Number of Stasis Ulcers Patient Has	This field indicates the current number of observable stasis ulcers.	
HHA_ASMT_OASISB_HST RY_VW	M0474_UNOBS_STASIS_ULC R_CD	VARCHAR2 (1)	N	M0474 Patient Has Unobservable Stasis Ulcers	This field indicates if a patient has at least one stasis ulcer that cannot be observed due to the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0476_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M0476 Stasis Ulcer Status	This field indicates the status of the most problematic (observable) stasis ulcer.	
HHA_ASMT_OASISB_HST_RY_VW	M0482_SRGL_WND_CD	VARCHAR2 (1)	N	M0482 Patient Has Surgical Wound	This field indicates if patient has a surgical wound.	
HHA_ASMT_OASISB_HST_RY_VW	M0484_SRGL_WND_NUM	VARCHAR2 (2)	N	M0484 Number of Surgical Wound	This field indicates the current number of (observable) surgical wounds.	
HHA_ASMT_OASISB_HST_RY_VW	M0486_UNOBS_SRGL_WND_CD	VARCHAR2 (1)	N	M0486 Unobservable Surgical Wound	This field indicates if patient has at least one surgical wound that cannot be observed due to	
HHA_ASMT_OASISB_HST_RY_VW	M0488_SRGL_WND_STUS_CD	VARCHAR2 (2)	N	M0488 Status of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	
HHA_ASMT_OASISB_HST_RY_VW	M0490_SOB_CD	VARCHAR2 (2)	N	M0490 Patient Noticeably Short of Breath	This field indicates when the patient is noticeably short of breath or dyspneic.	
HHA_ASMT_OASISB_HST_RY_VW	M0500_CPAP_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: CPAP	This field indicates patient's home use of respiratory treatments: CPAP	
HHA_ASMT_OASISB_HST_RY_VW	M0500_OXGN_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Oxygen	This field indicates patient's home use of respiratory treatments: Oxygen	
HHA_ASMT_OASISB_HST_RY_VW	M0500_RSPRTRY_TRTMT_NOA_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: None of the Above	This field indicates patient's home use of respiratory treatments: None of Above	
HHA_ASMT_OASISB_HST_RY_VW	M0500_VNLTTR_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Ventilator	This field indicates patient's home use of respiratory treatments: Ventilator	
HHA_ASMT_OASISB_HST_RY_VW	M0510_UTI_CD	VARCHAR2 (2)	N	M0510 Patient Treated for UTI	This field indicates if the patient has been treated for a urinary tract infection within the	
HHA_ASMT_OASISB_HST_RY_VW	M0520_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M0520 Patient Experiences Urinary Incontinence	This field indicates if the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_HST_RY_VW	M0530_URNRY_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0530 Frequency Patient Experiences Urinary Incontinence	This field indicates the frequency in which the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_HST_RY_VW	M0540_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0540 Frequency Patient Experiences Bowel Incontinence	This field indicates the frequency in which the patient experiences bowel incontinence.	
HHA_ASMT_OASISB_HST_RY_VW	M0550_OSTMY_CD	VARCHAR2 (2)	N	M0550 Ostomy Used for Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	
HHA_ASMT_OASISB_HST_RY_VW	M0560_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M0560 Patient Current Level of Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	
HHA_ASMT_OASISB_HST_RY_VW	M0570_CNFSF_FREQ_CD	VARCHAR2 (2)	N	M0570 Patient Confused Frequency	This field indicates when the patient is confused.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0580_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M0580 Patient Anxious Frequency	This field indicates the frequency in which the patient is anxious.	
HHA_ASMT_OASISB_HST RY_VW	M0590 DPRSD_MOOD_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood	This field indicates reported or observed depressive feelings: Depressed Mood	
HHA_ASMT_OASISB_HST RY_VW	M0590 DRPSD_NOA_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: None of the Above	This field indicates reported or observed depressive feelings: None of Above	
HHA_ASMT_OASISB_HST RY_VW	M0590_HOPELESS_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Hopelessness	This field indicates reported or observed depressive feelings: Hopelessness	
HHA_ASMT_OASISB_HST RY_VW	M0590_SENSE_FAILR_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Sense of Failure	This field indicates reported or observed depressive feelings: Sense of Failure	
HHA_ASMT_OASISB_HST RY_VW	M0590_THGHT_DEATH_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Death	This field indicates reported or observed depressive feelings: Recurrent Thoughts of	
HHA_ASMT_OASISB_HST RY_VW	M0590_THGHT_SUICDE_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Suicide	This field indicates reported or observed depressive feelings: Thoughts of Suicide	
HHA_ASMT_OASISB_HST RY_VW	M0600_AGTATN_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Agitation	This field indicates patient behaviors: Agitation	
HHA_ASMT_OASISB_HST RY_VW	M0600_APPTITE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Recent Change in Appetite or Weight	This field indicates patient behaviors: Recent Change in Appetite or Weight	
HHA_ASMT_OASISB_HST RY_VW	M0600_BHVR_NOA_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: None of the Above	This field indicates patient behaviors: None of Above	
HHA_ASMT_OASISB_HST RY_VW	M0600_DIM_INTRST_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Diminished Interest in Most Activities	This field indicates patient behaviors: Diminished Interest in Most Activities	
HHA_ASMT_OASISB_HST RY_VW	M0600_INDCV_BHVR_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Indecisiveness/Lack of Concentration	This field indicates patient behaviors: Indecisiveness, Lack of Concentration	
HHA_ASMT_OASISB_HST RY_VW	M0600_SLP_DSTRB_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Sleep Disturbances	This field indicates patient behaviors: Sleep Disturbances	
HHA_ASMT_OASISB_HST RY_VW	M0600_SUICDE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Suicide Attempt	This field indicates patient behaviors: Suicide Attempt	
HHA_ASMT_OASISB_HST RY_VW	M0610_CGNTV_NOA_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: None of Above	This field indicates patient Cog/Behav/Psych Sympt: None of Above	
HHA_ASMT_OASISB_HST RY_VW	M0610_DLSNL_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Delusional	This field indicates patient Cog/Behav/Psych Sympt: Delusional	
HHA_ASMT_OASISB_HST RY_VW	M0610_DSRPTV_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Disruptive	This field indicates patient Cog/Behav/Psych Sympt: Disruptive	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0610_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Impaired Decision Making	This field indicates patient Cog/Behav/Psych Sympt: Impaired Decision Making	
HHA_ASMT_OASISB_HST RY_VW	M0610_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Memory Deficit	This field indicates patient Cog/Behav/Psych Sympt: Memory Deficit	
HHA_ASMT_OASISB_HST RY_VW	M0610_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Physical Aggression	This field indicates patient Cog/Behav/Psych Sympt: Physical Aggression	
HHA_ASMT_OASISB_HST RY_VW	M0610_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Verbal Disruption	This field indicates patient Cog/Behav/Psych Sympt: Verbal Disruption	
HHA_ASMT_OASISB_HST RY_VW	M0620_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M0620 Frequency Patient has Disruptive Behavior	This field indicates the frequency in which the patient has disruptive behavior.	
HHA_ASMT_OASISB_HST RY_VW	M0630_PHYCH_NRSRVC_CD	VARCHAR2 (1)	N	M0630 Patient Receives Psychiatric Nursing Services at Home	This field indicates if the patient receives Psychiatric Nursing Services at home.	
HHA_ASMT_OASISB_HST RY_VW	M0640_GRMG_CD	VARCHAR2 (2)	N	M0640 Current Ability to Tend to Personal Hygiene	This field indicates the patient's current ability to tend to personal hygiene.	
HHA_ASMT_OASISB_HST RY_VW	M0640_PRIOR_GRMG_CD	VARCHAR2 (2)	N	M0640 Prior Ability to Tend to Personal Hygiene	This field indicates the patient's prior ability to tend to personal hygiene.	
HHA_ASMT_OASISB_HST RY_VW	M0650_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Current Ability to Dress Upper Body	This field indicates the patient's current ability to dress upper body.	
HHA_ASMT_OASISB_HST RY_VW	M0650_PRIOR_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Prior Ability to Dress Upper Body	This field indicates the patient's prior ability to dress upper body.	
HHA_ASMT_OASISB_HST RY_VW	M0660_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Current Ability to Dress Lower Body	This field indicates the patient's current ability to dress lower body.	
HHA_ASMT_OASISB_HST RY_VW	M0660_PRIOR_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Prior Ability to Dress Lower Body	This field indicates the patient's prior ability to dress lower body.	
HHA_ASMT_OASISB_HST RY_VW	M0670_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Current Ability to Wash Entire Body	This field indicates the patient's current ability to wash entire body.	
HHA_ASMT_OASISB_HST RY_VW	M0670_PRIOR_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Prior Ability to Wash Entire Body	This field indicates the patient's prior ability to wash entire body.	
HHA_ASMT_OASISB_HST RY_VW	M0680_PRIOR_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Prior Ability to Use Toilet or Bedside Commode	This field indicates the patient's prior ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_HST RY_VW	M0680_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Current Ability to Use Toilet or Bedside Commode	This field indicates the patient's current ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_HST RY_VW	M0690_PRIOR_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Prior Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's prior ability to transfer body or if bedfast the ability to turn and	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0690_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Current Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's current ability to transfer body or if bedfast the ability to turn and	
HHA_ASMT_OASISB_HST_RY_VW	M0700_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Current Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's current ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_HST_RY_VW	M0700_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Prior Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's prior ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_HST_RY_VW	M0710_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Current Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's current ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_HST_RY_VW	M0710_PRIOR_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Prior Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's prior ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_HST_RY_VW	M0720_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Current Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's current ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_HST_RY_VW	M0720_PRIOR_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Prior Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's prior ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_HST_RY_VW	M0730_PRIOR_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Prior Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's prior ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB_HST_RY_VW	M0730_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Current Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's current ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB_HST_RY_VW	M0740_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Current Ability to do Laundry	This field indicates the patient's current ability to do their own laundry.	
HHA_ASMT_OASISB_HST_RY_VW	M0740_PRIOR_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Prior Ability to do Laundry	This field indicates the patient's prior ability to do their own laundry.	
HHA_ASMT_OASISB_HST_RY_VW	M0750_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Current Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's current ability to safely and effectively perform light	
HHA_ASMT_OASISB_HST_RY_VW	M0750_PRIOR_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Prior Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's prior ability to safely and effectively perform light	
HHA_ASMT_OASISB_HST_RY_VW	M0760_PRIOR_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Prior Ability to Shop	This field indicates the patient's prior ability to plan for, select, and purchase items in a store	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	M0760_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Current Ability to Shop	This field indicates the patient's current ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB_HST RY_VW	M0770_PRIOR_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Prior Ability to Effectively Communicate Using the Telephone	This field indicates the patient's prior ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_HST RY_VW	M0770_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Current Ability to Effectively Communicate Using the Telephone	This field indicates the patient's current ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_HST RY_VW	M0780_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Current Ability to Manage Oral Medications	This field indicates the patient's current ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_HST RY_VW	M0780_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Prior Ability to Manage Oral Medications	This field indicates the patient's prior ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_HST RY_VW	M0790_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Current Ability to Manage Inhalant/Mist Medications	This field indicates the patient's current ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB_HST RY_VW	M0790_PRIOR_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Prior Ability to Manage Inhalant/Mist Medications	This field indicates the patient's prior ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_OASISB_HST RY_VW	M0800_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Current Ability to Manage Injectable Medications	This field indicates the patient's current ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_HST RY_VW	M0800_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Prior Ability to Manage Injectable Medications	This field indicates the patient's prior ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_HST RY_VW	M0810_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0810 Patient Current Ability to Manage Medical Equipment	This field indicates the patient's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_OASISB_HST RY_VW	M0820_CRGVR_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0820 Caregiver Current Ability to Manage Medical Equipment for Patient	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY for Patient	
HHA_ASMT_OASISB_HST RY_VW	M0825_THRPY_CD	VARCHAR2 (2)	N	M0825 Patient Home Therapy Needs - Physical, Occupational, and Speech	This field indicates the patient's home therapy needs; including physical, occupational, and	
HHA_ASMT_OASISB_HST RY_VW	M0826_THRPY_NA_CD	VARCHAR2 (1)	N	M0826 Home Therapy Not Applicable	This field indicates there are no patient home therapy needs.	
HHA_ASMT_OASISB_HST RY_VW	M0826_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M0826 Number of Patient Home Therapy Visits	This field indicates the patient's number of home therapy visits.	
HHA_ASMT_OASISB_HST RY_VW	M0830_EC_CLNC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Outpatient Department or Clinic	This field indicates if since the last assessment the patient has utilized emergent care services	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0830_EC_DR_OFCD_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Doctor Office	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_HST_RY_VW	M0830_EC_ER_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Emergency Room	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_HST_RY_VW	M0830_EC_NONE_CD	VARCHAR2 (1)	N	M0830 Emergent Care: None	This field indicates since the last assessment the patient has not utilized any emergent care	
HHA_ASMT_OASISB_HST_RY_VW	M0830_EC_UNK_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Unknown	This field indicates since the last assessment it is unknown if the patient has utilized any emergent	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_CRDC_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Cardiac	This field indicates cardiac problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_DBTS_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Diabetes	This field indicates diabetes was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_FALL_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Injury Caused by Fall or Accident at Home	This field indicates injury caused by a fall was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_GI_CD	VARCHAR2 (1)	N	M0840 Emergent Care: GI Bleeding or Obstruction	This field indicates GI bleeding or obstruction was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_MDCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Improper Medication Administration	This field indicates improper medication administration was the reason emergent care was	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_NAUSEA_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Nausea, Dehydration, Malnutrition, Constipation, or Impaction	This field indicates nausea was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_OTHR_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Other Than Above	This field indicates other than above was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_RSPRTRY_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Respiratory Problems	This field indicates respiratory problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_UNK_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Unknown	This field indicates reason is unknown why emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0840_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Wound Infection	This field indicates wound infection was the reason emergent care was sought.	
HHA_ASMT_OASISB_HST_RY_VW	M0855_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M0855 Inpatient Facility Patient was Admitted to	This field indicates to which Inpatient Facility the patient was admitted.	
HHA_ASMT_OASISB_HST_RY_VW	M0870_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M0870 Location Patient Was Discharged After Stay in Agency	This field indicates location the patient was discharged to after staying in agency.	
HHA_ASMT_OASISB_HST_RY_VW	M0880_ASTNC_AFTDSC_FML_Y_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Patient Received from Family After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0880_ASTNC_AFTDSC_NO_NE_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: No Assistance Received After Discharge	This field indicates the patient did not receive health, personal, or support services or	
HHA_ASMT_OASISB_HST_RY_VW	M0880_ASTNC_AFTDSC_OTH_R_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Other Assistance Received After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_OASISB_HST_RY_VW	M0890_ADMT_HOSP_RSN_CD	VARCHAR2 (2)	N	M0890 Reason Patient was Admitted to Acute Care Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_CHF_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Exacerbation of CHF, fluid overload, heart failure	This field indicates the reason the patient required hospitalization was due to CHF.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_CHMTHRPHY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Chemotherapy	This field indicates the reason the patient required hospitalization was due to	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_DBTS_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Hypo/Hyperglycemia, Diabetes	This field indicates the reason the patient required hospitalization was due to diabetes.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_FALL_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to falls.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_GI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: GI Bleeding or Obstruction	This field indicates the reason the patient required hospitalization was due to GI issues.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: IV Catheter Related Infection	This field indicates the reason the patient required hospitalization was due to IV catheter.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_OTHR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Other	This field indicates the reason the patient required hospitalization was due to other	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_PAIN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pain	This field indicates the reason the patient required hospitalization was due to pain.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to pulmonary	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_PSYCH_EPSD_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Psychotic Episode	This field indicates the reason the patient required hospitalization was due to a psychotic	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Respiratory Problems	This field indicates the reason the patient required hospitalization was due to respiratory	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_SCHLD_PRCDR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Scheduled Surgical Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_STROK_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Stroke	This field indicates the reason the patient required hospitalization was due to a stroke.	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_UTI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Urinary Tract Infection	This field indicates the reason the patient required hospitalization was due to a urinary	
HHA_ASMT_OASISB_HST_RY_VW	M0895_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Wound or Tube Site Infection	This field indicates the reason the patient required hospitalization was due to a wound	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Hospice	This field indicates the reason the patient was admitted to a Nursing Home for Hospice.	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_OTHR_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Other	This field indicates the reason the patient was admitted to a Nursing Home for other type of	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Permanent Placement	This field indicates the reason the patient was admitted to a Nursing Home for permanent	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Respite Care	This field indicates the reason the patient was admitted to a Nursing Home for respite care.	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Therapy Services	This field indicates the reason the patient was admitted to a Nursing Home for therapy	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_UNK_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unknown Reason	This field indicates the reason the patient was admitted to a Nursing Home for reason	
HHA_ASMT_OASISB_HST_RY_VW	M0900_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unsafe for Home Care	This field indicates the reason the patient was admitted to a Nursing Home due to unsafe for	
HHA_ASMT_OASISB_HST_RY_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_OASISB_HST_RY_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_OASISB_HST_RY_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_OASISB_HST_RY_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_HST RY_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_OASISB_HST RY_VW	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_OASISB_HST RY_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_OASISB_HST RY_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_OASISB_HST RY_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_OASISB_HST RY_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_OASISB_HST RY_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
HHA_ASMT_OASISB_HST RY_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_OASISB_HST RY_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_OASISB_HST RY_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_OASISB_VW	ASMT_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment for OASIS B. C = Current, M = Modified, X = Inactive.	
HHA_ASMT_OASISB_VW	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_OASISB_VW	AST_END_VER_DT	DATE (8)	N	Assessment Ending Version Date	Date of the submission file that contains the record that corrected or inactivated the	
HHA_ASMT_OASISB_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_OASISB_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_OASISB_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_OASISB_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_OASISB_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_OASISB_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	
HHA_ASMT_OASISB_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_OASISB_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_OASISB_VW	LOCK_DATE	DATE (8)	N	Lock-In Date	The lock-in date for the HHA assessment.	
HHA_ASMT_OASISB_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (6)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record (M0010).	
HHA_ASMT_OASISB_VW	M0012_MDCD_ID	VARCHAR2 (15)	N	M0012 Agency Medicaid Number	Agency Medicaid provider number (M0012) for OASIS B assessments. This item is not	
HHA_ASMT_OASISB_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_OASISB_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_OASISB_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_OASISB_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_OASISB_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_OASISB_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	
HHA_ASMT_OASISB_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_OASISB_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_OASISB_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_OASISB_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_OASISB_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_OASISB_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	
HHA_ASMT_OASISB_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_OASISB_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_OASISB_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	
HHA_ASMT_OASISB_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	
HHA_ASMT_OASISB_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_OASISB_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to June and the	
HHA_ASMT_OASISB_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	
HHA_ASMT_OASISB_VW	M0072_PHYS_ID	VARCHAR2 (10)	N	M0072 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_OASISB_VW	M0072_PHYS_UNK_TXT	VARCHAR2 (1)	N	M0072 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	
HHA_ASMT_OASISB_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	
HHA_ASMT_OASISB_VW	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_OASISB_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	
HHA_ASMT_OASISB_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	
HHA_ASMT_OASISB_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
HHA_ASMT_OASISB_VW	M0140_AMRCN_INDN_AK_NTV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	
HHA_ASMT_OASISB_VW	M0140_ETHNCTY_UNK_TXT	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Unknown	The data in this column indicates the patient's race is unknown.	
HHA_ASMT_OASISB_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	
HHA_ASMT_OASISB_VW	M0140_NTV_HI_PCFC_ISLND_R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	
HHA_ASMT_OASISB_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	
HHA_ASMT_OASISB_VW	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	
HHA_ASMT_OASISB_VW	M0150_MDCD_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	
HHA_ASMT_OASISB_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	
HHA_ASMT_OASISB_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	
HHA_ASMT_OASISB_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	
HHA_ASMT_OASISB_VW	M0150_OTHR_GOVT_PMT_CD	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	
HHA_ASMT_OASISB_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	
HHA_ASMT_OASISB_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	
HHA_ASMT_OASISB_VW	M0150_PRVT_INSRNC_PMT_CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	
HHA_ASMT_OASISB_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	
HHA_ASMT_OASISB_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	
HHA_ASMT_OASISB_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_EXPNS_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_FOOD_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Food	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_NONE_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: None	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_OTHR_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Other	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_RENT_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Rent	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0160_LMT_FIN_SUPLY_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical Supplies	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_OASISB_VW	M0170_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0170 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0170_DSCHRG_NH_CD	VARCHAR2 (1)	N	M0170 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0170_DSCHRG_NONE_CD	VARCHAR2 (1)	N	M0170 Discharge - None	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_OASISB_VW	M0170_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0170 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0170_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0170 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0175_DCSHRG_NH_CD	VARCHAR2 (1)	N	M0175 Discharge - Nursing Home	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0175_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0175 Discharge - Hospital	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0175_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0175 Discharge - Other Inpatient Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0175_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0175 Discharge - Rehabilitation Facility	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_OASISB_VW	M0175_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M0175 Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_OASISB_VW	M0175_NO_DSCHRG_CD	VARCHAR2 (1)	N	M0175 Discharge - No	This column indicates the patient was not discharged from an inpatient facility during the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0180_IP_DSCHRG_DT	VARCHAR2 (8)	N	M0180 Inpatient Discharge Date	This column indicates the most recent inpatient discharge date.	
HHA_ASMT_OASISB_VW	M0180_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M0180 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	
HHA_ASMT_OASISB_VW	M0190_IP_DGNS_1_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 1 ICD-9	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_VW	M0190_IP_DGNS_2_CD	VARCHAR2 (8)	N	M0190 Inpatient Diagnosis 2 ICD-9	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_OASISB_VW	M0200_RGMN_CHG_CD	VARCHAR2 (1)	N	M0200 Medical or Treatment Regimen Change	This column indicates if patient has experienced a change in medical or treatment regimen within	
HHA_ASMT_OASISB_VW	M0210_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_OASISB_VW	M0210_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_OASISB_VW	M0210_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_OASISB_VW	M0210_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M0210 Medical - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_OASISB_VW	M0220_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	
HHA_ASMT_OASISB_VW	M0220_PRIOR_COND_NOA_C D	VARCHAR2 (1)	N	M0220 Prior Condition - None of Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	
HHA_ASMT_OASISB_VW	M0220_PRIOR_COND_UNK_C D	VARCHAR2 (1)	N	M0220 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	
HHA_ASMT_OASISB_VW	M0220_PRIOR_DSRPTV_BHV R_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	
HHA_ASMT_OASISB_VW	M0220_PRIOR_IMPRD_DCSN _MKG_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	
HHA_ASMT_OASISB_VW	M0220_PRIOR_INDWLG_CTH TR_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	
HHA_ASMT_OASISB_VW	M0220_PRIOR_INTRK_PAIN_ CD	VARCHAR2 (1)	N	M0220 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	
HHA_ASMT_OASISB_VW	M0220_PRIOR_MEMRY_LOSS _CD	VARCHAR2 (1)	N	M0220 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0220_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M0220 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	
HHA_ASMT_OASISB_VW	M0230_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0230 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_OASISB_VW	M0230_PRMRY_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0230 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	
HHA_ASMT_OASISB_VW	M0240_OTHR_1_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0240 Other Severity 1: Rating ICD-9 Code	This field lists the other severity diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_2_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0240 Other Severity 2: Rating ICD-9 Code	This field lists the other severity diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_3_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0240 Other Severity 3: Rating ICD-9 Code	This field lists the other severity diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_4_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0240 Other Severity 4: Rating ICD-9 Code	This field lists the other severity diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_5_SVRTY_RATG_CD	VARCHAR2 (2)	N	M0240 Other Severity 5: Rating ICD-9 Code	This field lists the other severity diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 1: ICD-9 Code	This field lists the other diagnosis 1 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 2: ICD-9 Code	This field lists the other diagnosis 2 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 3: ICD-9 Code	This field lists the other diagnosis 3 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 4: ICD-9 Code	This field lists the other diagnosis 4 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0240_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0240 Other Diagnosis 5: ICD-9 Code	This field lists the other diagnosis 5 - ICD-9 code.	
HHA_ASMT_OASISB_VW	M0245_PMT_ICD1_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 1 Code	The field lists the ICD-9 code indicating the first primary payment reason.	
HHA_ASMT_OASISB_VW	M0245_PMT_ICD2_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 2 Code	The field lists the ICD-9 code indicating the first secondary payment reason.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the other payment diagnosis 1 multiple ICD-9 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the other payment diagnosis 2 multiple ICD-9 code.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the other payment diagnosis 3 multiple ICD-9 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the other payment diagnosis 4 multiple ICD-9 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the other payment diagnosis 5 multiple ICD-9 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 1 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 1 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 2 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 2 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 3 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 3 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 4 Code	The field lists the ICD-9 code indicating the first other payment diagnosis 4 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M0246 Other Payment Diagnosis 5	The field lists the ICD-9 code indicating the first other payment diagnosis 5 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis ICD-9 Code	This field lists the payment diagnosis ICD-9 code.	
HHA_ASMT_OASISB_VW	M0246_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M0246 Payment Primary Diagnosis Multiple ICD-9 Code	This field lists the other payment diagnosis multiple ICD-9 code.	
HHA_ASMT_OASISB_VW	M0250_HOME_ENTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	
HHA_ASMT_OASISB_VW	M0250_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Intravenous, Infusion	This field indicates if the patient receives intravenous or infusion therapy at home.	
HHA_ASMT_OASISB_VW	M0250_HOME_NOA_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: None of Above	This field indicates if the patient receives none of the above therapies at home.	
HHA_ASMT_OASISB_VW	M0250_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M0250 Therapies Received At Home: Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	
HHA_ASMT_OASISB_VW	M0260_OVRAL_PRGNS_CD	VARCHAR2 (2)	N	M0260 Overall Prognosis	This field indicates the best description of the patient's overall prognosis.	
HHA_ASMT_OASISB_VW	M0270_REHAB_PRGNS_CD	VARCHAR2 (2)	N	M0270 Rehab Prognosis	This field indicates the best description of the patient's rehabilitative prognosis.	
HHA_ASMT_OASISB_VW	M0280_LIFE_EXPCTNCY_CD	VARCHAR2 (2)	N	M0280 Life Expectancy Code	This field indicates the patient's overall life expectancy.	
HHA_ASMT_OASISB_VW	M0290_RISK_ALCHL_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0290_RISK_DRUG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_VW	M0290_RISK_NOA_CD	VARCHAR2 (1)	N	M0290 Risk Factor - None of Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_VW	M0290_RISK_OBSTY_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_VW	M0290_RISK_SMKNG_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	
HHA_ASMT_OASISB_VW	M0290_RISK_UNK_CD	VARCHAR2 (1)	N	M0290 Risk Factor - Unknown	This field indicates if there are unknown risk factors, either present or past, likely to affect the	
HHA_ASMT_OASISB_VW	M0300_CRNT_RSDNC_CD	VARCHAR2 (2)	N	M0300 Current Residence	This field indicates the patient's current residence; 01 = Patient's owned or rented	
HHA_ASMT_OASISB_VW	M0310_SB_DRWY_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Doorway Code	This field indicates if there are structural barriers present: Doorway	
HHA_ASMT_OASISB_VW	M0310_SB_INSD_STR_MUST_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Must be Used	This field indicates if there are structural barriers present: Inside Stairs Must be Used	
HHA_ASMT_OASISB_VW	M0310_SB_INSD_STR_OPT_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Used Optionally	This field indicates if there are structural barriers present: Inside Stairs Used Optionally	
HHA_ASMT_OASISB_VW	M0310_SB_OTSD_STR_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Outside Stairs	This field indicates if there are structural barriers present: Outside Stairs.	
HHA_ASMT_OASISB_VW	M0310_STRUC_BRR_NO_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: No Structural Barriers Present	This field indicates if there are structural barriers present: No Structural Barriers Present.	
HHA_ASMT_OASISB_VW	M0320_SFTY_APLNC_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Appliance	This field indicates if there are safety hazards present: Unsafe Gas/Electric Appliance.	
HHA_ASMT_OASISB_VW	M0320_SFTY_COOLNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Cooling	This field indicates if there are safety hazards present: Inadequate Cooling.	
HHA_ASMT_OASISB_VW	M0320_SFTY_FIRE_SFTY_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Fire Safety Code	This field indicates if there are safety hazards present: Lack of Fire Safety Devices.	
HHA_ASMT_OASISB_VW	M0320_SFTY_FLR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Flooring, Roof, Windows	This field indicates if there are safety hazards present: Inadequate Floor/Roof/Windows.	
HHA_ASMT_OASISB_VW	M0320_SFTY_FLR_CVRG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Floor Coverings	This field indicates if there are safety hazards present: Unsafe Floor Coverings.	
HHA_ASMT_OASISB_VW	M0320_SFTY_HEATNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Heating	This field indicates if there are safety hazards present: Inadequate Heating.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0320_SFTY_HZRDS_MATL_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Hazardous Materials	This field indicates if there are safety hazards present: Hazardous Materials.	
HHA_ASMT_OASISB_VW	M0320_SFTY_LEAD_PAINT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Lead Based Paint	This field indicates if there are safety hazards present: Lead Based Paint.	
HHA_ASMT_OASISB_VW	M0320_SFTY_LGHT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Lighting	This field indicates if there are safety hazards present: Inadequate Lighting.	
HHA_ASMT_OASISB_VW	M0320_SFTY_NO_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: No Safety Hazards Present	This field indicates if there are safety hazards present: No Safety Hazards.	
HHA_ASMT_OASISB_VW	M0320_SFTY_OTHR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Other Safety Hazards	This field indicates if there are safety hazards present: Other Safety Hazards.	
HHA_ASMT_OASISB_VW	M0320_SFTY_RAILNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Stair Railings	This field indicates if there are safety hazards present: Inadequate Stair Railings.	
HHA_ASMT_OASISB_VW	M0330_SNTN_BAD_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Contaminated Water	This field indicates if there are sanitation hazards present: Contaminated Water.	
HHA_ASMT_OASISB_VW	M0330_SNTN_BUG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Insects / Rodents Present	This field indicates if there are sanitation hazards present: Insects/Rodents Present.	
HHA_ASMT_OASISB_VW	M0330_SNTN_COOK_FAC_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Cooking Facilities	This field indicates if there are sanitation hazards present: No Cooking Facilities.	
HHA_ASMT_OASISB_VW	M0330_SNTN_FOOD_STRG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate/Improper Food Storage	This field indicates if there are sanitation hazards present: Inadequate/Improper Food Storage	
HHA_ASMT_OASISB_VW	M0330_SNTN_LVG_AREA_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Cluttered/Soiled Living Area	This field indicates if there are sanitation hazards present: Cluttered/Soiled Living Area.	
HHA_ASMT_OASISB_VW	M0330_SNTN_NONE_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: None	This field indicates if there are sanitation hazards present: No Sanitation Hazards.	
HHA_ASMT_OASISB_VW	M0330_SNTN_NO_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Running Water	This field indicates if there are sanitation hazards present: No Running Water.	
HHA_ASMT_OASISB_VW	M0330_SNTN_OTHR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Other	This field indicates if there are sanitation hazards present: Other Sanitation Hazards.	
HHA_ASMT_OASISB_VW	M0330_SNTN_OUTDR_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Outdoor Toileting Facilities Only	This field indicates if there are sanitation hazards present: Outdoor Toileting Facilities	
HHA_ASMT_OASISB_VW	M0330_SNTN_RFRGTN_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Food Refrigeration	This field indicates if there are sanitation hazards present: No Food Refrigeration.	
HHA_ASMT_OASISB_VW	M0330_SNTN_SWG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Sewage Disposal	This field indicates if there are sanitation hazards present: Inadequate Sewage Disposal.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0330_SNTN_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Toileting Facilities	This field indicates if there are sanitation hazards present: No Toileting Facilities.	
HHA_ASMT_OASISB_VW	M0330_SNTN_TRASH_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Scheduled Trash Pickup	This field indicates if there are sanitation hazards present: No Scheduled Trash Pickup.	
HHA_ASMT_OASISB_VW	M0340_LVS_ALN_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives Alone	This field indicates patient's living arrangement: Lives Alone.	
HHA_ASMT_OASISB_VW	M0340_LVS_FRIEND_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With a Friend	This field indicates patient's living arrangement: Lives With a Friend.	
HHA_ASMT_OASISB_VW	M0340_LVS_OTHR_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other	This field indicates patient's living arrangement: Lives With Other.	
HHA_ASMT_OASISB_VW	M0340_LVS_OTHR_FMLY_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other Family Member	This field indicates patient's living arrangement: Lives With Other Family Member.	
HHA_ASMT_OASISB_VW	M0340_LVS_PD_HELP_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Paid Help	This field indicates patient's living arrangement: Lives With Paid Help.	
HHA_ASMT_OASISB_VW	M0340_LVS_SPSE_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Spouse	This field indicates patient's living arrangement: Lives With Spouse.	
HHA_ASMT_OASISB_VW	M0350_ASTNC_NOA_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: None of the Above	This field indicates patient's supportive assistance: None the Above.	
HHA_ASMT_OASISB_VW	M0350_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Unknown	This field indicates patient's supportive assistance: Unknown.	
HHA_ASMT_OASISB_VW	M0350_HOME_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Person in Home	This field indicates patient's supportive assistance: Person in home (excluding paid	
HHA_ASMT_OASISB_VW	M0350_PD_HELP_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Paid Help	This field indicates patient's supportive assistance: Paid Help.	
HHA_ASMT_OASISB_VW	M0350_RLTV_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Relative	This field indicates patient's supportive assistance: Relative.	
HHA_ASMT_OASISB_VW	M0360_PRMRY_CRGVR_CD	VARCHAR2 (2)	N	M0360 Primary Caregiver	This field indicates the patient's primary caregiver.	
HHA_ASMT_OASISB_VW	M0370_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M0370 Assistance Frequency: Frequency Patient Receives Assistance	This field indicates how often the patient receives assistance from the primary caregiver.	
HHA_ASMT_OASISB_VW	M0380_ADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance ADL	This field indicates the type of primary caregiver assistance: ADL Assistance.	
HHA_ASMT_OASISB_VW	M0380_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Unknown	This field indicates the type of primary caregiver assistance: Assistance Unknown.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0380_ENVRMT_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Environmental Support	This field indicates the type of primary caregiver assistance: Environmental Support.	
HHA_ASMT_OASISB_VW	M0380_FNCL_ASTCN_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Financial	This field indicates the type of primary caregiver assistance: Financial Assistance.	
HHA_ASMT_OASISB_VW	M0380_HLTH_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Health Care	This field indicates the type of primary caregiver assistance: Health Care Assistance.	
HHA_ASMT_OASISB_VW	M0380_IADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: IADL Assistance	This field indicates the type of primary caregiver assistance: IADL Assistance.	
HHA_ASMT_OASISB_VW	M0380_MDCL_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Medical Care Assistance	This field indicates the type of primary caregiver assistance: Medical Care Assistance.	
HHA_ASMT_OASISB_VW	M0380_PSYCHSOC_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Psychosocial Assistance	This field indicates the type of primary caregiver assistance: Psychosocial Assistance.	
HHA_ASMT_OASISB_VW	M0390_VSN_CD	VARCHAR2 (2)	N	M0390 Patient Vision Status	This field indicates patient's vision status.	
HHA_ASMT_OASISB_VW	M0400_HEARG_CD	VARCHAR2 (2)	N	M0400 Patient Hearing and Understanding Language	This field indicates patient's hearing and ability to understand spoken language.	
HHA_ASMT_OASISB_VW	M0410_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M0410 Patient Speech and Oral Expression	This field indicates patient's speech and oral (verbal) expression of language.	
HHA_ASMT_OASISB_VW	M0420_PAIN_FREQ_CD	VARCHAR2 (2)	N	M0420 Patient Pain Frequency Interferes with ADL	This field indicates pain frequency that interferes with patient's activity or movement.	
HHA_ASMT_OASISB_VW	M0430_INTRC_PAIN_CD	VARCHAR2 (1)	N	M0430 Patient Intractable Pain Affecting ADL	This field indicates intractable pain that is not easily relieved, occurs at least daily, and affect	
HHA_ASMT_OASISB_VW	M0440_OPN_WND_CD	VARCHAR2 (1)	N	M0440 Patient Open Wound Status Excludes Ostomies	This field indicates if patient has a skin lesion or an open wound; this excludes ostomies.	
HHA_ASMT_OASISB_VW	M0445_PRSR_ULCR_CD	VARCHAR2 (1)	N	M0445 Patient Pressure Ulcer Status	This field indicates if patient has a pressure ulcer.	
HHA_ASMT_OASISB_VW	M0450_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage I Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage I.	
HHA_ASMT_OASISB_VW	M0450_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage II Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage II.	
HHA_ASMT_OASISB_VW	M0450_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage III Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage III.	
HHA_ASMT_OASISB_VW	M0450_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage IV Pressure Ulcers	This field indicates the current number of pressure ulcers at Stage IV.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0450_UNSTGBL_ULCR_DR NG_NUM	VARCHAR2 (2)	N	M0450 Number Unstageable Ulcer Due to Dressing	This field indicates there is at least one pressure ulcer that cannot be observed due to the	
HHA_ASMT_OASISB_VW	M0460_PRBLM_PRSR_ULCR_ STG_CD	VARCHAR2 (2)	N	M0460 Stage of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB_VW	M0464_PRBLM_PRSR_ULCR_ STUS_CD	VARCHAR2 (2)	N	M0464 Status of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	
HHA_ASMT_OASISB_VW	M0468_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0468 Patient Stasis Ulcer	This field indicates if a patient has a stasis ulcer.	
HHA_ASMT_OASISB_VW	M0470_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M0470 Number of Stasis Ulcers Patient Has	This field indicates the current number of observable stasis ulcers.	
HHA_ASMT_OASISB_VW	M0474_UNOBS_STASIS_ULC R_CD	VARCHAR2 (1)	N	M0474 Patient Has Unobservable Stasis Ulcers	This field indicates if a patient has at least one stasis ulcer that cannot be observed due to the	
HHA_ASMT_OASISB_VW	M0476_STASIS_ULCR_STUS_ CD	VARCHAR2 (2)	N	M0476 Stasis Ulcer Status	This field indicates the status of the most problematic (observable) stasis ulcer.	
HHA_ASMT_OASISB_VW	M0482_SRGLCL_WND_CD	VARCHAR2 (1)	N	M0482 Patient Has Surgical Wound	This field indicates if patient has a surgical wound.	
HHA_ASMT_OASISB_VW	M0484_SRGLCL_WND_NUM	VARCHAR2 (2)	N	M0484 Number of Surgical Wound	This field indicates the current number of (observable) surgical wounds.	
HHA_ASMT_OASISB_VW	M0486_UNOBS_SRGLCL_WND _CD	VARCHAR2 (1)	N	M0486 Unobservable Surgical Wound	This field indicates if patient has at least one surgical wound that cannot be observed due to	
HHA_ASMT_OASISB_VW	M0488_SRGLCL_WND_STUS_C D	VARCHAR2 (2)	N	M0488 Status of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	
HHA_ASMT_OASISB_VW	M0490_SOB_CD	VARCHAR2 (2)	N	M0490 Patient Noticeably Short of Breath	This field indicates when the patient is noticeably short of breath or dyspneic.	
HHA_ASMT_OASISB_VW	M0500_CPAP_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: CPAP	This field indicates patient's home use of respiratory treatments: CPAP	
HHA_ASMT_OASISB_VW	M0500_OXGN_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Oxygen	This field indicates patient's home use of respiratory treatments: Oxygen	
HHA_ASMT_OASISB_VW	M0500_RSPRTRY_TRTMT_N OA_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: None of the Above	This field indicates patient's home use of respiratory treatments: None of Above	
HHA_ASMT_OASISB_VW	M0500_VNLTTR_CD	VARCHAR2 (1)	N	M0500 Respiratory Treatment: Ventilator	This field indicates patient's home use of Respiratory treatments: Ventilator	
HHA_ASMT_OASISB_VW	M0510_UTI_CD	VARCHAR2 (2)	N	M0510 Patient Treated for UTI	This field indicates if the patient has been treated for a urinary tract infection within the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0520_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M0520 Patient Experiences Urinary Incontinence	This field indicates if the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_VW	M0530_URNRY_INCNTNC_FR_EQ_CD	VARCHAR2 (2)	N	M0530 Frequency Patient Experiences Urinary Incontinence	This field indicates the frequency in which the patient experiences urinary incontinence.	
HHA_ASMT_OASISB_VW	M0540_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0540 Frequency Patient Experiences Bowel Incontinence	This field indicates the frequency in which the patient experiences bowel incontinence.	
HHA_ASMT_OASISB_VW	M0550_OSTMY_CD	VARCHAR2 (2)	N	M0550 Ostomy Used for Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	
HHA_ASMT_OASISB_VW	M0560_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M0560 Patient Current Level of Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	
HHA_ASMT_OASISB_VW	M0570_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M0570 Patient Confused Frequency	This field indicates when the patient is confused.	
HHA_ASMT_OASISB_VW	M0580_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M0580 Patient Anxious Frequency	This field indicates the frequency in which the patient is anxious.	
HHA_ASMT_OASISB_VW	M0590_DPRSD_MOOD_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood	This field indicates reported or observed depressive feelings: Depressed Mood	
HHA_ASMT_OASISB_VW	M0590_DRPSD_NOA_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: None of the Above	This field indicates reported or observed depressive feelings: None of Above	
HHA_ASMT_OASISB_VW	M0590_HOPELESS_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Hopelessness	This field indicates reported or observed depressive feelings: Hopelessness	
HHA_ASMT_OASISB_VW	M0590_SENSE_FAILR_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Sense of Failure	This field indicates reported or observed depressive feelings: Sense of Failure	
HHA_ASMT_OASISB_VW	M0590_THGHT_DEATH_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Death	This field indicates reported or observed depressive feelings: Recurrent Thoughts of	
HHA_ASMT_OASISB_VW	M0590_THGHT_SUICDE_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Suicide	This field indicates reported or observed depressive feelings: Thoughts of Suicide	
HHA_ASMT_OASISB_VW	M0600_AGTATN_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Agitation	This field indicates patient behaviors: Agitation	
HHA_ASMT_OASISB_VW	M0600_APPTITE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Recent Change in Appetite or Weight	This field indicates patient behaviors: Recent Change in Appetite or Weight	
HHA_ASMT_OASISB_VW	M0600_BHVR_NOA_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: None of the Above	This field indicates patient behaviors: None of Above	
HHA_ASMT_OASISB_VW	M0600_DIM_INTRST_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Diminished Interest in Most Activities	This field indicates patient behaviors: Diminished Interest in Most Activities	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0600_INDCV_BHVR_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Indecisiveness/Lack of Concentration	This field indicates patient behaviors: Indecisiveness, Lack of Concentration	
HHA_ASMT_OASISB_VW	M0600_SLP_DSTRB_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Sleep Disturbances	This field indicates patient behaviors: Sleep Disturbances	
HHA_ASMT_OASISB_VW	M0600_SUICDE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Suicide Attempt	This field indicates patient behaviors: Suicide Attempt	
HHA_ASMT_OASISB_VW	M0610_CGNTV_NOA_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: None of Above	This field indicates patient Cog/Behav/Psych Sympt: None of Above	
HHA_ASMT_OASISB_VW	M0610_DLSNL_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Delusional	This field indicates patient Cog/Behav/Psych Sympt: Delusional	
HHA_ASMT_OASISB_VW	M0610_DSRPTV_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Disruptive	This field indicates patient Cog/Behav/Psych Sympt: Disruptive	
HHA_ASMT_OASISB_VW	M0610_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Impaired Decision Making	This field indicates patient Cog/Behav/Psych Sympt: Impaired Decision Making	
HHA_ASMT_OASISB_VW	M0610_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Memory Deficit	This field indicates patient Cog/Behav/Psych Sympt: Memory Deficit	
HHA_ASMT_OASISB_VW	M0610_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Physical Aggression	This field indicates patient Cog/Behav/Psych Sympt: Physical Aggression	
HHA_ASMT_OASISB_VW	M0610_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M0610 Cog/Behav/Psych Sympt: Verbal Disruption	This field indicates patient Cog/Behav/Psych Sympt: Verbal Disruption	
HHA_ASMT_OASISB_VW	M0620_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M0620 Frequency Patient has Disruptive Behavior	This field indicates the frequency in which the patient has disruptive behavior.	
HHA_ASMT_OASISB_VW	M0630_PHYCH_NRSRVC_CD	VARCHAR2 (1)	N	M0630 Patient Receives Psychiatric Nursing Services at Home	This field indicates if the patient receives Psychiatric Nursing Services at home.	
HHA_ASMT_OASISB_VW	M0640_GRMG_CD	VARCHAR2 (2)	N	M0640 Current Ability to Tend to Personal Hygiene	This field indicates the patient's current ability to tend to personal hygiene.	
HHA_ASMT_OASISB_VW	M0640_PRIOR_GRMG_CD	VARCHAR2 (2)	N	M0640 Prior Ability to Tend to Personal Hygiene	This field indicates the patient's prior ability to tend to personal hygiene.	
HHA_ASMT_OASISB_VW	M0650_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Current Ability to Dress Upper Body	This field indicates the patient's current ability to dress upper body.	
HHA_ASMT_OASISB_VW	M0650_PRIOR_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Prior Ability to Dress Upper Body	This field indicates the patient's prior ability to dress upper body.	
HHA_ASMT_OASISB_VW	M0660_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Current Ability to Dress Lower Body	This field indicates the patient's current ability to dress lower body.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0660_PRIOR_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Prior Ability to Dress Lower Body	This field indicates the patient's prior ability to dress lower body.	
HHA_ASMT_OASISB_VW	M0670_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Current Ability to Wash Entire Body	This field indicates the patient's current ability to wash entire body.	
HHA_ASMT_OASISB_VW	M0670_PRIOR_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Prior Ability to Wash Entire Body	This field indicates the patient's prior ability to wash entire body.	
HHA_ASMT_OASISB_VW	M0680_PRIOR_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Prior Ability to Use Toilet or Bedside Commode	This field indicates the patient's prior ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_VW	M0680_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Current Ability to Use Toilet or Bedside Commode	This field indicates the patient's current ability to get to and from the toilet or bedside commode.	
HHA_ASMT_OASISB_VW	M0690_PRIOR_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Prior Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's prior ability to transfer body or if bedfast the ability to turn and reposition if bedfast	
HHA_ASMT_OASISB_VW	M0690_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Current Ability to Transfer Body and Ability to Reposition if Bedfast	This field indicates the patient's current ability to transfer body or if bedfast the ability to turn and reposition if bedfast	
HHA_ASMT_OASISB_VW	M0700_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Current Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's current ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_VW	M0700_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Prior Ability to Walk Safely or Use a Wheelchair	This field indicates the patient's prior ability to safely walk, once in a standing position, or use a	
HHA_ASMT_OASISB_VW	M0710_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Current Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's current ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_VW	M0710_PRIOR_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Prior Ability to Eat, Does Not Include Preparing Food	This field indicates the patient's prior ability to feed self meals and snacks. Does not include	
HHA_ASMT_OASISB_VW	M0720_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Current Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's current ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_VW	M0720_PRIOR_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Prior Ability to Plan and Prepare Light Meals or Reheat Delivered Meals	This field indicates the patient's prior ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_OASISB_VW	M0730_PRIOR_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Prior Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's prior ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_OASISB_VW	M0730_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Current Ability to Physically and Mentally Use a Variety of Public Transportation	This field indicates the patient's current ability to physically and mentally to safely use a car, taxi,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0740_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Current Ability to do Laundry	This field indicates the patient's current ability to do their own laundry.	
HHA_ASMT_OASISB_VW	M0740_PRIOR_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Prior Ability to do Laundry	This field indicates the patient's prior ability to do their own laundry.	
HHA_ASMT_OASISB_VW	M0750_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Current Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's current ability to safely and effectively perform light	
HHA_ASMT_OASISB_VW	M0750_PRIOR_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Prior Ability to Safely Perform Housekeeping Tasks	This field indicates the patient's prior ability to safely and effectively perform light	
HHA_ASMT_OASISB_VW	M0760_PRIOR_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Prior Ability to Shop	This field indicates the patient's prior ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB_VW	M0760_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Current Ability to Shop	This field indicates the patient's current ability to plan for, select, and purchase items in a store	
HHA_ASMT_OASISB_VW	M0770_PRIOR_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Prior Ability to Effectively Communicate Using the Telephone	This field indicates the patient's prior ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_VW	M0770_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Current Ability to Effectively Communicate Using the Telephone	This field indicates the patient's current ability to use the telephone to effectively communicate.	
HHA_ASMT_OASISB_VW	M0780_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Current Ability to Manage Oral Medications	This field indicates the patient's current ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_VW	M0780_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Prior Ability to Manage Oral Medications	This field indicates the patient's prior ability to manage oral medications. Excludes injectable	
HHA_ASMT_OASISB_VW	M0790_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Current Ability to Manage Inhalant/Mist Medications	This field indicates the patient's current ability to manage inhalant/mist medications. Excludes all Medications	
HHA_ASMT_OASISB_VW	M0790_PRIOR_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Prior Ability to Manage Inhalant/Mist Medications	This field indicates the patient's prior ability to manage inhalant/mist medications. Excludes all Medications	
HHA_ASMT_OASISB_VW	M0800_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Current Ability to Manage Injectable Medications	This field indicates the patient's current ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_VW	M0800_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Prior Ability to Manage Injectable Medications	This field indicates the patient's prior ability to manage injectable medications. Excludes IV	
HHA_ASMT_OASISB_VW	M0810_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0810 Patient Current Ability to Manage Medical Equipment	This field indicates the patient's current ability to manage medical equipment; includes ONLY	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0820_CRGVR_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0820 Caregiver Current Ability to Manage Medical Equipment for Patient	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_OASISB_VW	M0825_THRPY_CD	VARCHAR2 (2)	N	M0825 Patient Home Therapy Needs - Physical, Occupational, and Speech	This field indicates the patient's home therapy needs; including physical, occupational, and	
HHA_ASMT_OASISB_VW	M0826_THRPY_NA_CD	VARCHAR2 (1)	N	M0826 Home Therapy Not Applicable	This field indicates there are no patient home therapy needs.	
HHA_ASMT_OASISB_VW	M0826_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M0826 Number of Patient Home Therapy Visits	This field indicates the patient's number of home therapy visits.	
HHA_ASMT_OASISB_VW	M0830_EC_CLNC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Outpatient Department or Clinic	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_VW	M0830_EC_DR_OFCL_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Doctor Office	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_VW	M0830_EC_ER_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Emergency Room	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_OASISB_VW	M0830_EC_NONE_CD	VARCHAR2 (1)	N	M0830 Emergent Care: None	This field indicates since the last assessment the patient has not utilized any emergent care	
HHA_ASMT_OASISB_VW	M0830_EC_UNK_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Unknown	This field indicates since the last assessment it is unknown if the patient has utilized any emergent	
HHA_ASMT_OASISB_VW	M0840_EC_CRDC_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Cardiac	This field indicates cardiac problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_DBTS_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Diabetes	This field indicates diabetes was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_FALL_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Injury Caused by Fall or Accident at Home	This field indicates injury caused by a fall was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_GI_CD	VARCHAR2 (1)	N	M0840 Emergent Care: GI Bleeding or Obstruction	This field indicates GI bleeding or obstruction was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_MDCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Improper Medication Administration	This field indicates improper medication administration was the reason emergent care was	
HHA_ASMT_OASISB_VW	M0840_EC_NAUSEA_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Nausea, Dehydration, Malnutrition, Constipation, or Impaction	This field indicates nausea was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_OTHR_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Other Than Above	This field indicates other than above was the reason emergent care was sought.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0840_EC_RSPRTRY_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Respiratory Problems	This field indicates respiratory problems was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_UNK_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Unknown	This field indicates reason is unknown why emergent care was sought.	
HHA_ASMT_OASISB_VW	M0840_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Wound Infection	This field indicates wound infection was the reason emergent care was sought.	
HHA_ASMT_OASISB_VW	M0855_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M0855 Inpatient Facility Patient was Admitted to	This field indicates to which Inpatient Facility the patient was admitted.	
HHA_ASMT_OASISB_VW	M0870_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M0870 Location Patient Was Discharged After Stay in Agency	This field indicates location the patient was discharged to after staying in agency.	
HHA_ASMT_OASISB_VW	M0880_ASTNC_AFTDSC_FML_Y_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Patient Received from Family After Discharge	This field indicates if after discharge, does the patient receive health, personal, support services	
HHA_ASMT_OASISB_VW	M0880_ASTNC_AFTDSC_NO_NE_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: No Assistance Received After Discharge	This field indicates the patient did not receive health, personal, or support services or	
HHA_ASMT_OASISB_VW	M0880_ASTNC_AFTDSC_OTH_R_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Other Assistance Received After Discharge	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_OASISB_VW	M0890_ADMT_HOSP_RSN_CD	VARCHAR2 (2)	N	M0890 Reason Patient was Admitted to Acute Care Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	
HHA_ASMT_OASISB_VW	M0895_HOSP_CHF_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Exacerbation of CHF, fluid overload, heart failure	This field indicates the reason the patient required hospitalization was due to CHF.	
HHA_ASMT_OASISB_VW	M0895_HOSP_CHMTHRPY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Chemotherapy	This field indicates the reason the patient required hospitalization was due to	
HHA_ASMT_OASISB_VW	M0895_HOSP_DBTS_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Hypo/Hyperglycemia, Diabetes	This field indicates the reason the patient required hospitalization was due to diabetes.	
HHA_ASMT_OASISB_VW	M0895_HOSP_FALL_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to falls.	
HHA_ASMT_OASISB_VW	M0895_HOSP_GI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: GI Bleeding or Obstruction	This field indicates the reason the patient required hospitalization was due to GI issues.	
HHA_ASMT_OASISB_VW	M0895_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: IV Catheter Related Infection	This field indicates the reason the patient required hospitalization was due to IV catheter.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0895_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	
HHA_ASMT_OASISB_VW	M0895_HOSP_OTHR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Other	This field indicates the reason the patient required hospitalization was due to other	
HHA_ASMT_OASISB_VW	M0895_HOSP_PAIN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pain	This field indicates the reason the patient required hospitalization was due to pain.	
HHA_ASMT_OASISB_VW	M0895_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to pulmonary	
HHA_ASMT_OASISB_VW	M0895_HOSP_PSYCH_EPSD_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Psychotic Episode	This field indicates the reason the patient required hospitalization was due to a psychotic	
HHA_ASMT_OASISB_VW	M0895_HOSP_RSPTY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Respiratory Problems	This field indicates the reason the patient required hospitalization was due to respiratory	
HHA_ASMT_OASISB_VW	M0895_HOSP_SCHLD_PRCDR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Scheduled Surgical Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	
HHA_ASMT_OASISB_VW	M0895_HOSP_STROK_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Stroke	This field indicates the reason the patient required hospitalization was due to a stroke.	
HHA_ASMT_OASISB_VW	M0895_HOSP_UTI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Urinary Tract Infection	This field indicates the reason the patient required hospitalization was due to a urinary	
HHA_ASMT_OASISB_VW	M0895_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Wound or Tube Site Infection	This field indicates the reason the patient required hospitalization was due to a wound	
HHA_ASMT_OASISB_VW	M0900_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Hospice	This field indicates the reason the patient was admitted to a Nursing Home for Hospice.	
HHA_ASMT_OASISB_VW	M0900_ADMT_OTHR_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Other	This field indicates the reason the patient was admitted to a Nursing Home for Other type of	
HHA_ASMT_OASISB_VW	M0900_ADMT_PRMNT_PLMT_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Permanent Placement	This field indicates the reason the patient was admitted to a Nursing Home for permanent	
HHA_ASMT_OASISB_VW	M0900_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Respite Care	This field indicates the reason the patient was admitted to a Nursing Home for respite care.	
HHA_ASMT_OASISB_VW	M0900_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Therapy Services	This field indicates the reason the patient was admitted to a Nursing Home for therapy	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_OASISB_VW	M0900_ADMT_UNK_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unknown Reason	This field indicates the reason the patient was admitted to a Nursing Home for reason	
HHA_ASMT_OASISB_VW	M0900_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M0900 Admit Nursing Home: Unsafe for Home Care	This field indicates the reason the patient was admitted to a Nursing Home due to unsafe for	
HHA_ASMT_OASISB_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_OASISB_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_OASISB_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_OASISB_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_OASISB_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_OASISB_VW	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_OASISB_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_OASISB_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_OASISB_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_OASISB_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_OASISB_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
HHA_ASMT_OASISB_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_OASISB_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_OASISB_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_SMRY_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_SMRY_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_SMRY_VW	FACID	VARCHAR2 (16)	N	Facility Identification	The facility identification assigned by the state, this is also known as Agency ID for OASIS.	
HHA_ASMT_SMRY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_SMRY_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_SMRY_VW	HHA_CRCTN_STUS_CD	VARCHAR2 (1)	N	HHA Correction Status Code	This code indicates the version of the assessment. A value of 'C' indicates this is the	HHA_CRCTN_STUS
HHA_ASMT_SMRY_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_ASMT_SMRY_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_SMRY_VW	HIC_NUM	VARCHAR2 (12)	N	Health Insurance Claim Number	This is the patient's Medicare number.	
HHA_ASMT_SMRY_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_SMRY_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_SMRY_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_SMRY_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_SMRY_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_SMRY_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_SMRY_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_STUS_VW	ASMT_STUS_DESC	VARCHAR2 (50)	N	Assessment Status Description	This column represents the assessment status description.	
HHA_ASMT_STUS_VW	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ASMT_STUS_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ASMT_STUS_VW	HHA_ASMT_STUS_CD	VARCHAR2 (2)	N	HHA Assessment Status Code	This column contains the code identifying the status of the assessment processing (accepted,	HHA_PRCSG_STUS

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_STUS_VW	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ASMT_STUS_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ASMT_TMPLT_VW	AGNCY_DOC_CD	VARCHAR2 (20)	N	Agency Document ID Code	This is an optional item that can be used by agency for unique identification of record and	
HHA_ASMT_TMPLT_VW	ASMT_SYS_CD	CHAR (5)	N	Assessment System Code	This column contains the code value which identifies the system for which the record is	
HHA_ASMT_TMPLT_VW	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date (OASIS B)	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_TMPLT_VW	AST_END_VER_DT	DATE (8)	N	Assessment Ending Version Date (OASIS B)	Date of the submission file that contains the record that corrected or inactivated the	
HHA_ASMT_TMPLT_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_TMPLT_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_TMPLT_VW	C_CCN_NUM	VARCHAR2 (12)	N	Calculated CMS Certification Number (CCN)	This column contains the Assessment Submission and Processing (ASAP) system	
HHA_ASMT_TMPLT_VW	C_HICN_MBI_IND	VARCHAR2 (1)	N	Calculated HICN/MBI Indicator	This value is populated by the ASAP system during file processing and indicates the type of	
HHA_ASMT_TMPLT_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_TMPLT_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_TMPLT_VW	C_RSDNT_AGE_NUM	VARCHAR2 (3)	N	Calculated Patient Age Number	This column contains the system calculated patient age number.	
HHA_ASMT_TMPLT_VW	C_SSNRI_TRNSLTN_HICN_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation HICN Text	This is the resident's Health Insurance Claim Number [HICN] or Railroad Retirement Board	
HHA_ASMT_TMPLT_VW	C_SSNRI_TRNSLTN_MBI_TXT	VARCHAR2 (12)	N	Calculated SSNRI Translation MBI Text	This is the resident's Medicare Beneficiary identifier (MBI) that is returned from the Social	
HHA_ASMT_TMPLT_VW	DATA_END	CHAR (1)	N	Data End	This column is used to indicate the end of the data and is always '%'	
HHA_ASMT_TMPLT_VW	EFCTV_DT	DATE (8.8)	N	Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
HHA_ASMT_TMPLT_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0100A_SELF_CARE_CD	VARCHAR2 (1)	N	GG0100A Prior Functioning: Self Care	Indicates the patient's prior functioning abilities for self care.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_TMPLT_VW	GG0100B_INDR_MBLTY_CD	VARCHAR2 (1)	N	GG0100B Prior Functioning: Indoor Mobility (Ambulation)	Indicates the patient's prior functioning abilities for indoor mobility.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_TMPLT_VW	GG0100C_STR_CD	VARCHAR2 (1)	N	GG0100C Prior Functioning: Stairs	Indicates the patient's prior functioning abilities with stairs.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_TMPLT_VW	GG0100D_FNCTNL_CGNTN_CD	VARCHAR2 (1)	N	GG0100D Prior Functioning: Functional Cognition	Indicates the patient's prior functioning abilities for functional cognition.	HHA_FNCTN_ABLTY_CD
HHA_ASMT_TMPLT_VW	GG0110A_MNL_WLCHR_CD	VARCHAR2 (1)	N	GG0110A Prior Device: Manual Wheelchair	Indicates the patient's prior use of a manual wheelchair.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0110B_MTR_WLCHR_CD	VARCHAR2 (1)	N	GG0110B Prior Device: Motorized Wheelchair and/or Scooter	Indicates the patient's prior use of a motorized wheelchair and/or scooter.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0110C_MCHNCL_LFT_CD	VARCHAR2 (1)	N	GG0110C Prior Device: Mechanical Lift	Indicates the patient's prior use of a mechanical lift.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0110D_WLKR_CD	VARCHAR2 (1)	N	GG0110D Prior Device: Walker	Indicates the patient's prior use of a walker.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0110E_PRSTHTC_CD	VARCHAR2 (1)	N	GG0110E Prior Device: Orthotics/Prosthetics	Indicates the patient's prior use of orthotics/prosthetics.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0110Z_NO_PRIOR_MBLTY_CD	VARCHAR2 (1)	N	GG0110Z Prior Device: None of the Above	Indicates the patient's prior use of devices as none of the above.	HHA_CHKLST_NA
HHA_ASMT_TMPLT_VW	GG0130A1_EATG_SELF_ADM_SN_CD	VARCHAR2 (2)	N	GG0130A1 Self Care: Eating Ability at SOC/ROC	Indicates the patient's performance for self-feeding at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130A2_EATG_SELF_GOAL_CD	VARCHAR2 (2)	N	GG0130A2 Self Care: Eating Goal by Discharge	Indicates the patient's goal for self-feeding by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130A3_EATG_SELF_DSC_HRG_CD	VARCHAR2 (2)	N	GG0130A3 Self Care: Eating Ability at Discharge	Indicates the patient's performance for self-feeding at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130A4_EATG_SELF_FLWP_CD	VARCHAR2 (2)	N	GG0130A4 Self Care: Eating Ability at Follow-Up	Indicates the patient's performance for self-feeding at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130B1_ORAL_HYGNE_A_DMSN_CD	VARCHAR2 (2)	N	GG0130B1 Self Care: Oral Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform oral hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130B2_ORAL_HYGNE_GOAL_CD	VARCHAR2 (2)	N	GG0130B2 Self Care: Oral Hygiene Goal by Discharge	Indicates the patient's goal to perform oral hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130B3_ORAL_HYGNE_DS_CHRG_CD	VARCHAR2 (2)	N	GG0130B3 Self Care: Oral Hygiene Ability at Discharge	Indicates the patient's ability to perform oral hygiene tasks at discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0130B4_ORAL_HYGNE_FL WP_CD	VARCHAR2 (2)	N	GG0130B4 Self Care: Oral Hygiene Ability at Follow-Up	Indicates the patient's ability to perform oral hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130C1_TOILT_HYGNE_A DMSN_CD	VARCHAR2 (2)	N	GG0130C1 Self Care: Toileting Hygiene Ability at SOC/ROC	Indicates the patient's ability to perform toileting hygiene tasks at the start of care/resumption of	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130C2_TOILT_HYGNE_G OAL_CD	VARCHAR2 (2)	N	GG0130C2 Self Care: Toileting Hygiene Goal by Discharge	Indicates the patient's goal to perform toileting hygiene tasks by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130C3_TOILT_HYGNE_D SCHRG_CD	VARCHAR2 (2)	N	GG0130C3 Self Care: Toileting Hygiene Ability at Discharge	Indicates the patient's ability to perform toileting hygiene tasks at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130C4_TOILT_HYGNE_F LWP_CD	VARCHAR2 (2)	N	GG0130C4 Self Care: Toileting Hygiene Ability at Follow-Up	Indicates the patient's ability to perform toileting hygiene tasks at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130E1_SHWR_ADMSN_C D	VARCHAR2 (2)	N	GG0130E1 Self Care: Shower/Bathe Ability at SOC/ROC	Indicates the patient's ability to shower/bathe self at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130E2_SHWR_GOAL_CD	VARCHAR2 (2)	N	GG0130E2 Self Care: Shower/Bathe Goal by Discharge	Indicates the patient's goal to shower/bathe self by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130E3_SHWR_DSCHRG_ CD	VARCHAR2 (2)	N	GG0130E3 Self Care: Shower/Bathe Ability at Discharge	Indicates the patient's ability to shower/bathe self at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130F1_UPR_DRSG_ADMS N_CD	VARCHAR2 (2)	N	GG0130F1 Self Care: Upper Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress above the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130F2_UPR_DRSG_GOAL _CD	VARCHAR2 (2)	N	GG0130F2 Self Care: Upper Body Dressing Goal by Discharge	Indicates the patient's goal to dress above the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130F3_UPR_DRSG_DSCH RG_CD	VARCHAR2 (2)	N	GG0130F3 Self Care: Upper Body Dressing Ability at Discharge	Indicates the patient's ability to dress above the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130G1_LWR_DRSG_ADM SN_CD	VARCHAR2 (2)	N	GG0130G1 Self Care: Lower Body Dressing Ability at SOC/ROC	Indicates the patient's ability to dress below the waist at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130G2_LWR_DRSG_GOA L_CD	VARCHAR2 (2)	N	GG0130G2 Self Care: Lower Body Dressing Goal by Discharge	Indicates the patient's goal to dress below the waist by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130G3_LWR_DRSG_DSC HRG_CD	VARCHAR2 (2)	N	GG0130G3 Self Care: Lower Body Dressing Ability at Discharge	Indicates the patient's ability to dress below the waist at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130H1_FTWR_ADMSN_C D	VARCHAR2 (2)	N	GG0130H1 Self Care: Footwear Ability at SOC/ROC	Indicates the patient's ability to put on and take off footwear at the start of care/resumption of	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0130H2_FTWR_GOAL_CD	VARCHAR2 (2)	N	GG0130H2 Self Care: Footwear Goal by Discharge	Indicates the patient's goal to put on and take off footwear by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0130H3_FTWR_DSCHRG_CD	VARCHAR2 (2)	N	GG0130H3 Self Care: Footwear Ability at Discharge	Indicates the patient's ability to put on and take off footwear at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170A1_ROLL_ADMSN_CD	VARCHAR2 (2)	N	GG0170A1 Mobility: Roll Left Right Ability at SOC/ROC	Indicates the patient's ability to roll left and right at the start of care/resumption of care.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170A2_ROLL_GOAL_CD	VARCHAR2 (2)	N	GG0170A2 Mobility: Roll Left Right Goal by Discharge	Indicates the patient's goal for rolling left and right by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170A3_ROLL_DSCHRG_CD	VARCHAR2 (2)	N	GG0170A3 Mobility: Roll Left Right Ability at Discharge	Indicates the patient's ability to roll left and right at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170A4_ROLL_FLWP_CD	VARCHAR2 (2)	N	GG0170A4 Mobility: Roll Left Right Ability at Follow-Up	Indicates the patient's ability to roll left and right at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170B1_SIT_ADMSN_CD	VARCHAR2 (2)	N	GG0170B1 Mobility: Sit to Lying at SOC/ROC	Indicates the patient's ability to move from a sitting to lying position at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170B2_SIT_GOAL_CD	VARCHAR2 (2)	N	GG0170B2 Mobility: Sit to Lying Goal by Discharge	Indicates the patient's goal to move from a sitting to lying position by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170B3_SIT_DSCHRG_CD	VARCHAR2 (2)	N	GG0170B3 Mobility: Sit to Lying at Discharge	Indicates the patient's ability to move from a sitting to lying position at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170B4_SIT_FLWP_CD	VARCHAR2 (2)	N	GG0170B4 Mobility: Sit to Lying at Follow-Up	Indicates the patient's ability to move from a sitting to lying position at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170C3_LYNG_DSCHRG_CD	VARCHAR2 (2)	N	GG0170C3 Mobility: Lying to Sitting at Side of Bed Ability at Discharge	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170C4_LYNG_FLWP_CD	VARCHAR2 (2)	N	GG0170C4 Mobility: Lying to Sitting at Side of Bed Ability at Follow-Up	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at follow-up	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170C_LYNG_ADMSN_CD	VARCHAR2 (2)	N	GG0170C1 Mobility: Lying to Sitting at Side of Bed Ability at SOC/ROC	Indicates the patient's ability to move from a lying to sitting position at the side of the bed at SOC/ROC	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170C_LYNG_GOAL_CD	VARCHAR2 (2)	N	GG0170C2 Mobility: Lying to Sitting at Side of Bed Goal by Discharge	Indicates the patient's goal to move from a lying to sitting position at the side of the bed by discharge	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170D1_STAND_ADMSN_CD	VARCHAR2 (2)	N	GG0170D1 Mobility: Sitting to Standing Ability at SOC/ROC	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170D2_STAND_GOAL_CD	VARCHAR2 (2)	N	GG0170D2 Mobility: Sitting to Standing Goal by Discharge	Indicates the patient's goal to move to a standing position from a sitting position in a chair or on	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0170D3_STAND_DSCHRG_CD	VARCHAR2 (2)	N	GG0170D3 Mobility: Sitting to Standing Ability at Discharge	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170D4_STAND_FLWP_CD	VARCHAR2 (2)	N	GG0170D4 Mobility: Sitting to Standing Ability at Follow-Up	Indicates the patient's ability to move to a standing position from a sitting position in a	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170E1_CHR_TRNSF_ADM_SN_CD	VARCHAR2 (2)	N	GG0170E1 Mobility: Chair/Bed to Chair Transfer Ability at SOC/ROC	Indicates the patient's ability to transfer from the bed or chair to another chair at the start of	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170E2_CHR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170E2 Mobility: Chair/Bed to Chair Transfer Goal by Discharge	Indicates the patient's goal to transfer from the bed or chair to another chair by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170E3_CHR_TRNSF_DSCRHG_CD	VARCHAR2 (2)	N	GG0170E3 Mobility: Chair/Bed to Chair Transfer Ability at Discharge	Indicates the patient's ability to transfer from the bed or chair to another chair at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170E4_CHR_TRNSF_FOLLOWUP_CD	VARCHAR2 (2)	N	GG0170E4 Mobility: Chair/Bed to Chair Transfer Ability at Follow-Up	Indicates the patient's ability to transfer from the bed or chair to another chair at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170F1_TOILT_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170F1 Mobility: Toilet Transfer Ability at SOC/ROC	Indicates the patient's ability to safely transfer on or off the toilet at the start of care/resumption	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170F2_TOILT_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170F2 Mobility: Toilet Transfer Goal by Discharge	Indicates the patient's goal to transfer on or off the toilet by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170F3_TOILT_TRNSF_DSCHRG_CD	VARCHAR2 (2)	N	GG0170F3 Mobility: Toilet Transfer Ability at Discharge	Indicates the patient's ability to safely transfer on or off the toilet at discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170F4_TOILT_TRNSF_FOLLOWUP_CD	VARCHAR2 (2)	N	GG0170F4 Mobility: Toilet Transfer Ability at Follow-Up	Indicates the patient's ability to safely transfer on or off the toilet at follow-up.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170G1_CAR_TRNSF_ADMSN_CD	VARCHAR2 (2)	N	GG0170G1 Mobility: Car transfer Ability at SOC/ROC	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170G2_CAR_TRNSF_GOAL_CD	VARCHAR2 (2)	N	GG0170G2 Mobility: Car transfer Goal by Discharge	Indicates the patient's goal to transfer in and out of a car or van on the passenger side (does not	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170G3_CAR_TRNSF_DSCRHG_CD	VARCHAR2 (2)	N	GG0170G3 Mobility: Car transfer Ability at Discharge	Indicates the patient's ability to transfer in and out of a car or van on the passenger side (does	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170I1_WLK_10_ADMSN_CD	VARCHAR2 (2)	N	GG0170I1 Mobility: Ability to Walk 10 feet at SOC/ROC	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170I2_WLK_10_GOAL_CD	VARCHAR2 (2)	N	GG0170I2 Mobility: Goal to Walk 10 feet by Discharge	Indicates the patient's goal once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170I3_WLK_10_DSCHRG_CD	VARCHAR2 (2)	N	GG0170I3 Mobility: Ability to Walk 10 feet at Discharge	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0170I4_WLK_10_FLWP_CD	VARCHAR2 (2)	N	GG0170I4 Mobility: Ability to Walk 10 feet at Follow-Up	Indicates the patient's ability once standing, to walk at least 10 feet in a room, corridor, or	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170J1_WLK_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170J1 Mobility: Ability to Walk 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to walk at least 50 feet with two turns at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170J2_WLK_50_GOAL_CD	VARCHAR2 (2)	N	GG0170J2 Mobility: Goal to Walk 50 Feet With Two Turns by Discharge	Indicates the patient's goal to walk at least 50 feet with two turns by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170J3_WLK_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170J3 Mobility: Ability to Walk 50 Feet With Two Turns at Discharge	Indicates the patient's ability to walk at least 50 feet with two turns at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170J4_WLK_50_FLWP_CD	VARCHAR2 (2)	N	GG0170J4 Mobility: Ability to Walk 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to walk at least 50 feet with two turns at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170K1_WLK_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170K1 Mobility: Ability to Walk 150 Feet at SOC/ROC	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170K2_WLK_150_GOAL_CD	VARCHAR2 (2)	N	GG0170K2 Mobility: Goal to Walk 150 Feet by Discharge	Indicates the patient's goal to walk at least 150 feet in a corridor or similar space by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170K3_WLK_150_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170K3 Mobility: Ability to Walk 150 Feet at Discharge	Indicates the patient's ability to walk at least 150 feet in a corridor or similar space at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170L1_WLK_10U_ADMSN_CD	VARCHAR2 (2)	N	GG0170L1 Mobility: Ability to Walk 10 feet on uneven surface at SOC/ROC	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170L2_WLK_10U_GOAL_CD	VARCHAR2 (2)	N	GG0170L2 Mobility: Goal to Walk 10 feet on uneven surface by Discharge	Indicates the patient's goal to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170L3_WLK_10U_DSCHR_G_CD	VARCHAR2 (2)	N	GG0170L3 Mobility: Ability to Walk 10 feet on uneven surface at Discharge	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170L4_WLK_10U_FLWP_CD	VARCHAR2 (2)	N	GG0170L4 Mobility: Ability to Walk 10 feet on uneven surface at Follow-Up	Indicates the patient's ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor),	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170M1_STP_1_ADMSN_CD	VARCHAR2 (2)	N	GG0170M1 Mobility: Ability to Go Up 1 step (curb) at SOC/ROC	Indicates the patient's ability to go up and down a curb and/or up and down one step at the start	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170M2_STP_1_GOAL_CD	VARCHAR2 (2)	N	GG0170M2 Mobility: Goal to Go Up 1 step (curb) by Discharge	Indicates the patient's goal to go up and down a curb and/or up and down one step by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170M3_STP_1_DSCHRG_CD	VARCHAR2 (2)	N	GG0170M3 Mobility: Ability to Go Up 1 step (curb) at Discharge	Indicates the patient's ability to go up and down a curb and/or up and down one step at discharge.	HHA_PRFMNC_NA_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0170M4_STP_1_FLWP_CD	VARCHAR2 (2)	N	GG0170M4 Mobility: Ability to Go Up 1 step (curb) at Follow-Up	Indicates the patient's ability to go up and down a curb and/or up and down one step at follow-	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170N1_STP_4_ADMSN_CD	VARCHAR2 (2)	N	GG0170N1 Mobility: Ability to Go Up 4 steps at SOC/ROC	Indicates the patient's ability to go up and down four steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170N2_STP_4_GOAL_CD	VARCHAR2 (2)	N	GG0170N2 Mobility: Goal to Go Up 4 steps by Discharge	Indicates the patient's goal to go up and down four steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170N3_STP_4_DSCHRG_CD	VARCHAR2 (2)	N	GG0170N3 Mobility: Ability to Go Up 4 steps at Discharge	Indicates the patient's ability to go up and down four steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170N4_STP_4_FLWP_CD	VARCHAR2 (2)	N	GG0170N4 Mobility: Ability to Go Up 4 steps at Follow-Up	Indicates the patient's ability to go up and down four steps with or without a rail at follow-up.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170O1_STP_12_ADMSN_CD	VARCHAR2 (2)	N	GG0170O1 Mobility: Ability to Go Up 12 steps at SOC/ROC	Indicates the patient's ability to go up and down 12 steps with or without a rail at the start of	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170O2_STP_12_GOAL_CD	VARCHAR2 (2)	N	GG0170O2 Mobility: Goal to Go Up 12 steps by Discharge	Indicates the patient's goal to go up and down 12 steps with or without a rail by discharge.	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170O3_STP_12_DSCHRG_CD	VARCHAR2 (2)	N	GG0170O3 Mobility: Ability to Go Up 12 steps at Discharge	Indicates the patient's ability to go up and down 12 steps with or without a rail at discharge.	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170P1_PCKP_OBJ_ADMSN_CD	VARCHAR2 (2)	N	GG0170P1 Mobility: Ability to up Object at SOC/ROC	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170P2_PCKP_OBJ_GOAL_CD	VARCHAR2 (2)	N	GG0170P2 Mobility: Goal to up Object by Discharge	Indicates the patient's goal to bend/stoop from a standing position to pick up a small object, such	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170P3_PCKP_OBJ_DSCHRG_CD	VARCHAR2 (2)	N	GG0170P3 Mobility: Ability to up Object at Discharge	Indicates the patient's ability to bend/stoop from a standing position to pick up a small object,	HHA_PRFMNC_NA_CD
HHA_ASMT_TMPLT_VW	GG0170Q1_WLCHR_ADMSN_CD	VARCHAR2 (1)	N	GG0170Q1 Mobility: Uses Wheelchair and/or Scooter at SOC/ROC	Indicates whether the patient uses a wheelchair and/or scooter at the start of care/resumption of	HHA_YES_NO_NO_INFO
HHA_ASMT_TMPLT_VW	GG0170Q3_WLCHR_DSCHRG_CD	VARCHAR2 (1)	N	GG0170Q3 Mobility: Uses Wheelchair and/or Scooter at Discharge	Indicates whether the patient uses a wheelchair and/or scooter at discharge.	HHA_YES_NO_NO_INFO
HHA_ASMT_TMPLT_VW	GG0170Q4_WLCHR_FLWP_CD	VARCHAR2 (1)	N	GG0170Q4 Mobility: Uses Wheelchair and/or Scooter at Follow-Up	Indicates whether the patient uses a wheelchair and/or scooter at follow-up.	HHA_YES_NO_NO_INFO
HHA_ASMT_TMPLT_VW	GG0170R1_WHL_50_ADMSN_CD	VARCHAR2 (2)	N	GG0170R1 Mobility: Ability to Wheel 50 Feet With Two Turns at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170R2_WHL_50_GOAL_CD	VARCHAR2 (2)	N	GG0170R2 Mobility: Goal to Wheel 50 Feet With Two Turns by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	GG0170R3_WHL_50_DSCHRG_CD	VARCHAR2 (2)	N	GG0170R3 Mobility: Ability to Wheel 50 Feet With Two Turns at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170R4_WHL_50_FLWP_CD	VARCHAR2 (2)	N	GG0170R4 Mobility: Ability to Wheel 50 Feet With Two Turns at Follow-Up	Indicates the patient's ability to wheel the wheelchair or scooter at least 50 feet with two	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170RR1_WHLCHR_50_ADMSN_CD	VARCHAR2 (1)	N	GG0170RR1 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at SOC/ROC	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_TMPLT_VW	GG0170RR3_WHLCHR_50_DSCHRG_CD	VARCHAR2 (1)	N	GG0170RR3 Mobility: Type of Wheelchair or Scooter Used to Propel 50 Feet at Discharge	Indicates the type of wheelchair or scooter (manual or motorized) that was used when the	HHA_WHLCHR_CD
HHA_ASMT_TMPLT_VW	GG0170S1_WHL_150_ADMSN_CD	VARCHAR2 (2)	N	GG0170S1 Mobility: Ability to Wheel at Least 150 Feet in Corridor at SOC/ROC	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170S2_WHL_150_GOAL_CD	VARCHAR2 (2)	N	GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by Discharge	Indicates the patient's goal to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170S3_WHL_150_DSCHRG_CD	VARCHAR2 (2)	N	GG0170S3 Mobility: Ability to Wheel at Least 150 Feet in Corridor at Discharge	Indicates the patient's ability to wheel the wheelchair or scooter at least 150 feet in a	HHA_PRFMNC_NA_SKIP_CD
HHA_ASMT_TMPLT_VW	GG0170SS1_WHLCHR_150_ADMSN_CD	VARCHAR2 (1)	N	GG0170SS1 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at SOC/ROC	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_TMPLT_VW	GG0170SS3_WHLCHR_150_DSCHRG_CD	VARCHAR2 (1)	N	GG0170SS3 Mobility: Type of Wheelchair or Scooter Used to Propel 150 Feet at Discharge	Indicates the type of wheelchair or scooter used to wheel at least 150 feet in a corridor or similar	HHA_WHLCHR_CD
HHA_ASMT_TMPLT_VW	HHA_AGENCY_ID	VARCHAR2 (16)	N	HHA Agency ID	This column contains the assigned agency ID.	
HHA_ASMT_TMPLT_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_TMPLT_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_ASMT_TMPLT_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ASMT_TMPLT_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_TMPLT_VW	J1800_FALL_LAST_ASMT_CD	VARCHAR2 (1)	N	J1800 Falls Since SOC/ROC	Indicates whether the resident had any falls since admission or prior assessment.	HHA_YES_NO_NO_INFO

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	J1900A_FALL_NO_INJURY_CD	VARCHAR2 (1)	N	J1900A Number of Falls Since SOC/ROC With No Injury Code	Indicates the number of falls that resulted in no injury since admission or prior assessment.	HHA_NUM_FALL_CD
HHA_ASMT_TMPLT_VW	J1900B_FALL_INJURY_CD	VARCHAR2 (1)	N	J1900B Number of Falls Since SOC/ROC With Injury Except Major Code	Indicates the number of falls that resulted in injury (except major) since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_TMPLT_VW	J1900C_FALL_MAJ_INJURY_CD	VARCHAR2 (1)	N	J1900C Number of Falls Since SOC/ROC With Major Injury Code	Indicates the number of falls that resulted in major injury since admission or prior	HHA_NUM_FALL_CD
HHA_ASMT_TMPLT_VW	LOCK_DATE	DATE (8)	N	Lock-In Date (OASIS B)	The lock-in date for the HHA assessment.	
HHA_ASMT_TMPLT_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	
HHA_ASMT_TMPLT_VW	M0012_MDCD_ID	VARCHAR2 (15)	N	M0012 Agency Medicaid Number (OASIS B)	Agency Medicaid provider number (M0012) for OASIS B assessments. This item is not	
HHA_ASMT_TMPLT_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_TMPLT_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_TMPLT_VW	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_TMPLT_VW	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_TMPLT_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_TMPLT_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_TMPLT_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_TMPLT_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_TMPLT_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_TMPLT_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_TMPLT_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_TMPLT_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	
HHA_ASMT_TMPLT_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_TMPLT_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_TMPLT_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_TMPLT_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_TMPLT_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_TMPLT_VW	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_TMPLT_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_TMPLT_VW	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_TMPLT_VW	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_TMPLT_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_AMRCN_INDN_AK_N TV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian or Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_ETHNCTY_UNK_TXT	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Unknown (OASIS B)	The data in this column indicates the patient's race is unknown.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_MDCD_HMO_PMT_C D	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_OTHR_GOV_T_PMT_C D	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare)	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_PRVT_INSRNC_PMT_ CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_EXPNS_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_FOOD_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Food (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_NONE_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: None (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_OTHR_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Other (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_RENT_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Rent (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0160_LMT_FIN_SUPLY_CD	VARCHAR2 (1)	N	M0160 Limited Financial Expenses: Medical Supplies (OASIS B)	This column indicates financial factors limiting ability of patient/family to meet basic health	
HHA_ASMT_TMPLT_VW	M0170_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0170 Discharge - Hospital (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0170_DSCHRG_NH_CD	VARCHAR2 (1)	N	M0170 Discharge - Nursing Home (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0170_DSCHRG_NONE_CD	VARCHAR2 (1)	N	M0170 Discharge - None (OASIS B)	This column indicates the patient was not discharged from an inpatient facility during the	
HHA_ASMT_TMPLT_VW	M0170_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0170 Discharge - Other Inpatient Facility (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0170_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0170 Discharge - Rehabilitation Facility (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0175_DCSHRG_NH_CD	VARCHAR2 (1)	N	M0175 Discharge - Nursing Home (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0175_DSCHRG_HOSP_CD	VARCHAR2 (1)	N	M0175 Discharge - Hospital (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0175_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M0175 Discharge - Other Inpatient Facility (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0175_DSCHRG_REHAB_CD	VARCHAR2 (1)	N	M0175 Discharge - Rehabilitation Facility (OASIS B)	This column indicates the patient was discharged from the following inpatient facility	
HHA_ASMT_TMPLT_VW	M0200_RGMN_CHG_CD	VARCHAR2 (1)	N	M0200 Medical or Treatment Regimen Change (OASIS B)	This column indicates if patient has experienced a change in medical or treatment regimen within	
HHA_ASMT_TMPLT_VW	M0245_PMT_ICD1_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 1 Code (OASIS B)	The field lists the ICD-9 code indicating the first primary payment reason.	
HHA_ASMT_TMPLT_VW	M0245_PMT_ICD2_CD	VARCHAR2 (8)	N	M0245 Payment ICD-9: 2 Code (OASIS B)	The field lists the ICD-9 code indicating the first secondary payment reason.	
HHA_ASMT_TMPLT_VW	M0260_OVRAL_PRGNS_CD	VARCHAR2 (2)	N	M0260 Overall Prognosis (OASIS B)	This field indicates the best description of the patient's overall prognosis.	
HHA_ASMT_TMPLT_VW	M0270_REHAB_PRGNS_CD	VARCHAR2 (2)	N	M0270 Rehab Prognosis (OASIS B)	This field indicates the best description of the patient's rehabilitative prognosis.	
HHA_ASMT_TMPLT_VW	M0280_LIFE_EXPCTNCY_CD	VARCHAR2 (2)	N	M0280 Life Expectancy Code (OASIS B)	This field indicates the patient's overall life expectancy.	
HHA_ASMT_TMPLT_VW	M0300_CRNT_RSDNC_CD	VARCHAR2 (2)	N	M0300 Current Residence (OASIS B)	This field indicates the patient's current residence; 01 = Patient's owned or rented	
HHA_ASMT_TMPLT_VW	M0310_SB_DRWY_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Doorway Code (OASIS B)	This field indicates if there are structural barriers present: Doorway.	
HHA_ASMT_TMPLT_VW	M0310_SB_INSD_STR_MUST_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Must be Used (OASIS B)	This field indicates if there are structural barriers present: Inside Stairs Must be Used.	
HHA_ASMT_TMPLT_VW	M0310_SB_INSD_STR_OPT_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Inside Stairs Used Optionally (OASIS B)	This field indicates if there are structural barriers present: Inside Stairs Used Optionally	
HHA_ASMT_TMPLT_VW	M0310_SB_OTSD_STR_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: Outside Stairs (OASIS B)	This field indicates if there are structural barriers present: Outside Stairs.	
HHA_ASMT_TMPLT_VW	M0310_STRUC_BRR_NO_CD	VARCHAR2 (1)	N	M0310 Structural Barriers: No Structural Barriers Present (OASIS B)	This field indicates if there are structural barriers present: No Structural Barriers Present.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_APLNC_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Appliance (OASIS B)	This field indicates if there are safety hazards present: Unsafe Gas/Electric Appliance.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_COOLNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Cooling (OASIS B)	This field indicates if there are safety hazards present: Inadequate Cooling.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_FIRE_SFTY_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Fire Safety Code (OASIS B)	This field indicates if there are safety hazards present: Lack of Fire Safety Devices.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0320_SFTY_FLR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Flooring, Roof, Windows (OASIS B)	This field indicates if there are safety hazards present: Inadequate Floor/Roof/Windows.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_FLR_CVRG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Unsafe Floor Coverings (OASIS B)	This field indicates if there are safety hazards present: Unsafe Floor Coverings.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_HEATNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Heating (OASIS B)	This field indicates if there are safety hazards present: Inadequate Heating.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_HZRDS_MATL_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Hazardous Materials (OASIS B)	This field indicates if there are safety hazards present: Hazardous Materials.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_LEAD_PAINT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Lead Based Paint (OASIS B)	This field indicates if there are safety hazards present: Lead Based Paint.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_LGHT_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Lighting (OASIS B)	This field indicates if there are safety hazards present: Inadequate Lighting.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_NO_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: No Safety Hazards Present (OASIS B)	This field indicates if there are safety hazards present: No Safety Hazards.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_OTHR_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Other Safety Hazards (OASIS B)	This field indicates if there are safety hazards present: Other Safety Hazards.	
HHA_ASMT_TMPLT_VW	M0320_SFTY_RAILNG_CD	VARCHAR2 (1)	N	M0320 Safety Hazards: Inadequate Stair Railings (OASIS B)	This field indicates if there are safety hazards present: Inadequate Stair Railings.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_BAD_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Contaminated Water (OASIS B)	This field indicates if there are sanitation hazards present: Contaminated Water.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_BUG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Insects / Rodents Present (OASIS B)	This field indicates if there are sanitation hazards present: Insects/Rodents Present.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_COOK_FAC_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Cooking Facilities (OASIS B)	This field indicates if there are sanitation hazards present: No Cooking Facilities.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_FOOD_STRG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate/Improper Food Storage (OASIS B)	This field indicates if there are sanitation hazards present: Inadequate/Improper Food Storage.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_LVG_AREA_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Cluttered/Soiled Living Area (OASIS B)	This field indicates if there are sanitation hazards present: Cluttered/Soiled Living Area.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_NONE_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: None (OASIS B)	This field indicates if there are sanitation hazards present: No Sanitation Hazards.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0330_SNTN_NO_WTR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Running Water (OASIS B)	This field indicates if there are sanitation hazards present: No Running Water.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_OTHR_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Other (OASIS B)	This field indicates if there are sanitation hazards present: Other Sanitation Hazards.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_OUTDR_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Outdoor Toileting Facilities Only (OASIS B)	This field indicates if there are sanitation hazards present: Outdoor Toileting Facilities	
HHA_ASMT_TMPLT_VW	M0330_SNTN_RFRGTN_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Food Refrigeration (OASIS B)	This field indicates if there are sanitation hazards present: No Food Refrigeration.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_SWG_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: Inadequate Sewage Disposal (OASIS B)	This field indicates if there are sanitation hazards present: Inadequate Sewage Disposal.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_TOILT_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Toileting Facilities (OASIS B)	This field indicates if there are sanitation hazards present: No Toileting Facilities.	
HHA_ASMT_TMPLT_VW	M0330_SNTN_TRASH_CD	VARCHAR2 (1)	N	M0330 Sanitation Hazards: No Scheduled Trash Pickup (OASIS B)	This field indicates if there are sanitation hazards present: No Scheduled Trash Pickup.	
HHA_ASMT_TMPLT_VW	M0340_LVS_ALN_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives Alone (OASIS B)	This field indicates patient's living arrangement: Lives Alone.	
HHA_ASMT_TMPLT_VW	M0340_LVS_FRIEND_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With a Friend (OASIS B)	This field indicates patient's living arrangement: Lives With a Friend.	
HHA_ASMT_TMPLT_VW	M0340_LVS_OTHR_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other (OASIS B)	This field indicates patient's living arrangement: Lives With Other.	
HHA_ASMT_TMPLT_VW	M0340_LVS_OTHR_FMLY_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Other Family Member (OASIS B)	This field indicates patient's living arrangement: Lives With Other Family Member.	
HHA_ASMT_TMPLT_VW	M0340_LVS_PD_HELP_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Paid Help (OASIS B)	This field indicates patient's living arrangement: Lives With Paid Help.	
HHA_ASMT_TMPLT_VW	M0340_LVS_SPSE_CD	VARCHAR2 (1)	N	M0340 Living Arrangement: Lives With Spouse (OASIS B)	This field indicates patient's living arrangement: Lives With Spouse.	
HHA_ASMT_TMPLT_VW	M0350_ASTNC_NOA_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: None of the Above (OASIS B)	This field indicates patient's supportive assistance: None the Above.	
HHA_ASMT_TMPLT_VW	M0350_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Unknown (OASIS B)	This field indicates patient's supportive assistance: Unknown.	
HHA_ASMT_TMPLT_VW	M0350_HOME_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Person in Home (OASIS B)	This field indicates patient's supportive assistance: Person in home (excluding paid	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0350_PD_HELP_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Paid Help (OASIS B)	This field indicates patient's supportive assistance: Paid Help.	
HHA_ASMT_TMPLT_VW	M0350_RLTV_ASTNC_CD	VARCHAR2 (1)	N	M0350 Supportive Assistance: Relative (OASIS B)	This field indicates patient's supportive assistance: Relative.	
HHA_ASMT_TMPLT_VW	M0360_PRMRY_CRGVR_CD	VARCHAR2 (2)	N	M0360 Primary Caregiver (OASIS B)	This field indicates the patient's primary caregiver.	
HHA_ASMT_TMPLT_VW	M0370_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M0370 Assistance Frequency: Frequency Patient Receives Assistance (OASIS B)	This field indicates how often the patient receives assistance from the primary caregiver.	
HHA_ASMT_TMPLT_VW	M0380_ADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance ADL (OASIS B)	This field indicates the type of primary caregiver assistance: ADL Assistance.	
HHA_ASMT_TMPLT_VW	M0380_ASTNC_UNK_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Unknown (OASIS B)	This field indicates the type of primary caregiver assistance: Assistance Unknown.	
HHA_ASMT_TMPLT_VW	M0380_ENVRMT_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Environmental Support (OASIS B)	This field indicates the type of primary caregiver assistance: Environmental Support.	
HHA_ASMT_TMPLT_VW	M0380_FNCL_ASTCN_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Financial (OASIS B)	This field indicates the type of primary caregiver assistance: Financial Assistance.	
HHA_ASMT_TMPLT_VW	M0380_HLTH_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Assistance Health Care (OASIS B)	This field indicates the type of primary caregiver assistance: Health Care Assistance.	
HHA_ASMT_TMPLT_VW	M0380_IADL_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: IADL Assistance (OASIS B)	This field indicates the type of primary caregiver assistance: IADL Assistance.	
HHA_ASMT_TMPLT_VW	M0380_MDCL_CARE_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Medical Care Assistance (OASIS B)	This field indicates the type of primary caregiver assistance: Medical Care Assistance.	
HHA_ASMT_TMPLT_VW	M0380_PSYCHSOC_ASTNC_CD	VARCHAR2 (1)	N	M0380 Primary Caregiver: Psychosocial Assistance (OASIS B)	This field indicates the type of primary caregiver assistance: Psychosocial Assistance.	
HHA_ASMT_TMPLT_VW	M0400_HEARG_CD	VARCHAR2 (2)	N	M0400 Patient Hearing and Understanding Language (OASIS B)	This field indicates patient's hearing and ability to understand spoken language.	
HHA_ASMT_TMPLT_VW	M0420_PAIN_FREQ_CD	VARCHAR2 (2)	N	M0420 Patient Pain Frequency Interferes with ADL (OASIS B)	This field indicates pain frequency that interferes with patient's activity or movement.	
HHA_ASMT_TMPLT_VW	M0430_INTRC_PAIN_CD	VARCHAR2 (1)	N	M0430 Patient Intractable Pain Affecting ADL (OASIS B)	This field indicates intractable pain that is not easily relieved, occurs at least daily, and affect	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0440_OPN_WND_CD	VARCHAR2 (1)	N	M0440 Patient Open Wound Status Excludes Ostomies (OASIS B)	This field indicates if patient has a skin lesion or an open wound; this excludes ostomies.	
HHA_ASMT_TMPLT_VW	M0445_PRSR_ULCR_CD	VARCHAR2 (1)	N	M0445 Patient Pressure Ulcer Status (OASIS B)	This field indicates if patient has a pressure ulcer.	
HHA_ASMT_TMPLT_VW	M0450_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage II Pressure Ulcers (OASIS B)	This field indicates the current number of pressure ulcers at Stage II.	
HHA_ASMT_TMPLT_VW	M0450_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage III Pressure Ulcers (OASIS B)	This field indicates the current number of pressure ulcers at Stage III.	
HHA_ASMT_TMPLT_VW	M0450_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M0450 Current Number Of Stage IV Pressure Ulcers (OASIS B)	This field indicates the current number of pressure ulcers at Stage IV.	
HHA_ASMT_TMPLT_VW	M0450_UNSTGBL_ULCR_DRNG_NUM	VARCHAR2 (2)	N	M0450 Number Unstageable Ulcer Due to Dressing (OASIS B)	This field indicates there is at least one pressure ulcer that cannot be observed due to the	
HHA_ASMT_TMPLT_VW	M0464_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M0464 Status of Most Problematic Pressure Ulcer (OASIS B)	This field indicates the status of the most problematic (observable) pressure ulcer.	
HHA_ASMT_TMPLT_VW	M0468_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0468 Patient Stasis Ulcer (OASIS B)	This field indicates if a patient has a stasis ulcer.	
HHA_ASMT_TMPLT_VW	M0470_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M0470 Number of Stasis Ulcers Patient Has (OASIS B)	This field indicates the current number of observable stasis ulcers.	
HHA_ASMT_TMPLT_VW	M0474_UNOBS_STASIS_ULCR_CD	VARCHAR2 (1)	N	M0474 Patient Has Unobservable Stasis Ulcers (OASIS B)	This field indicates if a patient has at least one stasis ulcer that cannot be observed due to the	
HHA_ASMT_TMPLT_VW	M0476_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M0476 Stasis Ulcer Status (OASIS B)	This field indicates the status of the most problematic (observable) stasis ulcer.	
HHA_ASMT_TMPLT_VW	M0482_SRGL_WND_CD	VARCHAR2 (1)	N	M0482 Patient Has Surgical Wound (OASIS B)	This field indicates if patient has a surgical wound.	
HHA_ASMT_TMPLT_VW	M0484_SRGL_WND_NUM	VARCHAR2 (2)	N	M0484 Number of Surgical Wound (OASIS B)	This field indicates the current number of (observable) surgical wounds.	
HHA_ASMT_TMPLT_VW	M0486_UNOBS_SRGL_WND_CD	VARCHAR2 (1)	N	M0486 Unobservable Surgical Wound (OASIS B)	This field indicates if patient has at least one surgical wound that cannot be observed due to	
HHA_ASMT_TMPLT_VW	M0488_SRGL_WND_STUS_CD	VARCHAR2 (2)	N	M0488 Status of Most Problematic Surgical Wound (OASIS B)	This field indicates the status of the most problematic (observable) surgical wound.	
HHA_ASMT_TMPLT_VW	M0530_URNRY_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M0530 Frequency Patient Experiences Urinary Incontinence (OASIS B)	This field indicates the frequency in which the patient experiences urinary incontinence.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0590_DPRSD_MOOD_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood (OASIS B)	This field indicates reported or observed depressive feelings: Depressed Mood	
HHA_ASMT_TMPLT_VW	M0590_DRPSD_NOA_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: None of the Above (OASIS B)	This field indicates reported or observed depressive feelings: None of Above	
HHA_ASMT_TMPLT_VW	M0590_HOPELESS_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Hopelessness (OASIS B)	This field indicates reported or observed depressive feelings: Hopelessness	
HHA_ASMT_TMPLT_VW	M0590_SENSE_FAILR_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Sense of Failure (OASIS B)	This field indicates reported or observed depressive feelings: Sense of Failure	
HHA_ASMT_TMPLT_VW	M0590_THGHT_DEATH_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Death (OASIS B)	This field indicates reported or observed depressive feelings: Recurrent Thoughts of	
HHA_ASMT_TMPLT_VW	M0590_THGHT_SUICDE_CD	VARCHAR2 (1)	N	M0590 Patient Depressed Mood: Thoughts of Suicide (OASIS B)	This field indicates reported or observed depressive feelings: Thoughts of Suicide	
HHA_ASMT_TMPLT_VW	M0600_AGTATN_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Agitation (OASIS B)	This field indicates patient behaviors: Agitation	
HHA_ASMT_TMPLT_VW	M0600_APPTITE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Recent Change in Appetite or Weight (OASIS B)	This field indicates patient behaviors: Recent Change in Appetite or Weight	
HHA_ASMT_TMPLT_VW	M0600_BHVR_NOA_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: None of the Above (OASIS B)	This field indicates patient behaviors: None of Above	
HHA_ASMT_TMPLT_VW	M0600_DIM_INTRST_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Diminished Interest in Most Activities (OASIS B)	This field indicates patient behaviors: Diminished Interest in Most Activities	
HHA_ASMT_TMPLT_VW	M0600_INDCV_BHVR_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Indecisiveness/Lack of Concentration (OASIS B)	This field indicates patient behaviors: Indecisiveness, Lack of Concentration	
HHA_ASMT_TMPLT_VW	M0600_SLP_DSTRB_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Sleep Disturbances (OASIS B)	This field indicates patient behaviors: Sleep Disturbances	
HHA_ASMT_TMPLT_VW	M0600_SUICDE_CD	VARCHAR2 (1)	N	M0600 Patient Behaviors: Suicide Attempt (OASIS B)	This field indicates patient behaviors: Suicide Attempt	
HHA_ASMT_TMPLT_VW	M0640_PRIOR_GRMG_CD	VARCHAR2 (2)	N	M0640 Prior Ability to Tend to Personal Hygiene (OASIS B)	This field indicates the patient's prior ability to tend to personal hygiene.	
HHA_ASMT_TMPLT_VW	M0650_PRIOR_DRESS_UPR_CD	VARCHAR2 (2)	N	M0650 Patient Prior Ability to Dress Upper Body (OASIS B)	This field indicates the patient's prior ability to dress upper body.	
HHA_ASMT_TMPLT_VW	M0660_PRIOR_DRESS_LWR_CD	VARCHAR2 (2)	N	M0660 Patient Prior Ability to Dress Lower Body (OASIS B)	This field indicates the patient's prior ability to dress lower body.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0670_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Current Ability to Wash Entire Body (OASIS B)	This field indicates the patient's current ability to wash entire body.	
HHA_ASMT_TMPLT_VW	M0670_PRIOR_BATHG_CD	VARCHAR2 (2)	N	M0670 Patient Prior Ability to Wash Entire Body (OASIS B)	This field indicates the patient's prior ability to wash entire body.	
HHA_ASMT_TMPLT_VW	M0680_PRIOR_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Prior Ability to Use Toilet or Bedside Commode (OASIS B)	This field indicates the patient's prior ability to get to and from the toilet or bedside commode.	
HHA_ASMT_TMPLT_VW	M0680_TOILTG_CD	VARCHAR2 (2)	N	M0680 Patient Current Ability to Use Toilet or Bedside Commode (OASIS B)	This field indicates the patient's current ability to get to and from the toilet or bedside commode.	
HHA_ASMT_TMPLT_VW	M0690_PRIOR_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Prior Ability to Transfer Body and Ability to Reposition if Bedfast (OASIS B)	This field indicates the patient's prior ability to transfer body or if bedfast the ability to turn and	
HHA_ASMT_TMPLT_VW	M0690_TRNSFRG_CD	VARCHAR2 (2)	N	M0690 Patient Current Ability to Transfer Body and Ability to Reposition if Bedfast (OASIS B)	This field indicates the patient's current ability to transfer body or if bedfast the ability to turn and	
HHA_ASMT_TMPLT_VW	M0700_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Current Ability to Walk Safely or Use a Wheelchair (OASIS B)	This field indicates the patient's current ability to safely walk, once in a standing position, or use a	
HHA_ASMT_TMPLT_VW	M0700_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M0700 Patient Prior Ability to Walk Safely or Use a Wheelchair (OASIS B)	This field indicates the patient's prior ability to safely walk, once in a standing position, or use a	
HHA_ASMT_TMPLT_VW	M0710_PRIOR_EATG_CD	VARCHAR2 (2)	N	M0710 Patient Prior Ability to Eat, Does Not Include Preparing Food (OASIS B)	This field indicates the patient's prior ability to feed self meals and snacks. Does not include	
HHA_ASMT_TMPLT_VW	M0720_PRIOR_PREP_MEAL_CD	VARCHAR2 (2)	N	M0720 Patient Prior Ability to Plan and Prepare Light Meals or Reheat Delivered Meals (OASIS B)	This field indicates the patient's prior ability to plan and prepare light meals or reheat delivered	
HHA_ASMT_TMPLT_VW	M0730_PRIOR_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Prior Ability to Physically and Mentally Use a Variety of Public Transportation (OASIS B)	This field indicates the patient's prior ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_TMPLT_VW	M0730_TRNSPRTN_CD	VARCHAR2 (2)	N	M0730 Patient Current Ability to Physically and Mentally Use a Variety of Public Transportation (OASIS B)	This field indicates the patient's current ability to physically and mentally to safely use a car, taxi,	
HHA_ASMT_TMPLT_VW	M0740_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Current Ability to do Laundry (OASIS B)	This field indicates the patient's current ability to do their own laundry.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0740_PRIOR_LNDRY_CD	VARCHAR2 (2)	N	M0740 Patient Prior Ability to do Laundry (OASIS B)	This field indicates the patient's prior ability to do their own laundry.	
HHA_ASMT_TMPLT_VW	M0750_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Current Ability to Safely Perform Housekeeping Tasks (OASIS B)	This field indicates the patient's current ability to safely and effectively perform light	
HHA_ASMT_TMPLT_VW	M0750_PRIOR_HSEKPNG_CD	VARCHAR2 (2)	N	M0750 Patient Prior Ability to Safely Perform Housekeeping Tasks (OASIS B)	This field indicates the patient's prior ability to safely and effectively perform light	
HHA_ASMT_TMPLT_VW	M0760_PRIOR_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Prior Ability to Shop (OASIS B)	This field indicates the patient's prior ability to plan for, select, and purchase items in a store	
HHA_ASMT_TMPLT_VW	M0760_SHOP_CD	VARCHAR2 (2)	N	M0760 Patient Current Ability to Shop (OASIS B)	This field indicates the patient's current ability to plan for, select, and purchase items in a store	
HHA_ASMT_TMPLT_VW	M0770_PRIOR_TEL_CD	VARCHAR2 (2)	N	M0770 Patient Prior Ability to Effectively Communicate Using the Telephone (OASIS B)	This field indicates the patient's prior ability to use the telephone to effectively communicate.	
HHA_ASMT_TMPLT_VW	M0780_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Current Ability to Manage Oral Medications (OASIS B)	This field indicates the patient's current ability to manage oral medications. Excludes injectable	
HHA_ASMT_TMPLT_VW	M0780_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M0780 Patient Prior Ability to Manage Oral Medications (OASIS B)	This field indicates the patient's prior ability to manage oral medications. Excludes injectable	
HHA_ASMT_TMPLT_VW	M0790_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Current Ability to Manage Inhalant/Mist Medications (OASIS B)	This field indicates the patient's current ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_TMPLT_VW	M0790_PRIOR_INHL_MDCTN_CD	VARCHAR2 (2)	N	M0790 Patient Prior Ability to Manage Inhalant/Mist Medications (OASIS B)	This field indicates the patient's prior ability to manage inhalant/mist medications. Excludes all	
HHA_ASMT_TMPLT_VW	M0800_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Current Ability to Manage Injectable Medications (OASIS B)	This field indicates the patient's current ability to manage injectable medications. Excludes IV	
HHA_ASMT_TMPLT_VW	M0800_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M0800 Patient Prior Ability to Manage Injectable Medications (OASIS B)	This field indicates the patient's prior ability to manage injectable medications. Excludes IV	
HHA_ASMT_TMPLT_VW	M0810_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0810 Patient Current Ability to Manage Medical Equipment (OASIS B)	This field indicates the patient's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_TMPLT_VW	M0820_CRGVR_EQUIP_MGMT_CD	VARCHAR2 (2)	N	M0820 Caregiver Current Ability to Manage Medical Equipment for Patient (OASIS B)	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0825_THRPY_CD	VARCHAR2 (2)	N	M0825 Patient Home Therapy Needs - Physical, Occupational, and Speech (OASIS B)	This field indicates the patient's home therapy needs; including physical, occupational, and	
HHA_ASMT_TMPLT_VW	M0830_EC_CLNC_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Outpatient Department or Clinic (OASIS B)	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_TMPLT_VW	M0830_EC_DR_OFCD_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Doctor Office (OASIS B)	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_TMPLT_VW	M0830_EC_ER_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Emergency Room (OASIS B)	This field indicates if since the last assessment the patient has utilized emergent care services	
HHA_ASMT_TMPLT_VW	M0830_EC_NONE_CD	VARCHAR2 (1)	N	M0830 Emergent Care: None (OASIS B)	This field indicates since the last assessment the patient has not utilized any emergent care	
HHA_ASMT_TMPLT_VW	M0830_EC_UNK_CD	VARCHAR2 (1)	N	M0830 Emergent Care: Unknown (OASIS B)	This field indicates since the last assessment it is unknown if the patient has utilized any emergent	
HHA_ASMT_TMPLT_VW	M0840_EC_CRDC_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Cardiac (OASIS B)	This field indicates cardiac problems was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_FALL_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Injury Caused by Fall or Accident at Home (OASIS B)	This field indicates injury caused by a fall was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_GI_CD	VARCHAR2 (1)	N	M0840 Emergent Care: GI Bleeding or Obstruction (OASIS B)	This field indicates GI bleeding or obstruction was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_NAUSEA_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Nausea, Dehydration, Malnutrition, Constipation, or Impaction (OASIS B)	This field indicates nausea was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_OTHR_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Other Than Above (OASIS B)	This field indicates other than above was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_RSPRTRY_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Respiratory Problems (OASIS B)	This field indicates respiratory problems was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0840_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M0840 Emergent Care: Wound Infection (OASIS B)	This field indicates wound infection was the reason emergent care was sought.	
HHA_ASMT_TMPLT_VW	M0870_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M0870 Location Patient Was Discharged After Stay in Agency (OASIS B)	This field indicates location the patient was discharged to after staying in agency.	
HHA_ASMT_TMPLT_VW	M0880_ASTNC_AFTDSC_FML_Y_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Patient Received from Family After Discharge (OASIS B)	This field indicates if after discharge, does the patient receive health, personal, or support	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0880_ASTNC_AFTDSC_NO NE_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: No Assistance Received After Discharge (OASIS B)	This field indicates the patient did not receive health, personal, or support services or	
HHA_ASMT_TMPLT_VW	M0880_ASTNC_AFTDSC_OTH R_CD	VARCHAR2 (1)	N	M0880 Assistance After Discharge: Other Assistance Received After Discharge (OASIS B)	This field indicates if after discharge, does the patient receive health, personal, or support	
HHA_ASMT_TMPLT_VW	M0890_ADMT_HOSP_RSN_CD	VARCHAR2 (2)	N	M0890 Reason Patient was Admitted to Acute Care Hospital (OASIS B)	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	
HHA_ASMT_TMPLT_VW	M0895_HOSP_CHF_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Exacerbation of CHF, fluid overload, heart failure (OASIS B)	This field indicates the reason the patient required hospitalization was due to CHF.	
HHA_ASMT_TMPLT_VW	M0895_HOSP_CHMTHRPHY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Chemotherapy (OASIS B)	This field indicates the reason the patient required hospitalization was due to	
HHA_ASMT_TMPLT_VW	M0895_HOSP_FALL_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Injury Caused by Fall (OASIS B)	This field indicates the reason the patient required hospitalization was due to falls.	
HHA_ASMT_TMPLT_VW	M0895_HOSP_GI_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: GI Bleeding or Obstruction (OASIS B)	This field indicates the reason the patient required hospitalization was due to GI issues.	
HHA_ASMT_TMPLT_VW	M0895_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: IV Catheter Related Infection (OASIS B)	This field indicates the reason the patient required hospitalization was due to IV catheter.	
HHA_ASMT_TMPLT_VW	M0895_HOSP_OTHR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Other (OASIS B)	This field indicates the reason the patient required hospitalization was due to other	
HHA_ASMT_TMPLT_VW	M0895_HOSP_PSYCH_EPSD_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Psychotic Episode(OASIS B)	This field indicates the reason the patient required hospitalization was due to a psychotic	
HHA_ASMT_TMPLT_VW	M0895_HOSP_RSPTY_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Respiratory Problems (OASIS B)	This field indicates the reason the patient required hospitalization was due to respiratory	
HHA_ASMT_TMPLT_VW	M0895_HOSP_SCHLD_PRCR_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Scheduled Surgical Procedure (OASIS B)	This field indicates the reason the patient required hospitalization was due to scheduled	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M0895_HOSP_STROK_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Stroke (OASIS B)	This field indicates the reason the patient required hospitalization was due to a stroke.	
HHA_ASMT_TMPLT_VW	M0895_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M0895 Reason for Hospitalization: Wound or Tube Site Infection (OASIS B)	This field indicates the reason the patient required hospitalization was due to a wound	
HHA_ASMT_TMPLT_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_TMPLT_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
HHA_ASMT_TMPLT_VW	M1005_IP_DSCHRG_UNK_TXT	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_TMPLT_VW	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_1_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 1 ICD-10-C M	This column lists the Inpatient Diagnosis 1 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_2_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 2 ICD-10-C M	This column lists the Inpatient Diagnosis 2 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_3_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 3 ICD-10-C M	This column lists the Inpatient Diagnosis 3 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_4_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 4 ICD-10-C M	This column lists the Inpatient Diagnosis 4 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_5_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 5 ICD-10-C M	This column lists the Inpatient Diagnosis 5 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_6_CD	VARCHAR2 (8)	N	M1011 Inpatient Diagnosis 6 ICD-10-C M	This column lists the Inpatient Diagnosis 6 - ICD-10-C M code for conditions actively treated	
HHA_ASMT_TMPLT_VW	M1011_IP_DGNS10_NA_CD	VARCHAR2 (1)	N	M1011 Inpatient Diagnosis ICD-10-C M Not Applicable	This column indicates the patient was not discharged from an inpatient facility.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_TMPLT_VW	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_1_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 1 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 1 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_2_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 2 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 2 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_3_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 3 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 3 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_4_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 4 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 4 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_5_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 5 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 5 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_6_CD	VARCHAR2 (8)	N	M1017 Regimen Change - Diagnosis 6 ICD-10-C M	This column lists the patient's medical diagnoses and ICD-10-C M code 6 for those conditions	
HHA_ASMT_TMPLT_VW	M1017_MDCL_DGNS10_NA_CD	VARCHAR2 (1)	N	M1017 Regimen Change - Not Applicable ICD-10-C M Code	This column indicates the patient did not require medical or treatment regimen changes within the	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_DSRPTV_BHVR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLIST

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1018_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_TMPLT_VW	M1020_PRMRY_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1021_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1021 Primary Diagnosis ICD-10-C M Code	This field lists the primary diagnosis ICD-10-C M code.	
HHA_ASMT_TMPLT_VW	M1021_PRMRY_SVRTY10_RA_TG_CD	VARCHAR2 (2)	N	M1021 Primary Diagnosis Severity Rating ICD-10-C M Code	This field lists the severity of the primary diagnosis rating ICD-10-C M code.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_1_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_2_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_3_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_4_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_5_SVRTY_RAT_G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1. ICD-9	
HHA_ASMT_TMPLT_VW	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2. ICD-9	
HHA_ASMT_TMPLT_VW	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3. ICD-9	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4.	
HHA_ASMT_TMPLT_VW	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5.	
HHA_ASMT_TMPLT_VW	M1023_OTHR_1_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 1 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1023_OTHR_2_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 2 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1023_OTHR_3_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 3 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1023_OTHR_4_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 4 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1023_OTHR_5_SVRTY10_R ATG_CD	VARCHAR2 (2)	N	M1023 Other Diagnosis Code 5 Severity ICD-10-C M	This field lists the severity of the ICD-10-C M other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_TMPLT_VW	M1023_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 1.	
HHA_ASMT_TMPLT_VW	M1023_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 2.	
HHA_ASMT_TMPLT_VW	M1023_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 3.	
HHA_ASMT_TMPLT_VW	M1023_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 4.	
HHA_ASMT_TMPLT_VW	M1023_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1023 Other Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M other diagnosis code 5.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS1_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS2_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS3_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS4_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS5_MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 3	This field lists the ICD-9 case mix primary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 4	This field lists the ICD-9 case mix primary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHRDGNS10_1_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHRDGNS10_2_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHRDGNS10_3_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHRDGNS10_4_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHRDGNS10_5_MULT_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Multiple Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHR_DGNS10_1_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 1 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; first secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHR_DGNS10_2_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 2 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; second secondary diagnosis, column	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHR_DGNS10_3_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 3 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; third secondary diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHR_DGNS10_4_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 4 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fourth secondary diagnosis, column	
HHA_ASMT_TMPLT_VW	M1025_OPT_OTHR_DGNS10_5_CD	VARCHAR2 (8)	N	M1025 Optional Diagnosis Code 5 ICD-10-C M	This field lists the ICD-10-C M, Optional Diagnosis; fifth secondary diagnosis, column 3.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1025_OPT_PRMRY_DGNS10_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis ICD-10-C M Code	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 3.	
HHA_ASMT_TMPLT_VW	M1025_OPT_PRMRY_DGNS10_MULT_CD	VARCHAR2 (8)	N	M1025 Primary Optional Diagnosis Multiple Codes ICD-10-C M	This field lists the ICD-10-C M, Primary Optional Diagnosis, column 4.	
HHA_ASMT_TMPLT_VW	M1028_DM_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: DM	This column indicates whether the patient has an active diagnosis of Diabetes Mellitus (DM).	HHA_CHKLIST_NA
HHA_ASMT_TMPLT_VW	M1028_NO_ACTV_DEASE_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: None of the above	Indicates active diagnoses are none of the above.	HHA_CHKLIST_NA
HHA_ASMT_TMPLT_VW	M1028_PVD_CD	VARCHAR2 (1)	N	M1028 Active Diagnoses: PVD or PAD	This column indicates whether the patient has an active diagnosis of Peripheral Vascular Disease	HHA_CHKLIST_NA
HHA_ASMT_TMPLT_VW	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1030_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_MULTHO_SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_MULT_M_DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_CMPLNC_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Difficulty with Medical Instructions	This field indicates if the patient is at risk for hospitalization due to reported or observed	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_EXHSTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Exhaustion	This field indicates if the patient is at risk for hospitalization due to current reports of	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_FALL_HS_TRY_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Fall History	This field indicates if the patient is at risk for hospitalization due to history of falls (2 or more	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_FIVE_MD_CTN_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_MENTL_BHVR_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Mental, Emotional, Behavioral	This field indicates if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_MLT_ER_VISIT_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple ER Visits	This field indicates if the patient is at risk for hospitalization due to multiple emergency	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_MLT_HOSP_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_NONE_A_BV_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_OTHER_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1033_HOSP_RISK_WT_LOSS_CD	VARCHAR2 (1)	N	M1033 Risk For Hospitalization - Weight Loss	This field indicates if the patient is at risk for hospitalization due to unintentional weight loss	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_TMPLT_VW	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M1041_INFLNZ_SEASN_CD	VARCHAR2 (1)	N	M1041 Influenza Season	This field indicates if the episode of care (SOC/ROC to Transfer/Discharge) include any	HHA_YES_NO

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1045_RSN_INFLNZ_NOT_RCV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_TMPLT_VW	M1046_INFLNZ_VCCN_RCVD_CD	VARCHAR2 (2)	N	M1046 Influenza Vaccine Received During Flu Season	This field indicates whether the patient received the influenza vaccine during this year's flu	HHA_INFLNZ_RCVD_CD
HHA_ASMT_TMPLT_VW	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_TMPLT_VW	M1051_PVX_RCVD_EVER_CD	VARCHAR2 (1)	N	M1051 Pneumococcal Vaccine Ever Received	This field indicates if the patient has ever received the pneumococcal vaccination.	HHA_YES_NO
HHA_ASMT_TMPLT_VW	M1055_RSN_PPV_NOT_RCVD_CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_TMPLT_VW	M1056_RSN_PVX_NEVER_RCVD_CD	VARCHAR2 (2)	N	M1056 Pneumococcal Vaccine - Reason Never Received	This field indicates the reason why the patient has never received the pneumococcal	HHA_PVX_RCVD_CD
HHA_ASMT_TMPLT_VW	M1060_HGT_NUM	VARCHAR2 (2)	N	M1060 Height in inches	This column contains the patient's height in inches.	
HHA_ASMT_TMPLT_VW	M1060_WT_NUM	VARCHAR2 (3)	N	M1060 Weight in pounds	This column contains the patient's weight in pounds.	
HHA_ASMT_TMPLT_VW	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_TMPLT_VW	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_TMPLT_VW	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_TMPLT_VW	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_TMPLT_VW	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD
HHA_ASMT_TMPLT_VW	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_TMPLT_VW	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_TMPLT_VW	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_TMPLT_VW	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_TMPLT_VW	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer/Injury at Stage II or Higher	Indicates whether the patient has at least one unhealed pressure ulcer/injury at stage II or	HHA_YES_NO

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HHA_ASMT_TMPLT_VW	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	
HHA_ASMT_TMPLT_VW	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of onset of the oldest unhealed stage II pressure ulcer identified	HHA_OLDST_STUS_CD
HHA_ASMT_TMPLT_VW	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_TMPLT_VW	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_TMPLT_VW	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_TMPLT_VW	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
HHA_ASMT_TMPLT_VW	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	
HHA_ASMT_TMPLT_VW	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_TMPLT_VW	M1308_UNSTGBL_ULCR_DEEP_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_TMPLT_VW	M1308_UNSTGBL_ULCR_DRSDRS_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_TMPLT_VW	M1308_UNSTGBL_ULCR_ESC_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_TMPLT_VW	M1308_U_ULCR_DEEP_ADM_SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_TMPLT_VW	M1308_U_ULCR_DRSDRSNG_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_TMPLT_VW	M1308_U_ULCR_ESC_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Coverage Slough At SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_TMPLT_VW	M1309_WRSNG_NSTG_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Nonstageable Pressure Ulcers at SOC/ROC	This field indicates the number of unstageable pressure ulcers due to slough or eschar that are	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1309_WRSNG_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage II Pressure Ulcers at SOC/ROC	This field indicates the number of Stage II pressure ulcers that are new or have increased in	
HHA_ASMT_TMPLT_VW	M1309_WRSNG_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage III Pressure Ulcers at SOC/ROC	This field indicates the number of Stage III pressure ulcers that are new or have increased in	
HHA_ASMT_TMPLT_VW	M1309_WRSNG_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1309 Number of Worsening Stage IV Pressure Ulcers at SOC/ROC	This field indicates the number of Stage IV pressure ulcers that are new or have increased in	
HHA_ASMT_TMPLT_VW	M1310_STG_3_4_ULCR_LNGT_H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_TMPLT_VW	M1311_STG_2_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311A2 Number of Stage 2 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 2 pressure ulcers present at most recent	
HHA_ASMT_TMPLT_VW	M1311_STG_2_PU_NUM	VARCHAR2 (2)	N	M1311A1 Number of Stage 2 Pressure Ulcers	This column indicates the number of stage 2 pressure ulcers present.	
HHA_ASMT_TMPLT_VW	M1311_STG_3_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311B2 Number of Stage 3 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 3 pressure ulcers present at most recent	
HHA_ASMT_TMPLT_VW	M1311_STG_3_PU_NUM	VARCHAR2 (2)	N	M1311B1 Number of Stage 3 Pressure Ulcers	This column indicates the number of stage 3 pressure ulcers present.	
HHA_ASMT_TMPLT_VW	M1311_STG_4_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311C2 Number of Stage 4 Pressure Ulcers at SOC/ROC	This column indicates the number of stage 4 pressure ulcers present at most recent	
HHA_ASMT_TMPLT_VW	M1311_STG_4_PU_NUM	VARCHAR2 (2)	N	M1311C1 Number of Stage 4 Pressure Ulcers	This column indicates the number of stage 4 pressure ulcers present.	
HHA_ASMT_TMPLT_VW	M1311_UNSTG_DEEP_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311F2 Number of Unstageable Pressure Ulcers with Deep Tissue Injury	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_TMPLT_VW	M1311_UNSTG_DRNG_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311D2 Number of Unstageable Pressure Ulcers due to Dressing/Device	This column indicates the number of unstageable pressure ulcers due to non-	
HHA_ASMT_TMPLT_VW	M1311_UNSTG_ESC_PU_ADMSN_NUM	VARCHAR2 (2)	N	M1311E2 Number of Unstageable Pressure Ulcers due to Slough/eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_TMPLT_VW	M1311_UNSTG_PU_DEEP_NUM	VARCHAR2 (2)	N	M1311F1 Number of Unstageable Pressure Ulcers with Suspected Deep Tissue Injury Evolution	This column indicates the number of unstageable pressure ulcers with suspected deep	
HHA_ASMT_TMPLT_VW	M1311_UNSTG_PU_DRNG_NUM	VARCHAR2 (2)	N	M1311D1 Number of Unstageable Pressure Ulcers	This column indicates the number of unstageable pressure ulcers due to non-	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1311_UNSTG_PU_ESC_NUM	VARCHAR2 (2)	N	M1311E1 Number of Unstageable Pressure Ulcers due to Slough/Eschar	This column indicates the number of unstageable pressure ulcers due to slough and/or	
HHA_ASMT_TMPLT_VW	M1312_STG_3_4_ULCR_WDT_H_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_DEEP_PU_NUM	VARCHAR2 (2)	N	M1313f Number of Worsening Pressure Ulcers Suspected Deep Tissue Injury	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_DRNG_PU_NUM	VARCHAR2 (2)	N	M1313d Number of Worsening Pressure Ulcers Due to Non-Removable Dressing	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_ESC_PU_NUM	VARCHAR2 (2)	N	M1313e Number of Worsening Pressure Ulcers Due to Slough/Eschar	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_STG_2_PU_NUM	VARCHAR2 (2)	N	M1313a Number of Worsening Pressure Ulcers - Stage 2	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_STG_3_PU_NUM	VARCHAR2 (2)	N	M1313b Number of Worsening Pressure Ulcers - Stage 3	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1313_WRSNG_STG_4_PU_NUM	VARCHAR2 (2)	N	M1313c Number of Worsening Pressure Ulcers - Stage 4	This column indicates the number of current pressure ulcers that were not present or were at a	
HHA_ASMT_TMPLT_VW	M1314_STG_3_4_ULCR_DPTH_NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_TMPLT_VW	M1320_PRBLM_PRSR_ULCR_STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_TMPLT_VW	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number of Stage I Pressure Injuries	Indicates the current number of stage I pressure injuries.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_TMPLT_VW	M1324_PRBLM_PRSR_ULCR_STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer/Injury	Indicates the stage of the most problematic unhealed (observable) pressure ulcer/injury.	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_TMPLT_VW	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_TMPLT_VW	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_TMPLT_VW	M1334_STASIS_ULCR_STUS_CD	VARCHAR2 (2)	N	M1334 Status of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1340_SRGCL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGCL_WND_CD
HHA_ASMT_TMPLT_VW	M1342_SRGCL_WND_STUS_CD	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGCL_WND_STUS_CD
HHA_ASMT_TMPLT_VW	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_TMPLT_VW	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD
HHA_ASMT_TMPLT_VW	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1410_RSPRTRY_TRTMT_NOA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_TMPLT_VW	M1501_SYMTM_HRT_FAILR_CD	VARCHAR2 (2)	N	M1501 Symptoms in Heart Failure Patients	This column indicates if patient has been diagnosed with heart failure and exhibits	HHA_HRT_FAILR_CD
HHA_ASMT_TMPLT_VW	M1510_HF_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1510_HF_CLNCL_INTRVTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1510_HF_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1510_HF_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLST_BLANK
HHA_ASMT_TMPLT_VW	M1511_HRT_CARE_PLAN_CHG_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up - Obtained Change in Care Plan	This column indicates if patient has been diagnosed with heart failure and has exhibited Order	HHA_CHKLST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M1511_HRT_CLNCL_INTRVT_N_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Education or Other Clinical Interventions	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1511_HRT_ER_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patient Advised to Get Emergency Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1511_HRT_NO_ACTN_CD	VARCHAR2 (1)	N	M1511 Heart Failure Follow-up: No Action Taken	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1511_HRT_PHYSN_CNTCT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Patients Physician Contacted	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1511_HRT_PHYSN_TRTMT_CD	VARCHAR2 (1)	N	M1511: Heart Failure Follow-up: Implemented Physician-Ordered Patient-Specific Parameters for Treatment	This column indicates if patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_TMPLT_VW	M1610_URNRY_INCNTNC_CD	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_TMPLT_VW	M1615_URNRY_INCNTNC_FR_EQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_TMPLT_VW	M1620_BWL_INCNTNC_FREQ_CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_TMPLT_VW	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_TMPLT_VW	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD
HHA_ASMT_TMPLT_VW	M1710_CNFSD_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSD_FREQ_CD
HHA_ASMT_TMPLT_VW	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_TMPLT_VW	M1730_DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_TMPLT_VW	M1730_PHQ2_DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_TMPLT_VW	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD

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HHA_ASMT_TMPLT_VW	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_TMPLT_VW	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_TMPLT_VW	M1750_PHYCH_NRSR_SVC_CD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_TMPLT_VW	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_TMPLT_VW	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_TMPLT_VW	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD
HHA_ASMT_TMPLT_VW	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_TMPLT_VW	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_TMPLT_VW	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_TMPLT_VW	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_TMPLT_VW	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_TMPLT_VW	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD

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HHA_ASMT_TMPLT_VW	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_TMPLT_VW	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD
HHA_ASMT_TMPLT_VW	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDNCY_CD
HHA_ASMT_TMPLT_VW	M1900_PRIOR_HSEHLD_TASK_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDNCY_CD
HHA_ASMT_TMPLT_VW	M1900_PRIOR_SELF_CARE_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDNCY_CD
HHA_ASMT_TMPLT_VW	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDNCY_CD
HHA_ASMT_TMPLT_VW	M1910_FALL_RISK_ASMT_CD	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD
HHA_ASMT_TMPLT_VW	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_TMPLT_VW	M2001_DRUG_RGMN_RVW_CD	VARCHAR2 (1)	N	M2001: Drug Regimen Review	This column indicates whether or not a drug regimen review identified any potential	HHA_DRUG_RGMN_RVW_CD
HHA_ASMT_TMPLT_VW	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_TMPLT_VW	M2003_PHYSN_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2003: Medication Follow-up	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_YES_NO_NO_INFO_BLANK
HHA_ASMT_TMPLT_VW	M2004_MDCTN_INTRVTN_CD	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2005_PHYSN_MDCTN_INTRVTN_CD	VARCHAR2 (1)	N	M2005: Medication Intervention	This column indicates if the agency contacted a physician by midnight of the next calendar day	HHA_MDCTN_INTRVTN_CD
HHA_ASMT_TMPLT_VW	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK
HHA_ASMT_TMPLT_VW	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2016_PTNT_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2016: Patient/Caregiver Drug Education Intervention	This column indicates if the patient/caregiver was instructed to monitor the effectiveness of	HHA_DRUG_YES_NO_CD
HHA_ASMT_TMPLT_VW	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_TMPLT_VW	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M2040_PRIOR_INJCT_MDCT_N_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD
HHA_ASMT_TMPLT_VW	M2040_PRIOR_ORAL_MDCT_N_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_TMPLT_VW	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_ADVCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_ADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - ADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_ADVY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Advocacy Or Facilitation	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_EQUIP_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Management of Equipment	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_IADL_CD	VARCHAR2 (2)	N	M2102 Care Assistance - IADL Assistance	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_MDCT_N_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medication Administration	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_PRCDR_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Medical Procedures/Treatments	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2102_CARE_ASTNC_SFTY_CD	VARCHAR2 (2)	N	M2102 Care Assistance - Supervision And Safety	This field indicates the level of ability and willingness of a non-agency caregiver to provide	HHA_CARE_ASTNC_SRC_CD
HHA_ASMT_TMPLT_VW	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD

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HHA_ASMT_TMPLT_VW	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO
HHA_ASMT_TMPLT_VW	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_TMPLT_VW	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2300_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMERGNT_CARE_CD
HHA_ASMT_TMPLT_VW	M2301_PTNT_EMERGNT_CARE_CD	VARCHAR2 (2)	N	M2301: Emergent Care	This column indicates if the patient has utilized a hospital emergency department since the most	HHA_EMERGNT_CARE_CD
HHA_ASMT_TMPLT_VW	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK

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HHA_ASMT_TMPLT_VW	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_RSPRTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2400_SYNPS_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2401a: Diabetic Foot Care	This column indicates if the patient has undergone diabetic foot care since SOC/ROC	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2401c: Depression Intervention(s)	This column indicates if the patient has undergone depression intervention(s).	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2401b: Falls Prevention Interventions	This column indicates if the patient has undergone any falls prevention interventions	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2401d: Intervention to monitor and mitigate pain	This column indicates if the patient has undergone intervention(s) to monitor and	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2401f: Pressure Ulcer Treatment Based on Principles of Moist Wound Healing	This column indicates if the patient has undergone pressure ulcer treatment based upon	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2401_INTRV_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2401e: Intervention to Prevent Pressure Ulcers	This column indicates if the patient has undergone intervention(s) to prevent pressure	HHA_YES_NO_NA
HHA_ASMT_TMPLT_VW	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_TMPLT_VW	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD
HHA_ASMT_TMPLT_VW	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	M2440_ADMT_UNSAFE_HOME_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_TMPLT_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_TMPLT_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_TMPLT_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_TMPLT_VW	RSDNT_MATCH_CRITIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	
HHA_ASMT_TMPLT_VW	SBMTR_USER_ID	VARCHAR2 (30)	N	Submitter User ID	This column contains the User ID of the person who submitted the file.	
HHA_ASMT_TMPLT_VW	SFTWR_PROD_NAME	VARCHAR2 (50)	N	Software Product Name	This is the name of the software that was used to create the OASIS data submission file.	
HHA_ASMT_TMPLT_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_TMPLT_VW	SFTWR_VNDR_EMAIL_ADR	VARCHAR2 (50)	N	Software Vendor Email Address	This is the email address of the software vendor who created the XML record.	
HHA_ASMT_TMPLT_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_TMPLT_VW	SFTWR_VNDR_NAME	VARCHAR2 (30)	N	Software Vendor Name	This is the name of the software vendor who created the XML record.	
HHA_ASMT_TMPLT_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_TMPLT_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_TMPLT_VW	ST_PREPD_DT	DATE (8.8)	N	State Prepared Date (OASIS B)	This column represents the date when the state prepared the data to be pulled to the national.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_TMPLT_VW	SUBMSN_CMPLT_TS	DATE (7)	N	Submission Complete Timestamp	This column contains the date that the submission processing was complete.	
HHA_ASMT_TMPLT_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_TMPLT_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_TMPLT_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_TMPLT_VW	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of transaction for the record.	HHA_TRANS_TYPE_CD
HHA_ASMT_V2_00_TMPLT_VW	AST_BEG_VER_DT	CHAR (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
HHA_ASMT_V2_00_TMPLT_VW	AST_END_VER_DT	CHAR (8)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
HHA_ASMT_V2_00_TMPLT_VW	CRCTN_NUM	NUMBER (2,0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_ASMT_V2_00_TMPLT_VW	C_BIRTH_DT_SBMT_CD	VARCHAR2 (1)	N	Calculated Birth Date Submit Code	This column indicates the type of partial birth date that was submitted (full birth date, year	
HHA_ASMT_V2_00_TMPLT_VW	C_HIPPS_CD	VARCHAR2 (5)	N	Calculated HIPPS Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_V2_00_TMPLT_VW	C_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Calculated HIPPS Version Code	This column contains the system recalculated HIPPS (Health Insurance Prospective Payment	
HHA_ASMT_V2_00_TMPLT_VW	DATA_END	CHAR (1)	N	Data End	This column is used to indicate the end of the data and is always '%'	
HHA_ASMT_V2_00_TMPLT_VW	EFCTV_DT	DATE (8,8)	N	Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
HHA_ASMT_V2_00_TMPLT_VW	FAC_INTRNL_ID	NUMBER (10,0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ASMT_V2_00_TMPLT_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ASMT_V2_00_TMPLT_VW	ITM_SET_VRSN_CD	VARCHAR2 (12)	N	Item Set Version Code	This value represents the version of the item set that was completed by the agency.	
HHA_ASMT_V2_00_TMPLT_VW	LOCK_DATE	CHAR (8)	N	Lock Date	The lock-in date for the HHA assessment.	
HHA_ASMT_V2_00_TMPLT_VW	M0010_CMS_CRTFCTN_NUM	VARCHAR2 (12)	N	M0010 CMS Certification Number (CCN)	This is the CMS Certification Number (CCN) of the agency submitting the record.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0012_MDCD_ID	CHAR (15)	N	M0012 Agency Medicaid Number	Agency Medicaid provider number.	
HHA_ASMT_V2_00_TMPL T_VW	M0014_BRNCH_STATE_CD	VARCHAR2 (2)	N	M0014 Branch State Code	This column contains the branch state code.	
HHA_ASMT_V2_00_TMPL T_VW	M0016_BRNCH_ID	VARCHAR2 (10)	N	M0016 Branch ID	This column contains the branch identifier number.	
HHA_ASMT_V2_00_TMPL T_VW	M0018_NPI_NUM	VARCHAR2 (10)	N	M0018 NPI Physician ID	This column contains the National Provider ID (NPI) for the attending physician who has	
HHA_ASMT_V2_00_TMPL T_VW	M0018_NPI_UNK_TXT	VARCHAR2 (1)	N	M0018 NPI Physician ID Unknown	This column indicates the National Provider ID (NPI) for the attending physician is unknown or	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0020_PTNT_ID	VARCHAR2 (20)	N	M0020 Patient ID	This column contains the patient identifier number.	
HHA_ASMT_V2_00_TMPL T_VW	M0030_STRT_CARE_DT	VARCHAR2 (8)	N	M0030 Start of Care Date	This column contains the start of care date.	
HHA_ASMT_V2_00_TMPL T_VW	M0032_ROC_DT	VARCHAR2 (8)	N	M0032 Resumption of Care Date	This column contains the resumption of care date.	
HHA_ASMT_V2_00_TMPL T_VW	M0032_ROC_NA_TXT	VARCHAR2 (1)	N	M0032 Resumption of Care Date NA	Resumption of care date is not applicable.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0040_FIRST_NAME	VARCHAR2 (12)	N	M0040 Patient First Name	This column contains the first name of the patient.	
HHA_ASMT_V2_00_TMPL T_VW	M0040_LAST_NAME	VARCHAR2 (18)	N	M0040 Patient Last Name	This column contains the last name of the patient.	
HHA_ASMT_V2_00_TMPL T_VW	M0040_MDL_INITL_TXT	VARCHAR2 (1)	N	M0040 Patient Middle Initial	This column contains the middle initial of the patient.	
HHA_ASMT_V2_00_TMPL T_VW	M0040_SFX_TXT	VARCHAR2 (3)	N	M0040 Patient Suffix	This column contains the suffix of the patient.	
HHA_ASMT_V2_00_TMPL T_VW	M0050_PTNT_STATE_CD	VARCHAR2 (2)	N	M0050 Patient State of Residence	This column contains the patient's state of residence.	
HHA_ASMT_V2_00_TMPL T_VW	M0060_PTNT_ZIP_CD	VARCHAR2 (11)	N	M0060 Patient ZIP Code	This column contains the patient's ZIP code.	
HHA_ASMT_V2_00_TMPL T_VW	M0063_MDCR_NA_TXT	VARCHAR2 (1)	N	M0063 Patient No Medicare Number	This column indicates a patient does not have a Medicare number.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0063_MDCR_NUM	VARCHAR2 (12)	N	M0063 Patient Medicare Number	This column contains the patient's Medicare number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0064_SSN_NUM	VARCHAR2 (9)	N	M0064 Patient Social Security Number	This column contains the patient's Social Security Number.	
HHA_ASMT_V2_00_TMPL T_VW	M0064_SSN_UNK_TXT	VARCHAR2 (1)	N	M0064 Patient Social Security Number Unknown	This column indicates a patient's Social Security Number is unknown or not available.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0065_MDCD_NA_TXT	VARCHAR2 (1)	N	M0065 Patient Medicaid Number NA	This column indicates a patient does not have a Medicaid number.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0065_MDCD_NUM	VARCHAR2 (14)	N	M0065 Patient Medicaid Number	This column contains the patient's Medicaid number.	
HHA_ASMT_V2_00_TMPL T_VW	M0066_BIRTH_DT	DATE (8)	N	M0066 Patient Birth Date	Patient's birth date; if only the year (YYYY) is submitted the month is defaulted to July and the	
HHA_ASMT_V2_00_TMPL T_VW	M0069_GNDR_CD	VARCHAR2 (1)	N	M0069 Patient Gender	This column contains the patient's gender.	HHA_GNDR_CD
HHA_ASMT_V2_00_TMPL T_VW	M0080_ASSR_DSCPLN_CD	VARCHAR2 (2)	N	M0080 Discipline of Person Completing Assessment	This column contains the discipline of person completing the assessment.	HHA_ASSR_DSCPLN_CD
HHA_ASMT_V2_00_TMPL T_VW	M0090_ASMT_CMPLT_DT	DATE (8)	N	M0090 Date Assessment Completed	This column contains the assessment completion date.	
HHA_ASMT_V2_00_TMPL T_VW	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ASMT_V2_00_TMPL T_VW	M0102_PHYSN_START_CARE_DT	VARCHAR2 (8)	N	M0102 Physician Ordered SOC or ROC Date	This column indicates the date a physician ordered the start or resumption of care for a	
HHA_ASMT_V2_00_TMPL T_VW	M0102_PHYSN_START_CARE_NA_TXT	VARCHAR2 (1)	N	M0102 Physician Ordered SOC or ROC Date NA	This field is checked if there is no specific start of care date ordered by the physician.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M0104_RFRL_DT	VARCHAR2 (8)	N	M0104 Date Of Referral	This field indicates the date that written or verbal referral for initiation or resumption of	
HHA_ASMT_V2_00_TMPL T_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	M0110 Episode Timing	The data in this column identifies the placement of the current Medicare PPS payment episode in	HHA_EPSD_TIMING_CD
HHA_ASMT_V2_00_TMPL T_VW	M0140_AFRCN_AMRCN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0140_AMRCN_INDN_AK_NTV_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: American Indian Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0140_ASN_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Asian	The data in this column indicates if the patient's ethnicity is Asian.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0140_ETHNCTY_UNK_TXT	CHAR (1)	N	M0140 Unknown Race/Ethnicity	Race/ethnicity as identified by patient: Unknown.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0140_HSPNC_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Hispanic or Latino	The data in this column indicates if the patient's ethnicity is Hispanic or Latino.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0140_NTV_HI_PCFC_ISLND R_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: Native Hawaiian or Other Pacific Islander	The data in this column indicates if the patient's ethnicity is native Hawaiian/Pacific Islander.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0140_WHT_CD	VARCHAR2 (1)	N	M0140 Race/Ethnicity: White	The data in this column indicates if the patient's ethnicity is White.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_MDCD_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicaid Fee For Service Payment	This column indicates current payment sources for home care - Medicaid traditional fee-for-	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_MDCD_HMO_PMT_C D	VARCHAR2 (1)	N	M0150 Medicaid HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicaid HMO/managed care.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_MDCR_FFS_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare Fee For Service Payment	This column indicates current payment sources for home care - Medicare traditional fee-for-	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_MDCR_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Medicare HMO/Managed Care Payment	This column indicates current payment sources for home care - Medicare HMO/managed care.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_NO_PMT_CD	VARCHAR2 (1)	N	M0150 No Payment	This column indicates current payment sources for home care - none, no charge for current	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_OTHR_GOVT_PMT_C D	VARCHAR2 (1)	N	M0150 Other Government Payment	This column indicates current payment sources for home care - Other government (e.g., TriCare	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_OTHR_PMT_CD	VARCHAR2 (1)	N	M0150 Other Payment Source	This column indicates current payment sources for home care - Other (specify).	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_PRVT_HMO_PMT_CD	VARCHAR2 (1)	N	M0150 Private HMO/Managed Care Payment	This column indicates current payment sources for home care - Private HMO/managed care.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_PRVT_INSRNC_PMT_ CD	VARCHAR2 (1)	N	M0150 Private Insurance Payment	This column indicates current payment sources for home care - Private insurance.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_SELF_PAY_PMT_CD	VARCHAR2 (1)	N	M0150 Self-Pay Payment	This column indicates current payment sources for home care - Self-pay.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_TITLE_PGM_PMT_CD	VARCHAR2 (1)	N	M0150 Title Programs Payment	This column indicates current payment sources for home care -Title programs (e.g., Title III, V,	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_UNK_PMT_CD	VARCHAR2 (1)	N	M0150 Unknown Payment Source	This column indicates current payment sources for home care - Unknown.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0150_WC_PMT_CD	VARCHAR2 (1)	N	M0150 Workers Compensation Payment	This column indicates current payment sources for home care - Workers' Compensation.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_EXPNS_CD	CHAR (1)	N	M0160 Limited Financial Factors - Basic Expenses	Financial factors limiting ability of patient/family to meet basic expenses.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_FOOD_CD	CHAR (1)	N	M0160 Limited Financial Factors - Food	Financial factors limiting ability of patient/family to meet basic health needs: unable	
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_NONE_CD	CHAR (1)	N	M0160 Limited Financial Factors - None	Financial factors limiting ability of patient/family to meet basic health needs: none.	
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_OTHR_CD	CHAR (1)	N	M0160 Limited Financial Factors - Other	Financial factors limiting ability of patient/family to meet basic health needs: other.	
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_RENT_CD	CHAR (1)	N	M0160 Limited Financial Factors - Rent/Utilities	Financial factors limiting ability of patient/family to meet basic health needs: unable	
HHA_ASMT_V2_00_TMPL T_VW	M0160_LMT_FIN_SUPLY_CD	CHAR (1)	N	M0160 Limited Financial Factors - Medicine/Medical Supplies	Financial factors limiting ability of patient/family to meet basic health needs: unable	
HHA_ASMT_V2_00_TMPL T_VW	M0170_DSCHRG_HOSP_CD	CHAR (1)	N	M0170 Hospital	From which of following inpatient facilities was the patient discharged during past 14 days?	
HHA_ASMT_V2_00_TMPL T_VW	M0170_DSCHRG_NH_CD	CHAR (1)	N	M0170 Nursing Home	From which of following inpatient facilities was the patient discharged during past 14 days?	
HHA_ASMT_V2_00_TMPL T_VW	M0170_DSCHRG_NONE_CD	CHAR (1)	N	M0170 Patient Not Discharged From Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	
HHA_ASMT_V2_00_TMPL T_VW	M0170_DSCHRG_OTHR_CD	CHAR (1)	N	M0170 Other Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	
HHA_ASMT_V2_00_TMPL T_VW	M0170_DSCHRG_REHAB_CD	CHAR (1)	N	M0170 Rehabilitation Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	
HHA_ASMT_V2_00_TMPL T_VW	M0175_DSCHRG_HOSP_CD	CHAR (1)	N	M0175 Inpatient Facility Admitted From during past 14 Days - Hospital	Inpatient facility admitted from during past 14 Days - hospital.	
HHA_ASMT_V2_00_TMPL T_VW	M0175_DSCHRG_NH_CD	CHAR (1)	N	M0175 Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	Inpatient facility admitted from during past 14 days - other nursing home.	
HHA_ASMT_V2_00_TMPL T_VW	M0175_DSCHRG_OTHR_CD	CHAR (1)	N	M0175 Inpatient Facility Admitted From during past 14 Days - Other	Inpatient facility admitted from during past 14 Days - other.	
HHA_ASMT_V2_00_TMPL T_VW	M0175_DSCHRG_REHAB_CD	CHAR (1)	N	M0175 Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	Inpatient facility admitted from during past 14 Days - rehabilitation facility.	
HHA_ASMT_V2_00_TMPL T_VW	M0200_RGMN_CHG_CD	CHAR (1)	N	M0200 Medical/Treatment Regimen Change	Medical treatment regimen change within past 14 days.	
HHA_ASMT_V2_00_TMPL T_VW	M0245_PMT_ICD1_CD	CHAR (7)	N	M0245 Payment Diagnosis: Primary ICD	The ICD-9 Code indicating the primary payment reason.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0245_PMT_ICD2_CD	CHAR (7)	N	M0245 Payment Diagnosis: First Secondary ICD	The ICD-9 Code indicating the first secondary payment reason.	
HHA_ASMT_V2_00_TMPL T_VW	M0260_OVRAL_PRGNS_CD	CHAR (2)	N	M0260 Overall Prognosis	Overall prognosis: best description of patient's overall prognosis for recovery from this episode	
HHA_ASMT_V2_00_TMPL T_VW	M0270_REHAB_PRGNS_CD	CHAR (2)	N	M0270 Rehabilitative Prognosis	Rehabilitative prognosis: best description of patient's prognosis for functional status.	
HHA_ASMT_V2_00_TMPL T_VW	M0280_LIFE_EXPCTNCY_CD	CHAR (2)	N	M0280 Life Expectancy	Life expectancy (physician documentation is not required).	
HHA_ASMT_V2_00_TMPL T_VW	M0300_CRNT_RSDNC_CD	CHAR (2)	N	M0300 Current Residence	Current residence.	
HHA_ASMT_V2_00_TMPL T_VW	M0310_SB_DRWY_CD	CHAR (1)	N	M0310 Narrow or Obstructed Doorways	Structural barriers: narrow or obstructed doorways.	
HHA_ASMT_V2_00_TMPL T_VW	M0310_SB_INSD_STR_MUST_CD	CHAR (1)	N	M0310 Stairs Inside Home Must Be Used	Structural barriers: stairs inside which must be used by patient.	
HHA_ASMT_V2_00_TMPL T_VW	M0310_SB_INSD_STR_OPT_CD	CHAR (1)	N	M0310 Stairs Inside Home Used Optionally	Structural barriers: stairs inside home which are used optionally.	
HHA_ASMT_V2_00_TMPL T_VW	M0310_SB_OTSD_STR_CD	CHAR (1)	N	M0310 Stairs Leading Inside Home	Structural barriers: stairs leading from inside to outside house.	
HHA_ASMT_V2_00_TMPL T_VW	M0310_STRUC_BRR_NO_CD	CHAR (1)	N	M0310 No Structural Barriers	Structural barriers: none.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_APLNC_CD	CHAR (1)	N	M0320 Unsafe Gas/Electric Appliance	Safety hazards: unsafe gas/electric appliance.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_COOLNG_CD	CHAR (1)	N	M0320 Inadequate Cooling	Safety hazards: inadequate cooling.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_FIRE_SFTY_CD	CHAR (1)	N	M0320 Lack of Fire Safety Devices	Safety hazards: lack of fire safety devices.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_FLR_CD	CHAR (1)	N	M0320 Inadequate Floor/Roof/Windows	Safety hazards: inadequate floor, roof, or windows.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_FLR_CVRG_CD	CHAR (1)	N	M0320 Unsafe Floor Coverings	Safety hazards: unsafe floor coverings.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_HEATNG_CD	CHAR (1)	N	M0320 Inadequate Heating	Safety hazards: inadequate heating.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_HZRDS_MATL_CD	CHAR (1)	N	M0320 Improperly Stored Hazardous Materials	Safety hazards: improperly stored hazardous materials.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_LEAD_PAINT_C D	CHAR (1)	N	M0320 Lead-Based Paint	Safety hazards: lead-based paint.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_LGHT_CD	CHAR (1)	N	M0320 Inadequate Lighting	Safety hazards: inadequate lighting.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_NO_CD	CHAR (1)	N	M0320 No Safety Hazards	Safety hazards: none.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_OTHR_CD	CHAR (1)	N	M0320 Other Safety Hazards	Safety hazards: other.	
HHA_ASMT_V2_00_TMPL T_VW	M0320_SFTY_RAILNG_CD	CHAR (1)	N	M0320 Inadequate Stair Railings	Safety hazards: inadequate stair railings.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_BAD_WTR_CD	CHAR (1)	N	M0330 Contaminated Water	Sanitation hazards: contaminated water.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_BUG_CD	CHAR (1)	N	M0330 Insects/Rodents Present	Sanitation hazards: insects/rodents present.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_COOK_FAC_C D	CHAR (1)	N	M0330 No Cooking Facilities	Sanitation hazards: no cooking facilities.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_FOOD_STRG_C D	CHAR (1)	N	M0330 Inadequate/Improper Food Storage	Sanitation hazards: inadequate/improper food storage.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_LVG_AREA_C D	CHAR (1)	N	M0330 Cluttered/Soiled Living Area	Sanitation hazards: cluttered/soiled living area.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_NONE_CD	CHAR (1)	N	M0330 No Sanitation Hazards	Sanitation hazards: none.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_NO_WTR_CD	CHAR (1)	N	M0330 No Running Water	Sanitation hazards: no running water.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_OTHR_CD	CHAR (1)	N	M0330 Other Sanitation Hazards	Sanitation hazards: other.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_OUTDR_TOILT _CD	CHAR (1)	N	M0330 Outdoor Toileting Facilities Only	Sanitation hazards: outdoor toileting facilities only.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_RFRGTN_CD	CHAR (1)	N	M0330 No Food Refrigeration	Sanitation hazards: no food refrigeration.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_SWG_CD	CHAR (1)	N	M0330 Inadequate Sewage Disposal	Sanitation hazards: inadequate sewage disposal.	
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_TOILT_CD	CHAR (1)	N	M0330 No Toileting Facilities	Sanitation hazards: no toileting facilities.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0330_SNTN_TRASH_CD	CHAR (1)	N	M0330 No Scheduled Trash Pickup	Sanitation hazards: no scheduled trash pickup.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_ALN_CD	CHAR (1)	N	M0340 Lives Alone	Patient lives alone.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_FRIEND_CD	CHAR (1)	N	M0340 Lives With Friend	Patient lives with friend.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_OTHR_CD	CHAR (1)	N	M0340 Lives With Other Than Above	Patient lives with other than above.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_OTHR_FMLY_CD	CHAR (1)	N	M0340 Lives With Other Family Member	Patient lives with other family member.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_PD_HELP_CD	CHAR (1)	N	M0340 Lives With Paid Help	Patient lives with paid help.	
HHA_ASMT_V2_00_TMPL T_VW	M0340_LVS_SPSE_CD	CHAR (1)	N	M0340 Lives With Spouse/Significant Other	Patient lives with spouse or significant other.	
HHA_ASMT_V2_00_TMPL T_VW	M0350_ASTNC_NOA_CD	CHAR (1)	N	M0350 None of the Above Assisting Persons	Assisting person(s): none of the above.	
HHA_ASMT_V2_00_TMPL T_VW	M0350_ASTNC_UNK_CD	CHAR (1)	N	M0350 Unknown Assisting Persons	Assisting person(s): unknown.	
HHA_ASMT_V2_00_TMPL T_VW	M0350_HOME_ASTNC_CD	CHAR (1)	N	M0350 Person Residing in Home	Assisting person(s): person residing in the home (excluding paid help).	
HHA_ASMT_V2_00_TMPL T_VW	M0350_PD_HELP_ASTNC_CD	CHAR (1)	N	M0350 Paid Help	Assisting person(s): paid help.	
HHA_ASMT_V2_00_TMPL T_VW	M0350_RLTV_ASTNC_CD	CHAR (1)	N	M0350 Relatives/Friends/Neighbors Living Outside Home	Assisting person(s): relatives, friends, or neighbors living outside the home.	
HHA_ASMT_V2_00_TMPL T_VW	M0360_PRMRY_CRGVR_CD	CHAR (2)	N	M0360 Primary Caregiver	Primary caregiver taking lead responsibility.	
HHA_ASMT_V2_00_TMPL T_VW	M0370_ASTNC_FREQ_CD	CHAR (2)	N	M0370 Frequency Patient Receives Assistance	How often does patient receive assistance from primary caregiver.	
HHA_ASMT_V2_00_TMPL T_VW	M0380_ADL_ASTNC_CD	CHAR (1)	N	M0380 ADL Assistance	Type of primary caregiver assistance: ADL assistance.	
HHA_ASMT_V2_00_TMPL T_VW	M0380_ASTNC_UNK_CD	CHAR (1)	N	M0380 Unknown Primary Caregiver Assistance	Type of primary caregiver assistance: unknown.	
HHA_ASMT_V2_00_TMPL T_VW	M0380_ENVRMT_ASTNC_CD	CHAR (1)	N	M0380 Environmental Support	Type of primary caregiver assistance: environmental support.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0380_FNCL_ASTNC_CD	CHAR (1)	N	M0380 Financial Agent/Power of Attorney/Conservator of Finance	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of	
HHA_ASMT_V2_00_TMPL T_VW	M0380_HLTH_CARE_ASTNC_CD	CHAR (1)	N	M0380 Health Care Agent/Conservator of Person/Power of Attorney	Type of primary caregiver assistance: health care agent, conservator of person, medical	
HHA_ASMT_V2_00_TMPL T_VW	M0380_IADL_ASTNC_CD	CHAR (1)	N	M0380 IADL Assistance	Type of Primary Caregiver Assistance: IADL assistance.	
HHA_ASMT_V2_00_TMPL T_VW	M0380_MDCL_CARE_ASTNC_CD	CHAR (1)	N	M0380 Advocates Participation in Medical Care	Type of primary caregiver assistance: advocates or facilitates patient's participation in	
HHA_ASMT_V2_00_TMPL T_VW	M0380_PSYCHSOC_ASTNC_CD	CHAR (1)	N	M0380 Psychosocial Support	Type of primary caregiver assistance: psychosocial support.	
HHA_ASMT_V2_00_TMPL T_VW	M0400_HEARG_CD	CHAR (2)	N	M0400 Hearing	Hearing and ability to understand spoken language in patient's own language.	
HHA_ASMT_V2_00_TMPL T_VW	M0420_PAIN_FREQ_CD	CHAR (2)	N	M0420 Frequency of Pain	Frequency of pain interfering with patient's activity or movement.	
HHA_ASMT_V2_00_TMPL T_VW	M0430_INTRC_PAIN_CD	CHAR (1)	N	M0430 Intractable Pain	Indicates whether patient is having intractable pain.	
HHA_ASMT_V2_00_TMPL T_VW	M0440_OPN_WND_CD	CHAR (1)	N	M0440 Skin Lesion/Open Wound	Does patient have skin lesion or open wound?	
HHA_ASMT_V2_00_TMPL T_VW	M0445_PRSR_ULCR_CD	CHAR (1)	N	M0445 Pressure Ulcer	Does patient have pressure ulcer?	
HHA_ASMT_V2_00_TMPL T_VW	M0450_STG_2_ULCR_NUM	CHAR (2)	N	M0450 Number Stage 2 Pressure Ulcers	Number of pressure ulcers, stage 2.	
HHA_ASMT_V2_00_TMPL T_VW	M0450_STG_3_ULCR_NUM	CHAR (2)	N	M0450 Number Stage 3 Pressure Ulcers	Number of pressure ulcers, stage 3.	
HHA_ASMT_V2_00_TMPL T_VW	M0450_STG_4_ULCR_NUM	CHAR (2)	N	M0450 Number Stage 4 Pressure Ulcers	Number of pressure ulcers, stage 4.	
HHA_ASMT_V2_00_TMPL T_VW	M0450_UNSTGBL_ULCR_DRNG_NUM	CHAR (2)	N	M0450 Unobservable Pressure Ulcer	In addition to above, is there at least one pressure ulcer that cannot be observed due to	
HHA_ASMT_V2_00_TMPL T_VW	M0464_PRBLM_PRSR_ULCR_STUS_CD	CHAR (2)	N	M0464 Status of Most Problematic Pressure Ulcer	Status of most problematic pressure ulcer.	
HHA_ASMT_V2_00_TMPL T_VW	M0468_STASIS_ULCR_CD	CHAR (1)	N	M0468 Stasis Ulcer	Does patient have stasis ulcer?	
HHA_ASMT_V2_00_TMPL T_VW	M0470_STASIS_ULCR_NUM	CHAR (2)	N	M0470 Number Stasis Ulcers	Current number of observable stasis ulcers.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0474_UNOBS_STASIS_ULC R_CD	CHAR (1)	N	M0474 Unobservable Stasis Ulcer	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable	
HHA_ASMT_V2_00_TMPL T_VW	M0476_STASIS_ULCR_STUS_ CD	CHAR (2)	N	M0476 Status of Most Problematic Stasis Ulcer	Status of most problematic stasis ulcer.	
HHA_ASMT_V2_00_TMPL T_VW	M0482_SRGCL_WND_CD	CHAR (1)	N	M0482 Surgical Wound	Does patient have a surgical wound?	
HHA_ASMT_V2_00_TMPL T_VW	M0484_SRGCL_WND_NUM	CHAR (2)	N	M0484 Number Surgical Wounds	Current number of observable surgical wounds.	
HHA_ASMT_V2_00_TMPL T_VW	M0486_UNOBS_SRGCL_WND _CD	CHAR (2)	N	M0486 Unobservable Surgical Wound	Does patient have at least one surgical wound that cannot be observed due to nonremovable	
HHA_ASMT_V2_00_TMPL T_VW	M0488_SRGCL_WND_STUS_C D	CHAR (2)	N	M0488 Status of Most Problematic Surgical Wound	Status of most problematic (observable) surgical wound.	
HHA_ASMT_V2_00_TMPL T_VW	M0530_URNRY_INCNTNC_FR EQ_CD	CHAR (2)	N	M0530 When Urinary Incontinence Occurs	Indicates when urinary incontinence occurs.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_DPRSD_MOOD_CD	CHAR (1)	N	M0590 Depressed Mood	Depressive feelings: depressed mood.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_DPRSD_NOA_CD	CHAR (1)	N	M0590 None of the Above Depressive Feelings	Depressive feelings: none of the above.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_HOPELESS_CD	CHAR (1)	N	M0590 Hopelessness	Depressive feelings: hopelessness.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_SENSE_FAILR_CD	CHAR (1)	N	M0590 Sense of Failure/Self Reproach	Depressive feelings: sense of failure or self reproach.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_THGHT_DEATH_CD	CHAR (1)	N	M0590 Recurrent Thoughts of Death	Depressive feelings: recurrent thoughts of death.	
HHA_ASMT_V2_00_TMPL T_VW	M0590_THGHT_SUICDE_CD	CHAR (1)	N	M0590 Thoughts of Suicide	Depressive feelings: thoughts of suicide.	
HHA_ASMT_V2_00_TMPL T_VW	M0600_AGTATN_CD	CHAR (1)	N	M0600 Agitation	Patient behaviors: agitation.	
HHA_ASMT_V2_00_TMPL T_VW	M0600_APPTITE_CD	CHAR (1)	N	M0600 Recent Change in Appetite or Weight	Patient behaviors: recent change in appetite or weight.	
HHA_ASMT_V2_00_TMPL T_VW	M0600_BHVR_NOA_CD	CHAR (1)	N	M0600 None of the Above Behaviors Observed	Patient behaviors: None of the above behaviors.	
HHA_ASMT_V2_00_TMPL T_VW	M0600_DIM_INTRST_CD	CHAR (1)	N	M0600 Diminished Interest in Most Activities	Patient behaviors: diminished interest in most activities.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0600_INDCV_BHVR_CD	CHAR (1)	N	M0600 Indecisiveness, Lack of Concentration	Patient behaviors: indecisiveness, lack of concentration	
HHA_ASMT_V2_00_TMPL T_VW	M0600_SLP_DSTRB_CD	CHAR (1)	N	M0600 Sleep Disturbances	Patient behaviors: sleep disturbances.	
HHA_ASMT_V2_00_TMPL T_VW	M0600_SUICDE_CD	CHAR (1)	N	M0600 A Suicide Attempt	Patient behaviors: a suicide attempt.	
HHA_ASMT_V2_00_TMPL T_VW	M0640_PRIOR_GRMG_CD	CHAR (2)	N	M0640 Prior Grooming	Prior grooming ability to tend to personal hygiene needs.	
HHA_ASMT_V2_00_TMPL T_VW	M0650_PRIOR_DRESS_UPR_CD	CHAR (2)	N	M0650 Prior Ability to Dress Upper Body	Prior ability to dress upper body.	
HHA_ASMT_V2_00_TMPL T_VW	M0660_PRIOR_DRESS_LWR_CD	CHAR (2)	N	M0660 Prior Ability to Dress Lower Body	Prior ability to dress lower body.	
HHA_ASMT_V2_00_TMPL T_VW	M0670_BATHG_CD	CHAR (2)	N	M0670 Current Bathing	Current ability to wash entire body.	
HHA_ASMT_V2_00_TMPL T_VW	M0670_PRIOR_BATHG_CD	CHAR (2)	N	M0670 Prior Bathing	Prior ability to wash entire body.	
HHA_ASMT_V2_00_TMPL T_VW	M0680_PRIOR_TOILTG_CD	CHAR (2)	N	M0680 Prior Toileting	Prior ability to get to and from toilet or bedside commode.	
HHA_ASMT_V2_00_TMPL T_VW	M0680_TOILTG_CD	CHAR (2)	N	M0680 Current Toileting	Current ability to get to and from toilet or bedside commode.	
HHA_ASMT_V2_00_TMPL T_VW	M0690_PRIOR_TRNSFRG_CD	CHAR (2)	N	M0690 Prior Transferring	Prior ability to transfer.	
HHA_ASMT_V2_00_TMPL T_VW	M0690_TRNSFRG_CD	CHAR (2)	N	M0690 Current Transferring	Current ability to transfer.	
HHA_ASMT_V2_00_TMPL T_VW	M0700_AMBLTN_CD	CHAR (2)	N	M0700 Current Ambulation/Locomotion	Current ambulation/locomotion ability.	
HHA_ASMT_V2_00_TMPL T_VW	M0700_PRIOR_AMBLTN_CD	CHAR (2)	N	M0700 Prior Ambulation/Locomotion	Prior ambulation/locomotion ability.	
HHA_ASMT_V2_00_TMPL T_VW	M0710_PRIOR_EATG_CD	CHAR (2)	N	M0710 Prior Feeding/Eating	Prior ability to feed self.	
HHA_ASMT_V2_00_TMPL T_VW	M0720_PRIOR_PREP_MEAL_CD	CHAR (2)	N	M0720 Prior Preparing Light Meals	Prior ability to plan and prepare light meals.	
HHA_ASMT_V2_00_TMPL T_VW	M0730_PRIOR_TRNSPRTN_CD	CHAR (2)	N	M0730 Prior Transportation	Prior physical and mental ability to safely use car, taxi, public transportation.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0730_TRNSPRTN_CD	CHAR (2)	N	M0730 Current Transportation	Current physical and mental ability to safely use car, taxi, public transportation.	
HHA_ASMT_V2_00_TMPL T_VW	M0740_LNDRY_CD	CHAR (2)	N	M0740 Current Laundry	Current ability to do own laundry.	
HHA_ASMT_V2_00_TMPL T_VW	M0740_PRIOR_LNDRY_CD	CHAR (2)	N	M0740 Prior Laundry	Prior ability to do own laundry.	
HHA_ASMT_V2_00_TMPL T_VW	M0750_HSEKPNG_CD	CHAR (2)	N	M0750 Current Housekeeping	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	
HHA_ASMT_V2_00_TMPL T_VW	M0750_PRIOR_HSEKPNG_CD	CHAR (2)	N	M0750 Prior Housekeeping	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	
HHA_ASMT_V2_00_TMPL T_VW	M0760_PRIOR_SHOP_CD	CHAR (2)	N	M0760 Prior Shopping	Prior ability to shop.	
HHA_ASMT_V2_00_TMPL T_VW	M0760_SHOP_CD	CHAR (2)	N	M0760 Current Shopping	Current ability to shop.	
HHA_ASMT_V2_00_TMPL T_VW	M0770_PRIOR_TEL_CD	CHAR (2)	N	M0770 Prior Ability to Use Telephone	Prior ability to use telephone.	
HHA_ASMT_V2_00_TMPL T_VW	M0780_ORAL_MDCTN_CD	CHAR (2)	N	M0780 Current Management of Oral Medications	Current ability to prepare and take oral medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0780_PRIOR_ORAL_MDCTN_CD	CHAR (2)	N	M0780 Prior Management of Oral Medications	Prior ability to prepare and take oral medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0790_INHL_MDCTN_CD	CHAR (2)	N	M0790 Current Management of Inhalant Medications	Current ability to prepare and take inhalant/mist medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0790_PRIOR_INHL_MDCTN_CD	CHAR (2)	N	M0790 Prior Management of Inhalant Medications	Prior ability to prepare and take inhalant/mist medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0800_INJCT_MDCTN_CD	CHAR (2)	N	M0800 Current Management of Injectable Medications	Current ability to prepare and take injectable medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0800_PRIOR_INJCT_MDCTN_CD	CHAR (2)	N	M0800 Prior Management of Injectable Medications	Prior ability to prepare and take injectable medications.	
HHA_ASMT_V2_00_TMPL T_VW	M0810_EQUIP_MGMT_CD	CHAR (2)	N	M0810 Patient Management of Equipment	Patient management of equipment.	
HHA_ASMT_V2_00_TMPL T_VW	M0820_CRGVR_EQUIP_MGMT_CD	CHAR (2)	N	M0820 Caregiver Management of Equipment	This field indicates the caregiver's current ability to manage medical equipment; includes ONLY	
HHA_ASMT_V2_00_TMPL T_VW	M0825_THRPY_CD	CHAR (2)	N	M0825 Therapy Need	Indicates whether patient requires therapy.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0830_EC_CLNC_CD	CHAR (1)	N	M0830 Outpatient Department Emergency	Emergent care: outpatient department/clinic emergency.	
HHA_ASMT_V2_00_TMPL T_VW	M0830_EC_DR_OFCD_CD	CHAR (1)	N	M0830 Doctors Office Emergency Visit	Emergent care: doctor's office emergency visit/house call.	
HHA_ASMT_V2_00_TMPL T_VW	M0830_EC_ER_CD	CHAR (1)	N	M0830 Hospital Emergency Room	Emergent care: hospital emergency room.	
HHA_ASMT_V2_00_TMPL T_VW	M0830_EC_NONE_CD	CHAR (1)	N	M0830 No Emergent Care Services	Emergent care: no emergent care services.	
HHA_ASMT_V2_00_TMPL T_VW	M0830_EC_UNK_CD	CHAR (1)	N	M0830 Unknown Emergent Care	Emergent care: unknown.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_CRDC_CD	CHAR (1)	N	M0840 Cardiac Problems	Emergent care reason: cardiac problems.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_FALL_CD	CHAR (1)	N	M0840 Injury Caused by Fall/Accident	Emergent care reason: injury caused by fall or accident at home.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_GI_CD	CHAR (1)	N	M0840 GI Bleeding, Obstruction	Emergent care reason: GI bleeding, obstruction.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_NAUSEA_CD	CHAR (1)	N	M0840 Nausea/Dehydration/Malnutrition malnutrition, constipation, impaction. /Constipation/Impaction	Emergent care reason: nausea, dehydration, malnutrition, constipation, impaction.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_OTHR_CD	CHAR (1)	N	M0840 Other than Above Reasons for Emergent Care	Emergent care reason: other than above.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_RSPRTRY_CD	CHAR (1)	N	M0840 Respiratory Problems	Emergent care reason: respiratory problems.	
HHA_ASMT_V2_00_TMPL T_VW	M0840_EC_WND_INFCTN_CD	CHAR (1)	N	M0840 Wound Infection	Emergent care reason: wound infection, deteriorating wound status, new lesion/ulcer.	
HHA_ASMT_V2_00_TMPL T_VW	M0870_DSCHRG_LCTN_CD	CHAR (2)	N	M0870 Discharge Disposition	Location of patient after discharge.	
HHA_ASMT_V2_00_TMPL T_VW	M0880_ASTNC_AFTDSC_FML Y_CD	CHAR (1)	N	M0880 Assistance/Services Provided by Family/Friends	After discharge, does patient receive health, personal, or support services or assistance: yes,	
HHA_ASMT_V2_00_TMPL T_VW	M0880_ASTNC_AFTDSC_NO NE_CD	CHAR (1)	N	M0880 No Assistance/Services Received	After discharge, does patient receive health, personal, or support services or assistance: no	
HHA_ASMT_V2_00_TMPL T_VW	M0880_ASTNC_AFTDSC_OTH R_CD	CHAR (1)	N	M0880 Assistance/Services Provided By Community Resources	After discharge, does patient receive health, personal, or support services or assistance: yes,	
HHA_ASMT_V2_00_TMPL T_VW	M0890_ADMT_HOSP_RSN_C D	CHAR (2)	N	M0890 Reason Admitted to Hospital	Reason admitted to acute care hospital.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_CHF_CD	CHAR (1)	N	M0895 Exacerbation of CHF/Fluid Overload/Heart Failure	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_CHMTHRPY_CD	CHAR (1)	N	M0895 Chemotherapy	Reason for hospitalization: chemotherapy.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_FALL_CD	CHAR (1)	N	M0895 Injury Caused by Fall/Accident	Reason for hospitalization: injury caused by fall or accident at home.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_GI_CD	CHAR (1)	N	M0895 GI Bleeding, Obstruction	Reason for hospitalization: GI bleeding, obstruction.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_IV_CTHTR_CD	CHAR (1)	N	M0895 IV Catheter-Related Infection	Reason for hospitalization: IV catheter-related infection.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_OTHR_CD	CHAR (1)	N	M0895 Other Than Above Reason for Hospitalization	Reason for hospitalization: other than above.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_PSYCH_EPSD_CD	CHAR (1)	N	M0895 Psychotic Episode	Reason for hospitalization: psychotic episode.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_RSPRTY_CD	CHAR (1)	N	M0895 Respiratory Problems	Reason for hospitalization: respiratory problems.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_SCHLD_PRCDR_CD	CHAR (1)	N	M0895 Scheduled Surgical Procedure	Reason for hospitalization: scheduled surgical procedure.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_STROK_CD	CHAR (1)	N	M0895 Myocardial Infarction/Stroke	Reason for hospitalization: myocardial infarction, stroke.	
HHA_ASMT_V2_00_TMPL T_VW	M0895_HOSP_WND_INFCTN_CD	CHAR (1)	N	M0895 Wound or Tube Site Infection	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new	
HHA_ASMT_V2_00_TMPL T_VW	M0903_LAST_HOME_VISIT_DT	VARCHAR2 (8)	N	M0903 Date of Last Home Visit	This field indicates the date of last (most recent) home visit.	
HHA_ASMT_V2_00_TMPL T_VW	M0906_DSCHRG_DEATH_DT	VARCHAR2 (8)	N	M0906 Discharge/Transfer/Death Date	This field indicates the patient's date of discharge, transfer, or death (at home).	
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_IPPS_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Short Stay Acute Hospital	This column indicates the patient was discharged from short stay acute hospital (IPPS)	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_IRF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from IRF	This column indicates the patient was discharged from an inpatient rehabilitation	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_LTCH_CD	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital (LTCH) during the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_NF_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Nursing Facility	This field indicates the patient was discharged from a long-term nursing facility (NF) during	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_OTHR_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Other	This column indicates the patient was discharged from somewhere other than above	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_PSYCH_CD	VARCHAR2 (1)	N	M1000 Inpatient Discharge from Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1000_DSCHRG_SNF_CD	VARCHAR2 (1)	N	M1000 M0175 Past 14 Days: Discharged From SNF/TCU Facility	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	
HHA_ASMT_V2_00_TMPL T_VW	M1000_NO_DSCHRG_CD	VARCHAR2 (1)	N	M1000 No Inpatient Discharge	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1005_IP_DSCHRG_DT	VARCHAR2 (8)	N	M1005 Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
HHA_ASMT_V2_00_TMPL T_VW	M1005_IP_DSCHRG_UNK_TX T	VARCHAR2 (1)	N	M1005 Inpatient Discharge Date Unknown	This column indicates the most recent inpatient discharge date is unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_1_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 1 ICD-9 CD	This column lists the Inpatient Diagnosis 1 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_2_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 2 ICD-9 CD	This column lists the Inpatient Diagnosis 2 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_3_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 3 ICD-9 CD	This column lists the Inpatient Diagnosis 3 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_4_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 4 ICD-9 CD	This column lists the Inpatient Diagnosis 4 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_5_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 5 ICD-9 CD	This column lists the Inpatient Diagnosis 5 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1010_IP_DGNS_6_CD	VARCHAR2 (8)	N	M1010 Inpatient Diagnosis 6 ICD-9 CD	This column lists the Inpatient Diagnosis 6 - ICD-9 code for conditions treated during an	
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_1_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 1 ICD-9	This column lists the Inpatient ICD-9 and Procedure 1 codes relevant to the plan of care.	
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_2_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 2 ICD-9	This column lists the Inpatient ICD-9 and Procedure 2 codes relevant to the plan of care.	
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_3_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 3 ICD-9	This column lists the Inpatient ICD-9 and Procedure 3 codes relevant to the plan of care.	
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_4_CD	VARCHAR2 (8)	N	M1012 Inpatient Procedure 4 ICD-9	This column lists the Inpatient ICD-9 and Procedure 4 codes relevant to the plan of care.	
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_NA_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Not Applicable	This column is checked if the Inpatient ICD-9 and Procedure codes are not applicable (NA) to	HHA_CHKLIST_BLANK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1012_IP_PRCDR_UNK_CD	VARCHAR2 (1)	N	M1012 Inpatient Procedure ICD-9 Unknown	This column is checked if the Inpatient ICD-9 and Procedure codes are unknown (UNK) for	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_1_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 1 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 1 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_2_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 2 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 2 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_3_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 3 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 3 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_4_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 4 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 4 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_5_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 5 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 5 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_6_CD	VARCHAR2 (8)	N	M1016 Regimen Change - Diagnosis 6 ICD-9	This column lists the patient's medical diagnoses and ICD-9 code 6 for those conditions requiring	
HHA_ASMT_V2_00_TMPL T_VW	M1016_MDCL_DGNS_NA_CD	VARCHAR2 (1)	N	M1016 Regimen Change - Not Applicable ICD-9 Code	This column is checked if the patient's medical diagnoses and ICD-9 code are not applicable	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_COND_NA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Not Applicable	This column is checked if the patient had no inpatient facility discharge and no change in	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_COND_NOA_CD	VARCHAR2 (1)	N	M1018 Prior Condition - None of the Above	This column is checked if the patient had none of the conditions listed prior to the inpatient stay	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_COND_UNK_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Unknown	This column is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_DSRPTV_BHR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_IMPRD_DCSN_MKG_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_INDWLG_CTH_TR_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Indwelling/Suprapubic Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_INTRK_PAIN_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_MEMRY_LOSS_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1018_PRIOR_URNRY_INCN_TNC_CD	VARCHAR2 (1)	N	M1018 Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHKLIST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1020_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1020 Primary Diagnosis ICD-9 Code	This field lists the primary diagnosis ICD-9 code.	
HHA_ASMT_V2_00_TMPL T_VW	M1020_PRMRY_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1020 Primary Severity Rating ICD-9 Code	This field lists the severity of the ICD-9 primary diagnosis rating.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_1_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 1 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 1.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_2_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 2 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 2.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_3_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 3 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 3.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_4_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 4 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 4.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_5_SVRTY_RAT G_CD	VARCHAR2 (2)	N	M1022 Other Diagnosis Code 5 Severity ICD-9	This field lists the severity of the ICD-9 other diagnosis 5.	HHA_DGNS_SVRTY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 1 ICD-9	This field lists the ICD-9 other diagnosis code 1.	
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 2 ICD-9	This field lists the ICD-9 other diagnosis code 2.	
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 3 ICD-9	This field lists the ICD-9 other diagnosis code 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 4 ICD-9	This field lists the ICD-9 other diagnosis code 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1022_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1022 Other Diagnosis Code 5 ICD-9	This field lists the ICD-9 other diagnosis code 5.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS1 MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 1 Multiple ICD-9 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS2 MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 2 Multiple ICD-9 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS3 MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 3 Multiple ICD-9 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS4 MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 4 Multiple ICD-9 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS5 MULTPL_CD	VARCHAR2 (8)	N	M1024 Other Payment Diagnosis 5 Multiple ICD-9 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 4.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS_1_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 1 Code	This field lists the ICD-9 case mix first secondary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS_2_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 2 Code	This field lists the ICD-9 case mix second secondary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS_3_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 3 Code	This field lists the ICD-9 case mix third secondary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS_4_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 4 Code	This field lists the ICD-9 case mix fourth secondary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_OTHR_DGNS_5_CD	VARCHAR2 (8)	N	M1024 Other Payment Primary Diagnosis 5 Code	This field lists the ICD-9 case mix fifth secondary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_PRMRY_DGNS_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 3	This field lists the ICD-9 case mix primary diagnosis, column 3.	
HHA_ASMT_V2_00_TMPL T_VW	M1024_PMT_PRMRY_DGNS_MULTPL_CD	VARCHAR2 (8)	N	M1024 ICD-9 Case Mix Diagnosis: Primary, Column 4	This field lists the ICD-9 case mix primary diagnosis, column 4.	
HHA_ASMT_V2_00_TMPL T_VW	M1030_HOME_ENTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Enteral Nutrition	This field indicates if the patient receives enteral nutrition therapy at home.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1030_HOME_IV_THRPY_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Intravenous or Infusion Therapy	This field indicates if the patient receives intravenous or infusion therapy at home.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1030_HOME_NOA_CD	VARCHAR2 (1)	N	M1030 Home Therapies - None of the Above	This field indicates if the patient receives none of the above therapies at home.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1030_HOME_PRNTRL_CD	VARCHAR2 (1)	N	M1030 Home Therapies - Parenteral Nutrition	This field indicates if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_DCLN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Mental, Emotional or Behavioral Decline	This field indicates if the patient is at risk for hospitalization due to recent decline in mental, Decline	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_FALLS_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - History of Falls	This field indicates if the patient is at risk for hospitalization due to history of falls.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_FRAILTY_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Frailty Indicators	This field indicates if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_MULTHO SPZTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Multiple Hospitalizations	This field indicates if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_MULT_M DCTN_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - Taking Five or More Meds	This field indicates if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_NOA_CD	VARCHAR2 (1)	N	M1032 Risk for Hospitalization - None of the Above	This field indicates that the patient does not have any of the identified signs or symptoms that	HHA_CHKLST

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1032_HOSP_RISK_OTHR_CD	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field indicates if the patient is at risk for hospitalization due to other reasons.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1034_OVRAL_STUS_CD	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_OVRAL_STUS_CD
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_ALCHL_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_DRUG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_NOA_CD	VARCHAR2 (1)	N	M1036 Risk Factor - None of the Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_OBSTY_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_SMKNG_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1036_RISK_UNK_CD	VARCHAR2 (1)	N	M1036 Risk Factor - Unknown	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1040_INFLNZ_RCVD_CD	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received from Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M1045_RSN_INFLNZ_NOT_RCV_CD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason patient did not receive the influenza vaccine during this episode	HHA_RSN_INFLNZ_NOT_RCV_CD
HHA_ASMT_V2_00_TMPL T_VW	M1050_PPV_RCVD_CD	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine Received In Agency	This field indicates if the patient received the Pneumococcal Vaccine during this episode of	HHA_YES_NO
HHA_ASMT_V2_00_TMPL T_VW	M1055_RSN_PPV_NOT_RCVD_CD	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine - Reason Not Received	This field indicates the reason why the Pneumococcal Vaccine was not received from	HHA_RSN_PPV_NOT_RCVD_CD
HHA_ASMT_V2_00_TMPL T_VW	M1100_PTNT_LVG_ARNGMT_CD	VARCHAR2 (2)	N	M1100 Patient Living Arrangement	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARNGMT_CD
HHA_ASMT_V2_00_TMPL T_VW	M1200_VSN_CD	VARCHAR2 (2)	N	M1200 Vision	This field indicates the patient's vision status.	HHA_VSN_CD
HHA_ASMT_V2_00_TMPL T_VW	M1210_HEARG_CD	VARCHAR2 (2)	N	M1210 Hearing	This field indicates the patient's ability to hear.	HHA_HEARG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1220_UNDRSTND_VRBL_CD	VARCHAR2 (2)	N	M1220 Understand Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_UNDRSTND_VRBL_CD
HHA_ASMT_V2_00_TMPL T_VW	M1230_VRBL_EXPRSN_CD	VARCHAR2 (2)	N	M1230 Verbal Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPCH_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1240_PAIN_ASMT_CD	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT_CD
HHA_ASMT_V2_00_TMPL T_VW	M1242_PAIN_FREQ_CD	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1300_PRSR_ULCR_ASMT_CD	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PRSR_ULCR_ASMT_CD
HHA_ASMT_V2_00_TMPL T_VW	M1302_PRSR_ULCR_RISK_CD	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1306_PRSR_ULCR_UNHLD_STG_2_CD	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer at Stage II or Higher	This field indicates whether the patient has at least one unhealed pressure ulcer at stage II or	HHA_YES_NO
HHA_ASMT_V2_00_TMPL T_VW	M1307_PRSR_ULCR_OLDST_DVLP_DT	VARCHAR2 (8)	N	M1307 Oldest Stage II Pressure Ulcer Onset Date	This field indicates the date of onset of oldest stage 2 pressure ulcer.	
HHA_ASMT_V2_00_TMPL T_VW	M1307_PRSR_ULCR_OLDST_SOC_CD	VARCHAR2 (2)	N	M1307 Status Oldest Stage II Pressure Ulcer Since SOC/ROC	This field indicates the status of the oldest unhealed stage II pressure ulcer that was present	HHA_OLDST_STUS_CD
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_2_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage II Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage II that were	
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_2_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at Stage II (enter 0 if	
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_3_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage III Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage III that were	
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_3_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_4_ULCR_ADMSN_NUM	VARCHAR2 (2)	N	M1308 Number of Stage IV Pressure Ulcers at SOC/ROC	This field indicates the current number of unhealed pressure ulcers at Stage IV that were	
HHA_ASMT_V2_00_TMPL T_VW	M1308_STG_4_ULCR_NUM	VARCHAR2 (2)	N	M1308 Number of Current Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at Stage IV (Enter 0 if	
HHA_ASMT_V2_00_TMPL T_VW	M1308_UNSTGBL_ULCR_DEEP_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_V2_00_TMPL T_VW	M1308_UNSTGBL_ULCR_DRNG_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Non-Removable Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_V2_00_TMPL T_VW	M1308_UNSTGBL_ULCR_ESCHAR_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Eschar or Slough	This field indicates the current number of unstageable unhealed pressure ulcers due to	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1308_U_ULCR_DEEP_ADM SN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Deep Tissue Injury at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_V2_00_TMPL T_VW	M1308_U_ULCR_DRNG_AD MSN_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due to Non-removable Dsg at SOC/ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
HHA_ASMT_V2_00_TMPL T_VW	M1308_U_ULCR_ESC_ADM N_NUM	VARCHAR2 (2)	N	M1308 Number of Unstageable Pressure Ulcers Due To Coverage Slough At SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
HHA_ASMT_V2_00_TMPL T_VW	M1310_STG_3_4_ULCR_LNGT H_NUM	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
HHA_ASMT_V2_00_TMPL T_VW	M1312_STG_3_4_ULCR_WDT H_NUM	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
HHA_ASMT_V2_00_TMPL T_VW	M1314_STG_3_4_ULCR_DPTH _NUM	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
HHA_ASMT_V2_00_TMPL T_VW	M1320_PRBLM_PRSR_ULCR_ STUS_CD	VARCHAR2 (2)	N	M1320 Status of Most Problematic (Observable) Pressure Ulcer	This field indicates the status of the most problematic pressure ulcer that is observable.	HHA_PRSR_ULCR_STUS_CD
HHA_ASMT_V2_00_TMPL T_VW	M1322_STG_1_ULCR_NUM	VARCHAR2 (2)	N	M1322 Current Number Of Stage I Pressure Ulcers	This field indicates the current number of stage I pressure ulcers.	HHA_NUM_PRSR_ULCR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1324_PRBLM_PRSR_ULCR_ STG_CD	VARCHAR2 (2)	N	M1324 Stage Of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic unhealed (observable) pressure	HHA_PRSR_ULCR_STG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1330_STASIS_ULCR_CD	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1332_STASIS_ULCR_NUM	VARCHAR2 (2)	N	M1332 Current Number of (Observable) Stasis Ulcer(s)	This field indicates the current number of stasis ulcer(s) that are observable.	HHA_NUM_STAS_ULCR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1334_STASIS_ULCR_STUS_ CD	VARCHAR2 (2)	N	M1334 Status of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic stasis ulcer that is observable.	HHA_STAS_ULCR_STUS_CD
HHA_ASMT_V2_00_TMPL T_VW	M1340_SRGL_WND_CD	VARCHAR2 (2)	N	M1340 Surgical Wound Present	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND_CD
HHA_ASMT_V2_00_TMPL T_VW	M1342_SRGL_WND_STUS_C D	VARCHAR2 (2)	N	M1342 Status of Most Problematic Observable Surgical Wound	This field indicates the status of the most problematic surgical wound that is observable.	HHA_SRGL_WND_STUS_CD
HHA_ASMT_V2_00_TMPL T_VW	M1350_OPEN_LSN_CD	VARCHAR2 (1)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
HHA_ASMT_V2_00_TMPL T_VW	M1400_SOB_CD	VARCHAR2 (2)	N	M1400 When Is Patient Dyspneic or SOB	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_SOB_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1410_CPAP_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - CPAP/BPAP	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1410_OXGN_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1410_RSPRTRY_TRTMT_N OA_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - None of the Above	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1410_VNTLTR_CD	VARCHAR2 (1)	N	M1410 Respiratory Treatment At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHKLIST
HHA_ASMT_V2_00_TMPL T_VW	M1500_HRT_FAILR_CD	VARCHAR2 (2)	N	M1500 Heart Failure Present	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_CARE_PLAN_CHG _CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_CLNCL_INTRVTN _CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Pt Educ or Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_ER_TRTMT_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Emergency Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_NO_ACTN_CD	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_PHYSN_CNTCT_C D	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1510_HF_PHYSN_TRTMT_C D	VARCHAR2 (1)	N	M1510 Heart Failure Follow-up - Physician Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M1600_UTI_CD	VARCHAR2 (2)	N	M1600 UTI Treatment	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI_CD
HHA_ASMT_V2_00_TMPL T_VW	M1610_URNRY_INCNTNC_C D	VARCHAR2 (2)	N	M1610 Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_URNRY_INCNTNC_CD
HHA_ASMT_V2_00_TMPL T_VW	M1615_URNRY_INCNTNC_FR EQ_CD	VARCHAR2 (2)	N	M1615 Urinary Incontinence Timing	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCNTNC_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1620_BWL_INCNTNC_FREQ _CD	VARCHAR2 (2)	N	M1620 Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCNTNC_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1630_OSTMY_CD	VARCHAR2 (2)	N	M1630 Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTMY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1700_CGNTV_FNCTN_CD	VARCHAR2 (2)	N	M1700 Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_CGNTV_FNCTN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1710_CNFSF_FREQ_CD	VARCHAR2 (2)	N	M1710 When Confused Frequency	This field indicates when the patient is confused, reported or observed within the last 14 days.	HHA_CNFSF_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1720_ANXIOUS_FREQ_CD	VARCHAR2 (2)	N	M1720 When Anxious Frequency	This field indicates when the patient is anxious, reported or observed within the last 14 days.	HHA_ANXIOUS_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1730 DPRSN_SCRNG_CD	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRNG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1730_PHQ2 DPRSD_CD	VARCHAR2 (2)	N	M1730 PHQ2 Feeling Down, Depressed, or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_INTRST_CD
HHA_ASMT_V2_00_TMPL T_VW	M1730_PHQ2_INTRST_CD	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_INTRST_CD
HHA_ASMT_V2_00_TMPL T_VW	M1740_CGNTV_NOA_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - None of the Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_DLSNL_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_DSRPTV_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Disruptive or Inappropriate	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_IMPRD_DCSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Impaired Decision-Making	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_MEMRY_DFCT_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_PHYS_AGRSN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1740_VRBL_DSRPTN_CD	VARCHAR2 (1)	N	M1740 Cog/Behav/Psych Sympt - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHKLST
HHA_ASMT_V2_00_TMPL T_VW	M1745_DSRPTV_BHVR_FREQ_CD	VARCHAR2 (2)	N	M1745 Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BHVR_FREQ_CD
HHA_ASMT_V2_00_TMPL T_VW	M1750_PHYCH_NRSR_SVCD	VARCHAR2 (1)	N	M1750 Receives Psychiatric Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
HHA_ASMT_V2_00_TMPL T_VW	M1800_GRMG_CD	VARCHAR2 (2)	N	M1800 Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GRMG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1810_DRESS_UPR_CD	VARCHAR2 (2)	N	M1810 Current Dress Upper Body	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRESS_UPR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1820_DRESS_LWR_CD	VARCHAR2 (2)	N	M1820 Current Dress Lower Body	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRESS_LWR_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M1830_BATHG_CD	VARCHAR2 (2)	N	M1830 Ability To Wash Body	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1840_TOILT_TRNSFR_CD	VARCHAR2 (2)	N	M1840 Current Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILT_TRNSFR_CD
HHA_ASMT_V2_00_TMPL T_VW	M1845_TOILT_HYGNE_CD	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILT_HYGNE_CD
HHA_ASMT_V2_00_TMPL T_VW	M1850_TRNSFRG_CD	VARCHAR2 (2)	N	M1850 Current Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_TRNSFRG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1860_AMBLTN_CD	VARCHAR2 (2)	N	M1860 Current Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_CD
HHA_ASMT_V2_00_TMPL T_VW	M1870_EATG_CD	VARCHAR2 (2)	N	M1870 Current Feeding or Eating	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_EATG_CD
HHA_ASMT_V2_00_TMPL T_VW	M1880_PREP_MEAL_CD	VARCHAR2 (2)	N	M1880 Current Plan/Prepare Light Meal	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEAL_CD
HHA_ASMT_V2_00_TMPL T_VW	M1890_TEL_CD	VARCHAR2 (2)	N	M1890 Current Telephone Use	This field indicates the patient's current ability to use a telephone.	HHA_TEL_CD
HHA_ASMT_V2_00_TMPL T_VW	M1900_PRIOR_AMBLTN_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_DPNDCY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1900_PRIOR_HSEHLD_TAS K_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_DPNDCY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1900_PRIOR_SELF_CARE_C D	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_DPNDCY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1900_PRIOR_TRNSFR_CD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_DPNDCY_CD
HHA_ASMT_V2_00_TMPL T_VW	M1910_FALL_RISK_ASMT_C D	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK_CD
HHA_ASMT_V2_00_TMPL T_VW	M2000_DRUG_RVW_CD	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RVW_CD
HHA_ASMT_V2_00_TMPL T_VW	M2002_MDCTN_FLWP_CD	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2004_MDCTN_INTRVTN_C D	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2010_DRUG_EDCTN_CD	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Education	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA_BLANK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL_T_VW	M2015_DRUG_INTRVTN_CD	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Education Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL_T_VW	M2020_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MDCTN_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2030_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Medications	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJCT_MDCTN_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2040_PRIOR_INJCT_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_DPNDNCY_NA_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2040_PRIOR_ORAL_MDCTN_CD	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_DPNDNCY_NA_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_ADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_ADVCY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Advocacy or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_EQUIP_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Management of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_IADL_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_MDCTN_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_PRCDR_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures/Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2100_SFTY_ASTNC_CD	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_CARE_ASTNC_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2110_ADL_IADL_ASTNC_FREQ_CD	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_FREQ_CD
HHA_ASMT_V2_00_TMPL_T_VW	M2200_THRPY_NA_CD	VARCHAR2 (1)	N	M2200 Therapy Need - Not Applicable	This field indicates therapy need is not applicable.	HHA_YES_NO
HHA_ASMT_V2_00_TMPL_T_VW	M2200_THRPY_VISIT_NUM	VARCHAR2 (3)	N	M2200 Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
HHA_ASMT_V2_00_TMPL_T_VW	M2250_POC_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL_T_VW	M2250_POC_DPRSN_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression Intervention	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	M2250_POC_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Fall Prevention	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2250_POC_PAIN_INTRVTN_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2250_POC_PHYSN_NTFY_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Parameters for Physician Notification	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2250_POC_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2250_POC_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2300_EMRGNT_CARE_CD	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE_CD
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_CHST_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction/Chest Pain	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_CRDC_DSRTHM_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_DBTS_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Hypo/Hyperglycemia/Diabetes	This field indicates that the reason the patient received emergent care was due to	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_DEHYDTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration/Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_FALL_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury From Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_GI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_HRT_FAILR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_IV_CTHTR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_MDCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_OTHR_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHKLIST_BLANK

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HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_OTHR_HRT_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_PAIN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_RSPRTY_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_STROK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_UNK_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_UTI_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2310_EC_WND_INFCTN_CD	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection/Deterioration	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHKLST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_DBTC_FOOT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_DPRSN_PRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Depression Prevention	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_FALL_PRVTN_CD	VARCHAR2 (2)	N	M2400 Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_PAIN_INTRVT_N_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pain Intervention	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_PRSR_ULCR_TRMNT_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Moist Treatment	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2400_SYNPS_PRVNT_PRSR_ULCR_CD	VARCHAR2 (2)	N	M2400 Synopsis - Pressure Ulcer Prevention	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
HHA_ASMT_V2_00_TMPL T_VW	M2410_ADMT_IP_FAC_CD	VARCHAR2 (2)	N	M2410 Admit Inpatient Facility Type	This field indicates to which inpatient facility the patient was admitted.	HHA_ADMT_FAC_CD
HHA_ASMT_V2_00_TMPL T_VW	M2420_DSCHRG_LCTN_CD	VARCHAR2 (2)	N	M2420 Discharge Location	This field indicates where the patient is after discharge from the agency.	HHA_DSCHRG_LCTN_CD

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HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_CHST_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction/Chest Pain	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_CRDC_DSRTM_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_DBTS_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Hypo/Hyperglycemia/Diabetes	This field indicates the reason the patient required hospitalization was due to	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_DEHYDTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_FALL_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused by Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_GI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_HRT_FAILR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_IV_CTHTR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_MDCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_MNTL_BHVR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_OTHR_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_OTHR_HRT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_OTHR_RSPRTRY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_PAIN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_PLMNRY_EMB_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - DVT, Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_RSPRTY_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_SCHLD_TRTMT_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHKLIST_BLANK

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HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_STROK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_UNK_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_UTI_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2430_HOSP_WND_INFCTN_CD	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_HOSPC_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Hospice	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_OTHR_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_PRMT_PLMT_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_RESP_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_THRPY_SRVC_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_UNK_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	M2440_ADMT_UNSAFE_HOM E_CD	VARCHAR2 (1)	N	M2440 Admitted Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHKLIST_BLANK
HHA_ASMT_V2_00_TMPL T_VW	MASK_VERSION_CD	CHAR (20)	N	Masking Algorithm Version Code	Masking algorithm version code.	
HHA_ASMT_V2_00_TMPL T_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
HHA_ASMT_V2_00_TMPL T_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ASMT_V2_00_TMPL T_VW	REC_ID	CHAR (2)	N	Record ID	Indicates the type of record in the submission file; header record, body record, trailer record or	
HHA_ASMT_V2_00_TMPL T_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_ASMT_V2_00_TMPL T_VW	RSDNT_MATCH_CRTIA_ID	NUMBER (2.0)	N	Resident Match Criteria ID	This value indicates which of the resident match criteria was assigned based on the patient	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ASMT_V2_00_TMPL T_VW	SFTWR_PROD_VRSN_CD	VARCHAR2 (20)	N	Software Product Version Code	This is the version number of the software that was used to create the OASIS data submission	
HHA_ASMT_V2_00_TMPL T_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ASMT_V2_00_TMPL T_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_ASMT_V2_00_TMPL T_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ASMT_V2_00_TMPL T_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ASMT_V2_00_TMPL T_VW	SUBM_HIPPS_CD	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
HHA_ASMT_V2_00_TMPL T_VW	SUBM_HIPPS_VRSN_CD	VARCHAR2 (5)	N	Submitted HIPPS Version Code	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
HHA_ASMT_V2_00_TMPL T_VW	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of transaction for the record.	HHA_TRANS_TYPE_CD
HHA_ERR_DTL	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ERR_DTL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ERR_DTL	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ERR_DTL	HHA_ERR_DTL_ID	NUMBER (22)	Y	HHA Error Detail ID	This column contains a unique ID that is assigned to each error in the record.	
HHA_ERR_DTL	HHA_ERR_MSG_NUM	VARCHAR2 (10)	N	HHA Error Message Number	This column contains the HHA error message number.	
HHA_ERR_DTL	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ERR_DTL	ITM_IN_ERR_TXT	VARCHAR2 (1000)	N	Item In Error Text	This column contains the item(s) in error.	
HHA_ERR_DTL	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ERR_DTL	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ERR_DTL	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ERR_DTL	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ERR_DTL	VAL_IN_ERR_TXT	VARCHAR2 (1000)	N	Value In Error Text	This column contains the submitted value(s) in error.	
HHA_ERR_DTL_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
HHA_ERR_DTL_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ERR_DTL_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_ERR_DTL_VW	HHA_ERR_DTL_ID	NUMBER (22)	N	HHA Error Detail ID	This column contains a unique ID that is assigned to each error in the record.	
HHA_ERR_DTL_VW	HHA_ERR_MSG_NUM	VARCHAR2 (10)	N	HHA Error Message Number	This column contains the HHA error message number.	
HHA_ERR_DTL_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_ERR_DTL_VW	ITM_IN_ERR_TXT	VARCHAR2 (1000)	N	Item In Error Text	This column contains the item(s) in error.	
HHA_ERR_DTL_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_ERR_DTL_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_ERR_DTL_VW	SFTWR_VNDR_NAME	VARCHAR2 (30)	N	Software Vendor Name	This is the software vendor name.	
HHA_ERR_DTL_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ERR_DTL_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_ERR_DTL_VW	VAL_IN_ERR_TXT	VARCHAR2 (1000)	N	Value In Error Text	This column contains the submitted value(s) in error.	
HHA_ERR_MSG_CROSSW LK	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ERR_MSG_CROSSW LK	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ERR_MSG_CROSSW LK	FIELD_IN_ERROR_TXT	VARCHAR2 (50)	N	Field In Error	The field in which the error occurred.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ERR_MSG_CROSSW LK	HHA_ERR_MSG_NUM	VARCHAR2 (10)	N	HHA Error Message Number	This column contains the HHA error message number.	
HHA_ERR_MSG_CROSSW LK	OASIS_MESSAGE_NUMBER	NUMBER (8.0)	N	Pre-ASAP OASIS Error Message Number	This column contains the Pre-ASAP OASIS error message number.	
HHA_ERR_MSG_CROSSW LK	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ERR_MSG_CROSSW LK	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ERR_MSG_VW	CREAT_TS	DATE (8)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_ERR_MSG_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_ERR_MSG_VW	EFCTV_FROM_DT	DATE (8)	N	Effective From Date	This column Indicates the effective from date for this code table.	
HHA_ERR_MSG_VW	EFCTV_TO_DT	DATE (8)	N	Effective To Date	This column Indicates the effective to date for this code table.	
HHA_ERR_MSG_VW	ERR_MSG_DESC	VARCHAR2 (500)	N	HHA Error Message Description	This column contains the HHA error message description.	
HHA_ERR_MSG_VW	ERR_TYPE_DESC	VARCHAR2 (7)	N	HHA Error Type Description	This column contains the HHA error type description.	
HHA_ERR_MSG_VW	HHA_EDIT_TYPE_CD	VARCHAR2 (2)	N	HHA Edit Type Code	This column contains the HHA edit type code, which defines whether the edit is a consistency,	
HHA_ERR_MSG_VW	HHA_ERR_MSG_NUM	VARCHAR2 (10)	N	HHA Error Message Number	This column contains the HHA error message number.	
HHA_ERR_MSG_VW	HHA_ERR_TYPE_CD	VARCHAR2 (2)	N	HHA Error Type Code	This column represents the HHA error type code.	
HHA_ERR_MSG_VW	MSG_SRT_NUM	NUMBER (6.0)	N	Message Sort Number	This column contains the sort number associated to the error message number. It is used to sort	
HHA_ERR_MSG_VW	UPDT_TS	DATE (8)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_ERR_MSG_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_ERR_SMRY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ERR_SMRY_VW	HHA_ERR_MSG_NUM	VARCHAR2 (10)	N	HHA Error Message Number	This column contains the HHA error message number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ERR_SMRY_VW	ITM_IN_ERR_TXT	VARCHAR2 (1000)	N	Item In Error Text	This column contains the item(s) in error.	
HHA_ERR_SMRY_VW	NUMBER_OF_ERRORS	NUMBER (22)	N	Number of Errors Count	This column contains a count of the number of errors.	
HHA_ERR_SMRY_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ERR_SMRY_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_EXTRCT_REC	EXTRCT_SW	VARCHAR2 (1)	N	Extract Switch	The data in this column indicates whether the record was included in the extract.	
HHA_EXTRCT_REC	HHA_ASMT_ID	NUMBER (15.0)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_EXTRCT_REC	HHA_EXTRCT_RQST_NUM	NUMBER (10.0)	Y	RHHI Extract Request Number	This column contains the RHHI extract request number.	
HHA_EXTRCT_RQST	HHA_EXTRCT_RQST_NUM	NUMBER (10.0)	Y	RHHI Extract Request Number	This column contains the RHHI extract request number.	
HHA_EXTRCT_RQST	RQST_TS	DATE (7)	N	RHHI Extract Request Timestamp	This column contains the date and time of the extract request.	
HHA_EXTRCT_RQST	USER_ID	VARCHAR2 (20)	N	User ID	This column contains the extract requester's User's ID.	
HHA_FAC_RSDNT_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_FAC_RSDNT_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
HHA_FAC_RSDNT_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ITM_VW	DB_CLMN_NAME	VARCHAR2 (60)	N	Database Column Name	This column contains a combination of the item ID and database column text.	
HHA_ITM_VW	DB_TXT	VARCHAR2 (30)	N	Database Text	This column contains the item database text.	
HHA_ITM_VW	HHA_ITM_ID	NUMBER (22)	N	HHA Item ID	This column contains the HHA item identifier.	
HHA_ITM_VW	HHA_ITM_SRCE_CD	VARCHAR2 (1)	N	HHA Item Source Code	The data in this column indicates whether the item is an assessment (A), control (C), a derived	
HHA_ITM_VW	HHA_ITM_TYPE_ID	NUMBER (22)	N	HHA Item Type ID	This column contains the value that defines the item's type. The valid types are checklist, code,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ITM_VW	HHA_SECT_CD	VARCHAR2 (2)	N	HHA Section Code	This column defines which section the item belongs.	
HHA_ITM_VW	HIV_SW	VARCHAR2 (1)	N	HIV Switch	This column indicates whether the ICD code is an HIV code.	
HHA_ITM_VW	ITM_ID	VARCHAR2 (30)	N	Item ID	This column contains the item identifier (ex. M0010).	
HHA_ITM_VW	ITM_SRT_NUM	NUMBER (6.0)	N	Item Sort Number	This column contains the item sort number. This number can be used to order the items for	
HHA_ITM_VW	ITM_TXT	VARCHAR2 (100)	N	Item Text	This column contains the item's descriptive text that is associated with the item ID.	
HHA_ITM_VW	RPTG_SW	VARCHAR2 (1)	N	Reporting Switch	This column indicates whether the column is used for reporting.	
HHA_ITM_VW	STD_SW	VARCHAR2 (1)	N	STD Switch	This column indicates whether the ICD code is an STD code.	
HHA_ITM_VW	VWR_SW	VARCHAR2 (1)	N	Viewer Switch	This indicates whether the item and item response are displayed in the OASIS Viewer	
HHA_PRHBT_ICD_VW	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_PRHBT_ICD_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_PRHBT_ICD_VW	HIV_SW	VARCHAR2 (1)	N	HIV Switch	This column indicates whether the ICD code is an HIV code.	
HHA_PRHBT_ICD_VW	ICD_CD	VARCHAR2 (8)	N	ICD Code	This column contains the ICD code value.	
HHA_PRHBT_ICD_VW	ICD_DESC	VARCHAR2 (100)	N	ICD Description	This column contains the ICD code description.	
HHA_PRHBT_ICD_VW	ICD_TYPE_IND	VARCHAR2 (10)	N	ICD Type Indicator	This column indicates whether the ICD code is an ICD-9 or ICD-10-C M code value.	
HHA_PRHBT_ICD_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_PRHBT_ICD_VW	STD_SW	VARCHAR2 (1)	N	STD Switch	This column indicates whether the ICD code is an STD code.	
HHA_PRHBT_ICD_VW	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_PRHBT_ICD_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ROSTR_VW	ADDED_TO_FILE_DT	DATE (8)	N			
HHA_ROSTR_VW	ADMISSION_DATE	VARCHAR2 (8)	N			
HHA_ROSTR_VW	BIRTH_DT	DATE (8)	N	Patient Date of Birth (M0066)	This column contains the patient's birth date.	
HHA_ROSTR_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_ROSTR_VW	FACID	VARCHAR2 (16)	N	Facility Identification	The facility identification assigned by the state, this is also known as Agency ID for OASIS.	
HHA_ROSTR_VW	FACILITY_INTERNAL_ID	NUMBER (10.0)	N			
HHA_ROSTR_VW	FAC_CITY	VARCHAR2 (20)	N	Facility City	This column contains the city in which the agency is located.	
HHA_ROSTR_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_ROSTR_VW	FAC_LAST_SUBMSN_DT	DATE (7)	N			
HHA_ROSTR_VW	FIRST_NAME	VARCHAR2 (12)	N	Patient First Name	This column contains the patient's first name.	
HHA_ROSTR_VW	GENDER	VARCHAR2 (1)	N	Patient Gender (M0069)	This column contains the patient's gender.	
HHA_ROSTR_VW	HHA_INDICATOR	CHAR (1)	N			
HHA_ROSTR_VW	HHA_ITM_SBST_CD	VARCHAR2 (3)	N	HHA Item Subset Code	This code table indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_ROSTR_VW	LAST_NAME	VARCHAR2 (18)	N	Patient Last Name	This column contains the patient's last name.	
HHA_ROSTR_VW	NAME	VARCHAR2 (50)	N	Agency Name	The name of the agency certified to participate in the Medicare and/or Medicaid programs.	
HHA_ROSTR_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
HHA_ROSTR_VW	RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HHA_ROSTR_VW	SSN_NUM	VARCHAR2 (9)	N	Patient Social Security Number	This column contains the patient's Social Security Number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_ROSTR_VW	STATE_ID	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_ROSTR_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_SECT_VW	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_SECT_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_SECT_VW	HHA_SECT_CD	VARCHAR2 (2)	N	HHA Section Code	This column defines which section the item belongs.	
HHA_SECT_VW	SECT_DESC	VARCHAR2 (75)	N	HHA Section Description	This column contains the section descriptions, which defines the section for where an item	
HHA_SECT_VW	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_SECT_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_SEQUENCING	ADDED_TO_FILE_DATE	DATE (7)	N			
HHA_SEQUENCING	ADD_USER_ID	VARCHAR2 (8)	N			
HHA_SEQUENCING	CURRENT_ASSMT_REASON	VARCHAR2 (2)	Y			
HHA_SEQUENCING	LAST_EDIT_DATE	DATE (7)	N			
HHA_SEQUENCING	PREVIOUS_ASSMT_REASON	VARCHAR2 (2)	Y			
HHA_SEQUENCING	USER_ID	VARCHAR2 (8)	N			
HHA_STATE_PRCSG_OPT N_VW	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_STATE_PRCSG_OPT N_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_STATE_PRCSG_OPT N_VW	MAX_ERR_NUM	NUMBER (4.0)	N	Maximum Error Number	This numeric value in this column indicates the maximum number of errors that shall display per	
HHA_STATE_PRCSG_OPT N_VW	PROC_HIV_SW	VARCHAR2 (1)	N	Process HIV Switch	The data in this column indicates whether the system should process HIV data for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_STATE_PRCSG_OPT N_VW	PROC_STD_SW	VARCHAR2 (1)	N	Process STD Switch	The data in this column indicates whether the system should process STD data for the	
HHA_STATE_PRCSG_OPT N_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_STATE_PRCSG_OPT N_VW	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_STATE_PRCSG_OPT N_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_SUBMSN_ID_CROSS WLK	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_SUBMSN_ID_CROSS WLK	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_SUBMSN_ID_CROSS WLK	HHA_SUBMSN_ID	NUMBER (22)	Y	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_BRWSR_TXT	VARCHAR2 (1000)	N	OASIS Browser Text	This is the name and/or version number of the submitters browser.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_COMPLETE_DATE	DATE (7)	N	OASIS Complete Date	The date the OASIS report finished running.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_HHA_SUBM_SEQ_NB R	NUMBER (10.0)	N	Pre-ASAP OASIS HHA Submission ID Sequence Number	This column contains the Pre-ASAP OASIS HHA submission ID sequence number.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_SBMTR_USER_ID	VARCHAR2 (20)	N	OASIS Submitter User ID	Original HHA submitter user ID.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_SUBMISSION_DATE	DATE (7)	N	Submission Date	This is the date that the file was received by the system.	
HHA_SUBMSN_ID_CROSS WLK	OASIS_SUBMISSION_FILE_N AME	VARCHAR2 (40)	N	Submission File Name	This column contains the name of the file that was submitted to the national repository.	
HHA_SUBMSN_ID_CROSS WLK	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_SUBMSN_ID_CROSS WLK	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_SUBMSN_STATS	ACPTD_DEATH_CNT	NUMBER (22)	N	Accepted Death Count	This column contains the total count of accepted death assessments in the submission file.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_SUBMSN_STATS	ACPTD_DSCHRG_CNT	NUMBER (22)	N	Accepted Assessments Discharge Count	This column contains the total count of accepted discharge assessments in the submission file.	
HHA_SUBMSN_STATS	ACPTD_OTHR_FLWP_CNT	NUMBER (22)	N	Accepted Assessments Other Follow-Up Count	This column contains the total count of accepted other follow-up assessments in the submission	
HHA_SUBMSN_STATS	ACPTD_RCRTFCTN_CNT	NUMBER (22)	N	Accepted Assessments Recertification Count	This column contains the total count of accepted recertification follow-up assessments in the	
HHA_SUBMSN_STATS	ACPTD_ROC_CNT	NUMBER (22)	N	Accepted Assessments Resumption of Care Count	This column contains the total count of accepted resumption of care assessments in the	
HHA_SUBMSN_STATS	ACPTD_SOC_CNT	NUMBER (22)	N	Accepted Assessments Start of Care Count	This column contains the total count of accepted start of care assessments in the submission file.	
HHA_SUBMSN_STATS	ACPTD_TRNSFR_D_CNT	NUMBER (22)	N	Accepted Assessments Transfer Discharged From Agency Count (M0100)	This column contains the total count of accepted assessments in the submission file for patient's	
HHA_SUBMSN_STATS	ACPTD_TRNSFR_ND_CNT	NUMBER (22)	N	Accepted Assessments Transfer Not Discharged From Agency Count (M0100)	This column contains the total count of accepted assessments in the submission file for patient's	
HHA_SUBMSN_STATS	ASMT_ACPTD_CNT	NUMBER (22)	N	Accepted Assessment Count	This column contains the total count of accepted assessments in the submission file.	
HHA_SUBMSN_STATS	ASMT_ERR_MSG_CNT	NUMBER (22)	N	Assessment Error Message Count	This column contains the total count of error messages for all records in the submission file.	
HHA_SUBMSN_STATS	ASMT_RJCTD_CNT	NUMBER (22)	N	Assessment Rejected Count	This column contains the total count of rejected assessments in the submission file.	
HHA_SUBMSN_STATS	DUP_ASMT_CNT	NUMBER (22)	N	Duplicate Assessment Count	This column contains the count of duplicate assessments in the submission file.	
HHA_SUBMSN_STATS	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_SUBMSN_STATS	HHA_PRCSG_STUS_CD	VARCHAR2 (2)	N	HHA Processing Status Code	This column indicates the processing status for the file.	HHA_PRCSG_STUS_VW
HHA_SUBMSN_STATS	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_SUBMSN_STATS	HHA_SUBMSN_STATS_ID	NUMBER (22)	Y	HHA Submission Status ID	This column is a sequence number that's used to create an artificial primary key for the table.	
HHA_SUBMSN_STATS	INVLDT_CNT	NUMBER (22)	N	Invalid File Count	This column contains the number of files from the submission file that could not be processed	
HHA_SUBMSN_STATS	OASIS_BRWSR_TXT	VARCHAR2 (1000)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_SUBMSN_STATS	OASIS_HHA_SUBM_SEQ_NB R	NUMBER (10.0)	N			
HHA_SUBMSN_STATS	SBMTR_USER_ID	VARCHAR2 (30)	N	Submitter User ID	This column contains the User ID of the person who submitted the file.	
HHA_SUBMSN_STATS	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_SUBMSN_STATS	SUBMSN_CMPLT_TS	TIMESTAMP(6) (11.6)	N	Submission Complete Timestamp	This column contains the date that the submission processing was complete.	
HHA_SUBMSN_STATS	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_SUBMSN_STATS	SUBMSN_FILE_NAME	VARCHAR2 (260)	N	Submission File Name	This column contains the name of the file that was submitted to the national repository.	
HHA_SUBMSN_STATS	TEST_FAIL_CNT	NUMBER (22)	N	Test Failed Count	This column contains the total count of test records that failed the editing process during file	
HHA_SUBMSN_STATS	TEST_PASS_CNT	NUMBER (22)	N	Test Passed Count	This column contains the total count of test records that passed the editing process during	
HHA_SUBMSN_STATS	TOT_CNT	NUMBER (22)	N	Total Count	This column contains the total count of records in the submission file.	
HHA_SUBMSN_STATS	UNAUTHRZD_CNT	NUMBER (22)	N	Unauthorized Count	This column contains the total count of records in the file that were submitted by the user who	
HHA_SUBMSN_STATS_V W	ACPTD_DEATH_CNT	NUMBER (22)	N	Accepted Death Count	This column contains the total count of accepted death assessments in the submission file.	
HHA_SUBMSN_STATS_V W	ACPTD_DSCHRG_CNT	NUMBER (22)	N	Accepted Assessments Discharge Count	This column contains the total count of accepted discharge assessments in the submission file.	
HHA_SUBMSN_STATS_V W	ACPTD_OTHR_FLWP_CNT	NUMBER (22)	N	Accepted Assessments Other Follow-Up Count	This column contains the total count of accepted other follow-up assessments in the submission	
HHA_SUBMSN_STATS_V W	ACPTD_RCRTFCTN_CNT	NUMBER (22)	N	Accepted Assessments Recertification Count	This column contains the total count of accepted recertification follow-up assessments in the	
HHA_SUBMSN_STATS_V W	ACPTD_ROC_CNT	NUMBER (22)	N	Accepted Assessments Resumption of Care Count	This column contains the total count of accepted resumption of care assessments in the	
HHA_SUBMSN_STATS_V W	ACPTD_SOC_CNT	NUMBER (22)	N	Accepted Assessments Start of Care Count	This column contains the total count of accepted start of care assessments in the submission file.	
HHA_SUBMSN_STATS_V W	ACPTD_TRNSFR_D_CNT	NUMBER (22)	N	Accepted Assessments Transfer Discharged From Agency Count (M0100)	This column contains the total count of accepted assessments in the submission file for patient's	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_SUBMSN_STATS_V W	ACPTD_TRNSFR_ND_CNT	NUMBER (22)	N	Accepted Assessments Transfer Not Discharged From Agency Count (M0100)	This column contains the total count of accepted assessments in the submission file for patient's	
HHA_SUBMSN_STATS_V W	ASMT_ACPTD_CNT	NUMBER (22)	N	Accepted Assessment Count	This column contains the total count of accepted assessments in the submission file.	
HHA_SUBMSN_STATS_V W	ASMT_ERR_MSG_CNT	NUMBER (22)	N	Assessment Error Message Count	This column contains the total count of error messages for all records in the submission file.	
HHA_SUBMSN_STATS_V W	ASMT_RJCTD_CNT	NUMBER (22)	N	Assessment Rejected Count	This column contains the total count of rejected assessments in the submission file.	
HHA_SUBMSN_STATS_V W	DUP_ASMT_CNT	NUMBER (22)	N	Duplicate Assessment Count	This column contains the count of duplicate assessments in the submission file.	
HHA_SUBMSN_STATS_V W	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_SUBMSN_STATS_V W	HHA_PRCSG_STUS_CD	VARCHAR2 (2)	N	HHA Processing Status Code	This column indicates the processing status for the file.	HHA_PRCSG_STUS_VW
HHA_SUBMSN_STATS_V W	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_SUBMSN_STATS_V W	HHA_SUBMSN_STATS_ID	NUMBER (22)	N	HHA Submission Status ID	This column is a sequence number that's used to create an artificial primary key for the table.	
HHA_SUBMSN_STATS_V W	INVLDT_CNT	NUMBER (22)	N	Invalid File Count	This column contains the number of files from the submission file that could not be processed	
HHA_SUBMSN_STATS_V W	SBMTR_USER_ID	VARCHAR2 (30)	N	Submitter User ID	This column contains the User ID of the person who submitted the file.	
HHA_SUBMSN_STATS_V W	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_SUBMSN_STATS_V W	SUBMSN_CMPLT_TS	DATE (8)	N	Submission Complete Timestamp	This column contains the date that the submission processing was complete.	
HHA_SUBMSN_STATS_V W	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_SUBMSN_STATS_V W	SUBMSN_FILE_NAME	VARCHAR2 (260)	N	Submission File Name	This column contains the name of the file that was submitted to the national repository.	
HHA_SUBMSN_STATS_V W	TEST_FAIL_CNT	NUMBER (22)	N	Test Failed Count	This column contains the total count of test records that failed the editing process during file	
HHA_SUBMSN_STATS_V W	TEST_PASS_CNT	NUMBER (22)	N	Test Passed Count	This column contains the total count of test records that passed the editing process during	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_SUBMSN_STATS_V W	TOT_CNT	NUMBER (22)	N	Total File Count	This column contains the total count of records in the submission file.	
HHA_SUBMSN_STATS_V W	UNAUTHRZD_CNT	NUMBER (22)	N	Unauthorized Count	This column contains the total count of records in the file that were submitted by the user who	
HHA_SYS_OPTN_VW	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This column contains the date and time that the record was added to the database.	
HHA_SYS_OPTN_VW	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This column contains the user ID that populated the record in the database.	
HHA_SYS_OPTN_VW	EFCTV_FROM_DT	DATE (8)	N	Effective From Date	This column Indicates the effective from date for this code table.	
HHA_SYS_OPTN_VW	EFCTV_TO_DT	DATE (8)	N	Effective To Date	This column Indicates the effective to date for this code table.	
HHA_SYS_OPTN_VW	OPTN_LAST_VAL_TXT	VARCHAR2 (50)	N	Option Last Value Text	This column contains the last system specific option value.	
HHA_SYS_OPTN_VW	OPTN_MAX_VAL_TXT	VARCHAR2 (50)	N	Option Maximum Value Text	This column contains the maximum system specific option value.	
HHA_SYS_OPTN_VW	OPTN_MIN_VAL_TXT	VARCHAR2 (50)	N	Option Minimum Value Text	This column contains the minimum system specific option value.	
HHA_SYS_OPTN_VW	OPTN_TXT	VARCHAR2 (50)	N	Option Text	This column contains the system specific value.	
HHA_SYS_OPTN_VW	OPTN_TYPE_DESC	VARCHAR2 (200)	N	Option Type Description	This column contains the system specific option description.	
HHA_SYS_OPTN_VW	OPTN_TYPE_NAME	VARCHAR2 (30)	N	Option Type Name	This column contains the text defining the system specific option.	
HHA_SYS_OPTN_VW	SYS_NAME	VARCHAR2 (50)	N	System Name	This column contains the system name.	
HHA_SYS_OPTN_VW	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HHA_SYS_OPTN_VW	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HHA_THERAPY_NEED	ADDED_TO_FILE_DATE	DATE (7)	N			
HHA_THERAPY_NEED	ADD_USER_ID	VARCHAR2 (8)	N			
HHA_THERAPY_NEED	CODE_ID	VARCHAR2 (2)	Y	Code ID	Code Identifier	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_THERAPY_NEED	EFF_FROM_DT	DATE (7)	N			
HHA_THERAPY_NEED	EFF_THRU_DT	DATE (7)	N			
HHA_THERAPY_NEED	LAST_EDIT_DATE	DATE (7)	N			
HHA_THERAPY_NEED	M0825_DESC	VARCHAR2 (400)	N	(M0825) Therapy Need Description	(M0825) Therapy need description.	
HHA_THERAPY_NEED	USER_ID	VARCHAR2 (8)	N			
HHA_VLDTN_RPT	BIRTH_DT	DATE (8)	N	Patient Date of Birth (M0066)	This column contains the patient's birth date.	
HHA_VLDTN_RPT	BRNCH_ID	VARCHAR2 (10)	N	Branch ID	This column contains the agency assigned branch id.	
HHA_VLDTN_RPT	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	
HHA_VLDTN_RPT	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_VLDTN_RPT	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_VLDTN_RPT	FILE_NAME	VARCHAR2 (260)	N	File Name	This column contains the name of the file that was submitted to the national repository.	
HHA_VLDTN_RPT	FIRST_NAME	VARCHAR2 (12)	N	Patient First Name	This column contains the patient's first name.	
HHA_VLDTN_RPT	GNDR_CD	VARCHAR2 (1)	N	Gender Code	This column contains the code values that define the patient's gender.	
HHA_VLDTN_RPT	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_VLDTN_RPT	HHA_ASMT_STUS_CD	VARCHAR2 (2)	N	HHA Assessment Status Code	This column contains the code identifying the status of the assessment processing (accepted,	HHA_PRCSG_STUS
HHA_VLDTN_RPT	HHA_ITM_SBST_CD	VARCHAR2 (4)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_VLDTN_RPT	HHA_PRCSG_STUS_CD	VARCHAR2 (2)	N	HHA Processing Status Code	This column indicates the processing status for the file.	HHA_PRCSG_STUS_VW
HHA_VLDTN_RPT	HHA_SUBMSN_ID	NUMBER (22)	Y	HHA Submission ID	This is a unique identifier of the submission file.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_VLDTN_RPT	LAST_NAME	VARCHAR2 (18)	N	Patient Last Name	This column contains the patient's last name.	
HHA_VLDTN_RPT	MDCR_NUM	VARCHAR2 (12)	N	Medicare Number	The submitted patient's Medicare number (M0063).	
HHA_VLDTN_RPT	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_VLDTN_RPT	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_VLDTN_RPT	RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	RFA (M0100)	This column indicate the reason for the assessment.	HHA_RSN_FOR_ASMT_CD
HHA_VLDTN_RPT	SBMTR_USER_ID	VARCHAR2 (30)	N	Submitter User ID	This column contains the User ID of the person who submitted the file.	
HHA_VLDTN_RPT	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_VLDTN_RPT	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	
HHA_VLDTN_RPT	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the patient's Social Security Number.	
HHA_VLDTN_RPT	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_VLDTN_RPT	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_VLDTN_RPT	SUBMSN_PROC_ORDR_NUM	NUMBER (22)	N	Submission Processing Order Number	The data in this column identifies the order number that was assigned to the record prior to	
HHA_VLDTN_RPT	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of transaction for the record.	HHA_TRANS_TYPE_CD
HHA_VLDTN_RPT	TRANS_TYPE_DESC	VARCHAR2 (50)	N	Transaction Type Description	This column contains the code description indicating the type of transaction for the record.	
HHA_VLDTN_RPT	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_VLDTN_RPT_VW	BIRTH_DT	DATE (8)	N	Patient Date of Birth (M0066)	This column contains the patient's birth date.	
HHA_VLDTN_RPT_VW	BRNCH_ID	VARCHAR2 (10)	N			
HHA_VLDTN_RPT_VW	CRCTN_NUM	NUMBER (2.0)	N	Correction Number	This is the number of the assessment. New records have a correction number of '00'	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_VLDTN_RPT_VW	EFCTV_DT	DATE (8)	N	Effective Date	The effective date is based on the M0100 Reason for Assessment (RFA) field. This is the	
HHA_VLDTN_RPT_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identifier, this along with the state code identifies a unique facility.	
HHA_VLDTN_RPT_VW	FILE_NAME	VARCHAR2 (260)	N	File Name	This column contains the name of the file that was submitted to the national repository.	
HHA_VLDTN_RPT_VW	FIRST_NAME	VARCHAR2 (12)	N	Patient First Name	This column contains the patient's first name.	
HHA_VLDTN_RPT_VW	GNDR_CD	VARCHAR2 (1)	N	Gender Code	This column contains the code values that define the patient's gender.	
HHA_VLDTN_RPT_VW	HHA_ASMT_ID	NUMBER (22)	N	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HHA_VLDTN_RPT_VW	HHA_ASMT_STUS_CD	VARCHAR2 (2)	N	HHA Assessment Status Code	This column contains the code identifying the status of the assessment processing (accepted,	HHA_PRCSG_STUS
HHA_VLDTN_RPT_VW	HHA_ITM_SBST_CD	VARCHAR2 (4)	N	HHA Item Subset Code	This code indicates the type of assessment that was submitted.	HHA_ITM_SBST
HHA_VLDTN_RPT_VW	HHA_PRCSG_STUS_CD	VARCHAR2 (2)	N	HHA Processing Status Code	This column indicates the processing status for the file.	HHA_PRCSG_STUS_VW
HHA_VLDTN_RPT_VW	HHA_SUBMSN_ID	NUMBER (22)	N	HHA Submission ID	This is a unique identifier of the submission file.	
HHA_VLDTN_RPT_VW	LAST_NAME	VARCHAR2 (18)	N	Patient Last Name	This column contains the patient's last name.	
HHA_VLDTN_RPT_VW	MDCR_NUM	VARCHAR2 (12)	N	Medicare Number	The submitted patient's Medicare number (M0063).	
HHA_VLDTN_RPT_VW	ORGNL_ASMT_ID	NUMBER (22)	N	Original Assessment ID	This column contains the record's original assessment ID.	
HHA_VLDTN_RPT_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
HHA_VLDTN_RPT_VW	RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	RFA (M0100)	This column indicate the reason for the assessment.	HHA_RSN_FOR_ASMT_CD
HHA_VLDTN_RPT_VW	SBMTR_USER_ID	VARCHAR2 (30)	N	Submitter User ID	This column contains the User ID of the person who submitted the file.	
HHA_VLDTN_RPT_VW	SFTWR_VNDR_ID	VARCHAR2 (9)	N	Software Vendor ID	This is the software vendor's Federal Employer Tax (EIN) ID.	
HHA_VLDTN_RPT_VW	SPEC_VRSN_CD	VARCHAR2 (10)	N	Specification Version Code	This value represents the version of the data submission specifications that were used to	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HHA_VLDTN_RPT_VW	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the patient's Social Security Number.	
HHA_VLDTN_RPT_VW	STATE_CD	VARCHAR2 (2)	N	State Code	This column contains the state abbreviation code.	STATES
HHA_VLDTN_RPT_VW	SUBMSN_DT	DATE (8)	N	Submission Date	This is the date that the file was received by the system.	
HHA_VLDTN_RPT_VW	SUBMSN_PROC_ORDR_NUM	NUMBER (22)	N	Submission Processing Order Number	The data in this column identifies the order number that was assigned to the record prior to	
HHA_VLDTN_RPT_VW	TRANS_TYPE_CD	VARCHAR2 (1)	N	Transaction Type Code	This column contains the code value indicating the type of transaction for the record.	HHA_TRANS_TYPE_CD
HHA_VLDTN_RPT_VW	TRANS_TYPE_DESC	VARCHAR2 (50)	N	Transaction Type Description	This column contains the code description indicating the type of transaction for the record.	
HHA_VLDTN_RPT_VW	TRGT_DT	DATE (8)	N	Target Date	This column contains the target date of the assessment. The target date is based on item	
HHA_VLD_ITM_RSPNS_VW	EFCTV_FROM_DT	DATE (8)	N	Effective From Date	This column Indicates the effective from date for this code table.	
HHA_VLD_ITM_RSPNS_VW	EFCTV_TO_DT	DATE (8)	N	Effective To Date	This column Indicates the effective to date for this code table.	
HHA_VLD_ITM_RSPNS_VW	EXTRNL_RSPNS_ID	VARCHAR2 (10)	N	External Response ID	This column contains the valid response values for the associated HHA item.	
HHA_VLD_ITM_RSPNS_VW	HHA_ITM_ID	NUMBER (22)	N	HHA Item ID	This column contains the HHA item identifier.	
HHA_VLD_ITM_RSPNS_VW	RSPNS_DESC	VARCHAR2 (255)	N	Response Description	This column contains the valid response description for the associated HHA item.	
HQI_ADJCNT_STATE	ADJCNT_STATE_CD	VARCHAR2 (2)	Y	Adjacent state code	State code of a state adjacent to the state listed in state_cd	
HQI_ADJCNT_STATE	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_AGRGTN_CALC_RUN	AGRGTN_RUN_SQNC_NUM	NUMBER (10.0)	Y	Aggregation Run Sequence Number	This is the unique sequence number assigned to each quarterly aggregation run of provider level	
HQI_AGRGTN_CALC_RUN	MSR_CALC_RUN_TYPE_CD	VARCHAR2 (5)	N	Measure Calculation Run Type Code	This is the unique identifier for the type of measure calculation run.	HQI_MSR_CALC_RUN_TYPE_CD
HQI_AGRGTN_CALC_RUN	RFRNC_BGN_DT	DATE (8)	N	Reference Begin Date	This is the beginning date for the data included in the aggregation calculation, which	
HQI_AGRGTN_CALC_RUN	RFRNC_END_DT	DATE (8)	N	Reference End Date	This is the end date for the data included in the aggregation calculation, which corresponds with	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_AGRGTN_CALC_RUN	RUN_BGN_TS	TIMESTAMP(6) (11.6)	N	Run Begin Timestamp	This is the timestamp for the start of the provider-level quality measure data calculation.	
HQI_AGRGTN_CALC_RUN	RUN_END_TS	TIMESTAMP(6) (11.6)	N	Run End Timestamp	This is the timestamp for the end of the provider-level quality measure data calculation.	
HQI_AGRGTN_CALC_RUN	RUN_STUS_CD	NUMBER (2.0)	N	Run Status Code	This is the code to identify the status of the calculation run.	HQI_RUN_STUS_CD
HQI_AGRGTN_CALC_RUN	SBMSN_CTF_DT	DATE (8)	N	Submission Cutoff Date	This is the cutoff date for submission of assessment data for this reporting time period.	
HQI_AGRGTN_PBLC_RPTG	EPSD_CNT	NUMBER (10.0)	N	Episode count	The number of episodes used in the calculation of the measure values.	
HQI_AGRGTN_PBLC_RPTG	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code. This along with the state code identifies a unique	
HQI_AGRGTN_PBLC_RPTG	MSR_448_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Timely Initiation of Care Measure	The number of episodes used in calculating the Timely Care: Timely Initiation of Care measure	
HQI_AGRGTN_PBLC_RPTG	MSR_448_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Timely Care, Timely Initiation of Care Measure	The average value for the Timely Care: Timely Initiation of Care measure for the facility, state	
HQI_AGRGTN_PBLC_RPTG	MSR_450_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Assessment Conducted Measure	The number of episodes used in calculating the Assessment: Depression Assessment Conducted	
HQI_AGRGTN_PBLC_RPTG	MSR_450_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Assessment, Depression Assessment Conducted Measure	The average value for the Assessment: Depression Assessment Conducted measure for	
HQI_AGRGTN_PBLC_RPTG	MSR_451_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The number of episodes used in calculating the Assessment: Multifactor Fall Risk Assessment	
HQI_AGRGTN_PBLC_RPTG	MSR_451_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Assessment, Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The average value for the Assessment: Multifactor Fall Risk Assessment Conducted	
HQI_AGRGTN_PBLC_RPTG	MSR_465_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Diabetic Foot Care	
HQI_AGRGTN_PBLC_RPTG	MSR_465_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The average value for the Care Plan Implementation: Diabetic Foot Care And	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_AGRGTN_PBLC_RPT G	MSR_478_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care Measure	The number of episodes used in calculating the Education: Drug Education On All Medications	
HQI_AGRGTN_PBLC_RPT G	MSR_478_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care	The average value for the Education: Drug Education On All Medications Provided To	
HQI_AGRGTN_PBLC_RPT G	MSR_482_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Influenza Immunization Received For Current Flu Season Measure	The number of episodes used in calculating the Prevention: Influenza Immunization Received	
HQI_AGRGTN_PBLC_RPT G	MSR_482_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Prevention, Influenza Immunization Received For Current Flu Season Measure	The average value for the Prevention: Influenza Immunization Received For Current Flu Season	
HQI_AGRGTN_PBLC_RPT G	MSR_485_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pneumococcal Vaccine Ever Received Measure	The number of episodes used in calculating the Prevention: Pneumococcal Vaccine Ever	
HQI_AGRGTN_PBLC_RPT G	MSR_485_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Ever Received Measure	The average value for the Prevention: Pneumococcal Vaccine Ever Received measure	
HQI_AGRGTN_PBLC_RPT G	MSR_553_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Regimen Review Conducted with Follow-Up for Identified Issues Measure	The number of episodes used in calculating the Drug Regimen Review Conducted with Follow-	
HQI_AGRGTN_PBLC_RPT G	MSR_553_VAL_NUM	NUMBER (6.2)	N	Process Quality Measures: Drug Regimen Review Conducted with Follow-Up for Identified Issues	The average value for the Drug Regimen Review Conducted with Follow-Up for	
HQI_AGRGTN_PBLC_RPT G	STATE_CD	VARCHAR2 (2)	Y	State Code	This field holds the two-character state abbreviation or 'US' for national level data. If the	NATL_GEOGRPHC_VW
HQI_AGRGTN_PBLC_RPT G	TRGT_MO_DT	DATE (7)	Y	Target month date	The month during which all episodes of care used in calculating this row of data ended.	
HQI_AGRGTN_RVW_CRC T	AGRGTN_RUN_SQNC_NUM	NUMBER (10.0)	Y	Aggregation Calculation Run Sequence Number	Aggregation Calculation Run Sequence Number.	
HQI_AGRGTN_RVW_CRC T	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This is the date and time that the record was added to the database.	
HQI_AGRGTN_RVW_CRC T	CREAT_USER_ID	VARCHAR2 (50)	N	Create User ID	User ID that populated the record in the database.	
HQI_AGRGTN_RVW_CRC T	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_AGRGTN_RVW_CRC T	MSR_448_DNMNTR_NUM	NUMBER (8.0)	N	Timely Initiation of Care Denominator	Indicates the denominator value for the Timely Initiation of Care quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_448_NMRTR_NUM	NUMBER (8.0)	N	Timely Initiation of Care Numerator	Indicates the numerator value for the Timely Initiation of Care quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_448_OBSRVD_PCT	NUMBER (4.1)	N	Timely Initiation of Care Observed Percentage	Indicates the observed percentage value for the Timely Initiation of Care quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_450_DNMNTR_NUM	NUMBER (8.0)	N	Depression Assessment Conducted Denominator	Indicates the denominator value for the Depression Assessment Conducted quality	
HQI_AGRGTN_RVW_CRC T	MSR_450_NMRTR_NUM	NUMBER (8.0)	N	Depression Assessment Conducted Numerator	Indicates the numerator value for the Depression Assessment Conducted quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_450_OBSRVD_PCT	NUMBER (4.1)	N	Depression Assessment Conducted Observed Percentage	Indicates the observed percentage value for the Depression Assessment Conducted quality	
HQI_AGRGTN_RVW_CRC T	MSR_451_DNMNTR_NUM	NUMBER (8.0)	N	Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate Denominator	Indicates the denominator value for the Multifactor Fall Risk Assessment Conducted for	
HQI_AGRGTN_RVW_CRC T	MSR_451_NMRTR_NUM	NUMBER (8.0)	N	Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate Numerator	Indicates the numerator value for the Multifactor Fall Risk Assessment Conducted for All Patients	
HQI_AGRGTN_RVW_CRC T	MSR_451_OBSRVD_PCT	NUMBER (4.1)	N	Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate Observed Percentage	Indicates the observed percentage value for the Multifactor Fall Risk Assessment Conducted for	
HQI_AGRGTN_RVW_CRC T	MSR_465_DNMNTR_NUM	NUMBER (8.0)	N	Diabetic Foot Care and Patient Education Implemented during All Episodes of Care Denominator	Indicates the denominator value for the Diabetic Foot Care and Patient Education Implemented	
HQI_AGRGTN_RVW_CRC T	MSR_465_NMRTR_NUM	NUMBER (8.0)	N	Diabetic Foot Care and Patient Education Implemented during All Episodes of Care Numerator	Indicates the numerator value for the Diabetic Foot Care and Patient Education Implemented	
HQI_AGRGTN_RVW_CRC T	MSR_465_OBSRVD_PCT	NUMBER (4.1)	N	Diabetic Foot Care and Patient Education Implemented during All Episodes of Care Observed Percentage	Indicates the observed percentage value for the Diabetic Foot Care and Patient Education	
HQI_AGRGTN_RVW_CRC T	MSR_478_DNMNTR_NUM	NUMBER (8.0)	N	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care Denominator	Indicates the denominator value for the Drug Education on All Medications Provided to	
HQI_AGRGTN_RVW_CRC T	MSR_478_NMRTR_NUM	NUMBER (8.0)	N	Drug Education on All Medications Provided to Patient/Caregiver during All	Indicates the numerator value for the Drug Education on All Medications Provided to	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Episodes of Care Numerator		
HQI_AGRGTN_RVW_CRT	MSR_478_OBSRVD_PCT	NUMBER (4.1)	N	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care Observed Percentage	Indicates the observed percentage value for the Drug Education on All Medications Provided to	
HQI_AGRGTN_RVW_CRT	MSR_482_DNMNTR_NUM	NUMBER (8.0)	N	Influenza Immunization Received for Current Flu Season Denominator	Indicates the denominator value for the Influenza Immunization Received for Current	
HQI_AGRGTN_RVW_CRT	MSR_482_NMRTR_NUM	NUMBER (8.0)	N	Influenza Immunization Received for Current Flu Season Numerator	Indicates the numerator value for the Influenza Immunization Received for Current Flu Season	
HQI_AGRGTN_RVW_CRT	MSR_482_OBSRVD_PCT	NUMBER (4.1)	N	Influenza Immunization Received for Current Flu Season Observed Percentage	Indicates the observed percentage value for the Influenza Immunization Received for Current	
HQI_AGRGTN_RVW_CRT	MSR_485_DNMNTR_NUM	NUMBER (8.0)	N	Pneumococcal Polysaccharide Vaccine Ever Received Denominator	Indicates the denominator value for the Pneumococcal Polysaccharide Vaccine Ever	
HQI_AGRGTN_RVW_CRT	MSR_485_NMRTR_NUM	NUMBER (8.0)	N	Pneumococcal Polysaccharide Vaccine Ever Received Numerator	Indicates the numerator value for the Pneumococcal Polysaccharide Vaccine Ever	
HQI_AGRGTN_RVW_CRT	MSR_485_OBSRVD_PCT	NUMBER (4.1)	N	Pneumococcal Polysaccharide Vaccine Ever Received Observed Percentage	Indicates the observed percentage value for the Pneumococcal Polysaccharide Vaccine Ever	
HQI_AGRGTN_RVW_CRT	MSR_511_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Bathing Denominator	Indicates the denominator value for the Improvement in Bathing quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_511_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Bathing Numerator	Indicates the numerator value for the Improvement in Bathing quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_511_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Bathing Observed Percentage	Indicates the observed percentage value for the Improvement in Bathing quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_517_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Bed Transferring Denominator	Indicates the denominator value for the Improvement in Bed Transferring quality	
HQI_AGRGTN_RVW_CRT	MSR_517_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Bed Transferring Numerator	Indicates the numerator value for the Improvement in Bed Transferring quality	
HQI_AGRGTN_RVW_CRT	MSR_517_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Bed Transferring Observed Percentage	Indicates the observed percentage value for the Improvement in Bed Transferring quality	
HQI_AGRGTN_RVW_CRT	MSR_519_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Ambulation/Locomotion	Indicates the denominator value for the Improvement in Ambulation/Locomotion	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Denominator		
HQI_AGRGTN_RVW_CRT	MSR_519_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Ambulation/Locomotion Numerator	Indicates the numerator value for the Improvement in Ambulation/Locomotion	
HQI_AGRGTN_RVW_CRT	MSR_519_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Ambulation/Locomotion Observed Percentage	Indicates the observed percentage value for the Improvement in Ambulation/Locomotion	
HQI_AGRGTN_RVW_CRT	MSR_525_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Management of Oral Medications Denominator	Indicates the denominator value for the Improvement in Management of Oral	
HQI_AGRGTN_RVW_CRT	MSR_525_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Management of Oral Medications Numerator	Indicates the numerator value for the Improvement in Management of Oral	
HQI_AGRGTN_RVW_CRT	MSR_525_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Management of Oral Medications Observed Percentage	Indicates the observed percentage value for the Improvement in Management of Oral	
HQI_AGRGTN_RVW_CRT	MSR_527_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Dyspnea Denominator	Indicates the denominator value for the Improvement in Dyspnea quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_527_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Dyspnea Numerator	Indicates the numerator value for the Improvement in Dyspnea quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_527_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Dyspnea Observed Percentage	Indicates the observed percentage value for the Improvement in Dyspnea quality measure.	
HQI_AGRGTN_RVW_CRT	MSR_528_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Pain Interfering with Activity Denominator	Indicates the denominator value for the Improvement in Pain Interfering with Activity	
HQI_AGRGTN_RVW_CRT	MSR_528_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Pain Interfering with Activity Numerator	Indicates the numerator value for the Improvement in Pain Interfering with Activity	
HQI_AGRGTN_RVW_CRT	MSR_528_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Pain Interfering with Activity Observed Percentage	Indicates the observed percentage value for the Improvement in Pain Interfering with Activity	
HQI_AGRGTN_RVW_CRT	MSR_531_DNMNTR_NUM	NUMBER (8.0)	N	Improvement in Status of Surgical Wounds Denominator	Indicates the denominator value for the Improvement in Status of Surgical Wounds	
HQI_AGRGTN_RVW_CRT	MSR_531_NMRTR_NUM	NUMBER (8.0)	N	Improvement in Status of Surgical Wounds Numerator	Indicates the numerator value for the Improvement in Status of Surgical Wounds	
HQI_AGRGTN_RVW_CRT	MSR_531_OBSRVD_PCT	NUMBER (4.1)	N	Improvement in Status of Surgical Wounds Observed Percentage	Indicates the observed percentage value for the Improvement in Status of Surgical Wounds	
HQI_AGRGTN_RVW_CRT	MSR_552_DNMNTR_NUM	NUMBER (8.0)	N	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)	Indicates the denominator value for the Percent of Residents or Patients with Pressure Ulcers	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Denominator		
HQI_AGRGTN_RVW_CRC T	MSR_552_NMRTR_NUM	NUMBER (8.0)	N	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) Numerator	Indicates the numerator value for the Percent of Residents or Patients with Pressure Ulcers That	
HQI_AGRGTN_RVW_CRC T	MSR_552_OBSRVD_PCT	NUMBER (4.1)	N	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) Observed Percentage	Indicates the observed percentage value for the Percent of Residents or Patients with Pressure	
HQI_AGRGTN_RVW_CRC T	MSR_553_DNMNTR_NUM	NUMBER (8.0)	N	Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues Denominator	Indicates the denominator value for the Percent of Patients with Drug Regimen Review	
HQI_AGRGTN_RVW_CRC T	MSR_553_NMRTR_NUM	NUMBER (8.0)	N	Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues Numerator	Indicates the numerator value for the Percent of Patients with Drug Regimen Review Conducted	
HQI_AGRGTN_RVW_CRC T	MSR_553_OBSRVD_PCT	NUMBER (4.1)	N	Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues Observed Percentage	Indicates the observed percentage value for the Percent of Patients with Drug Regimen Review	
HQI_AGRGTN_RVW_CRC T	MSR_661_DNMNTR_NUM	NUMBER (8.0)	N	Pressure Ulcer Injury Denominator	Indicates the denominator total for the Pressure Ulcer Injury quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_661_NMRTR_NUM	NUMBER (8.0)	N	Pressure Ulcer Injury Numerator	Indicates the numerator total for the Pressure Ulcer Injury quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_661_OBSRVD_PCT	NUMBER (4.1)	N	Pressure Ulcer Injury Observed Percentage	Indicates the observed percentage for the Pressure Ulcer Injury quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_662_DNMNTR_NUM	NUMBER (8.0)	N	Application of Functional Assessment Denominator	Indicates the denominator total for the Application of Functional Assessment quality	
HQI_AGRGTN_RVW_CRC T	MSR_662_NMRTR_NUM	NUMBER (8.0)	N	Application of Functional Assessment Numerator	Indicates the numerator total for the Application of Functional Assessment quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_662_OBSRVD_PCT	NUMBER (4.1)	N	Application of Functional Assessment Observed Percentage	Indicates the observed percentage for the Application of Functional Assessment quality	
HQI_AGRGTN_RVW_CRC T	MSR_663_DNMNTR_NUM	NUMBER (8.0)	N	Application of Falls Denominator	Indicates the denominator total for the Application of Falls quality measure.	
HQI_AGRGTN_RVW_CRC T	MSR_663_NMRTR_NUM	NUMBER (8.0)	N	Application of Falls Numerator	Indicates the numerator total for the Application of Falls quality measure.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_AGRGTN_RVW_CRT	MSR_663_OBSRVD_PCT	NUMBER (4.1)	N	Application of Falls Observed Percentage	Indicates the observed percentage for the Application of Falls quality measure.	
HQI_AGRGTN_RVW_CRT	STATE_CD	VARCHAR2 (2)	Y	State Code	The data in this column indicates the two-character state code of the state where the	STATES
HQI_FAC_XREF	ADMSN_CNT	NUMBER (5.0)	N	Unique admissions count	Unique admissions count	
HQI_FAC_XREF	AGNCY_TYPE_CD	NUMBER (1.0)	N	Agency type code	GNRL_FAC_TYPE_CD from csp_crtfctn table	
HQI_FAC_XREF	CNTL_TYPE_CD	NUMBER (1.0)	N	Agency control type code	GNRL_CNTL_TYPE_CD from csp_crtfctn	
HQI_FAC_XREF	CRTFCTN_DT	DATE (8)	N	Certification date	Certification date	
HQI_FAC_XREF	FAC_ADDR_TXT	VARCHAR2 (50)	N	Facility address	Agency address from natl_facility; from csp_prvdr if natl_facility address is null	
HQI_FAC_XREF	FAC_CITY_TXT	VARCHAR2 (20)	N	Facility city	Agency city from natl_facility; from csp_prvdr if natl_facility city is null	
HQI_FAC_XREF	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility internal id	Facility internal id	
HQI_FAC_XREF	FAC_NAME_TXT	VARCHAR2 (50)	N	Facility name	Agency name from natl_facility; from csp_prvdr if natl_facility.name is null	
HQI_FAC_XREF	FAC_PHNE_NUM_TXT	VARCHAR2 (13)	N	Facility phone number	Agency phone number from natl_facility; from csp_prvdr if natl_facility phone number is null	
HQI_FAC_XREF	FAC_ZIP_TXT	VARCHAR2 (5)	N	Facility zip code	Agency zip code from natl_facility; from csp_prvdr if natl_facility zip code is null	
HQI_FAC_XREF	HHA_SRVC_CD	NUMBER (1.0)	N	Home health services code	Code to indicate if home health aide services are offered by this agency	
HQI_FAC_XREF	JOB_SQNC_NUM	NUMBER (10.0)	Y	Job sequence number	Sequence number to join with hqi_flat_fil_job	
HQI_FAC_XREF	MDCD_ID	VARCHAR2 (15)	N	Medicaid id	Medicaid ID	
HQI_FAC_XREF	NRSNG_SRVC_CD	NUMBER (1.0)	N	Nursing services code	Code to indicate if nursing services are provided by this agency	
HQI_FAC_XREF	OSCAR_STATE_CD	VARCHAR2 (2)	N	OSCAR state code	State code from csp_prvdr	
HQI_FAC_XREF	OT_CD	NUMBER (1.0)	N	Occupational therapy code	Code to indicate if occupational therapy is offered by this agency	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_FAC_XREF	PRVDR_NUM	VARCHAR2 (12)	Y	Provider Number	Provider Medicare ID	
HQI_FAC_XREF	PT_CD	NUMBER (1.0)	N	Physical therapy code	Code to indicate if physical therapy is offered by this agency	
HQI_FAC_XREF	SCL_SRVC_CD	NUMBER (1.0)	N	Social services code	Code to indicate if social services are offered by this agency	
HQI_FAC_XREF	SPCH_THRPY_CD	NUMBER (1.0)	N	Speech therapy code	Code to indicate if speech therapy is offered by this agency	
HQI_FAC_XREF	SSA_CNTY_CD	VARCHAR2 (3)	N	SSA county code	SSA county code	
HQI_FAC_XREF	SSA_STATE_CD	VARCHAR2 (2)	N	SSA state code	SSA state code	
HQI_FAC_XREF	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_FLAT_FIL_JOB	JOB_SEQNC_NUM	NUMBER (10.0)	Y	Job sequence number	Sequence number to join with hqi_flat_fil_job	
HQI_FLAT_FIL_JOB	RPT_MO_DT	DATE (8)	N	Report month	Month for which the reports were run	
HQI_FLAT_FIL_JOB	STUS_CD	NUMBER (1.0)	N	Status code	Status code	
HQI_MSR_VAL_PBLR_RP TG	ADMSN_DT	DATE (7)	Y	Admission Date	The date of admission for the episode of care.	
HQI_MSR_VAL_PBLR_RP TG	DSCHRG_DT	DATE (7)	Y	Discharge Date	The date of discharge for the episode of care.	
HQI_MSR_VAL_PBLR_RP TG	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code.	
HQI_MSR_VAL_PBLR_RP TG	MSR_448_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Timely Care, Timely Initiation of Care Measure	The value of the Timely Care: Timely Initiation Of Care measure for the episode of care.	
HQI_MSR_VAL_PBLR_RP TG	MSR_450_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Assessment, Depression Assessment Conducted Measure	The value of the Assessment: Depression Assessment Conducted measure for the episode	
HQI_MSR_VAL_PBLR_RP TG	MSR_451_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Assessment, Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The value of the Assessment: Multifactor Fall Risk Assessment Conducted For All Patients	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_MSR_VAL_PBLR_RP TG	MSR_465_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Diabetic Foot Care And Patient/Caregiver	
HQI_MSR_VAL_PBLR_RP TG	MSR_478_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care Measure	The value of the Education: Drug Education On All Medications Provided To Patient/Caregiver	
HQI_MSR_VAL_PBLR_RP TG	MSR_482_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Prevention, Influenza Immunization Received For Current Flu Season Measure	The value of the Prevention: Influenza Immunization Received For Current Flu Season	
HQI_MSR_VAL_PBLR_RP TG	MSR_485_VAL_NUM	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Ever Received Measure	The value of the Prevention: Pneumococcal Vaccine Ever Received measure for the episode	
HQI_MSR_VAL_PBLR_RP TG	MSR_553_VAL_NUM	NUMBER (1.0)	N	Drug Regimen Review Conducted with Follow-Up for Identified Issues	The value of the Drug Regimen Review Conducted with Follow-Up for Identified Issues	
HQI_MSR_VAL_PBLR_RP TG	MSR_561_VAL_NUM	NUMBER (1.0)	N	Pressure Ulcer Risk-adjustment covariate: Mobility	The value of the Pressure Ulcer Risk-adjustment covariate: Mobility measure for the episode of	
HQI_MSR_VAL_PBLR_RP TG	MSR_562_VAL_NUM	NUMBER (1.0)	N	Pressure Ulcer Risk-adjustment covariate: Bowel Incontinence	The value of the Pressure Ulcer Risk-adjustment covariate: Bowel Incontinence measure for the	
HQI_MSR_VAL_PBLR_RP TG	MSR_563_VAL_NUM	NUMBER (1.0)	N	Pressure Ulcer Risk-adjustment covariate: Diabetes, PVD or PAD	The value of the Pressure Ulcer Risk-adjustment covariate: Diabetes, PVD or PAD measure for	
HQI_MSR_VAL_PBLR_RP TG	MSR_564_VAL_NUM	NUMBER (1.0)	N	Pressure Ulcer Risk-adjustment covariate: Low BMI	The value of the Pressure Ulcer Risk-adjustment covariate: Low BMI measure for the episode of	
HQI_MSR_VAL_PBLR_RP TG	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
HQI_MSR_VAL_PBLR_RP TG	STATE_CD	VARCHAR2 (2)	Y	State Code	The State location of the Agency.	STATES
HQI_MSR_VAL_RVW_CR CT	ADMSN_ASMT_ID	NUMBER (22)	N	Admission Assessment ID	This column contains the assessment ID of the admission assessment.	
HQI_MSR_VAL_RVW_CR CT	ADMSN_ASMT_SUBMSN_DT	DATE (8)	N	Admission Assessment Submission Date	This column contains the submission date of the admission record.	
HQI_MSR_VAL_RVW_CR CT	ADMSN_DT	DATE (8)	N	Admission Date	This column contains the admission date for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_MSR_VAL_RVW_CR CT	ADMSN_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	Admission Reason for Assessment Code	This column contains the admission reason for assessment code.	HHA_RSN_FOR_ASMT_CD
HQI_MSR_VAL_RVW_CR CT	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This is the date and time that the record was added to the database.	
HQI_MSR_VAL_RVW_CR CT	CREAT_USER_ID	VARCHAR2 (50)	N	Create User ID	User ID that populated the record in the database.	
HQI_MSR_VAL_RVW_CR CT	DSCHRG_ASMT_ID	NUMBER (22)	Y	Discharge Assessment ID	This column contains the assessment ID of the discharge assessment.	
HQI_MSR_VAL_RVW_CR CT	DSCHRG_ASMT_SUBMSN_DT	DATE (8)	N	Discharge Assessment Submission Date	This column contains the submission date of the discharge record.	
HQI_MSR_VAL_RVW_CR CT	DSCHRG_DT	DATE (8)	N	Discharge Date	This column contains the discharge date for the episode of care.	
HQI_MSR_VAL_RVW_CR CT	DSCHRG_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	Discharge Reason for Assessment Code	This column contains the discharge reason for assessment code.	HHA_RSN_FOR_ASMT_CD
HQI_MSR_VAL_RVW_CR CT	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_MSR_VAL_RVW_CR CT	MSR_448_VAL_NUM	NUMBER (1.0)	N	Timely Initiation of Care Value Number	Indicates the measure result for the Timely Initiation of Care quality measure.	
HQI_MSR_VAL_RVW_CR CT	MSR_450_VAL_NUM	NUMBER (1.0)	N	Depression Assessment Conducted Value Number	Indicates the measure result for the Depression Assessment Conducted quality measure.	
HQI_MSR_VAL_RVW_CR CT	MSR_451_VAL_NUM	NUMBER (1.0)	N	Multifactor Fall Risk Assessment Conducted for All Patients who Can Ambulate Value Number	Indicates the measure result for the Multifactor Fall Risk Assessment Conducted for All Patients	
HQI_MSR_VAL_RVW_CR CT	MSR_465_VAL_NUM	NUMBER (1.0)	N	Diabetic Foot Care and Patient Education Implemented during All Episodes of Care Value Number	Indicates the measure result for the Diabetic Foot Care and Patient Education Implemented	
HQI_MSR_VAL_RVW_CR CT	MSR_478_VAL_NUM	NUMBER (1.0)	N	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care Value Number	Indicates the measure result for the Drug Education on All Medications Provided to	
HQI_MSR_VAL_RVW_CR CT	MSR_482_VAL_NUM	NUMBER (1.0)	N	Influenza Immunization Received for Current Flu Season Value Number	Indicates the measure result for the Influenza Immunization Received for Current Flu Season	
HQI_MSR_VAL_RVW_CR CT	MSR_485_VAL_NUM	NUMBER (1.0)	N	Pneumococcal Polysaccharide Vaccine Ever Received Value Number	Indicates the measure result for the Pneumococcal Polysaccharide Vaccine Ever	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_MSR_VAL_RVW_CR CT	MSR_511_VAL_NUM	NUMBER (1.0)	N	Improvement in Bathing Value Number	Indicates the measure result for the Improvement in Bathing quality measure.	
HQI_MSR_VAL_RVW_CR CT	MSR_517_VAL_NUM	NUMBER (1.0)	N	Improvement in Bed Transferring Value Number	Indicates the measure result for the Improvement in Bed Transferring quality	
HQI_MSR_VAL_RVW_CR CT	MSR_519_VAL_NUM	NUMBER (1.0)	N	Improvement in Ambulation/Locomotion Value Number	Indicates the measure result for the Improvement in Ambulation/Locomotion	
HQI_MSR_VAL_RVW_CR CT	MSR_525_VAL_NUM	NUMBER (1.0)	N	Improvement in Management of Oral Medications Value Number	Indicates the measure result for the Improvement in Management of Oral	
HQI_MSR_VAL_RVW_CR CT	MSR_527_VAL_NUM	NUMBER (1.0)	N	Improvement in Dyspnea Value Number	Indicates the measure result for the Improvement in Dyspnea quality measure.	
HQI_MSR_VAL_RVW_CR CT	MSR_528_VAL_NUM	NUMBER (1.0)	N	Improvement in Pain Interfering with Activity Value Number	Indicates the measure result for the Improvement in Pain Interfering with Activity	
HQI_MSR_VAL_RVW_CR CT	MSR_531_VAL_NUM	NUMBER (1.0)	N	Improvement in Status of Surgical Wounds Value Number	Indicates the measure result for the Improvement in Status of Surgical Wounds	
HQI_MSR_VAL_RVW_CR CT	MSR_552_VAL_NUM	NUMBER (1.0)	N	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) Value Number	Indicates the measure result for the Percent of Residents or Patients with Pressure Ulcers That	
HQI_MSR_VAL_RVW_CR CT	MSR_553_VAL_NUM	NUMBER (1.0)	N	Percent of Patients with Drug Regimen Review Conducted with Follow-Up for Identified Issues Value Number	Indicates the measure result for the Percent of Patients with Drug Regimen Review Conducted	
HQI_MSR_VAL_RVW_CR CT	MSR_661_VAL_NUM	NUMBER (1.0)	N	Pressure Ulcer Injury Value	Results for the Pressure Ulcer Injury quality measure for the patient. Number 1 indicates the	
HQI_MSR_VAL_RVW_CR CT	MSR_662_VAL_NUM	NUMBER (1.0)	N	Application of Functional Assessment Value	Results for the Application of Functional Assessment quality measure for the patient.	
HQI_MSR_VAL_RVW_CR CT	MSR_663_VAL_NUM	NUMBER (1.0)	N	Application of Falls Value	Results for the Application of Falls quality measure for the patient. Number 1 indicates the	
HQI_MSR_VAL_RVW_CR CT	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	This is a number assigned by a system that uniquely identifies the patient. The combination	
HQI_MSR_VAL_RVW_CR CT	RSDNT_NAME	VARCHAR2 (32)	N	Patient Name	The patient's name in last name, first name format.	
HQI_MSR_VAL_RVW_CR CT	STATE_CD	VARCHAR2 (2)	Y	State Code	The data in this column indicates the two-character state code of the state where the	STATES
HQI_MSR_VAL_RVW_CR CT	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_MSR_VAL_RVW_CRCT	UPDT_USER_ID	VARCHAR2 (50)	N	Update User ID	User ID that updated the record in the database.	
HQI_NY_INDCTR	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility internal id	Facility internal id	
HQI_NY_INDCTR	INDCTR_CD	NUMBER (1.0)	N	Indicator code	Indicator code to be used for some New York agencies in the provider-level flat file	
HQI_NY_INDCTR	PRVDR_NUM	VARCHAR2 (12)	N	Provider Number	Provider Medicare ID	
HQI_NY_INDCTR	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_PED_HOSPC	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility internal id	Facility internal id	
HQI_PED_HOSPC	PRVDR_NUM	VARCHAR2 (12)	Y	Provider Number	Provider Medicare ID	
HQI_PED_HOSPC	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_PRDCTD_PAIN	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility internal id	Facility internal id	
HQI_PRDCTD_PAIN	JOB_SQNC_NUM	NUMBER (10.0)	Y	Job sequence number	Sequence number to join with hqi_flat_fil_job	
HQI_PRDCTD_PAIN	PRDCTD_VAL_PCT	NUMBER (7.4)	N	Predicted value	Predicted value for improvement in pain outcome	
HQI_PRDCTD_PAIN	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_PREVW_RPT_DATA	EPSD_CNT	NUMBER (10.0)	N	Episode Count	Total episode count for the agency	
HQI_PREVW_RPT_DATA	FAC_INTRNL_ID	NUMBER (10.0)	Y	Fac Intrnl ID	Facility internal id	
HQI_PREVW_RPT_DATA	JOB_SQNC_NUM	NUMBER (10.0)	Y	Job sequence number	Job sequence number to tie to hqi_flat_fil_job table for target month.	
HQI_PREVW_RPT_DATA	MSR_448_VAL	NUMBER (7.4)	N	Timely initiation of care value	Timely initiation of care publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_450_VAL	NUMBER (7.4)	N	Depression assessment conducted value	Depression assessment conducted publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_451_VAL	NUMBER (7.4)	N	Multifactor fall risk assessment conducted value	Multifactor fall risk assessment conducted publicly-reported value	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_PREVW_RPT_DATA	MSR_452_VAL	NUMBER (7.4)	N	Pain assessment conducted value	Pain assessment conducted publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_453_VAL	NUMBER (7.4)	N	Pressure ulcer risk assessment conducted value	Pressure ulcer risk assessment conducted publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_458_VAL	NUMBER (7.4)	N	Pressure ulcer prevention in plan of care value	Pressure ulcer prevention in plan of care publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_465_VAL	NUMBER (7.4)	N	Diabetic foot care and patient/caregiver education implemented value	Diabetic foot care and patient/caregiver education implemented publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_468_VAL	NUMBER (7.4)	N	Heart failure symptoms addressed value	Heart failure symptoms addressed publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_471_VAL	NUMBER (7.4)	N	Pain interventions implemented value	Pain interventions implemented publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_478_VAL	NUMBER (7.4)	N	Drug education on all medications provided to patient value	Drug education on all medications provided to patient publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_482_VAL	NUMBER (7.4)	N	Influenza immunization received for current flu season value	Influenza immunization received for current flu season publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_485_VAL	NUMBER (7.4)	N	Pneumococcal vaccine ever received value	Pneumococcal vaccine ever received publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_494_VAL	NUMBER (7.4)	N	Pressure ulcer prevention implemented value	Pressure ulcer prevention implemented publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_511_VAL	NUMBER (7.4)	N	Improvement in bathing value	Improvement in bathing publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_517_VAL	NUMBER (7.4)	N	Improvement in bed transferring value	Improvement in bed transferring publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_519_VAL	NUMBER (7.4)	N	Improvement in ambulation/locomotion value	Improvement in ambulation/locomotion publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_525_VAL	NUMBER (7.4)	N	Improvement in management of oral medications value	Improvement in management of oral medications publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_527_VAL	NUMBER (7.4)	N	Improvement in dyspnea value	Improvement in dyspnea publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_528_VAL	NUMBER (7.4)	N	Improvement in pain interfering with activity value	Improvement in pain interfering with activity publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_531_VAL	NUMBER (7.4)	N	Improvement in status of surgical wounds value	Improvement in status of surgical wounds publicly-reported value	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_PREVW_RPT_DATA	MSR_544_VAL	NUMBER (7.4)	N	Emergency department use without hospitalization during the first 60 days of home health value	Emergency department use without hospitalization during the first 60 days of home health value	
HQI_PREVW_RPT_DATA	MSR_545_VAL	NUMBER (7.4)	N	Acute care hospitalization during the first 60 days of home health value	Acute care hospitalization during the first 60 days of home health publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_552_VAL	NUMBER (7.4)	N	Percent of residents or patients with pressure ulcers that are new or worsened value	Percent of residents or patients with pressure ulcers that are new or worsened publicly-reported value	
HQI_PREVW_RPT_DATA	MSR_553_VAL	NUMBER (7.4)	N	Drug regimen review conducted with follow-up for identified issues value	Drug regimen review conducted with follow-up for identified issues publicly-reported value	
HQI_PREVW_RPT_DATA	STATE_CD	VARCHAR2 (2)	Y	State code	State postal code	
HQI_PRVDR_RPT_DTL_R VW_CRCT	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This is the date and time that the record was added to the database.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	CREAT_USER_ID	VARCHAR2 (50)	N	Create User ID	This is the user ID that populated the record in the database.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	DATA_CALC_DT	DATE (8)	N	Data Calculation Date	Date the data was last calculated.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	DNMNR_NUM	NUMBER (6.0)	N	Denominator	This is the denominator for the quality measure. The denominator indicates the number of	
HQI_PRVDR_RPT_DTL_R VW_CRCT	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	MSR_CD	NUMBER (3.0)	Y	Measure Code	This is the unique identifier for the quality measure.	HQI_MSR_VAL_CD
HQI_PRVDR_RPT_DTL_R VW_CRCT	NMRTR_NUM	NUMBER (6.0)	N	Numerator	This is the numerator for the quality measure. The numerator indicates the number of patients	
HQI_PRVDR_RPT_DTL_R VW_CRCT	PRVDR_OBSRVD_PCT	NUMBER (4.1)	N	Provider Observed Percent	This is the percentage of episodes of care in the HHA that triggered the measure, derived by	
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPTG_QTR_DATA_CRCTN_D DLN_DT	DATE (8)	N	Reporting Quarter Data Correction Deadline Date	This indicates the last date that a data correction can be submitted for the QM calculations for the	
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPTG_QTR_DATA_CRCTN_S TUS	VARCHAR2 (10)	N	Reporting Quarter Data Correction Status	This indicates whether the data correction period is open or closed.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPTG_QTR_END_DT	DATE (8)	Y	Reporting Quarter End Date	This indicates the calendar quarter end date for the Reporting Quarter.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPTG_QTR_STRT_DT	DATE (8)	Y	Reporting Quarter Start Date	This indicates the calendar quarter start date for the Reporting Quarter.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPTG_QTR_TXT	VARCHAR2 (20)	Y	Reporting Quarter Text	This indicates which quarters and year are defined for the quality measure.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	RPT_SEQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Sequence number for this report request.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	STATE_CD	VARCHAR2 (2)	Y	State Code	The data in this column indicates the two-character state code of the state where the	STATES
HQI_PRVDR_RPT_DTL_R VW_CRCT	TITLE_RPT_NUM	NUMBER (1.0)	N	Title Report Number	This indicates the number of the report being pulled.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	TITLE_RPT_YEAR	NUMBER (4.0)	N	Title Report Year	This indicates the year that the report is being pulled.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HQI_PRVDR_RPT_DTL_R VW_CRCT	UPDT_USER_ID	VARCHAR2 (50)	N	Update User ID	This is the user ID that updated the record in the database.	
HQI_PRVDR_ZIP_CD	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility internal id	Facility internal id	
HQI_PRVDR_ZIP_CD	JOB_SEQNC_NUM	NUMBER (10.0)	Y	Job sequence number	Sequence number to join with hqi_flat_fil_job	
HQI_PRVDR_ZIP_CD	MOS_CNT	NUMBER (2.0)	Y	Months count	Indicates whether this row contains zip code data for the most recent 6 or 12 months	
HQI_PRVDR_ZIP_CD	RSDNT_CNT	NUMBER (5.0)	N	Resident count	Count of unique residents	
HQI_PRVDR_ZIP_CD	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_PRVDR_ZIP_CD	ZIP_CD	VARCHAR2 (5)	Y	Zip code	Zip code	
HQI_RA_AGRGTN_PBLCL_RPTG	EPSD_CNT	NUMBER (10.0)	N	Episode count	The number of episodes used in the calculation of the measure values.	
HQI_RA_AGRGTN_PBLCL_RPTG	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code. This along with the state code identifies a unique	
HQI_RA_AGRGTN_PBLCL_RPTG	MODEL_NUM	NUMBER (3.0)	Y	Risk model number	Risk-adjustment model number: 0 = observed value, negative value = predicted value.	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_511_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Bathing	The number of episodes used in calculating the Improvement in Bathing measure value for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_511_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Bathing	The average value of the Improvement in Bathing measure for the agency, state or nation	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_517_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Bed Transferring	The number of episodes used in calculating the Improvement in Bed Transferring measure value	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_517_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Bed Transferring	The average value of the Improvement in Bed Transferring measure for the agency, state or	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_519_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Ambulation/Locomotion	The number of episodes used in calculating the Improvement in Ambulation/Locomotion	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_519_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Ambulation/Locomotion	The average value of the Improvement in Ambulation/Locomotion measure for the	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_525_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Management of Oral Medications	The number of episodes used in calculating the Improvement in Management of Oral	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_525_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Management of Oral Medications	The average value of the Improvement in Management of Oral Medications measure for	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_527_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Dyspnea	The number of episodes used in calculating the Improvement in Dyspnea measure value for the	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_527_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Dyspnea	The average value of the Improvement in Dyspnea measure for the agency, state or nation	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_528_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Pain Interfering with Activity	The number of episodes used in calculating the Improvement in Pain Interfering with Activity	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_528_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Pain Interfering with Activity	The average value of the Improvement in Pain Interfering with Activity measure for the	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_531_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Status of Surgical Wounds	The number of episodes used in calculating the Improvement in Status of Surgical Wounds	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_531_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Improvement in Status of Surgical Wounds	The average value of the Improvement in Status of Surgical Wounds measure for the agency,	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_552_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The number of episodes used in calculating the Percent of Residents or Patients with Pressure	
HQI_RA_AGRGTN_PBLCL_RPTG	MSR_552_VAL_NUM	NUMBER (6.2)	N	Outcome Measures: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The average value of the Percent of Residents or Patients with Pressure Ulcers that are New or	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RA_AGRGTN_PBLC_RPTG	STATE_CD	VARCHAR2 (2)	Y	State Code	This field holds the two-character state abbreviation or 'US' for national level data. If the	NATL_GEOGRPHC_VW
HQI_RA_AGRGTN_PBLC_RPTG	TRGT_MO_DT	DATE (7)	Y	Target month date	The month during which all episodes of care used in calculating this row of data ended.	
HQI_RA_MSR_VAL_PBLC_RPTG	ADMSN_DT	DATE (7)	Y	Admission Date	The date of admission for the episode of care.	
HQI_RA_MSR_VAL_PBLC_RPTG	DSCHRG_DT	DATE (7)	Y	Discharge Date	The date of discharge for the episode of care.	
HQI_RA_MSR_VAL_PBLC_RPTG	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code.	
HQI_RA_MSR_VAL_PBLC_RPTG	MODEL_NUM	NUMBER (3.0)	Y	Risk model number	Risk-adjustment model number: 0 = observed value, positive value = predicted value.	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_511_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Bathing	The value of Improvement in Bathing observed or predicted depending on MODEL_NUM.	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_517_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Bed Transferring	The value of Improvement in Bed Transferring observed or predicted depending on	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_519_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Ambulation/Locomotion	The value of Improvement in Ambulation/Locomotion observed or predicted	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_525_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Management of Oral Medications	The value of Improvement in Management of Oral Medications observed or predicted	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_527_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Dyspnea	The value of Improvement in Dyspnea observed or predicted depending on MODEL_NUM.	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_528_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Pain Interfering with Activity	The value of Improvement in Pain Interfering with Activity observed or predicted depending	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_531_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Improvement in Status of Surgical Wounds	The value of Improvement in Status of Surgical Wounds observed or predicted depending on	
HQI_RA_MSR_VAL_PBLC_RPTG	MSR_552_VAL_NUM	NUMBER (7.6)	N	Outcome Measures: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The value of Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	
HQI_RA_MSR_VAL_PBLC_RPTG	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RA_MSR_VAL_PBLC_RPTG	STATE_CD	VARCHAR2 (2)	Y	State Code	The State location of the Agency.	STATES
HQI_RPT_RQST	CMPLT_TS	TIMESTAMP(6) (11.6)	N	Completion Timestamp	This is the timestamp for report calculation completion.	
HQI_RPT_RQST	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_RPT_RQST	RPT_BGN_DT	DATE (8)	N	Report Begin Date	This is the Begin Date of the report period selected by the user in the CASPER Reporting	
HQI_RPT_RQST	RPT_END_DT	DATE (8)	N	Report End Date	This is the End Date of the report period selected by the user in the CASPER Reporting	
HQI_RPT_RQST	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the sequence number of the report.	
HQI_RPT_RQST	RPT_STUS_CD	NUMBER (2.0)	N	Report Status Code	This is the code to identify the status of the report.	HQI_RPT_STUS_CD
HQI_RPT_RQST	RPT_VRSN_NUM	VARCHAR2 (10)	N	Report Version Number	This indicates the version of the report.	
HQI_RPT_RQST	RQST_TS	TIMESTAMP(6) (11.6)	N	Request Timestamp	This is the date and time the report was requested.	
HQI_RPT_RQST	STATE_CD	VARCHAR2 (2)	Y	State Code	The data in this column indicates the two-character state code of the state where the	
HQI_RPT_RQST_DATA_C RCTN_FLTR	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RPT_RQST_DATA_C RCTN_FLTR	DATA_CRCTN_CLS_SW	VARCHAR2 (1)	N	Data Correction Closed Switch	Indicates the report was requested to include closed data correction status.	
HQI_RPT_RQST_DATA_C RCTN_FLTR	DATA_CRCTN_OPN_SW	VARCHAR2 (1)	N	Data Correction Open Switch	Indicates the report was requested to include open data correction status.	
HQI_RPT_RQST_DATA_C RCTN_FLTR	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_MSR_FLTR	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RPT_RQST_MSR_FLTR	MSR_CD	NUMBER (3.0)	Y	Measure Code	Unique internal system identifier for the quality measure.	HQI_MSR_VAL_CD
HQI_RPT_RQST_MSR_FLTR	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_MSR_STUS_FLTR	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RPT_RQST_MSR_ST US_FLTR	MSR_STUS_CD	VARCHAR2 (5)	Y	Measure Status Code	Status of a measure.	HQI_RPT_RQST_MSR_STUS_C D
HQI_RPT_RQST_MSR_ST US_FLTR	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_RPTG_QT R_FLTR	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RPT_RQST_RPTG_QT R_FLTR	RPTG_QTR	VARCHAR2 (7)	Y	Reporting Quarter	Indicates the reporting quarter for which the report was requested.	
HQI_RPT_RQST_RPTG_QT R_FLTR	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_RSDNT_ DTL	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RPT_RQST_RSDNT_ DTL	INCLD_RSDNT_CSV_SW	VARCHAR2 (1)	N	Include Patient CSV Indicator	Indicates the report was requested to include patient data in CSV format.	
HQI_RPT_RQST_RSDNT_ DTL	INCLD_RSDNT_DTL_SW	VARCHAR2 (1)	N	Include Patient Detail Indicator	Indicates the report was requested to include patient detail.	
HQI_RPT_RQST_RSDNT_ DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_RVW_CR CT_VW	CMPLT_TS	TIMESTAMP(6) (11.6)	N	Completed Timestamp	Completed Timestamp	
HQI_RPT_RQST_RVW_CR CT_VW	DATA_CRCTN_CLS_SW	VARCHAR2 (1)	N	Data Correction Closed Switch	Indicates the report was requested to include closed data correction status.	
HQI_RPT_RQST_RVW_CR CT_VW	DATA_CRCTN_OPN_SW	VARCHAR2 (1)	N	Data Correction Open Switch	Indicates the report was requested to include open data correction status.	
HQI_RPT_RQST_RVW_CR CT_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_RPT_RQST_RVW_CR CT_VW	INCLD_RSDNT_CSV_SW	VARCHAR2 (1)	N	Include Patient CSV Indicator	Indicates the report was requested to include patient data in CSV format.	
HQI_RPT_RQST_RVW_CR CT_VW	INCLD_RSDNT_DTL_SW	VARCHAR2 (1)	N	Include Patient Detail Indicator	Indicates the report was requested to include patient detail.	
HQI_RPT_RQST_RVW_CR CT_VW	MSR_CD	NUMBER (3.0)	N	Measure Code	Unique internal system identifier for the quality measure.	HQI_MSR_VAL_CD
HQI_RPT_RQST_RVW_CR CT_VW	MSR_STUS_CD	VARCHAR2 (5)	N	Measure Status Code	Status of a measure.	HQI_RPT_RQST_MSR_STUS_C D

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RPT_RQST_RVW_CR CT_VW	RPTG_QTR	VARCHAR2 (7)	N	Reporting Quarter	Indicates the quarter number and year for the reporting quarter selected by the user for patient-	
HQI_RPT_RQST_RVW_CR CT_VW	RPTG_QTR_BGN_DT	DATE (8)	N	Reporting Quarter Begin Date	Beginning date of the reporting quarter for patient-level data.	
HQI_RPT_RQST_RVW_CR CT_VW	RPTG_QTR_END_DT	DATE (8)	N	Reporting Quarter End Date	Ending date of the reporting quarter for patient-level data.	
HQI_RPT_RQST_RVW_CR CT_VW	RPT_BGN_DT	DATE (8)	N	Report Begin Date	Beginning date of beginning quarter selected by user for facility-level data	
HQI_RPT_RQST_RVW_CR CT_VW	RPT_END_DT	DATE (8)	N	Report End Date	Ending date of ending quarter selected by user for facility-level data	
HQI_RPT_RQST_RVW_CR CT_VW	RPT_SEQNC_NUM	NUMBER (10.0)	N	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_RVW_CR CT_VW	RPT_STUS_CD	NUMBER (2.0)	N	Report Status Code	Status of the report job.	HQI_RPT_STUS_CD
HQI_RPT_RQST_RVW_CR CT_VW	RPT_VRSN_NUM	VARCHAR2 (10)	N	Report Version Number	Version of the report that was used.	
HQI_RPT_RQST_RVW_CR CT_VW	RQST_TS	TIMESTAMP(6) (11.6)	N	Request Timestamp	Date and timestamp of user's report request	
HQI_RPT_RQST_RVW_CR CT_VW	RVRS_ORDR_SW	VARCHAR2 (1)	N	Reverse Order Indicator	Indicates the report was requested to sort in reverse order.	
HQI_RPT_RQST_RVW_CR CT_VW	SORT_ORDR_CD	NUMBER (2.0)	N	Sort Order Code	Indicates the report was requested to sort on the data indicated by this code.	HQI_RPT_RQST_SORT_ORDR_CD
HQI_RPT_RQST_RVW_CR CT_VW	SORT_ORDR_DESC	VARCHAR2 (50)	N	Sort Order Description	Describes the sort order for a report.	
HQI_RPT_RQST_RVW_CR CT_VW	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character abbreviation code of the state where the HHA is located.	STATES
HQI_RPT_RQST_SORT_OR DR	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RPT_RQST_SORT_OR DR	RPT_SEQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	
HQI_RPT_RQST_SORT_OR DR	RVRS_ORDR_SW	VARCHAR2 (1)	N	Reverse Order Indicator	Indicates the report was requested to sort in reverse order.	
HQI_RPT_RQST_SORT_OR DR	SORT_ORDR_CD	NUMBER (2.0)	N	Sort Order Code	Indicates the sort order for a report.	HQI_RPT_RQST_SORT_ORDR_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RSDNT_CALC_RUN	MSR_CALC_RUN_TYPE_CD	VARCHAR2 (5)	N	Measure Calculation Run Type Code	This is the unique identifier for the type of measure calculation run.	HQI_MSR_CALC_RUN_TYPE_CD
HQI_RSDNT_CALC_RUN	RSDNT_RUN_SQNC_NUM	NUMBER (10.0)	Y	Resident Run Sequence Number	This is the unique sequence number assigned to each calculation run of patient level QM data.	
HQI_RSDNT_CALC_RUN	RUN_BGN_TS	TIMESTAMP(6) (11.6)	N	Run Begin Timestamp	This is the timestamp for the start of the patient-level quality measure data calculation.	
HQI_RSDNT_CALC_RUN	RUN_END_TS	TIMESTAMP(6) (11.6)	N	Run End Timestamp	This is the timestamp for the end of the patient-level quality measure data calculation.	
HQI_RSDNT_CALC_RUN	RUN_STUS_CD	NUMBER (2.0)	N	Run Status Code	This is the code to identify the status of the calculation run.	HQI_RUN_STUS_CD
HQI_RSDNT_RPT_DTL_R VW_CRCT	ADMSN_ASMT_ID	NUMBER (22.0)	N	Admission Assessment ID	Assessment ID of the admission record used to create the patient stay level records.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	ADMSN_DT	DATE (8)	Y	Admission Date	Date on which the HHA becomes responsible for the care of the patient. For Medicare patients,	
HQI_RSDNT_RPT_DTL_R VW_CRCT	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	ID of the user who created the record in the database.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	DSCHRG_ASMT_ID	NUMBER (22.0)	N	Discharge Assessment ID	Assessment ID of the discharge record used to create the patient stay level records.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	DSCHRG_DT	DATE (8)	Y	Discharge Date	Date the HHA discharged the patient. If the patient expired, the date of death is the discharge	
HQI_RSDNT_RPT_DTL_R VW_CRCT	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	MSR_CD	NUMBER (3.0)	Y	Measure Code	Unique internal system identifier for the quality measure.	HQI_MSR_VAL_CD
HQI_RSDNT_RPT_DTL_R VW_CRCT	MSR_STUS_CD	VARCHAR2 (5)	N	Measure Status Code	Status of a measure.	HQI_RPT_RQST_MSR_STUS_CD
HQI_RSDNT_RPT_DTL_R VW_CRCT	RPTG_QTR_DATA_CRCTN_D DLN_DT	DATE (8)	N	Reporting Quarter Data Correction Deadline Date	Last date that assessments, and data corrections to those assessments, can be submitted for the	
HQI_RSDNT_RPT_DTL_R VW_CRCT	RPTG_QTR_DATA_CRCTN_S TUS	VARCHAR2 (10)	N	Reporting Quarter Data Correction Status	Indicates whether the data correction period is open or closed.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	RPTG_QTR_TXT	VARCHAR2 (20)	N	Reporting Quarter Text	Quarter number and year for the reporting quarter.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	Report Sequence Number	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_RSDNT_RPT_DTL_R VW_CRCT	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	Unique number, assigned by the submission system, that identifies a patient. The	
HQI_RSDNT_RPT_DTL_R VW_CRCT	RSDNT_NAME	VARCHAR2 (32)	N	Patient Name	Name of the patient.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	STATE_CD	VARCHAR2 (2)	Y	State Code	Two-character abbreviation code of the state where the HHA is located.	STATES
HQI_RSDNT_RPT_DTL_R VW_CRCT	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	Date and time the record updated in the database.	
HQI_RSDNT_RPT_DTL_R VW_CRCT	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	User ID who updated the record in the database.	
HQI_SPRSN	END_MO_DT	DATE (7)	Y	End month date	First day of the end month for the assessment-based reporting period for suppression.	
HQI_SPRSN	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal ID of the agency for suppression. Not used for national suppression	
HQI_SPRSN	MSR_554_VAL	VARCHAR2 (50)	N	Measure 554 value	Indicator for suppression of the claims-based PPR measure. Any string containing the	
HQI_SPRSN	MSR_555_VAL	VARCHAR2 (50)	N	Measure 555 value	Indicator for suppression of the claims-based DTC measure. Any string containing the	
HQI_SPRSN	PRVDR_NUM	VARCHAR2 (6)	Y	Provider Number	CCN of the agency for suppression. 'US' to suppress for all active agencies.	
HQI_SPRSN	STATE_CD	VARCHAR2 (2)	N	State Code	State code of the agency for suppression. 'US' to suppress for all active agencies.	
HQI_TRKNG_RVW_CRCT	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This is the date and time that the record was added to the database.	
HQI_TRKNG_RVW_CRCT	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This is the user ID that populated the record in the database.	
HQI_TRKNG_RVW_CRCT	EFCTV_DT	DATE (8)	N	Effective Date	This is the effective date of the assessment.	
HQI_TRKNG_RVW_CRCT	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	This number and the state code uniquely identify an HHA provider in the QIES national database.	
HQI_TRKNG_RVW_CRCT	HHA_ASMT_ID	NUMBER (22)	Y	HHA Assessment ID	This ID is used as a key to uniquely identify an assessment and tie together all the different	
HQI_TRKNG_RVW_CRCT	M0100_RSN_FOR_ASMT_CD	VARCHAR2 (2)	N	M0100 Reason for Assessment	This column indicates the reason for assessment of this record.	HHA_RSN_FOR_ASMT_CD
HQI_TRKNG_RVW_CRCT	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by a system that uniquely identifies the patient. The combination	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
HQI_TRKNG_RVW_CRCT	STATE_CD	VARCHAR2 (2)	Y	State Code	The data in this column indicates the two-character state code of the state where the	STATES
HQI_TRKNG_RVW_CRCT	SUBMSN_DT	DATE (8)	N	Submission Date	This is the submission date of the assessment.	
HQI_TRKNG_RVW_CRCT	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
HQI_TRKNG_RVW_CRCT	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
HQI_VLD_ZIP	STATE_CD	VARCHAR2 (2)	Y	State Code	State code	
HQI_VLD_ZIP	ZIP_CD	VARCHAR2 (5)	Y	Zip code	Zip code	
NATL_AGENT	AGENT_ID	VARCHAR2 (9)	Y	Agent Valid Federal Tax ID	The agent is a fiscal intermediary or service bureau that performs off-site automation for the	
NATL_AGENT	AGT_ADDR_1	VARCHAR2 (30)	N	Agent Address	Agent address (Line 1).	
NATL_AGENT	AGT_ADDR_2	VARCHAR2 (30)	N	Agent Address	Agent address (Line 1).	
NATL_AGENT	AGT_CITY	VARCHAR2 (20)	N	Agent City	Agent city.	
NATL_AGENT	AGT_CNTCT	VARCHAR2 (30)	N	Agent Contact Name	Agent contact name.	
NATL_AGENT	AGT_EXTEN	VARCHAR2 (5)	N	Agent Extension	Agent phone number extension.	
NATL_AGENT	AGT_NAME	VARCHAR2 (30)	N	Agent Name	Agent name.	
NATL_AGENT	AGT_PHONE	VARCHAR2 (10)	N	Agent Phone Number	Agent phone number.	
NATL_AGENT	AGT_ST	VARCHAR2 (2)	N	Agent Mailing Address State	Agent mailing address state.	
NATL_AGENT	AGT_ZIP	VARCHAR2 (11)	N	Agent ZIP Code	Agent ZIP code.	
NATL_AGENT	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-digit state abbreviation. This may also be the two-character CMS region code.	
NATL_FACILITY	ABBREV	VARCHAR2 (8)	N	Facility Name Abbreviation	The abbreviation of the facility name.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	ACCREDIT	VARCHAR2 (12)	N	Facility Accreditation	The accreditation of the facility.	
NATL_FACILITY	ADDDATE	DATE (8)	N	Date Added to System	The date the provider was added to the system.	
NATL_FACILITY	ADDRESS	VARCHAR2 (50)	N	Provider Address	The physical street address for the provider.	
NATL_FACILITY	ADMFIRST	VARCHAR2 (20)	N	Administrators First Name	The facility administrator's first name.	
NATL_FACILITY	ADMLAST	VARCHAR2 (30)	N	Administrators Last Name	The facility administrator's last name.	
NATL_FACILITY	ADMSAL	VARCHAR2 (3)	N	Administrators Salutation	The facility administrator's salutation; i.e., Mr., Mrs., Ms., etc.	
NATL_FACILITY	ADMTITLE	VARCHAR2 (12)	N	Administrators Title	The facility administrator's title.	
NATL_FACILITY	AUTOCANCEL	DATE (8)	N	Automatic Cancellation Date	Automatic cancellation date (ICF/IID only).	
NATL_FACILITY	BANKRUPT	NUMBER (1.0)	N	Bankrupt	Indicates whether or not the provider is bankrupt.	
NATL_FACILITY	BANKRUPT_BEGIN	DATE (8)	N	Bankruptcy Begin Date	Indicates the begin date of the bankruptcy for the provider.	
NATL_FACILITY	BANKRUPT_END	DATE (8)	N	Bankruptcy End Date	Indicates the date of the final bankruptcy court order.	
NATL_FACILITY	BEDCERTTOT	NUMBER (4.0)	N	Bedcerttot	BEDCERTTOT - used by ASPEN.	
NATL_FACILITY	BEDCNT	NUMBER (4.0)	N	Beds-Total	Total number of beds in a facility, including those in non-participating or non-licensed areas.	
NATL_FACILITY	BEDEFFECT	DATE (8)	N	Date Beds Added	The date that the beds were added to the total number of beds at the facility.	
NATL_FACILITY	BEDICF	NUMBER (4.0)	N	Bedicf	BEDICF - used by ASPEN.	
NATL_FACILITY	BEDIMR	NUMBER (4.0)	N	Bedimr	BEDIMR - used by ASPEN.	
NATL_FACILITY	BEDLICTOT	NUMBER (4.0)	N	Bedlictot	BEDLICTOT - used by ASPEN.	
NATL_FACILITY	BEDNETCNT	NUMBER (4.0)	N	Number of Beds	The total number of beds in the facility.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	BEDT18	NUMBER (4.0)	N	Bedt18	BEDT18 - used by ASPEN.	
NATL_FACILITY	BEDT1819	NUMBER (4.0)	N	Bedt1819	BEDT1819 - used by ASPEN.	
NATL_FACILITY	BEDT19	NUMBER (4.0)	N	Bedt19	BEDT19 - used by ASPEN.	
NATL_FACILITY	BUILDINGS	NUMBER (4.0)	N	Current Total Number of Buildings	Current total number of buildings in the facility.	
NATL_FACILITY	CARRIER_NO	CHAR (5)	N	Carrier Number	Intermediary / Carrier Number	
NATL_FACILITY	CATEGORY	VARCHAR2 (2)	N	Category	This code identifies the category that is most descriptive of the facility identified on the	NATL_FAC_CTGRY_CD
NATL_FACILITY	CERTSTATUS	CHAR (1)	N	Certstatus	CERTSTATUS - used by ASPEN.	
NATL_FACILITY	CHAINDESC	VARCHAR2 (100)	N	Chain Description	The name of the CMS approved chain.	
NATL_FACILITY	CHAINID	CHAR (2)	N	Chain Identification	Identifies the chain identification, which is used internally by ASPEN.	
NATL_FACILITY	CLIA_MDCR_NUM	VARCHAR2 (12)	N	CLIA Medicare Number	CLIA Medicare Number	
NATL_FACILITY	CLICNT	NUMBER (4.0)	N	Total Clinics	The total number of clinics associated with the facility.	
NATL_FACILITY	CLIEFFECT	DATE (8)	N	Client Records Effective Date	The effective date of the client records entry.	
NATL_FACILITY	CLOSEDDATE	DATE (8)	N	Closed Date	The date that the provider closed.	
NATL_FACILITY	CNTYNAME	VARCHAR2 (20)	N	Facility Location County Name	The name of the county where the facility is located.	
NATL_FACILITY	CONFLICT	NUMBER (1.0)	N	Number of Conflicts	The number of conflicts the facility has encountered.	
NATL_FACILITY	COUNTY	CHAR (3)	N	MSA County Number	MSA county number.	
NATL_FACILITY	COUNTY_ST	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	
NATL_FACILITY	COUNTY_ST_DESC	VARCHAR2 (24)	N	SSA County Description	Name of the county if there is a county code on record.	CSP_CNTY_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	CURRENT_AGENT_ID	VARCHAR2 (9)	N	Current Software Agent ID	This is the identification of the current software agent used by the provider to handle the	
NATL_FACILITY	CURRENT_SFW_ID	VARCHAR2 (9)	N	Current Software Vendor ID	This is the identification of the current software vendor used by the provider.	
NATL_FACILITY	DEEMED	NUMBER (1.0)	N	Deemed	Indicates whether or not the provider is deemed. If the provider is deemed, they must follow the	
NATL_FACILITY	DOJCONTACT_ID	VARCHAR2 (3)	N	Department of Justice Contact Identification	The Department of Justice contact person's identification, which is used internally by	
NATL_FACILITY	DOJCONTACT_NAME	VARCHAR2 (80)	N	Department of Justice Contact Name	The name of the Department of Justice Contact person.	
NATL_FACILITY	EMERCONT	VARCHAR2 (25)	N	Emergency Contact Name	The emergency contact name for the provider.	
NATL_FACILITY	EMERPHONE	VARCHAR2 (13)	N	Emergency Phone Number	The emergency contact phone number for the provider.	
NATL_FACILITY	EMERPHONEEXT	VARCHAR2 (4)	N	Emergency Phone Number Extension	The phone extension number of the emergency contact for this provider.	
NATL_FACILITY	FACEMAIL	VARCHAR2 (60)	N	Facility Email Address	The email address of the provider.	
NATL_FACILITY	FACID	VARCHAR2 (16)	N	Facility Identification	The facility identification assigned by the state.	
NATL_FACILITY	FACILITY_INTERNAL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_FACILITY	FACTYPE	CHAR (3)	N	Facility Type	The description of the facility type.	NATL_FAC_TYPE_CD
NATL_FACILITY	FAC_ADDR_2	VARCHAR2 (50)	N	Address	The physical street address of the provider.	
NATL_FACILITY	FAC_CITY	VARCHAR2 (20)	N	City	The city in which the provider is located.	
NATL_FACILITY	FAC_CNTCT	VARCHAR2 (50)	N	Contact	The name of the primary contact for the provider.	
NATL_FACILITY	FAC_EXTENSION	VARCHAR2 (5)	N	Facility Telephone Extention	The telephone extension number for the provider's contact person.	
NATL_FACILITY	FAC_ST	VARCHAR2 (2)	N	State	The is the current facility state from the address history table.	STATES
NATL_FACILITY	FAC_ZIP	VARCHAR2 (11)	N	ZIP Code	The five-digit postal code for the provider.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	FAXPHONE	VARCHAR2 (13)	N	Fax/Telephone Number	The fax/telephone number for the provider.	
NATL_FACILITY	FAXPHONEEXT	VARCHAR2 (4)	N	Fax/Telephone Number Extension	The fax/telephone extension number for the provider.	
NATL_FACILITY	FMREGION	CHAR (2)	N	Fire Marhsall Region	The fire marshall region in which the provider is located.	
NATL_FACILITY	FYEND	CHAR (2)	N	Facility Fiscal Year End	The fiscal year end for the provider.	
NATL_FACILITY	GEOLAT	VARCHAR2 (12)	N	Geological Latitude	The geological latitude location of the provider.	
NATL_FACILITY	GEOLONG	VARCHAR2 (12)	N	Geological Longitude	The geological longitude of the provider.	
NATL_FACILITY	HHA_INDICATOR	CHAR (1)	N	HHA Indicator	This field indicates if a facility reporting is a home health agency or the resident is a home	
NATL_FACILITY	HOUSEID	CHAR (3)	N	House of Representatives ID	The identification of the facility representative in the House of Representatives.	
NATL_FACILITY	INSEXP	DATE (8)	N	Insurance Expiration Date	The expiration date of the provider's insurance.	
NATL_FACILITY	INSREQD	NUMBER (1.0)	N	Required Insurance	The insurance that the provider is required to have.	
NATL_FACILITY	ISPARENT	NUMBER (1.0)	N	Is Facility Parent Facility	T/F - Does the provider have any branches or children?	
NATL_FACILITY	JCAHO	VARCHAR2 (1)	N	JCAHO	This field is for future use.	
NATL_FACILITY	LEGALNAME	VARCHAR2 (80)	N	Facility Legal Name	The legal name of the provider.	
NATL_FACILITY	LIC	NUMBER (1.0)	N	Legal License	The license legalizing the provider to do business.	
NATL_FACILITY	LOCKEXP	DATE (8)	N	Lock-In Expiration Date	The lock-in expiration date.	
NATL_FACILITY	LOCKSTAT	CHAR (2)	N	Lock-In Status	The lock-in status of the provider.	
NATL_FACILITY	LOCKSTDESC	VARCHAR2 (15)	N	Lock-In Status Description	The valid values describing the lock-in status.	
NATL_FACILITY	LOGIN_ID	VARCHAR2 (16)	N	Login ID	This is the login identification used by the facility to transmit assessment data to the state.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	LSCTEAMID	VARCHAR2 (4)	N	LSCTEAMID	LSCTEAMID - used by ASPEN.	
NATL_FACILITY	MAIL_ADR	VARCHAR2 (35)	N	Mailing Address	This is the provider's mailing street address, if different from the physical address.	
NATL_FACILITY	MAIL_CITY	VARCHAR2 (18)	N	Mailing Address City	This is the provider's mailing address city, if different from the physical address.	
NATL_FACILITY	MAIL_ZIP	VARCHAR2 (5)	N	Mailing Address ZIP code	This is the provider's mailing address ZIP code, if different from the physical address.	
NATL_FACILITY	MCAID_ID	VARCHAR2 (15)	N	Provider Medicaid ID	This is the state Medicaid identification for the provider.	
NATL_FACILITY	MCARE_ID	VARCHAR2 (12)	N	Provider Number	A six or ten position identification number that is assigned to a certified provider.	
NATL_FACILITY	MDS_INDICATOR	CHAR (1)	N	MDS Indicator	This field indicates if a facility reporting is a nursing home facility under MDS or the resident	
NATL_FACILITY	MEDIACONTACT_ID	VARCHAR2 (3)	N	Media Contact Identification	The Media Contact person's identification, which is used internally by ASPEN.	
NATL_FACILITY	MEDIACONTACT_NAME	VARCHAR2 (80)	N	Media Contact Name	The name of the Media Contact person.	
NATL_FACILITY	MGMTABBR	VARCHAR2 (8)	N	Management Abbreviation	The abbreviation for provider management.	
NATL_FACILITY	MGMTID	CHAR (4)	N	Management ID	The identification of the provider management.	
NATL_FACILITY	NAME	VARCHAR2 (50)	N	Facility Name	The name of a provider certified to participate in the Medicare and/or Medicaid programs.	
NATL_FACILITY	NATCEPLOSS	NUMBER (1.0)	N	Nurse Aide Training Competency Evaluation Program Loss	Indicates whether the provider has lost the Nurse Aide Training Competency Evaluation program.	
NATL_FACILITY	NATCEPLOSSENDDATE	DATE (8)	N	Nurse Aide Training Competency Evaluation Program Loss End Date	Identifies the last day that the provider lost the Nurse Aide Training Competency Evaluation	
NATL_FACILITY	NATCEPWAIVER	NUMBER (1.0)	N	Nurse Aide Training Competency Evaluation Program Waiver	Indicates whether the provider has waived the Nurse Aide Training Competency Evaluation	
NATL_FACILITY	NATCEPWAIVERENDDATE	DATE (8)	N	Nurse Aide Training Competency Evaluation Program Waiver End Date	Identifies the last day that the provider waived the Nurse Aide Training Competency	
NATL_FACILITY	ODIE_ACCEPTED	NUMBER (1.0)	N	ODIE Accepted	Indicates whether or not the most recent certification kit was accepted into	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	OPENDATE	DATE (8)	N	Open Date	The date that the provider opened for business.	
NATL_FACILITY	OPERCATEG	CHAR (18)	N	Operation Category	The operation category of the provider.	
NATL_FACILITY	OPERSTAT	CHAR (2)	N	Operation Status	The operation status of the provider.	
NATL_FACILITY	OPERSTATDT	DATE (8)	N	Operation Status Date	The date of the operation status of the provider.	
NATL_FACILITY	OPERSTDESC	VARCHAR2 (15)	N	Operation Status Description	The valid values describing the operation status of the provider.	
NATL_FACILITY	OPHOUR	NUMBER (1.0)	N	Operation Hours	The hours that the provider is open for operation.	
NATL_FACILITY	OWNCATDES	VARCHAR2 (18)	N	Ownership Category Description	The description of the ownership category.	
NATL_FACILITY	OWNCOMP	VARCHAR2 (50)	N	Ownership Company Name	Ownership company name.	
NATL_FACILITY	OWNERCAT	CHAR (2)	N	Ownership Category Code	Ownership category code, i.e., corporation, partnership, non-profit, etc.	
NATL_FACILITY	PARDATE	DATE (8)	N	Parent Facility Effective Date	The date that the parent facility came into effect.	
NATL_FACILITY	PARENTID	NUMBER (10.0)	N	Parent Facility ID	The identification of the parent facility.	
NATL_FACILITY	PARTCI_DT	DATE (8)	N	Participation Date	Indicates the date that the provider began participating in the Medicare program.	
NATL_FACILITY	PARTYPE	CHAR (2)	N	Parent Facility Type	The type of the parent facility.	
NATL_FACILITY	PARTYPEDES	VARCHAR2 (15)	N	Parent Facility Type Description	The valid values describing the describing the type of the parent facility.	
NATL_FACILITY	PROV_EIN	VARCHAR2 (9)	N	Provider Employer Identification Number	The Employer Identification Number belonging to the provider.	
NATL_FACILITY	REGION	VARCHAR2 (3)	N	Region	This field is for future use.	
NATL_FACILITY	REPID	VARCHAR2 (3)	N	Repid	The identification of the facility representative.	
NATL_FACILITY	SENATEID	CHAR (3)	N	Senate ID	The identification of the facility representative in the Senate.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FACILITY	SPECIAL_FOCUS	NUMBER (1.0)	N	Special Focus	Indicates whether or not the provider is a special focus case.	
NATL_FACILITY	SPEC_FOCUS_BEGIN	DATE (8)	N	Special Focus Begin Date	Indicates the date that the special focus began for the provider.	
NATL_FACILITY	SPEC_FOCUS_END	DATE (8)	N	Special Focus End Date	Indicates the date that the special focus ended for the provider.	
NATL_FACILITY	SRVCNT	NUMBER (4.0)	N	Number of Services	The number of services provided by the provider.	
NATL_FACILITY	SRVEFFECT	DATE (8)	N	Services Effective Date	The date that the services came into effect.	
NATL_FACILITY	STAFFID	CHAR (5)	N	Staff ID	The identification for staff at the facility.	
NATL_FACILITY	STATEID	VARCHAR2 (10)	N	Stateid	This field is for future use.	
NATL_FACILITY	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	STATES
NATL_FACILITY	STATE_RGN_CD	VARCHAR2 (3)	N	States Region Code	For selected states, identifies the particular region within the state where the provider is	
NATL_FACILITY	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_FACILITY	SUREBOND	CHAR (1)	N	Surebond	SUREBOND - used by ASPEN.	
NATL_FACILITY	T1819	NUMBER (1.0)	N	T1819	T1819 - Used by ASPEN.	
NATL_FACILITY	TEAMABBR	VARCHAR2 (6)	N	Facility Teams Abbreviation	The abbreviation for facility teams.	
NATL_FACILITY	TEAMID	CHAR (4)	N	Facility Teams ID	The identification of facility teams.	
NATL_FACILITY	TELEPHONE	VARCHAR2 (13)	N	Telephone	This is the telephone number of the provider.	
NATL_FACILITY	TITLE18	NUMBER (1.0)	N	Title 18 - Medicare Funding	T/F - Medicare funding.	
NATL_FACILITY	TITLE19	NUMBER (1.0)	N	Title 19 - Medicaid Funding	T/F - Medicaid funding.	
NATL_FACILITY	TLA	DATE (8)	N	Medicare Certification Time Limited Agreement	Time limited agreement for Medicare certification (place holder) (same provider	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FAC_HHA_VW	ADDRESS	VARCHAR2 (50)	N	Agency Address	This column contains the agency's address.	
NATL_FAC_HHA_VW	CATEGORY	VARCHAR2 (2)	N	Provider Category Code	This code identifies the category that is most descriptive of the facility identified on the	
NATL_FAC_HHA_VW	COUNTY_ST	VARCHAR2 (3)	N	SSA County Code	SSA (Social Security Administration) geographic code indicating the county where the	
NATL_FAC_HHA_VW	FACID	VARCHAR2 (16)	N	Agency Identification	The facility identification assigned by the state, this is also known as Agency ID for OASIS.	
NATL_FAC_HHA_VW	FACILITY_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_FAC_HHA_VW	FAC_ADDR_2	VARCHAR2 (50)	N	Agency Address 2	This column contains the agency's second address.	
NATL_FAC_HHA_VW	FAC_CITY	VARCHAR2 (20)	N	Agency City	This column contains the city in which the agency is located.	
NATL_FAC_HHA_VW	FAC_EXTENSION	VARCHAR2 (5)	N	Agency Telephone Extension	This column contains the agency's telephone extension number.	
NATL_FAC_HHA_VW	FAC_ST	VARCHAR2 (2)	N	Agency Street	This column contains the street on which the agency is located.	
NATL_FAC_HHA_VW	FAC_ZIP	VARCHAR2 (11)	N	Agency ZIP Code	This column contains the agency's ZIP code.	
NATL_FAC_HHA_VW	FAXPHONE	VARCHAR2 (13)	N	Agency Fax Number	The fax number for the agency.	
NATL_FAC_HHA_VW	MAIL_ADR	VARCHAR2 (35)	N	Agency Mailing Address	This column contains the agency's mailing address.	
NATL_FAC_HHA_VW	MAIL_CITY	VARCHAR2 (18)	N	Agency Mailing City	This column contains the agency's mailing city.	
NATL_FAC_HHA_VW	MAIL_ZIP	VARCHAR2 (5)	N	Agency Mailing ZIP Code	This column contains the agency's mailing ZIP code.	
NATL_FAC_HHA_VW	MCAID_ID	VARCHAR2 (15)	N	Agency Medicaid ID	This column contains the agency's Medicaid ID.	
NATL_FAC_HHA_VW	MCARE_ID	VARCHAR2 (12)	N	Agency Medicare ID	This column contains the agency's Medicare ID.	
NATL_FAC_HHA_VW	NAME	VARCHAR2 (50)	N	Agency Name	This column contains the agency's name.	
NATL_FAC_HHA_VW	STATE_ID	VARCHAR2 (2)	N	Agency State ID	This column contains the state abbreviation code.	STATES

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_FAC_HHA_VW	TELEPHONE	VARCHAR2 (13)	N	Agency Telephone Number	This column contains the agency's telephone number.	
NATL_HHA_ASMT	ASMT_EFF_DATE	DATE (8)	N	Assessment Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
NATL_HHA_ASMT	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
NATL_HHA_ASMT	AST_END_VER_DT	DATE (8)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
NATL_HHA_ASMT	AST_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment. C = Current, M = Modified, X = Inactive.	
NATL_HHA_ASMT	BIRTHDATE_SUBM_IND	VARCHAR2 (1)	N	Birthdate Submit Indicator	Indicates if the full birthdate was submitted or if part of the date was defaulted. S = the stored	
NATL_HHA_ASMT	BRANCH_IDENTIFIER	VARCHAR2 (10)	N	Branch Identifier	Agency assigned branch identifier.	
NATL_HHA_ASMT	CALC_HIPPS_CODE	VARCHAR2 (5)	N	Calculated HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated	
NATL_HHA_ASMT	CALC_HIPPS_VERSION	VARCHAR2 (5)	N	Calculated HIPPS Version	The version of the HIPPS (Health Insurance Prospective Payment System) code calculated.	
NATL_HHA_ASMT	CORRECTION_NUM	NUMBER (2.0)	N	Correction Number	Sequential correction number of assessment.	
NATL_HHA_ASMT	FAC_INT_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_HHA_ASMT	HHA_ASMT_INT_ID	NUMBER (15.0)	Y	HHA Assessment Internal ID	The assessment internal identification number.	
NATL_HHA_ASMT	HHA_SUBM_SEQ_NBR	NUMBER (10.0)	N	HHA Submission Sequence Number	Internal database tracking number for submissions.	
NATL_HHA_ASMT	LOCK_DATE	DATE (8)	N	Lock Date	The lock-in date for the HHA assessment.	
NATL_HHA_ASMT	M0010_MEDICARE_ID	VARCHAR2 (6)	N	(M0010) Agency Medicare Number	Agency Medicare provider number.	
NATL_HHA_ASMT	M0012_MEDICAID_ID	VARCHAR2 (15)	N	(M0012) Agency Medicaid Number	Agency Medicaid provider number.	
NATL_HHA_ASMT	M0014_BRANCH_STATE	VARCHAR2 (2)	N	(M0014) Branch State	Branch state.	
NATL_HHA_ASMT	M0016_BRANCH_ID	VARCHAR2 (10)	N	(M0016) Branch Identifier Number	Branch ID number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0020_PAT_ID	VARCHAR2 (20)	N	(M0020) Patient ID	Patient identification number.	
NATL_HHA_ASMT	M0030_SOC_DT	DATE (8)	N	(M0030) Start of Care Date	Start of care date.	
NATL_HHA_ASMT	M0032_ROC_DT	DATE (8)	N	(M0032) Resumption of Care Date	Resumption of care date.	
NATL_HHA_ASMT	M0032_ROC_DT_NA	NUMBER (1.0)	N	(M0032) Resumption of Care Date Not Applicable	Resumption of care date is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0040_PAT_FNAME	VARCHAR2 (12)	N	(M0040) Patient First Name	Patient's first name.	
NATL_HHA_ASMT	M0040_PAT_LNAME	VARCHAR2 (18)	N	(M0040) Patient Last Name	Patient's last name.	
NATL_HHA_ASMT	M0040_PAT_MI	VARCHAR2 (1)	N	(M0040) Patient Middle Initial	Patient's middle initial.	
NATL_HHA_ASMT	M0040_PAT_SUFFIX	VARCHAR2 (3)	N	(M0040) Patient Suffix	Patient's name suffix.	
NATL_HHA_ASMT	M0050_PAT_ST	VARCHAR2 (2)	N	(M0050) Patient State	Patient's state of residence.	
NATL_HHA_ASMT	M0060_PAT_ZIP	VARCHAR2 (11)	N	(M0060) Patient ZIP Code	Patient's ZIP code.	
NATL_HHA_ASMT	M0063_MEDICARE_NA	NUMBER (1.0)	N	(M0063) No Medicare Number	Patient has no Medicare number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0063_MEDICARE_NBR	VARCHAR2 (12)	N	(M0063) Medicare Number	Patient's Medicare number.	
NATL_HHA_ASMT	M0064_SSN	VARCHAR2 (9)	N	(M0064) Social Security Number	Patient's Social Security number.	
NATL_HHA_ASMT	M0064_SSN_UK	NUMBER (1.0)	N	(M0064) Social Security Number Unknown	Patient's Social Security number is unknown or not available. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0065_MEDICAID_NA	NUMBER (1.0)	N	(M0065) No Medicaid Number	Patient has no Medicaid number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0065_MEDICAID_NBR	VARCHAR2 (14)	N	(M0065) Patient Medicaid Number	Patient's Medicaid number.	
NATL_HHA_ASMT	M0066_PAT_BIRTH_DT	DATE (8)	N	(M0066) Patient Birth Date	Patient's birth date. If only the year (YYYY) was submitted, the month is defaulted to 06 and	
NATL_HHA_ASMT	M0069_PAT_GENDER	NUMBER (1.0)	N	(M0069) Gender	Patient's gender. 1 = Male, 2 = Female.	HHA_GENDER

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0072_PHYSICIAN_ID	VARCHAR2 (10)	N	M0018 (M0072) Physician NPI	This field lists the National Provider ID (NPI) for the attending physician who has signed the	
NATL_HHA_ASMT	M0072_PHYSICIAN_UK	NUMBER (1.0)	N	M0018 (M0072) Physician NPI UK	This field indicates the National Provider ID (NPI) for the attending physician who has	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0080_ASSR_DISCIPL	VARCHAR2 (2)	N	(M0080) Discipline of Person Completing Assessment	Discipline of person completing assessment. 01 = RN, 02 = PT, 03 = SLP/ST, 04 = OT.	HHA_DISCIPLINE
NATL_HHA_ASMT	M0090_ASMT_CPLT_DT	DATE (8)	N	(M0090) Date Assessment Completed	The date the assessment was completed.	
NATL_HHA_ASMT	M0100_ASSMT_REASON	VARCHAR2 (2)	N	(M0100) Assessment Reason	The reason the assessment is currently being completed. 01 = Start of care - further visits	HHA_ASSMT_RSN
NATL_HHA_ASMT	M0102_PHYSN_ORDRD_SOC ROC_DT	DATE (8)	N	M0102 Physician Ordered SOC ROC	The date the physician ordered the start of care or resumption of care for a patient.	
NATL_HHA_ASMT	M0102_PHYSN_ORDRD_SOC ROC_DT_NA	VARCHAR2 (1)	N	M0102 Physician Ordered SOC ROC - NA	This field is checked if there is no specific start of care date ordered by the physician (or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0104_PHYSN_RFRL_DT	DATE (8)	N	M0104 Physician Date Of Referral	This field indicates the date the written orders from the physician for initiation or resumption	
NATL_HHA_ASMT	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	(M0110) Episode Timing	Medicare home health payment episode for which this assessment will define a case mix	HHA_EPSD_TIMING
NATL_HHA_ASMT	M0140_ETHNIC_AI_AN	NUMBER (1.0)	N	(M0140) American Indian or Alaska Native	Race/ethnicity as identified by patient: American Indian or Alaska native. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_ASIAN	NUMBER (1.0)	N	(M0140) Asian	Race/ethnicity as identified by patient: Asian. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_BLACK	NUMBER (1.0)	N	(M0140) Black or African-American	Race/ethnicity as identified by patient: Black or African-American. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_HISP	NUMBER (1.0)	N	(M0140) Hispanic or Latino	Race/ethnicity as identified by patient: Hispanic or Latino. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_NH_PI	NUMBER (1.0)	N	(M0140) Native Hawaiian or Pacific Islander	Race/ethnicity as identified by patient: Native Hawaiian or Pacific Islander. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_UK	NUMBER (1.0)	N	(M0140) Unknown Race/Ethnicity	Race/ethnicity as identified by patient: Unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0140_ETHNIC_WHITE	NUMBER (1.0)	N	(M0140) White	Race/ethnicity as identified by patient: White. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_MCAIDFFS	NUMBER (1.0)	N	(M0150) Medicaid Fee-For-Service	Current payment sources for home care: Medicaid (traditional fee-for-service). 0 = No, 1	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_MCAIDHMO	NUMBER (1.0)	N	(M0150) Medicaid HMO/Managed Care	Current payment sources for home care: Medicaid (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0150_CPY_MCAREFFS	NUMBER (1.0)	N	(M0150) Medicare Fee-For-Service	Current payment sources for home care: Medicare (traditional fee-for-service). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_MCAREHMO	NUMBER (1.0)	N	(M0150) Medicare HMO/Managed Care	Current payment sources for home care: Medicare (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_NONE	NUMBER (1.0)	N	(M0150) No Charge for Current Services	Current payment sources for home care: none, no charge for current services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_OTHER	NUMBER (1.0)	N	(M0150) Other Payment Source	Current payment sources for home care: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_OTH_GOVVT	NUMBER (1.0)	N	(M0150) Other Government	Current payment sources for home care: other government (e.g., CHAMPUS, VA, etc.). 0 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_PRIV_HMO	NUMBER (1.0)	N	(M0150) Private HMO/Managed Care	Current payment sources for home care: private HMO/managed care. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_PRIV_INS	NUMBER (1.0)	N	(M0150) Private Insurance	Current payment sources for home care: private insurance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_SELFPAY	NUMBER (1.0)	N	(M0150) Self-Pay	Current payment sources for home care: self-pay. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_TITLEPGM	NUMBER (1.0)	N	(M0150) Title Programs	Current payment sources for home care: title programs (e.g., Title III, V, or XX). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_UK	NUMBER (1.0)	N	(M0150) Unknown Payment Source	Current payment sources for home care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0150_CPY_WRKCOMP	NUMBER (1.0)	N	(M0150) Workers Compensation	Current payment sources for home care: Worker's Compensation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_EXP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medical Expenses	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_FOOD	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Food	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_NONE	NUMBER (1.0)	N	(M0160) Limited Financial Factors - None	Financial factors limiting ability of patient/family to meet basic health needs: none.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_OTHR	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Other	Financial factors limiting ability of patient/family to meet basic health needs: other	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_RENT	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Rent/Utilities	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0160_LTD_FIN_SUPP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medicine/Medical Supplies	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0170_DC_HOSP_14_D	NUMBER (1.0)	N	(M0170) Hospital	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0170_DC_N_HM_14_D	NUMBER (1.0)	N	(M0170) Nursing Home	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0170_DC_OTHER	NUMBER (1.0)	N	(M0170) Other Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0170_DC_REHB_14_D	NUMBER (1.0)	N	(M0170) Rehabilitation Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0170_NONE_14_DAYS	NUMBER (1.0)	N	(M0170) Patient Not Discharged From Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_HSP_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital	Inpatient facility admitted from during past 14 Days - hospital.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_NON_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days - NA	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_ONH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	Inpatient facility admitted from during past 14 days - other nursing home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_OTH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other	Inpatient facility admitted from during past 14 Days - other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_RHB_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	Inpatient facility admitted from during past 14 Days - rehabilitation facility.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0175_DC_SNF_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0180_DSCHG_UK	VARCHAR2 (1)	N	M1005 (M0180) Most Recent Inpat Discharge Date - UK	This field indicates the most recent inpatient discharge date is unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0180_INP_DSCHG_DT	DATE (8)	N	M1005 (M0180) Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
NATL_HHA_ASMT	M0190_14D_INP1_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis1 ICD Code	This field lists the Inpatient Diagnosis and ICD code 1 for conditions treated during an inpatient	
NATL_HHA_ASMT	M0190_14D_INP2_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis2 ICD Code	This field lists the Inpatient Diagnosis and ICD code 2 for conditions treated during an inpatient	
NATL_HHA_ASMT	M0200_REG_CHG_14_D	NUMBER (1.0)	N	(M0200) Medical/Treatment Regimen Change	Medical treatment regimen change within past 14 days. 0 = No, 1 = Yes.	HHA_YES_NO

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0210_CHGREG_ICD1	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis1 ICD Code	This field lists the patient's medical diagnoses and ICD code 1 for those conditions requiring	
NATL_HHA_ASMT	M0210_CHGREG_ICD2	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis2 ICD Code	This field lists the patient's medical diagnoses and ICD code 2 for those conditions requiring	
NATL_HHA_ASMT	M0210_CHGREG_ICD3	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis3 ICD Code	This field lists the patient's medical diagnoses and ICD code 3 for those conditions requiring	
NATL_HHA_ASMT	M0210_CHGREG_ICD4	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis4 ICD Code	This field lists the patient's medical diagnoses and ICD code 4 for those conditions requiring	
NATL_HHA_ASMT	M0220_PR_CATH	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_DISRUPT	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_IMP_DCSN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_INTR_PAIN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_MEM_LOSS	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_NOCHG_14D	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - NA	This field is checked if the patient had no inpatient facility discharge and no change in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_NONE	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - None Of The Above	This field is checked if the patient had none of the conditions listed prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_UK	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - UK	This field is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0220_PR_UR_INCON	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0230_PRI_DGN_ICD	VARCHAR2 (7)	N	M1020 (M0230) Primary Diagnosis ICD Code	This field lists the primary diagnosis.	
NATL_HHA_ASMT	M0230_PRI_DGN_SEV	VARCHAR2 (2)	N	M1020 (M0230) Primary Diagnosis Severity	This field lists the severity of the primary diagnosis.	HHA_SEVERITY_RATING
NATL_HHA_ASMT	M0240_OTH_DGN1_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis1 ICD Code	This field lists the other diagnosis 1.	
NATL_HHA_ASMT	M0240_OTH_DGN1_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis1 Severity	This field lists the severity of the other diagnosis 1.	HHA_SEVERITY_RATING

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0240_OTH_DGN2_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis2 ICD Code	This field lists the other diagnosis 2.	
NATL_HHA_ASMT	M0240_OTH_DGN2_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis2 Severity	This field lists the severity of the other diagnosis 2.	HHA_SEVERITY_RATING
NATL_HHA_ASMT	M0240_OTH_DGN3_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis3 ICD Code	This field lists the other diagnosis 3.	
NATL_HHA_ASMT	M0240_OTH_DGN3_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis3 Severity	This field lists the severity of the other diagnosis 3.	HHA_SEVERITY_RATING
NATL_HHA_ASMT	M0240_OTH_DGN4_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis4 ICD Code	This field lists the other diagnosis 4.	
NATL_HHA_ASMT	M0240_OTH_DGN4_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis4 Severity	This field lists the severity of the other diagnosis 4.	HHA_SEVERITY_RATING
NATL_HHA_ASMT	M0240_OTH_DGN5_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis5 ICD Code	This field lists the other diagnosis 5.	
NATL_HHA_ASMT	M0240_OTH_DGN5_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis5 Severity	This field lists the severity of the other diagnosis 5.	HHA_SEVERITY_RATING
NATL_HHA_ASMT	M0245_PMT_ICD1	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: Primary ICD	The ICD-9 Code indicating the primary payment reason.	
NATL_HHA_ASMT	M0245_PMT_ICD2	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: First Secondary ICD	The ICD-9 Code indicating the first secondary payment reason.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_A3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col3	This field lists the case mix primary diagnosis, column 3.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_A4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col4	This field lists the case mix primary diagnosis, column 4.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_B3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col3	This field lists the case mix first secondary diagnosis, column 3.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_B4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col4	This field lists the case mix first secondary diagnosis, column 4.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_C3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col3	This field lists the case mix second secondary diagnosis, column 3.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_C4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col4	This field lists the case mix second secondary diagnosis, column 4.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_D3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col3	This field lists the case mix third secondary diagnosis, column 3.	

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NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_D4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col4	This field lists the case mix third secondary diagnosis, column 4.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_E3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col3	This field lists the case mix fourth secondary diagnosis, column 3.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_E4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col4	This field lists the case mix fourth secondary diagnosis, column 4.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_F3_C D	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col3	This field lists the case mix fifth secondary diagnosis, column 3.	
NATL_HHA_ASMT	M0246_PMT_DGNS_ICD_F4_C D	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col4	This field lists the case mix fifth secondary diagnosis, column 4.	
NATL_HHA_ASMT	M0250_THH_ENT_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Enteral Nutrition	This field is checked if the patient receives enteral nutrition therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0250_THH_IV_INFUS	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - IV Infusion	This field is checked if the patient receives intravenous or infusion therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0250_THH_NONE_ABV	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - None Above	This field is checked if the patient receives none of the above therapies at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0250_THH_PAR_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Parenteral Nutrition	This field is checked if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0260_OVRALL_PROGN	VARCHAR2 (2)	N	(M0260) Overall Prognosis	Overall prognosis: best description of patient's overall prognosis for recovery from this episode	HHA_PROGNOSIS
NATL_HHA_ASMT	M0270_REHAB_PROGN	VARCHAR2 (2)	N	(M0270) Rehabilitive Prognosis	Rehabilitative prognosis: best description of patient's prognosis for functional status. 00 =	HHA_REHAB_PROG
NATL_HHA_ASMT	M0280_LIFE_EXPECT	VARCHAR2 (2)	N	(M0280) Life Expectancy	Life expectancy (physician documentation is not required). 00 = Life expectancy is greater than 6	HHA_LIFE_EXP
NATL_HHA_ASMT	M0290_RSK_ALCOHOL	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0290_RSK_DRUGS	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0290_RSK_NONE	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - None Of The Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0290_RSK_OBESITY	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0290_RSK_SMOKING	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0290_RSK_UK	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - UK	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHECK_UNCHECK

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NATL_HHA_ASMT	M0300_CURR_RESIDEN	VARCHAR2 (2)	N	(M0300) Current Residence	Current residence. 01 = Patient's owned or rented residence, 02 = Family member's	HHA_CURR_RESID
NATL_HHA_ASMT	M0310_STR_DOORWAYS	NUMBER (1.0)	N	(M0310) Narrow or Obstructed Doorways	Structural barriers: narrow or obstructed doorways. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0310_STR_MST_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Must Be Used	Structural barriers: stairs inside which must be used by patient. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0310_STR_NONE	NUMBER (1.0)	N	(M0310) No Structural Barriers	Structural barriers: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0310_STR_OPT_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Used Optionally	Structural barriers: stairs inside home which are used optionally. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0310_STR_OUTSTAIR	NUMBER (1.0)	N	(M0310) Stairs Leading Inside Home	Structural barriers: stairs leading from inside to outside house. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_APPLIANC	NUMBER (1.0)	N	(M0320) Unsafe Gas/Electric Appliance	Safety hazards: unsafe gas/electric appliance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_COOLING	NUMBER (1.0)	N	(M0320) Inadequate Cooling	Safety hazards: inadequate cooling. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_FIRE_SAF	NUMBER (1.0)	N	(M0320) Lack of Fire Safety Devices	Safety hazards: lack of fire safety devices. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_FLOOR	NUMBER (1.0)	N	(M0320) Inadequate Floor/Roof/Windows	Safety hazards: inadequate floor, roof, or windows. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_FLOORCOV	NUMBER (1.0)	N	(M0320) Unsafe Floor Coverings	Safety hazards: unsafe floor coverings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_HAZ_MAT	NUMBER (1.0)	N	(M0320) Improperly Stored Hazardous Materials	Safety hazards: improperly stored hazardous materials. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_HEATING	NUMBER (1.0)	N	(M0320) Inadequate Heating	Safety hazards: inadequate heating. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_LIGHTING	NUMBER (1.0)	N	(M0320) Inadequate Lighting	Safety hazards: inadequate lighting. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_NONE	NUMBER (1.0)	N	(M0320) No Safety Hazards	Safety hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_OTHER	NUMBER (1.0)	N	(M0320) Other Safety Hazards	Safety hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_PAINT	NUMBER (1.0)	N	(M0320) Lead-Based Paint	Safety hazards: lead-based paint. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0320_SAF_RAILINGS	NUMBER (1.0)	N	(M0320) Inadequate Stair Railings	Safety hazards: inadequate stair railings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0330_SAN_BAD_H2O	NUMBER (1.0)	N	(M0330) Contaminated Water	Sanitation hazards: contaminated water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_BUGS_ROD	NUMBER (1.0)	N	(M0330) Insects/Rodents Present	Sanitation hazards: insects/rodents present. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_COOK_FAC	NUMBER (1.0)	N	(M0330) No Cooking Facilities	Sanitation hazards: no cooking facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_FOOD_STR	NUMBER (1.0)	N	(M0330) Inadequate/Improper Food Storage	Sanitation hazards: inadequate/improper food storage. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_LIVING_A	NUMBER (1.0)	N	(M0330) Cluttered/Soiled Living Area	Sanitation hazards: cluttered/soiled living area. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_NONE	NUMBER (1.0)	N	(M0330) No Sanitation Hazards	Sanitation hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_NO_H2O	NUMBER (1.0)	N	(M0330) No Running Water	Sanitation hazards: no running water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_NO_TOILT	NUMBER (1.0)	N	(M0330) No Toileting Facilities	Sanitation hazards: no toileting facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_OTHER	NUMBER (1.0)	N	(M0330) Other Sanitation Hazards	Sanitation hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_OUT_TOIL	NUMBER (1.0)	N	(M0330) Outdoor Toileting Facilities Only	Sanitation hazards: outdoor toileting facilities only. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_REFRIGER	NUMBER (1.0)	N	(M0330) No Food Refrigeration	Sanitation hazards: no food refrigeration. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_SEW_DISP	NUMBER (1.0)	N	(M0330) Inadequate Sewage Disposal	Sanitation hazards: inadequate sewage disposal. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0330_SAN_TRASH	NUMBER (1.0)	N	(M0330) No Scheduled Trash Pickup	Sanitation hazards: no scheduled trash pickup. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0340_LIV_ALONE	NUMBER (1.0)	N	(M0340) Lives Alone	Patient lives alone. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0340_LIV_FRIEND	NUMBER (1.0)	N	(M0340) Lives With Friend	Patient lives with friend. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0340_LIV_OTHER	NUMBER (1.0)	N	(M0340) Lives With Other Than Above	Patient lives with other than above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0340_LIV_OTH_FAM	NUMBER (1.0)	N	(M0340) Lives With Other Family Member	Patient lives with other family member. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0340_LIV_PD_HELP	NUMBER (1.0)	N	(M0340) Lives With Paid Help	Patient lives with paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0340_LIV_SPOUSE	NUMBER (1.0)	N	(M0340) Lives With Spouse/Significant Other	Patient lives with spouse or significant other. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0350_AP_HM_RES	NUMBER (1.0)	N	(M0350) Person Residing in Home	Assisting person(s): person residing in the home (excluding paid help). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0350_AP_NONE	NUMBER (1.0)	N	(M0350) None of the Above Assisting Persons	Assisting person(s): none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0350_AP_PD_HELP	NUMBER (1.0)	N	(M0350) Paid Help	Assisting person(s): paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0350_AP_REL_FRND	NUMBER (1.0)	N	(M0350) Relatives/Friends/Neighbors Living Outside Home	Assisting person(s): relatives, friends, or neighbors living outside the home. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0350_AP_UK	NUMBER (1.0)	N	(M0350) Unknown Assisting Persons	Assisting person(s): unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0360_PRI_CAREGVR	VARCHAR2 (2)	N	(M0360) Primary Caregiver	Primary caregiver taking lead responsibility. 00 = No one person, 01 = Spouse or significant	HHA_PRIM_CRGVR
NATL_HHA_ASMT	M0370_FREQ_PRM_AST	VARCHAR2 (2)	N	(M0370) Frequency Patient Receives Assistance	How often does patient receive assistance from primary caregiver. 01 = Several times during	HHA_FREQ_ASSIST
NATL_HHA_ASMT	M0380_CA_ADL	VARCHAR2 (1)	N	(M0380) ADL Assistance	Type of primary caregiver assistance: ADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_ENVIRON	VARCHAR2 (1)	N	(M0380) Environmental Support	Type of primary caregiver assistance: environmental support. 0 = No, 1 = Yes, Space	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_FIN_LEGAL	VARCHAR2 (1)	N	(M0380) Financial Agent/Power of Attorney/Conservator of Finance	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_HLTH_CARE	VARCHAR2 (1)	N	(M0380) Health Care Agent/Conservator of Person/Power of Attorney	Type of primary caregiver assistance: health care agent, conservator of person, medical	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_IADL	VARCHAR2 (1)	N	(M0380) IADL Assistance	Type of Primary Caregiver Assistance: IADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_MEDICAL	VARCHAR2 (1)	N	(M0380) Advocates Participation in Medical Care	Type of primary caregiver assistance: advocates or facilitates patient's participation in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_PSYCHSOC	VARCHAR2 (1)	N	(M0380) Psychosocial Support	Type of primary caregiver assistance: psychosocial support. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0380_CA_UK	VARCHAR2 (1)	N	(M0380) Unknown Primary Caregiver Assistance	Type of primary caregiver assistance: unknown. 0 = No, 1 = Yes, Space = M0350 None= 1 or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0390_VISION	VARCHAR2 (2)	N	M1200 (M0390) Vision	This field indicates the patient's vision status.	HHA_VISION

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NATL_HHA_ASMT	M0400_HEARING	VARCHAR2 (2)	N	(M0400) Hearing	Hearing and ability to understand spoken language in patient's own language. 00 = No	HHA_HEARING
NATL_HHA_ASMT	M0410_SPEECH	VARCHAR2 (2)	N	M1230 (M0410) Speech And Oral Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPEECH
NATL_HHA_ASMT	M0420_FREQ_PAIN	VARCHAR2 (2)	N	(M0420) Frequency of Pain	Frequency of pain interfering with patient's activity or movement. 00 = No pain, 01 = Less	HHA_FREQ_PAIN
NATL_HHA_ASMT	M0430_INTRACT_PAIN	NUMBER (1.0)	N	(M0430) Intractable Pain	Intractable pain. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT	M0440_LES_OPEN_WND	NUMBER (1.0)	N	(M0440) Skin Lesion/Open Wound	Does patient have skin lesion or open wound? 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT	M0445_PRESS_ULCER	VARCHAR2 (1)	N	(M0445) Pressure Ulcer	Does patient have pressure ulcer? 0 = No, 1 = Yes, Space = M0440 = No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT	M0450_NBR_PRU_STG1	VARCHAR2 (2)	N	M1322 (M0450) Current Number Of Stage I Pressure Ulcers	This field indicates the current number of stage I pressure ulcers.	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0450_NBR_PRU_STG2	VARCHAR2 (2)	N	(M0450) Number Stage 2 Pressure Ulcers	Number of pressure ulcers, stage 2. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0450_NBR_PRU_STG3	VARCHAR2 (2)	N	(M0450) Number Stage 3 Pressure Ulcers	Number of pressure ulcers, stage 3. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0450_NBR_PRU_STG4	VARCHAR2 (2)	N	(M0450) Number Stage 4 Pressure Ulcers	Number of pressure ulcers, stage 4. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0450_UNOBS_PRUSULC	VARCHAR2 (1)	N	(M0450) Unobservable Pressure Ulcer	In addition to above, is there at least one pressure ulcer that cannot be observed due to	HHA_YES_NO
NATL_HHA_ASMT	M0460_STG_PRBL_PRU	VARCHAR2 (2)	N	M1324 (M0460) Stage Of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic unhealed (observable) pressure	HHA_STAG_ULCER
NATL_HHA_ASMT	M0464_STA_PRBL_PRU	VARCHAR2 (2)	N	(M0464) Status of Most Problematic Pressure Ulcer	Status of most problematic pressure ulcer. 01 = Fully granulating, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT	M0468_STASIS_ULCER	VARCHAR2 (1)	N	(M0468) Stasis Ulcer	Does patient have stasis ulcer? 0 = No, 1 = Yes, Space = M0440 no.	HHA_YES_NO_SPACE
NATL_HHA_ASMT	M0470_NBR_STAS_ULC	VARCHAR2 (2)	N	(M0470) Number Stasis Ulcers	Current number of observable stasis ulcers. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 =	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0474_UNOBS_STAULC	VARCHAR2 (1)	N	(M0474) Unobservable Stasis Ulcer	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT	M0476_STA_PRB_STAU	VARCHAR2 (2)	N	(M0476) Status of Most Problematic Stasis Ulcer	Status of most problematic stasis ulcer. 01 = Fully granulated, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT	M0482_SURG_WOUND	VARCHAR2 (1)	N	(M0482) Surgical Wound	Does patient have a surgical wound? 0 = No, 1 = Yes, Space = M0440 No.	HHA_YES_NO_SPACE

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NATL_HHA_ASMT	M0484_NBR_SURGWND	VARCHAR2 (2)	N	(M0484) Number Surgical Wounds	Current number of observable surgical wounds. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04	HHA_ZERO_OR_MORE
NATL_HHA_ASMT	M0486_UNOBS_SRGWND	VARCHAR2 (1)	N	(M0486) Unobservable Surgical Wound	Does patient have at least one surgical wound that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT	M0488_STA_PRB_SWND	VARCHAR2 (2)	N	(M0488) Status of Most Problematic Surgical Wound	Status of most problematic (observable) surgical wound. 01 = Fully granulating, 02 =	HHA_STAT_ULCER
NATL_HHA_ASMT	M0490_WHEN_DYSPNIC	VARCHAR2 (2)	N	M1400 (M0490) When Is Patient Dyspneic	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_DYSPNEIC
NATL_HHA_ASMT	M0500_RESPTX_AIRPR	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Airway Press	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0500_RESPTX_NONE	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - None	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0500_RESPTX_OXYGN	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0500_RESPTX_VENT	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0510_UTI	VARCHAR2 (2)	N	M1600 (M0510) Patient Treated For UTI Last 14 Days	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI
NATL_HHA_ASMT	M0520_UR_INCONT	VARCHAR2 (2)	N	M1610 (M0520) Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_UR_INCONT
NATL_HHA_ASMT	M0530_UR_INCONT_OC	VARCHAR2 (2)	N	(M0530) When Urinary Incontinence Occurs	When urinary incontinence occurs. 00 = Timed voiding defers incontinence, 01 = During the	HHA_URINCONT_OCCURS
NATL_HHA_ASMT	M0540_BWL_INCONT	VARCHAR2 (2)	N	M1620 (M0540) Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCONT
NATL_HHA_ASMT	M0550_OSTOMY	VARCHAR2 (2)	N	M1630 (M0550) Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTOMY
NATL_HHA_ASMT	M0560_COG_FUNCTION	VARCHAR2 (2)	N	M1700 (M0560) Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_COG_FUNCTION
NATL_HHA_ASMT	M0570_WHEN_CONFUSD	VARCHAR2 (2)	N	M1710 (M0570) When Confused	This field indicates when the patient is confused.	HHA_WHEN_CONFUSED
NATL_HHA_ASMT	M0580_WHEN_ANXIOUS	VARCHAR2 (2)	N	M1720 (M0580) When Anxious	This field indicates when the patient is anxious.	HHA_WHEN_ANXIOUS
NATL_HHA_ASMT	M0590_DP_DEATH	NUMBER (1.0)	N	(M0590) Recurrent Thoughts of Death	Depressive feelings: recurrent thoughts of death. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0590_DP_HOPELESS	NUMBER (1.0)	N	(M0590) Hopelessness	Depressive feelings: hopelessness. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0590_DP_MOOD	NUMBER (1.0)	N	(M0590) Depressed Mood	Depressive feelings: depressed mood. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0590_DP_NONE	NUMBER (1.0)	N	(M0590) None of the Above Depressive Feelings	Depressive feelings: none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0590_DP_SENS_FAIL	NUMBER (1.0)	N	(M0590) Sense of Failure/Self Reproach	Depressive feelings: sense of failure or self reproach. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0590_DP_SUICIDE	NUMBER (1.0)	N	(M0590) Thoughts of Suicide	Depressive feelings: thoughts of suicide. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_AGITAT	NUMBER (1.0)	N	(M0600) Agitation	Patient behaviors: agitation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_APPWT_C	NUMBER (1.0)	N	(M0600) Recent Change in Appetite or Weight	Patient behaviors: recent change in appetite or weight. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_DIM_INT	NUMBER (1.0)	N	(M0600) Diminished Interest in Most Activities	Patient behaviors: diminished interest in most activities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_INDECIS	NUMBER (1.0)	N	(M0600) Indecisiveness, Lack of Concentration	Patient behaviors: indecisiveness, lack of concentration. 0 = No, 1 = Yes	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_NONE	NUMBER (1.0)	N	(M0600) None of the Above Behaviors Observed	Patient behaviors: None of the above behaviors. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_SLEEP_D	NUMBER (1.0)	N	(M0600) Sleep Disturbances	Patient behaviors: sleep disturbances. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0600_BEH_SUICIDE	NUMBER (1.0)	N	(M0600) A Suicide Attempt	Patient behaviors: a suicide attempt. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_DELUSIONS	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_IMP_DCSN	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Impaired Decision	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_MEM_DFICT	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_NONE	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - None Of The Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0610_BD_PHYSICAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_SOC_INAPP	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Socially Inapp	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0610_BD_VERBAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0620_BEH_PROB_FRQ	VARCHAR2 (2)	N	M1745 (M0620) Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BEHPROB_FREQ
NATL_HHA_ASMT	M0630_REC_PSYCH	NUMBER (1.0)	N	M1750 (M0630) Receives Psych Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
NATL_HHA_ASMT	M0640_CU_GROOMING	VARCHAR2 (2)	N	M1800 (M0640) Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GROOMING
NATL_HHA_ASMT	M0640_PR_GROOMING	VARCHAR2 (2)	N	(M0640) Prior Grooming	Prior grooming ability to tend to personal hygiene needs. 00 = Able to groom self unaided,	HHA_GROOMING
NATL_HHA_ASMT	M0650_CU_DRESS_UPR	VARCHAR2 (2)	N	M1810 (M0650) Current Dress Upper	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRS_UPPER
NATL_HHA_ASMT	M0650_PR_DRESS_UPR	VARCHAR2 (2)	N	(M0650) Prior Ability to Dress Upper Body	Prior ability to dress upper body. 00 = Able to get clothes out of closets and drawers, put them	HHA_DRS_UPPER
NATL_HHA_ASMT	M0660_CU_DRESS_LOW	VARCHAR2 (2)	N	M1820 (M0660) Current Dress Lower	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRS_LOWER
NATL_HHA_ASMT	M0660_PR_DRESS_LOW	VARCHAR2 (2)	N	(M0660) Prior Ability to Dress Lower Body	Prior ability to dress lower body. 00 = Able to obtain, put on, and remove clothing and shoes	HHA_DRS_LOWER
NATL_HHA_ASMT	M0670_CU_BATHING	VARCHAR2 (2)	N	(M0670) Current Bathing	Current ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT	M0670_PR_BATHING	VARCHAR2 (2)	N	(M0670) Prior Bathing	Prior ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT	M0680_CU_TOILETING	VARCHAR2 (2)	N	(M0680) Current Toileting	Current ability to get to and from toilet or bedside commode. 00 = Able to get to and from	HHA_TOILETING
NATL_HHA_ASMT	M0680_PR_TOILETING	VARCHAR2 (2)	N	(M0680) Prior Toileting	Prior ability to get to and from toilet or bedside commode. 00 = Able to get to and from the	HHA_TOILETING
NATL_HHA_ASMT	M0690_CU_TRANSFER	VARCHAR2 (2)	N	(M0690) Current Transferring	Current ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT	M0690_PR_TRANSFER	VARCHAR2 (2)	N	(M0690) Prior Transferring	Prior ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0700_CU_AMBULATN	VARCHAR2 (2)	N	(M0700) Current Ambulation/Locomotion	Current ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT	M0700_PR_AMBULATN	VARCHAR2 (2)	N	(M0700) Prior Ambulation/Locomotion	Prior ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT	M0710_CU_FEEDING	VARCHAR2 (2)	N	M1870 (M0710) Current Feeding	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_FEEDING
NATL_HHA_ASMT	M0710_PR_FEEDING	VARCHAR2 (2)	N	(M0710) Prior Feeding/Eating	Prior ability to feed self. 00 = Able to independently feed self, 01 = Able to feed self	HHA_FEEDING
NATL_HHA_ASMT	M0720_CU_PREP_MEAL	VARCHAR2 (2)	N	M1880 (M0720) Current Preparing Light Meals	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEALS
NATL_HHA_ASMT	M0720_PR_PREP_MEAL	VARCHAR2 (2)	N	(M0720) Prior Preparing Light Meals	Prior ability to plan and prepare light meals. 00 = a) Able to independently plan and prepare all	HHA_PREP_MEALS
NATL_HHA_ASMT	M0730_CU_TRANSPORT	VARCHAR2 (2)	N	(M0730) Current Transportation	Current physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT	M0730_PR_TRANSPORT	VARCHAR2 (2)	N	(M0730) Prior Transportation	Prior physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT	M0740_CU_LAUNDRY	VARCHAR2 (2)	N	(M0740) Current Laundry	Current ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks,	HHA_LAUNDRY
NATL_HHA_ASMT	M0740_PR_LAUNDRY	VARCHAR2 (2)	N	(M0740) Prior Laundry	Prior ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks, OR	HHA_LAUNDRY
NATL_HHA_ASMT	M0750_CU_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Current Housekeeping	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT	M0750_PR_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Prior Housekeeping	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT	M0760_CU_SHOPPING	VARCHAR2 (2)	N	(M0760) Current Shopping	Current ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT	M0760_PR_SHOPPING	VARCHAR2 (2)	N	(M0760) Prior Shopping	Prior ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT	M0770_CU_PHONE_USE	VARCHAR2 (2)	N	M1890 (M0770) Current Phone Use	This field indicates the patient's current ability to answer the phone safely, including dialing	HHA_PHONE_USE
NATL_HHA_ASMT	M0770_PR_PHONE_USE	VARCHAR2 (2)	N	(M0770) Prior Ability to Use Telephone	Prior ability to use telephone. 00 = Able to dial numbers and answer calls appropriately and as	HHA_PHONE_USE
NATL_HHA_ASMT	M0780_CU_ORAL_MED	VARCHAR2 (2)	N	(M0780) Current Management of Oral Medications	Current ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT	M0780_PR_ORAL_MED	VARCHAR2 (2)	N	(M0780) Prior Management of Oral Medications	Prior ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0790_CU_INHAL_MED	VARCHAR2 (2)	N	(M0790) Current Management of Inhalant Medications	Current ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT	M0790_PR_INHAL_MED	VARCHAR2 (2)	N	(M0790) Prior Management of Inhalant Medications	Prior ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT	M0800_CU_INJCT_MED	VARCHAR2 (2)	N	(M0800) Current Management of Injectable Medications	Current ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT	M0800_PR_INJCT_MED	VARCHAR2 (2)	N	(M0800) Prior Management of Injectable Medications	Prior ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT	M0810_PAT_MGMT_EQP	VARCHAR2 (2)	N	(M0810) Patient Management of Equipment	Patient management of equipment. 00 = Patient manages all tasks related to equipment	HHA_PAT_EQUIP
NATL_HHA_ASMT	M0820_CG_MGMT_EQP	VARCHAR2 (2)	N	(M0820) Caregiver Management of Equipment	Caregiver management of equipment. 00 = Caregiver manages all tasks related to	HHA_CG_EQUIP
NATL_HHA_ASMT	M0825_THERAPY_NEED	VARCHAR2 (2)	N	(M0825) Therapy Need	(M0825) Therapy need. 00 = No, 01 = Yes, NA = Not applicable.	HHA_YES_NO_NA
NATL_HHA_ASMT	M0826_THRPY_NEED_NA_NUM	NUMBER (1.0)	N	M2200 (M0826) Therapy Need - NA	This field indicates therapy need is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0826_THRPY_NEED_NUM	NUMBER (3.0)	N	M2200 (M0826) Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
NATL_HHA_ASMT	M0830_EC_EMER_ROOM	NUMBER (1.0)	N	(M0830) Hospital Emergency Room	Emergent care: hospital emergency room. 00 = No, 01 = Yes, NA = Not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0830_EC_MD_OFF	NUMBER (1.0)	N	(M0830) Doctors Office Emergency Visit	Emergent care: doctor's office emergency visit/house call. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0830_EC_NONE	NUMBER (1.0)	N	(M0830) No Emergent Care Services	Emergent care: no emergent care services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0830_EC_OUTPAT	NUMBER (1.0)	N	(M0830) Outpatient Department Emergency	Emergent care: outpatient department/clinic emergency. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0830_EC_UK	NUMBER (1.0)	N	(M0830) Unknown Emergent Care	Emergent care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M0840_ECR_CARDIAC	VARCHAR2 (1)	N	(M0840) Cardiac Problems	Emergent care reason: cardiac problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_GI_BLEED	VARCHAR2 (1)	N	(M0840) GI Bleeding, Obstruction	Emergent care reason: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_HYPOGLYC	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - Hypo/Hyperglycemia	This field indicates that the reason the patient received emergent care was due to	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0840_ECR_INJURY	VARCHAR2 (1)	N	(M0840) Injury Caused by Fall/Accident	Emergent care reason: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_MEDICAT	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_NAUSEA	VARCHAR2 (1)	N	(M0840) Nausea/Dehydration/Malnutrition /Constipation/Impaction	Emergent care reason: nausea, dehydration, malnutrition, constipation, impaction. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_OTHER	VARCHAR2 (1)	N	(M0840) Other than Above Reasons for Emergent Care	Emergent care reason: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_RESP	VARCHAR2 (1)	N	(M0840) Respiratory Problems	Emergent care reason: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_UK	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Reason Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0840_ECR_WOUND	VARCHAR2 (1)	N	(M0840) Wound Infection	Emergent care reason: wound infection, deteriorating wound status, new lesion/ulcer. 0 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0855_INPAT_FAC	VARCHAR2 (2)	N	M2410 (M0855) Inpatient Facility Admitted	This field indicates to which inpatient facility the patient was admitted.	HHA_INPAT_FAC
NATL_HHA_ASMT	M0870_DSCHG_DISP	VARCHAR2 (2)	N	(M0870) Discharge Disposition	Where the patient is after discharge. 01 = Patient remained in the community, 02 = Patient	HHA_DSCHG_DISP
NATL_HHA_ASMT	M0880_AFDC_FAM_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided by Family/Friends	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0880_AFDC_NO_AST	VARCHAR2 (1)	N	(M0880) No Assistance/Services Received	After discharge, does patient receive health, personal, or support services or assistance: no	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0880_AFDC_OTH_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided By Community Resources	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0890_HOSP_RSN	VARCHAR2 (2)	N	(M0890) Reason Admitted to Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	HHA_HOSP_RSN
NATL_HHA_ASMT	M0895_HOSP_CF_FLDS	VARCHAR2 (1)	N	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure. 0 = No, 1 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_CHEMO	VARCHAR2 (1)	N	(M0895) Chemotherapy	Reason for hospitalization: chemotherapy. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_GI_BLD	VARCHAR2 (1)	N	(M0895) GI Bleeding, Obstruction	Reason for hospitalization: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0895_HOSP_INJURY	VARCHAR2 (1)	N	(M0895) Injury Caused by Fall/Accident	Reason for hospitalization: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_IVC_INF	VARCHAR2 (1)	N	(M0895) IV Catheter-Related Infection	Reason for hospitalization: IV catheter-related infection. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_MED	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_OTHER	VARCHAR2 (1)	N	(M0895) Other Than Above Reason for Hospitalization	Reason for hospitalization: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_PAIN	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_PSYCH	VARCHAR2 (1)	N	(M0895) Psychotic Episode	Reason for hospitalization: psychotic episode. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_RESP	VARCHAR2 (1)	N	(M0895) Respiratory Problems	Reason for hospitalization: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_STROKE	VARCHAR2 (1)	N	(M0895) Myocardial Infarction/Stroke	Reason for hospitalization: myocardial infarction, stroke. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_SURGERY	VARCHAR2 (1)	N	(M0895) Scheduled Surgical Procedure	Reason for hospitalization: scheduled surgical procedure. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_UR_TRCT	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_VN_PULM	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - DVT Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOSP_WOUND	VARCHAR2 (1)	N	(M0895) Wound or Tube Site Infection	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0895_HOS_HYPOGLYC	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Hypo/Hyperglycemic	This field indicates the reason the patient required hospitalization was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_HOSPICE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Hospice Care	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_OTHER	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_PERMANENT	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_RESPITE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M0900_NH_THERAPY	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_UK	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0900_NH_UNSAFE_HM	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M0903_LST_HM_VISIT	DATE (8)	N	(M0903) Date of Last Home Visit	Date of last home visit (most recent).	
NATL_HHA_ASMT	M0906_DC_TR_DTH_DT	DATE (8)	N	(M0906) Discharge/Transfer/Death Date	Discharge/transfer/death date.	
NATL_HHA_ASMT	M1000_DC_IPPS_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IPPS	This field indicates the patient was discharged from short stay acute hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1000_DC_IRF_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IRF	This field indicates the patient was discharged from inpatient rehabilitation hospital or unit	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1000_DC_LTCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1000_DC_LTC_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTC	This field indicates the patient was discharged from long-term nursing facility during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1000_DC_OTH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Other	This field indicates the patient was discharged from somewhere other than listed above during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1000_DC_PSYCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1010_14_DAY_INP3_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis3 ICD Code	This field lists the Inpatient Diagnosis and ICD code 3 for conditions treated during an inpatient	
NATL_HHA_ASMT	M1010_14_DAY_INP4_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis4 ICD Code	This field lists the Inpatient Diagnosis and ICD code 4 for conditions treated during an inpatient	
NATL_HHA_ASMT	M1010_14_DAY_INP5_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis5 ICD Code	This field lists the Inpatient Diagnosis and ICD code 5 for conditions treated during an inpatient	
NATL_HHA_ASMT	M1010_14_DAY_INP6_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis6 ICD Code	This field lists the Inpatient Diagnosis and ICD code 6 for conditions treated during an inpatient	
NATL_HHA_ASMT	M1012_INP_NA_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - NA	This field is checked if the inpatient procedure and associated ICD code is unknown for the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1012_INP_PRCDR1_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure1 Code	This field lists the Inpatient ICD and Procedure 1 relevant to the plan of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M1012_INP_PRCDR2_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure2 Code	This field lists the Inpatient ICD and Procedure 2 relevant to the plan of care.	
NATL_HHA_ASMT	M1012_INP_PRCDR3_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure3 Code	This field lists the Inpatient ICD and Procedure 3 relevant to the plan of care.	
NATL_HHA_ASMT	M1012_INP_PRCDR4_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure4 Code	This field lists the Inpatient ICD and Procedure 4 relevant to the plan of care.	
NATL_HHA_ASMT	M1012_INP_UK_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - UK	This field is checked if there is no inpatient procedure and associated ICD code for the plan	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1016_CHGREG_ICD5	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis5 ICD Code	This field lists the patient's medical diagnoses and ICD code 5 for those conditions requiring	
NATL_HHA_ASMT	M1016_CHGREG_ICD6	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis6 ICD Code	This field lists patient's medical diagnoses and ICD code 6 for those conditions requiring	
NATL_HHA_ASMT	M1016_CHGREG_ICD_NA	VARCHAR2 (1)	N	M1016 Regimen Change In Past 14 Days - NA	This field is checked if there have been no medical or treatment regimen changes within the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_5PLUS_M DCTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Taking 5 Or More Meds	This field is checked if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_FRAILTY	VARCHAR2 (1)	N	M1032 Risk For Hosp - Frailty Indicators	This field is checked if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_HSTRY_F ALLS	VARCHAR2 (1)	N	M1032 Risk For Hosp - History Of Falls	This field is checked if the patient is at risk for hospitalization due to history of falls.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_MLTPH_ HOSPZTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - More Than 1 Hospital In 12 Mo	This field is checked if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_NONE_A BOVE	VARCHAR2 (1)	N	M1032 Risk For Hosp - None Of The Above	This field is checked if the patient is at risk for hospitalization is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_OTHR	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field is checked if the patient is at risk for hospitalization is other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1032_HOSP_RISK_RCNT_D CLN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Decline In Mental, Emotional, Behavioral	This field is checked if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT	M1034_PTNT_OVRAL_STUS	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_PTNT_OVRAL_STUS
NATL_HHA_ASMT	M1040_INFLNZ_RCVD_AGNC Y	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received In Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_INFLNZ_VCCN
NATL_HHA_ASMT	M1045_INFLNZ_RSN_NOT_R CVD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason why the influenza vaccine was not received from the agency	HHA_RSN_FLU_VCCN_NOT_R CVD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M1050_PPV_RCVD_AGENCY	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine (PPV) Received In Agency	This field indicates if the patient received the PPV during this episode of care in agency.	HHA_YES_NO
NATL_HHA_ASMT	M1055_PPV_RSN_NOT_RCVD_AGENCY	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine (PPV) - Reason Not Received	This field indicates the reason why the PPV was not received from the agency during this episode	HHA_RSN_PPV_NOT_RCVD
NATL_HHA_ASMT	M1100_PTNT_LVG_STUTN	VARCHAR2 (2)	N	M1100 Patient Living Situation	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARRANG
NATL_HHA_ASMT	M1210_HEARG_ABLTY	VARCHAR2 (2)	N	M1210 Ability To Hear	This field indicates the patient's ability to hear.	HHA_ABLTY_TO_HEAR
NATL_HHA_ASMT	M1220_UNDRSTG_VERBAL_CNTNT	VARCHAR2 (2)	N	M1220 Understanding Of Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_VRBL_UNDRSTG
NATL_HHA_ASMT	M1240_FRML_PAIN_ASMT	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal pain assessment using a standardized pain	HHA_PAIN_ASMT
NATL_HHA_ASMT	M1242_PAIN_FREQ_ACTVTY_MVMT	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ
NATL_HHA_ASMT	M1300_PRSR_ULCR_RISK_ASMT	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PU_ASMT
NATL_HHA_ASMT	M1302_RISK_OF_PRSR_ULCR	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO
NATL_HHA_ASMT	M1306_UNHLD_STG2_PRSR_ULCR	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer at Least Stage II	This field indicates whether the patient has at least one unhealed pressure ulcer at stage II or	HHA_YES_NO
NATL_HHA_ASMT	M1307_OLDST_STG2_AT_DS_CHRG	VARCHAR2 (2)	N	M1307 Status Oldst Stg 2 Pressure Ulcer At Discharge	This field identifies the status of the oldest unhealed stage II pressure ulcer at the time of	HHA_STAT_OLDST_STG2
NATL_HHA_ASMT	M1307_OLDST_STG2_ONST_DT	DATE (8)	N	M1307 Oldest Stage II Onset Date	This field indicates the date of onset of the oldest unhealed stage II pressure ulcer identified	
NATL_HHA_ASMT	M1308_NBR_PRSULC_STG2	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at stage II (enter 0 if	
NATL_HHA_ASMT	M1308_NBR_PRSULC_STG3	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at Stage III (Enter 0 if	
NATL_HHA_ASMT	M1308_NBR_PRSULC_STG4	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at stage IV (enter 0 if	
NATL_HHA_ASMT	M1308_NBR_STG2_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage II that were	
NATL_HHA_ASMT	M1308_NBR_STG3_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage III that were	
NATL_HHA_ASMT	M1308_NBR_STG4_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage IV that were	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M1308_NSTG_CVRG	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage By Slough/Eschar	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT	M1308_NSTG_CVRG_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage Slough @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT	M1308_NSTG_DEEP_TISUE	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT	M1308_NSTG_DEEP_TISUE_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT	M1308_NSTG_DRSG	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Due To Non-Rmvble Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT	M1308_NSTG_DRSG_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Non-Rmvble Dsg @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT	M1310_PRSR_ULCR_LNGTH	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the stage III or IV	
NATL_HHA_ASMT	M1312_PRSR_ULCR_WDTH	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
NATL_HHA_ASMT	M1314_PRSR_ULCR_DEPTH	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
NATL_HHA_ASMT	M1320_STUS_PRBLM_PRSR_ULCR	VARCHAR2 (2)	N	M1320 Status Of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	HHA_PRSR_ULCR_STUS
NATL_HHA_ASMT	M1330_STAS_ULCR_PRSENT	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR
NATL_HHA_ASMT	M1332_NUM_STAS_ULCR	VARCHAR2 (2)	N	M1332 Current Number Of (Observable) Stasis Ulcers	This field indicates the current number of (observable) stasis wounds.	HHA_1_OR_MORE
NATL_HHA_ASMT	M1334_STUS_PRBLM_STAS_ULCR	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic (observable) stasis ulcer.	HHA_STAS_ULCR_STUS
NATL_HHA_ASMT	M1340_SRGCL_WND_PRSENT	VARCHAR2 (2)	N	M1340 Does This Patient Have A Surgical Wound	This field indicates whether the patient has a surgical wound.	HHA_SRGCL_WND
NATL_HHA_ASMT	M1342_STUS_PRBLM_SRGCL_WND	VARCHAR2 (2)	N	M1342 Status Of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	HHA_SRGCL_WND_STUS

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M1350_LESION_OPEN_WND	NUMBER (1.0)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
NATL_HHA_ASMT	M1500_SYMTM_HRT_FAILR_PTNTS	VARCHAR2 (2)	N	M1500 Symptoms In Heart Failure Patients	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR
NATL_HHA_ASMT	M1510_HRT_FAILR_CARE_PLAN_CHG	VARCHAR2 (1)	N	M1510 Heart Fail. Follow-Up: Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1510_HRT_FAILR_CLNCL_INTNTRVTN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1510_HRT_FAILR_ER_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: ER Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1510_HRT_FAILR_NO_ACTION_TAKEN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1510_HRT_FAILR_PHYSN_CONTACT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1510_HRT_FAILR_PHYSN_ORDERED_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician-Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M1615_INCNTNT_TIMING	VARCHAR2 (2)	N	M1615 When Does Urinary Incontinence Occur	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCONT_OCRS
NATL_HHA_ASMT	M1730_PHQ2_DPRSN	VARCHAR2 (2)	N	M1730 PHQ2 - Feeling Down, Depressed, Or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_PHQ2_DPRSN
NATL_HHA_ASMT	M1730_PHQ2_LACK_INTRST	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_PHQ2_LTL_INTRST
NATL_HHA_ASMT	M1730_STDZ_DPRSN_SCRNG	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRN
NATL_HHA_ASMT	M1830_CRNT_BATHG	VARCHAR2 (2)	N	M1830 Current Bathing	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_V3
NATL_HHA_ASMT	M1840_CUR_TOILTG	VARCHAR2 (2)	N	M1840 Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILTG_TRNSFR
NATL_HHA_ASMT	M1845_CUR_TOILTG_HYGN	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILTG_HYGN
NATL_HHA_ASMT	M1850_CUR_TRNSFRNG	VARCHAR2 (2)	N	M1850 Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_CURR_TRNSFR
NATL_HHA_ASMT	M1860_CRNT_AMBLTN	VARCHAR2 (2)	N	M1860 Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_V3
NATL_HHA_ASMT	M1900_PRIOR_ADLIADL_AMBLTN	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_ADL_IADL

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M1900_PRIOR_ADLIADL_HS EHOLD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_ADL_IADL
NATL_HHA_ASMT	M1900_PRIOR_ADLIADL_SEL F	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_ADL_IADL
NATL_HHA_ASMT	M1900_PRIOR_ADLIADL_TR NSFR	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_ADL_IADL
NATL_HHA_ASMT	M1910_MLT_FCTR_FALL_RIS K_ASMT	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor Fall Risk Assessment.	HHA_FALL_RISK
NATL_HHA_ASMT	M2000_DRUG_RGMN_RVW	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RGMN
NATL_HHA_ASMT	M2002_MDCTN_FLWP	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO
NATL_HHA_ASMT	M2004_MDCTN_INTRVTN	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
NATL_HHA_ASMT	M2010_HIGH_RISK_DRUG_E DCTN	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Educ	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA
NATL_HHA_ASMT	M2015_DRUG_EDCTN_INTRV TN	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Educ Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
NATL_HHA_ASMT	M2020_CRNT_MGMT_ORAL_ MDCTN	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MEDS_V3
NATL_HHA_ASMT	M2030_CRNT_MGMT_INJCTN _MDCTN	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Meds	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJECT_MEDS_V3
NATL_HHA_ASMT	M2040_PRIOR_MGMT_INJCT N_MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT	M2040_PRIOR_MGMT_ORAL _MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_AD L	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_AD VCY	VARCHAR2 (2)	N	M2100 Care Management - Advocacy Or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_EQ UIP	VARCHAR2 (2)	N	M2100 Care Management - Management Of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_IA DL	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_MD CTN	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_ASTNC_TYPES

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_PR_CDR	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures / Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2100_CARE_TYPE_SRC_SP_RVSN	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_ASTNC_TYPES
NATL_HHA_ASMT	M2110_ADL_IADL_ASTNC_F_REQ	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_ASTNC
NATL_HHA_ASMT	M2250_PLAN_SMRY_DBTS_FT_CARE	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_DPRSN_INTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_FALL_PRVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - At Risk For Falls	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_PAIN_INTNTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_PRSULC_PRVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_PRSULC_TRTMT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
NATL_HHA_ASMT	M2250_PLAN_SMRY_PTNT_SPECF	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Patient Specific	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
NATL_HHA_ASMT	M2300_EMER_USE_AFTR_LAST_ASTMT	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE
NATL_HHA_ASMT	M2310_ECR_CRDC_DSRTHM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_CTHTR_CMPLCTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_DHYDRTN_MALNTR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration, Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_DVT_PULMNRY	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_GI_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_HRT_FAILR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M2310_ECR_INJRY_BY_FALL	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury Caused By Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_MENTL_BHVRL_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_MI_CHST_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_OTHER	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Than Above	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_OTHR_HRT_DEASE	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_RSPRTRY_INFCTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_RSPRTRY_OTHR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_STROKE_TIA	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) Or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_UNCNTLD_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_UTI	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2310_ECR_WND_INFCTN_DTRORTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection Or Deter	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_DBT_S_FT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_DPR_SN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Depression Intervent	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_FALL_PRVNT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_PAIN_MNTR	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Monitor And Mitigate Pain	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_PRES_ULC_PRVN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Prevent Pressure Ulcers	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
NATL_HHA_ASMT	M2400_INTRVTN_SMRY_PRES_ULC_WET	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	M2420_DSCHRG_DISP	VARCHAR2 (2)	N	M2420 Discharge Disposition	This field indicates where the patient is after discharge from the agency.	HHA_DSCHG_DISP_V3
NATL_HHA_ASMT	M2430_HOSP_CRDC_DSRTM	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_CTHTR_CMPLCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection/Complication	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_DHYDRTN_MALNTR	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_GI_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_HRT_FAILR	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_INJRY_BY_FALL	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused By Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_MENTL_BHVR_L_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_MI_CHST_PAIN	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_OTHER	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Than Above	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_OTHR_HRT_DISEASE	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_RSPRTRY_INFCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_RSPRTRY_OTHER	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_SCHLD_TRTMT	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_STROKE_TIA	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_UNKNOWN	VARCHAR2 (1)	N	M2430 Hospital Reason - Reason Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT	M2430_HOSP_WND_INFCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT	MASK_VERSION_CD	VARCHAR2 (20)	N	Masking Algorithm Version Code	Masking algorithm version code. 1) If M0150 CPAY MCARE FFS = 0 and M0150 CPAY	
NATL_HHA_ASMT	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
NATL_HHA_ASMT	ORIG_ASMT_INT_ID	NUMBER (15.0)	N	Original Assessment Internal ID	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
NATL_HHA_ASMT	RES_CHG_TIMESTAMP	DATE (8)	N	Resident Data Update Timestamp	The last updated date and time of resident data.	
NATL_HHA_ASMT	RES_INT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_HHA_ASMT	RES_MATCH_CRITERIA	NUMBER (2.0)	N	Resident Matching Criteria	When a record is submitted to the state server, the resident matching algorithm determines	
NATL_HHA_ASMT	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_ASMT	SFT_VER	VARCHAR2 (9)	N	Software Version	This field contains the version number of the vendor software being used by the facility or the	
NATL_HHA_ASMT	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ASMT	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_HHA_ASMT	SUBMISSION_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_HHA_ASMT	SUBM_HIPPS_CODE	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
NATL_HHA_ASMT	SUBM_HIPPS_VERSION	VARCHAR2 (5)	N	Submitted HIPPS Version	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
NATL_HHA_ASMT	VCODE2	VARCHAR2 (5)	N	Version Completed Code	Layout submitted version code field which contains the version number for the data	
NATL_HHA_ASMT	VERSION_CD	VARCHAR2 (12)	N	Version Code	Version completed code indicating the version of OASIS actually completed. For valid values,	
NATL_HHA_ASMT_DLT	CREATE_DT	DATE (8)	N	Create Date	Date and time this tracking record was created on the state database.	
NATL_HHA_ASMT_DLT	HHA_ASMT_INT_ID	NUMBER (15.0)	N	HHA Assessment Internal ID	The assessment internal identification number.	
NATL_HHA_ASMT_DLT	PULL_DT	DATE (8)	N	Pulled date	Date the processing was completed against the national database.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_DLT	STATE_CD	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ASMT_DLT	TYPE_CD	VARCHAR2 (1)	N	Type code	Identifier, D for delete.	
NATL_HHA_ASMT_HIST	ASMT_EFF_DATE	DATE (8)	N	Assessment Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
NATL_HHA_ASMT_HIST	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
NATL_HHA_ASMT_HIST	AST_END_VER_DT	DATE (8)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
NATL_HHA_ASMT_HIST	AST_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment. C = Current, M = Modified, X = Inactive.	
NATL_HHA_ASMT_HIST	BIRTHDATE_SUBM_IND	VARCHAR2 (1)	N	Birthdate Submit Indicator	Indicates if the full birthdate was submitted or if part of the date was defaulted. S = the stored	
NATL_HHA_ASMT_HIST	BRANCH_IDENTIFIER	VARCHAR2 (10)	N	Branch Identifier	Agency assigned branch identifier.	
NATL_HHA_ASMT_HIST	CALC_HIPPS_CODE	VARCHAR2 (5)	N	Calculated HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated	
NATL_HHA_ASMT_HIST	CALC_HIPPS_VERSION	VARCHAR2 (5)	N	Calculated HIPPS Version	The version of the HIPPS (Health Insurance Prospective Payment System) code calculated.	
NATL_HHA_ASMT_HIST	CORRECTION_NUM	NUMBER (2.0)	N	Correction Number	Sequential correction number of assessment.	
NATL_HHA_ASMT_HIST	FAC_INT_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_HHA_ASMT_HIST	HHA_ASMT_INT_ID	NUMBER (15.0)	Y	HHA Assessment Internal ID	The assessment internal identification number.	
NATL_HHA_ASMT_HIST	HHA_SUBM_SEQ_NBR	NUMBER (10.0)	N	HHA Submission Sequence Number	Internal database tracking number for submissions.	
NATL_HHA_ASMT_HIST	LOCK_DATE	DATE (8)	N	Lock Date	The lock-in date for the HHA assessment.	
NATL_HHA_ASMT_HIST	M0010_MEDICARE_ID	VARCHAR2 (6)	N	(M0010) Agency Medicare Number	Agency Medicare provider number.	
NATL_HHA_ASMT_HIST	M0012_MEDICAID_ID	VARCHAR2 (15)	N	(M0012) Agency Medicaid Number	Agency Medicaid provider number.	
NATL_HHA_ASMT_HIST	M0014_BRANCH_STATE	VARCHAR2 (2)	N	(M0014) Branch State	Branch state.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0016_BRANCH_ID	VARCHAR2 (10)	N	(M0016) Branch Identifier Number	Branch ID number.	
NATL_HHA_ASMT_HIST	M0020_PAT_ID	VARCHAR2 (20)	N	(M0020) Patient ID	Patient identification number.	
NATL_HHA_ASMT_HIST	M0030_SOC_DT	DATE (8)	N	(M0030) Start of Care Date	Start of care date.	
NATL_HHA_ASMT_HIST	M0032_ROC_DT	DATE (8)	N	(M0032) Resumption of Care Date	Resumption of care date.	
NATL_HHA_ASMT_HIST	M0032_ROC_DT_NA	NUMBER (1.0)	N	(M0032) Resumption of Care Date Not Applicable	Resumption of care date is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0040_PAT_FNAME	VARCHAR2 (12)	N	(M0040) Patient First Name	Patient's first name.	
NATL_HHA_ASMT_HIST	M0040_PAT_LNAME	VARCHAR2 (18)	N	(M0040) Patient Last Name	Patient's last name.	
NATL_HHA_ASMT_HIST	M0040_PAT_MI	VARCHAR2 (1)	N	(M0040) Patient Middle Initial	Patient's middle initial.	
NATL_HHA_ASMT_HIST	M0040_PAT_SUFFIX	VARCHAR2 (3)	N	(M0040) Patient Suffix	Patient's name suffix.	
NATL_HHA_ASMT_HIST	M0050_PAT_ST	VARCHAR2 (2)	N	(M0050) Patient State	Patient's state of residence.	
NATL_HHA_ASMT_HIST	M0060_PAT_ZIP	VARCHAR2 (11)	N	(M0060) Patient ZIP Code	Patient's ZIP code.	
NATL_HHA_ASMT_HIST	M0063_MEDICARE_NA	NUMBER (1.0)	N	(M0063) No Medicare Number	Patient has no Medicare number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0063_MEDICARE_NBR	VARCHAR2 (12)	N	(M0063) Medicare Number	Patient's Medicare number.	
NATL_HHA_ASMT_HIST	M0064_SSN	VARCHAR2 (9)	N	(M0064) Social Security Number	Patient's Social Security number.	
NATL_HHA_ASMT_HIST	M0064_SSN_UK	NUMBER (1.0)	N	(M0064) Social Security Number Unknown	Patient's Social Security number is unknown or not available. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0065_MEDICAID_NA	NUMBER (1.0)	N	(M0065) No Medicaid Number	Patient has no Medicaid number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0065_MEDICAID_NBR	VARCHAR2 (14)	N	(M0065) Patient Medicaid Number	Patient's Medicaid number.	
NATL_HHA_ASMT_HIST	M0066_PAT_BIRTH_DT	DATE (8)	N	(M0066) Patient Birth Date	Patient's birth date. If only the year (YYYY) was submitted, the month is defaulted to 06 and	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0069_PAT_GENDER	NUMBER (1.0)	N	(M0069) Gender	Patient's gender. 1 = Male, 2 = Female.	HHA_GENDER
NATL_HHA_ASMT_HIST	M0072_PHYSICIAN_ID	VARCHAR2 (10)	N	M0018 (M0072) Physician NPI	This field lists the National Provider ID (NPI) for the attending physician who has signed the	
NATL_HHA_ASMT_HIST	M0072_PHYSICIAN_UK	NUMBER (1.0)	N	M0018 (M0072) Physician NPI UK	This field indicates the National Provider ID (NPI) for the attending physician who has	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0080_ASSR_DISCIPL	VARCHAR2 (2)	N	(M0080) Discipline of Person Completing Assessment	Discipline of person completing assessment. 01 = RN, 02 = PT, 03 = SLP/ST, 04 = OT.	HHA_DISCIPLINE
NATL_HHA_ASMT_HIST	M0090_ASMT_CPLT_DT	DATE (8)	N	(M0090) Date Assessment Completed	The date the assessment was completed.	
NATL_HHA_ASMT_HIST	M0100_ASSMT_REASON	VARCHAR2 (2)	N	(M0100) Assessment Reason	The reason the assessment is currently being completed. 01 = Start of care - further visits	HHA_ASSMT_RSN
NATL_HHA_ASMT_HIST	M0102_PHYSN_ORDRD_SOC ROC_DT	DATE (8)	N	M0102 Physician Ordered SOC ROC	The date the physician ordered the start of care or resumption of care for a patient.	
NATL_HHA_ASMT_HIST	M0102_PHYSN_ORDRD_SOC ROC_DT_NA	VARCHAR2 (1)	N	M0102 Physician Ordered SOC ROC - NA	This field is checked if there is no specific start of care date ordered by the physician (or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0104_PHYSN_RFRL_DT	DATE (8)	N	M0104 Physician Date Of Referral	This field indicates the date the written orders from the physician for initiation or resumption	
NATL_HHA_ASMT_HIST	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	(M0110) Episode Timing	Medicare home health payment episode for which this assessment will define a case mix	HHA_EPSD_TIMING
NATL_HHA_ASMT_HIST	M0140_ETHNIC_AI_AN	NUMBER (1.0)	N	(M0140) American Indian or Alaska Native	Race/ethnicity as identified by patient: American Indian or Alaska native. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_ASIAN	NUMBER (1.0)	N	(M0140) Asian	Race/ethnicity as identified by patient: Asian. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_BLACK	NUMBER (1.0)	N	(M0140) Black or African-American	Race/ethnicity as identified by patient: Black or African-American. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_HISP	NUMBER (1.0)	N	(M0140) Hispanic or Latino	Race/ethnicity as identified by patient: Hispanic or Latino. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_NH_PI	NUMBER (1.0)	N	(M0140) Native Hawaiian or Pacific Islander	Race/ethnicity as identified by patient: Native Hawaiian or Pacific Islander. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_UK	NUMBER (1.0)	N	(M0140) Unknown Race/Ethnicity	Race/ethnicity as identified by patient: Unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0140_ETHNIC_WHITE	NUMBER (1.0)	N	(M0140) White	Race/ethnicity as identified by patient: White. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_MCAIDFFS	NUMBER (1.0)	N	(M0150) Medicaid Fee-For-Service	Current payment sources for home care: Medicaid (traditional fee-for-service). 0 = No, 1	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0150_CPY_MCAIDHMO	NUMBER (1.0)	N	(M0150) Medicaid HMO/Managed Care	Current payment sources for home care: Medicaid (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_MCAREFFS	NUMBER (1.0)	N	(M0150) Medicare Fee-For-Service	Current payment sources for home care: Medicare (traditional fee-for-service). 0 = No, 1	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_MCAREHMO	NUMBER (1.0)	N	(M0150) Medicare HMO/Managed Care	Current payment sources for home care: Medicare (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_NONE	NUMBER (1.0)	N	(M0150) No Charge for Current Services	Current payment sources for home care: none, no charge for current services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_OTHER	NUMBER (1.0)	N	(M0150) Other Payment Source	Current payment sources for home care: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_OTH_GOV	NUMBER (1.0)	N	(M0150) Other Government	Current payment sources for home care: other government (e.g., CHAMPUS, VA, etc.). 0 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_PRIV_HMO	NUMBER (1.0)	N	(M0150) Private HMO/Managed Care	Current payment sources for home care: private HMO/managed care. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_PRIV_INS	NUMBER (1.0)	N	(M0150) Private Insurance	Current payment sources for home care: private insurance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_SELFPAY	NUMBER (1.0)	N	(M0150) Self-Pay	Current payment sources for home care: self-pay. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_TITLEPGM	NUMBER (1.0)	N	(M0150) Title Programs	Current payment sources for home care: title programs (e.g., Title III, V, or XX). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_UK	NUMBER (1.0)	N	(M0150) Unknown Payment Source	Current payment sources for home care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0150_CPY_WRKCOMP	NUMBER (1.0)	N	(M0150) Workers Compensation	Current payment sources for home care: Worker's Compensation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_EXP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medical Expenses	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_FOOD	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Food	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_NONE	NUMBER (1.0)	N	(M0160) Limited Financial Factors - None	Financial factors limiting ability of patient/family to meet basic health needs: none.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_OTHR	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Other	Financial factors limiting ability of patient/family to meet basic health needs: other	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_RENT	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Rent/Utilities	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0160_LTD_FIN_SUPP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medicine/Medical	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Supplies		
NATL_HHA_ASMT_HIST	M0170_DC_HOSP_14_D	NUMBER (1.0)	N	(M0170) Hospital	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0170_DC_N_HM_14_D	NUMBER (1.0)	N	(M0170) Nursing Home	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0170_DC_OTHER	NUMBER (1.0)	N	(M0170) Other Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0170_DC_REHB_14_D	NUMBER (1.0)	N	(M0170) Rehabilitation Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0170_NONE_14_DAYS	NUMBER (1.0)	N	(M0170) Patient Not Discharged From Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_HSP_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital	Inpatient facility admitted from during past 14 Days - hospital.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_NON_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days - NA	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_ONH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	Inpatient facility admitted from during past 14 days - other nursing home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_OTH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other	Inpatient facility admitted from during past 14 Days - other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_RHB_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	Inpatient facility admitted from during past 14 Days - rehabilitation facility.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0175_DC_SNF_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0180_DSCHG_UK	VARCHAR2 (1)	N	M1005 (M0180) Most Recent Inpat Discharge Date - UK	This field indicates the most recent inpatient discharge date is unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0180_INP_DSCHG_DT	DATE (8)	N	M1005 (M0180) Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
NATL_HHA_ASMT_HIST	M0190_14D_INP1_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis1 ICD Code	This field lists the inpatient diagnosis and ICD code 1 for conditions treated during an inpatient	
NATL_HHA_ASMT_HIST	M0190_14D_INP2_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis2 ICD Code	This field lists the inpatient diagnosis and ICD code 2 for conditions treated during an inpatient	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0200_REG_CHG_14_D	NUMBER (1.0)	N	(M0200) Medical/Treatment Regimen Change	Medical treatment regimen change within past 14 days. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HIST	M0210_CHGREG_ICD1	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis1 ICD Code	This field lists the patient's medical diagnoses and ICD code 1 for those conditions requiring	
NATL_HHA_ASMT_HIST	M0210_CHGREG_ICD2	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis2 ICD Code	This field lists the patient's medical diagnoses and ICD code 2 for those conditions requiring	
NATL_HHA_ASMT_HIST	M0210_CHGREG_ICD3	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis3 ICD Code	This field lists the patient's medical diagnoses and ICD code 3 for those conditions requiring	
NATL_HHA_ASMT_HIST	M0210_CHGREG_ICD4	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis4 ICD Code	This field lists the patient's medical diagnoses and ICD code 4 for those conditions requiring	
NATL_HHA_ASMT_HIST	M0220_PR_CATH	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_DISRUPT	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_IMP_DCSN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_INTR_PAIN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_MEM_LOSS	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_NOCHG_14D	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - NA	This field is checked if the patient had no inpatient facility discharge and no change in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_NONE	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - None Of The Above	This field is checked if the patient had none of the conditions listed prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_UK	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - UK	This field is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0220_PR_UR_INCON	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0230_PRI_DGN_ICD	VARCHAR2 (7)	N	M1020 (M0230) Primary Diagnosis ICD Code	This field lists the primary diagnosis.	
NATL_HHA_ASMT_HIST	M0230_PRI_DGN_SEV	VARCHAR2 (2)	N	M1020 (M0230) Primary Diagnosis Severity	This field lists the severity of the primary diagnosis.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0240_OTH_DGN1_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis1 ICD Code	This field lists the other diagnosis 1.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0240_OTH_DGN1_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis1 Severity	This field lists the severity of the other diagnosis 1.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0240_OTH_DGN2_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis2 ICD Code	This field lists the other diagnosis 2.	
NATL_HHA_ASMT_HIST	M0240_OTH_DGN2_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis2 Severity	This field lists the severity of the other diagnosis 2.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0240_OTH_DGN3_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis3 ICD Code	This field lists the other diagnosis 3.	
NATL_HHA_ASMT_HIST	M0240_OTH_DGN3_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis3 Severity	This field lists the severity of the other diagnosis 3.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0240_OTH_DGN4_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis4 ICD Code	This field lists the other diagnosis 4.	
NATL_HHA_ASMT_HIST	M0240_OTH_DGN4_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis4 Severity	This field lists the severity of the other diagnosis 4.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0240_OTH_DGN5_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis5 ICD Code	This field lists the other diagnosis 5.	
NATL_HHA_ASMT_HIST	M0240_OTH_DGN5_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis5 Severity	This field lists the severity of the other diagnosis 5.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HIST	M0245_PMT_ICD1	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: Primary ICD	The ICD-9 Code indicating the primary payment reason.	
NATL_HHA_ASMT_HIST	M0245_PMT_ICD2	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: First Secondary ICD	The ICD-9 Code indicating the first secondary payment reason.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_A3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col3	This field lists the case mix primary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_A4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col4	This field lists the case mix primary diagnosis, column 4.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_B3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col3	This field lists the case mix first secondary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_B4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col4	This field lists the case mix first secondary diagnosis, column 4.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_C3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col3	This field lists the case mix second secondary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_C4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col4	This field lists the case mix second secondary diagnosis, column 4.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_D3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col3	This field lists the case mix third secondary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_D4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col4	This field lists the case mix third secondary diagnosis, column 4.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_E3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col3	This field lists the case mix fourth secondary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_E4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col4	This field lists the case mix fourth secondary diagnosis, column 4.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_F3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col3	This field lists the case mix fifth secondary diagnosis, column 3.	
NATL_HHA_ASMT_HIST	M0246_PMT_DGNS_ICD_F4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col4	This field lists the case mix fifth secondary diagnosis, column 4.	
NATL_HHA_ASMT_HIST	M0250_THH_ENT_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Enteral Nutrition	This field is checked if the patient receives enteral nutrition therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0250_THH_IV_INFUS	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - IV Infusion	This field is checked if the patient receives intravenous or infusion therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0250_THH_NONE_ABV	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - None Above	This field is checked if the patient receives none of the above therapies at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0250_THH_PAR_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Parenteral Nutrition	This field is checked if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0260_OVRALL_PROGN	VARCHAR2 (2)	N	(M0260) Overall Prognosis	Overall prognosis: best description of patient's overall prognosis for recovery from this episode	HHA_PROGNOSIS
NATL_HHA_ASMT_HIST	M0270_REHAB_PROGN	VARCHAR2 (2)	N	(M0270) Rehabilitive Prognosis	Rehabilitative prognosis: best description of patient's prognosis for functional status. 00 =	HHA_REHAB_PROG
NATL_HHA_ASMT_HIST	M0280_LIFE_EXPECT	VARCHAR2 (2)	N	(M0280) Life Expectancy	Life expectancy (physician documentation is not required). 00 = Life expectancy is greater than 6	HHA_LIFE_EXP
NATL_HHA_ASMT_HIST	M0290_RSK_ALCOHOL	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0290_RSK_DRUGS	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0290_RSK_NONE	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - None Of The Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0290_RSK_OBESITY	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0290_RSK_SMOKING	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0290_RSK_UK	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - UK	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0300_CURR_RESIDEN	VARCHAR2 (2)	N	(M0300) Current Residence	Current residence. 01 = Patient's owned or rented residence, 02 = Family member's	HHA_CURR_RESID
NATL_HHA_ASMT_HIST	M0310_STR_DOORWAYS	NUMBER (1.0)	N	(M0310) Narrow or Obstructed Doorways	Structural barriers: narrow or obstructed doorways. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0310_STR_MST_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Must Be Used	Structural barriers: stairs inside which must be used by patient. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0310_STR_NONE	NUMBER (1.0)	N	(M0310) No Structural Barriers	Structural barriers: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0310_STR_OPT_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Used Optionally	Structural barriers: stairs inside home which are used optionally. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0310_STR_OUTSTAIR	NUMBER (1.0)	N	(M0310) Stairs Leading Inside Home	Structural barriers: stairs leading from inside to outside house. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_APPLIANC	NUMBER (1.0)	N	(M0320) Unsafe Gas/Electric Appliance	Safety hazards: unsafe gas/electric appliance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_COOLING	NUMBER (1.0)	N	(M0320) Inadequate Cooling	Safety hazards: inadequate cooling. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_FIRE_SAF	NUMBER (1.0)	N	(M0320) Lack of Fire Safety Devices	Safety hazards: lack of fire safety devices. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_FLOOR	NUMBER (1.0)	N	(M0320) Inadequate Floor/Roof/Windows	Safety hazards: inadequate floor, roof, or windows. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_FLOORCOV	NUMBER (1.0)	N	(M0320) Unsafe Floor Coverings	Safety hazards: unsafe floor coverings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_HAZ_MAT	NUMBER (1.0)	N	(M0320) Improperly Stored Hazardous Materials	Safety hazards: improperly stored hazardous materials. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_HEATING	NUMBER (1.0)	N	(M0320) Inadequate Heating	Safety hazards: inadequate heating. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_LIGHTING	NUMBER (1.0)	N	(M0320) Inadequate Lighting	Safety hazards: inadequate lighting. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_NONE	NUMBER (1.0)	N	(M0320) No Safety Hazards	Safety hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_OTHER	NUMBER (1.0)	N	(M0320) Other Safety Hazards	Safety hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0320_SAF_PAINT	NUMBER (1.0)	N	(M0320) Lead-Based Paint	Safety hazards: lead-based paint. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0320_SAF_RAILINGS	NUMBER (1.0)	N	(M0320) Inadequate Stair Railings	Safety hazards: inadequate stair railings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_BAD_H2O	NUMBER (1.0)	N	(M0330) Contaminated Water	Sanitation hazards: contaminated water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_BUGS_ROD	NUMBER (1.0)	N	(M0330) Insects/Rodents Present	Sanitation hazards: insects/rodents present. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_COOK_FAC	NUMBER (1.0)	N	(M0330) No Cooking Facilities	Sanitation hazards: no cooking facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_FOOD_STR	NUMBER (1.0)	N	(M0330) Inadequate/Improper Food Storage	Sanitation hazards: inadequate/improper food storage. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_LIVING_A	NUMBER (1.0)	N	(M0330) Cluttered/Soiled Living Area	Sanitation hazards: cluttered/soiled living area. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_NONE	NUMBER (1.0)	N	(M0330) No Sanitation Hazards	Sanitation hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_NO_H2O	NUMBER (1.0)	N	(M0330) No Running Water	Sanitation hazards: no running water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_NO_TOILT	NUMBER (1.0)	N	(M0330) No Toileting Facilities	Sanitation hazards: no toileting facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_OTHER	NUMBER (1.0)	N	(M0330) Other Sanitation Hazards	Sanitation hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_OUT_TOIL	NUMBER (1.0)	N	(M0330) Outdoor Toileting Facilities Only	Sanitation hazards: outdoor toileting facilities only. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_REFRIGER	NUMBER (1.0)	N	(M0330) No Food Refrigeration	Sanitation hazards: no food refrigeration. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_SEW_DISP	NUMBER (1.0)	N	(M0330) Inadequate Sewage Disposal	Sanitation hazards: inadequate sewage disposal. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0330_SAN_TRASH	NUMBER (1.0)	N	(M0330) No Scheduled Trash Pickup	Sanitation hazards: no scheduled trash pickup. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0340_LIV_ALONE	NUMBER (1.0)	N	(M0340) Lives Alone	Patient lives alone. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0340_LIV_FRIEND	NUMBER (1.0)	N	(M0340) Lives With Friend	Patient lives with friend. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0340_LIV_OTHER	NUMBER (1.0)	N	(M0340) Lives With Other Than Above	Patient lives with other than above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0340_LIV_OTH_FAM	NUMBER (1.0)	N	(M0340) Lives With Other Family Member	Patient lives with other family member. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0340_LIV_PD_HELP	NUMBER (1.0)	N	(M0340) Lives With Paid Help	Patient lives with paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0340_LIV_SPOUSE	NUMBER (1.0)	N	(M0340) Lives With Spouse/Significant Other	Patient lives with spouse or significant other. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0350_AP_HM_RES	NUMBER (1.0)	N	(M0350) Person Residing in Home	Assisting person(s): person residing in the home (excluding paid help). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0350_AP_NONE	NUMBER (1.0)	N	(M0350) None of the Above Assisting Persons	Assisting person(s): none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0350_AP_PD_HELP	NUMBER (1.0)	N	(M0350) Paid Help	Assisting person(s): paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0350_AP_REL_FRND	NUMBER (1.0)	N	(M0350) Relatives/Friends/Neighbors Living Outside Home	Assisting person(s): relatives, friends, or neighbors living outside the home. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0350_AP_UK	NUMBER (1.0)	N	(M0350) Unknown Assisting Persons	Assisting person(s): unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0360_PRI_CAREGVR	VARCHAR2 (2)	N	(M0360) Primary Caregiver	Primary caregiver taking lead responsibility. 00 = No one person, 01 = Spouse or significant	HHA_PRIM_CRGVR
NATL_HHA_ASMT_HIST	M0370_FREQ_PRM_AST	VARCHAR2 (2)	N	(M0370) Frequency Patient Receives Assistance	How often does patient receive assistance from primary caregiver. 01 = Several times during	HHA_FREQ_ASSIST
NATL_HHA_ASMT_HIST	M0380_CA_ADL	VARCHAR2 (1)	N	(M0380) ADL Assistance	Type of primary caregiver assistance: ADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_ENVIRON	VARCHAR2 (1)	N	(M0380) Environmental Support	Type of primary caregiver assistance: environmental support. 0 = No, 1 = Yes, Space	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_FIN_LEGAL	VARCHAR2 (1)	N	(M0380) Financial Agent/Power of Attorney/Conservator of Finance	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_HLTH_CARE	VARCHAR2 (1)	N	(M0380) Health Care Agent/Conservator of Person/Power of Attorney	Type of primary caregiver assistance: health care agent, conservator of person, medical	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_IADL	VARCHAR2 (1)	N	(M0380) IADL Assistance	Type of Primary Caregiver Assistance: IADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_MEDICAL	VARCHAR2 (1)	N	(M0380) Advocates Participation in Medical Care	Type of primary caregiver assistance: advocates or facilitates patient's participation in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_PSYCHSOC	VARCHAR2 (1)	N	(M0380) Psychosocial Support	Type of primary caregiver assistance: psychosocial support. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0380_CA_UK	VARCHAR2 (1)	N	(M0380) Unknown Primary Caregiver Assistance	Type of primary caregiver assistance: unknown. 0 = No, 1 = Yes, Space = M0350 None= 1 or	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0390_VISION	VARCHAR2 (2)	N	M1200 (M0390) Vision	This field indicates the patient's vision status.	HHA_VISION
NATL_HHA_ASMT_HIST	M0400_HEARING	VARCHAR2 (2)	N	(M0400) Hearing	Hearing and ability to understand spoken language in patient's own language. 00 = No	HHA_HEARING
NATL_HHA_ASMT_HIST	M0410_SPEECH	VARCHAR2 (2)	N	M1230 (M0410) Speech And Oral Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPEECH
NATL_HHA_ASMT_HIST	M0420_FREQ_PAIN	VARCHAR2 (2)	N	(M0420) Frequency of Pain	Frequency of pain interfering with patient's activity or movement. 00 = No pain, 01 = Less	HHA_FREQ_PAIN
NATL_HHA_ASMT_HIST	M0430_INTRACT_PAIN	NUMBER (1.0)	N	(M0430) Intractable Pain	Intractable pain. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HIST	M0440_LES_OPEN_WND	NUMBER (1.0)	N	(M0440) Skin Lesion/Open Wound	Does patient have skin lesion or open wound? 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HIST	M0445_PRESS_ULCER	VARCHAR2 (1)	N	(M0445) Pressure Ulcer	Does patient have pressure ulcer? 0 = No, 1 = Yes, Space = M0440 = No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HIST	M0450_NBR_PRU_STG1	VARCHAR2 (2)	N	M1322 (M0450) Current Number Of Stage I Pressure Ulcers	This field indicates the current number of stage I pressure ulcers.	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0450_NBR_PRU_STG2	VARCHAR2 (2)	N	(M0450) Number Stage 2 Pressure Ulcers	Number of pressure ulcers, stage 2. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0450_NBR_PRU_STG3	VARCHAR2 (2)	N	(M0450) Number Stage 3 Pressure Ulcers	Number of pressure ulcers, stage 3. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0450_NBR_PRU_STG4	VARCHAR2 (2)	N	(M0450) Number Stage 4 Pressure Ulcers	Number of pressure ulcers, stage 4. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0450_UNOBS_PRUSULC	VARCHAR2 (1)	N	(M0450) Unobservable Pressure Ulcer	In addition to above, is there at least one pressure ulcer that cannot be observed due to	HHA_YES_NO
NATL_HHA_ASMT_HIST	M0460_STG_PRBL_PRU	VARCHAR2 (2)	N	M1324 (M0460) Stage Of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic unhealed (observable) pressure	HHA_STAG_ULCER
NATL_HHA_ASMT_HIST	M0464_STA_PRBL_PRU	VARCHAR2 (2)	N	(M0464) Status of Most Problematic Pressure Ulcer	Status of most problematic pressure ulcer. 01 = Fully granulating, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT_HIST	M0468_STASIS_ULCER	VARCHAR2 (1)	N	(M0468) Stasis Ulcer	Does patient have stasis ulcer? 0 = No, 1 = Yes, Space = M0440 no.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HIST	M0470_NBR_STAS_ULC	VARCHAR2 (2)	N	(M0470) Number Stasis Ulcers	Current number of observable stasis ulcers. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 =	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0474_UNOBS_STAULC	VARCHAR2 (1)	N	(M0474) Unobservable Stasis Ulcer	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HIST	M0476_STA_PRB_STAU	VARCHAR2 (2)	N	(M0476) Status of Most Problematic Stasis Ulcer	Status of most problematic stasis ulcer. 01 = Fully granulated, 02 = Early/partial granulation,	HHA_STAT_ULCER

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0482_SURG_WOUND	VARCHAR2 (1)	N	(M0482) Surgical Wound	Does patient have a surgical wound? 0 = No, 1 = Yes, Space = M0440 No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HIST	M0484_NBR_SURGWND	VARCHAR2 (2)	N	(M0484) Number Surgical Wounds	Current number of observable surgical wounds. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HIST	M0486_UNOBS_SRGWND	VARCHAR2 (1)	N	(M0486) Unobservable Surgical Wound	Does patient have at least one surgical wound that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HIST	M0488_STA_PRB_SWND	VARCHAR2 (2)	N	(M0488) Status of Most Problematic Surgical Wound	Status of most problematic (observable) surgical wound. 01 = Fully granulating, 02 =	HHA_STAT_ULCER
NATL_HHA_ASMT_HIST	M0490_WHEN_DYSPNIC	VARCHAR2 (2)	N	M1400 (M0490) When Is Patient Dyspneic	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_DYSPNEIC
NATL_HHA_ASMT_HIST	M0500_RESPTX_AIRPR	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Airway Press	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0500_RESPTX_NONE	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - None	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0500_RESPTX_OXYGN	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0500_RESPTX_VENT	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0510_UTI	VARCHAR2 (2)	N	M1600 (M0510) Patient Treated For UTI Last 14 Days	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI
NATL_HHA_ASMT_HIST	M0520_UR_INCONT	VARCHAR2 (2)	N	M1610 (M0520) Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_UR_INCONT
NATL_HHA_ASMT_HIST	M0530_UR_INCONT_OC	VARCHAR2 (2)	N	(M0530) When Urinary Incontinence Occurs	When urinary incontinence occurs. 00 = Timed voiding defers incontinence, 01 = During the	HHA_URINCONT_OCCURS
NATL_HHA_ASMT_HIST	M0540_BWL_INCONT	VARCHAR2 (2)	N	M1620 (M0540) Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCONT
NATL_HHA_ASMT_HIST	M0550_OSTOMY	VARCHAR2 (2)	N	M1630 (M0550) Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTOMY
NATL_HHA_ASMT_HIST	M0560_COG_FUNCTION	VARCHAR2 (2)	N	M1700 (M0560) Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_COG_FUNCTION
NATL_HHA_ASMT_HIST	M0570_WHEN_CONFUSD	VARCHAR2 (2)	N	M1710 (M0570) When Confused	This field indicates when the patient is confused.	HHA_WHEN_CONFUSED
NATL_HHA_ASMT_HIST	M0580_WHEN_ANXIOUS	VARCHAR2 (2)	N	M1720 (M0580) When Anxious	This field indicates when the patient is anxious.	HHA_WHEN_ANXIOUS

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0590_DP_DEATH	NUMBER (1.0)	N	(M0590) Recurrent Thoughts of Death	Depressive feelings: recurrent thoughts of death. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0590_DP_HOPELESS	NUMBER (1.0)	N	(M0590) Hopelessness	Depressive feelings: hopelessness. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0590_DP_MOOD	NUMBER (1.0)	N	(M0590) Depressed Mood	Depressive feelings: depressed mood. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0590_DP_NONE	NUMBER (1.0)	N	(M0590) None of the Above Depressive Feelings	Depressive feelings: none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0590_DP_SENS_FAIL	NUMBER (1.0)	N	(M0590) Sense of Failure/Self Reproach	Depressive feelings: sense of failure or self reproach. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0590_DP_SUICIDE	NUMBER (1.0)	N	(M0590) Thoughts of Suicide	Depressive feelings: thoughts of suicide. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_AGITAT	NUMBER (1.0)	N	(M0600) Agitation	Patient behaviors: agitation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_APPWT_C	NUMBER (1.0)	N	(M0600) Recent Change in Appetite or Weight	Patient behaviors: recent change in appetite or weight. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_DIM_INT	NUMBER (1.0)	N	(M0600) Diminished Interest in Most Activities	Patient behaviors: diminished interest in most activities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_INDECIS	NUMBER (1.0)	N	(M0600) Indecisiveness, Lack of Concentration	Patient behaviors: indecisiveness, lack of concentration. 0 = No, 1 = Yes	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_NONE	NUMBER (1.0)	N	(M0600) None of the Above Behaviors Observed	Patient behaviors: None of the above behaviors. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_SLEEP_D	NUMBER (1.0)	N	(M0600) Sleep Disturbances	Patient behaviors: sleep disturbances. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0600_BEH_SUICIDE	NUMBER (1.0)	N	(M0600) A Suicide Attempt	Patient behaviors: a suicide attempt. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_DELUSIONS	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_IMP_DCSN	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Impaired Decision	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_MEM_DFICT	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_NONE	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - None	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Of The Above		
NATL_HHA_ASMT_HIST	M0610_BD_PHYSICAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_SOC_INAPP	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Socially Inapp	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0610_BD_VERBAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0620_BEH_PROB_FRQ	VARCHAR2 (2)	N	M1745 (M0620) Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BEHPROB_FREQ
NATL_HHA_ASMT_HIST	M0630_REC_PSYCH	NUMBER (1.0)	N	M1750 (M0630) Receives Psych Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
NATL_HHA_ASMT_HIST	M0640_CU_GROOMING	VARCHAR2 (2)	N	M1800 (M0640) Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GROOMING
NATL_HHA_ASMT_HIST	M0640_PR_GROOMING	VARCHAR2 (2)	N	(M0640) Prior Grooming	Prior grooming ability to tend to personal hygiene needs. 00 = Able to groom self unaided,	HHA_GROOMING
NATL_HHA_ASMT_HIST	M0650_CU_DRESS_UPR	VARCHAR2 (2)	N	M1810 (M0650) Current Dress Upper	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRS_UPPER
NATL_HHA_ASMT_HIST	M0650_PR_DRESS_UPR	VARCHAR2 (2)	N	(M0650) Prior Ability to Dress Upper Body	Prior ability to dress upper body. 00 = Able to get clothes out of closets and drawers, put them	HHA_DRS_UPPER
NATL_HHA_ASMT_HIST	M0660_CU_DRESS_LOW	VARCHAR2 (2)	N	M1820 (M0660) Current Dress Lower	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRS_LOWER
NATL_HHA_ASMT_HIST	M0660_PR_DRESS_LOW	VARCHAR2 (2)	N	(M0660) Prior Ability to Dress Lower Body	Prior ability to dress lower body. 00 = Able to obtain, put on, and remove clothing and shoes	HHA_DRS_LOWER
NATL_HHA_ASMT_HIST	M0670_CU_BATHING	VARCHAR2 (2)	N	(M0670) Current Bathing	Current ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT_HIST	M0670_PR_BATHING	VARCHAR2 (2)	N	(M0670) Prior Bathing	Prior ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT_HIST	M0680_CU_TOILETING	VARCHAR2 (2)	N	(M0680) Current Toileting	Current ability to get to and from toilet or bedside commode. 00 = Able to get to and from	HHA_TOILETING
NATL_HHA_ASMT_HIST	M0680_PR_TOILETING	VARCHAR2 (2)	N	(M0680) Prior Toileting	Prior ability to get to and from toilet or bedside commode. 00 = Able to get to and from the	HHA_TOILETING
NATL_HHA_ASMT_HIST	M0690_CU_TRANSFER	VARCHAR2 (2)	N	(M0690) Current Transferring	Current ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0690_PR_TRANSFER	VARCHAR2 (2)	N	(M0690) Prior Transferring	Prior ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT_HIST	M0700_CU_AMBULATN	VARCHAR2 (2)	N	(M0700) Current Ambulation/Locomotion	Current ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_HIST	M0700_PR_AMBULATN	VARCHAR2 (2)	N	(M0700) Prior Ambulation/Locomotion	Prior ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_HIST	M0710_CU_FEEDING	VARCHAR2 (2)	N	M1870 (M0710) Current Feeding	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_FEEDING
NATL_HHA_ASMT_HIST	M0710_PR_FEEDING	VARCHAR2 (2)	N	(M0710) Prior Feeding/Eating	Prior ability to feed self. 00 = Able to independently feed self, 01 = Able to feed self	HHA_FEEDING
NATL_HHA_ASMT_HIST	M0720_CU_PREP_MEAL	VARCHAR2 (2)	N	M1880 (M0720) Current Preparing Light Meals	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEALS
NATL_HHA_ASMT_HIST	M0720_PR_PREP_MEAL	VARCHAR2 (2)	N	(M0720) Prior Preparing Light Meals	Prior ability to plan and prepare light meals. 00 = a) Able to independently plan and prepare all	HHA_PREP_MEALS
NATL_HHA_ASMT_HIST	M0730_CU_TRANSPORT	VARCHAR2 (2)	N	(M0730) Current Transportation	Current physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_HIST	M0730_PR_TRANSPORT	VARCHAR2 (2)	N	(M0730) Prior Transportation	Prior physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_HIST	M0740_CU_LAUNDRY	VARCHAR2 (2)	N	(M0740) Current Laundry	Current ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks,	HHA_LAUNDRY
NATL_HHA_ASMT_HIST	M0740_PR_LAUNDRY	VARCHAR2 (2)	N	(M0740) Prior Laundry	Prior ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks, OR	HHA_LAUNDRY
NATL_HHA_ASMT_HIST	M0750_CU_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Current Housekeeping	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT_HIST	M0750_PR_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Prior Housekeeping	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT_HIST	M0760_CU_SHOPPING	VARCHAR2 (2)	N	(M0760) Current Shopping	Current ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_HIST	M0760_PR_SHOPPING	VARCHAR2 (2)	N	(M0760) Prior Shopping	Prior ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_HIST	M0770_CU_PHONE_USE	VARCHAR2 (2)	N	M1890 (M0770) Current Phone Use	This field indicates the patient's current ability to answer the phone safely, including dialing	HHA_PHONE_USE
NATL_HHA_ASMT_HIST	M0770_PR_PHONE_USE	VARCHAR2 (2)	N	(M0770) Prior Ability to Use Telephone	Prior ability to use telephone. 00 = Able to dial numbers and answer calls appropriately and as	HHA_PHONE_USE
NATL_HHA_ASMT_HIST	M0780_CU_ORAL_MED	VARCHAR2 (2)	N	(M0780) Current Management of Oral Medications	Current ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M0780_PR_ORAL_MED	VARCHAR2 (2)	N	(M0780) Prior Management of Oral Medications	Prior ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT_HIST	M0790_CU_INHAL_MED	VARCHAR2 (2)	N	(M0790) Current Management of Inhalant Medications	Current ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_HIST	M0790_PR_INHAL_MED	VARCHAR2 (2)	N	(M0790) Prior Management of Inhalant Medications	Prior ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_HIST	M0800_CU_INJCT_MED	VARCHAR2 (2)	N	(M0800) Current Management of Injectable Medications	Current ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT_HIST	M0800_PR_INJCT_MED	VARCHAR2 (2)	N	(M0800) Prior Management of Injectable Medications	Prior ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT_HIST	M0810_PAT_MGMT_EQP	VARCHAR2 (2)	N	(M0810) Patient Management of Equipment	Patient management of equipment. 00 = Patient manages all tasks related to equipment	HHA_PAT_EQUIP
NATL_HHA_ASMT_HIST	M0820_CG_MGMT_EQP	VARCHAR2 (2)	N	(M0820) Caregiver Management of Equipment	Caregiver management of equipment. 00 = Caregiver manages all tasks related to	HHA_CG_EQUIP
NATL_HHA_ASMT_HIST	M0825_THERAPY_NEED	VARCHAR2 (2)	N	(M0825) Therapy Need	(M0825) Therapy need. 00 = No, 01 = Yes, NA = Not applicable.	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M0826_THRPY_NEED_NA_NUM	NUMBER (1.0)	N	M2200 (M0826) Therapy Need - NA	This field indicates therapy need is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0826_THRPY_NEED_NUM	NUMBER (3.0)	N	M2200 (M0826) Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
NATL_HHA_ASMT_HIST	M0830_EC_EMER_ROOM	NUMBER (1.0)	N	(M0830) Hospital Emergency Room	Emergent care: hospital emergency room. 00 = No, 01 = Yes, NA = Not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0830_EC_MD_OFF	NUMBER (1.0)	N	(M0830) Doctors Office Emergency Visit	Emergent care: doctor's office emergency visit/house call. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0830_EC_NONE	NUMBER (1.0)	N	(M0830) No Emergent Care Services	Emergent care: no emergent care services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0830_EC_OUTPAT	NUMBER (1.0)	N	(M0830) Outpatient Department Emergency	Emergent care: outpatient department/clinic emergency. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0830_EC_UK	NUMBER (1.0)	N	(M0830) Unknown Emergent Care	Emergent care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M0840_ECR_CARDIAC	VARCHAR2 (1)	N	(M0840) Cardiac Problems	Emergent care reason: cardiac problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_GI_BLEED	VARCHAR2 (1)	N	(M0840) GI Bleeding, Obstruction	Emergent care reason: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE

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NATL_HHA_ASMT_HIST	M0840_ECR_HYPOGLYC	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - This field indicates that the reason the patient Hypo/Hyperglycemia	This field indicates that the reason the patient received emergent care was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_INJURY	VARCHAR2 (1)	N	(M0840) Injury Caused by Fall/Accident	Emergent care reason: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_MEDICAT	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - This field indicates that the reason the patient Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_NAUSEA	VARCHAR2 (1)	N	(M0840)	Emergent care reason: nausea, dehydration, Nausea/Dehydration/Malnutrition malnutrition, constipation, impaction. 0 = No, 1 /Constipation/Impaction	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_OTHER	VARCHAR2 (1)	N	(M0840) Other than Above Reasons for Emergent Care	Emergent care reason: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_RESP	VARCHAR2 (1)	N	(M0840) Respiratory Problems	Emergent care reason: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_UK	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - This field indicates that the reason the patient Reason Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0840_ECR_WOUND	VARCHAR2 (1)	N	(M0840) Wound Infection	Emergent care reason: wound infection, deteriorating wound status, new lesion/ulcer. 0 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0855_INPAT_FAC	VARCHAR2 (2)	N	M2410 (M0855) Inpatient Facility Admitted	This field indicates to which inpatient facility the patient was admitted.	HHA_INPAT_FAC
NATL_HHA_ASMT_HIST	M0870_DSCHG_DISP	VARCHAR2 (2)	N	(M0870) Discharge Disposition	Where the patient is after discharge. 01 = Patient remained in the community, 02 = Patient	HHA_DSCHG_DISP
NATL_HHA_ASMT_HIST	M0880_AFDC_FAM_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided by Family/Friends	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0880_AFDC_NO_AST	VARCHAR2 (1)	N	(M0880) No Assistance/Services Received	After discharge, does patient receive health, personal, or support services or assistance: no	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0880_AFDC_OTH_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided By Community Resources	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0890_HOSP_RSN	VARCHAR2 (2)	N	(M0890) Reason Admitted to Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	HHA_HOSP_RSN
NATL_HHA_ASMT_HIST	M0895_HOSP_CF_FLDS	VARCHAR2 (1)	N	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure. 0 = No, 1 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_CHEMO	VARCHAR2 (1)	N	(M0895) Chemotherapy	Reason for hospitalization: chemotherapy. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE

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NATL_HHA_ASMT_HIST	M0895_HOSP_GI_BLD	VARCHAR2 (1)	N	(M0895) GI Bleeding, Obstruction	Reason for hospitalization: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_INJURY	VARCHAR2 (1)	N	(M0895) Injury Caused by Fall/Accident	Reason for hospitalization: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_IVC_INF	VARCHAR2 (1)	N	(M0895) IV Catheter-Related Infection	Reason for hospitalization: IV catheter-related infection. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_MED	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_OTHER	VARCHAR2 (1)	N	(M0895) Other Than Above Reason for Hospitalization	Reason for hospitalization: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_PAIN	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_PSYCH	VARCHAR2 (1)	N	(M0895) Psychotic Episode	Reason for hospitalization: psychotic episode. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_RESP	VARCHAR2 (1)	N	(M0895) Respiratory Problems	Reason for hospitalization: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_STROKE	VARCHAR2 (1)	N	(M0895) Myocardial Infarction/Stroke	Reason for hospitalization: myocardial infarction, stroke. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_SURGERY	VARCHAR2 (1)	N	(M0895) Scheduled Surgical Procedure	Reason for hospitalization: scheduled surgical procedure. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_UR_TRCT	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_VN_PULM	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - DVT Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOSP_WOUND	VARCHAR2 (1)	N	(M0895) Wound or Tube Site Infection	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0895_HOS_HYPOGLYC	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Hypo/Hyperglycemic	This field indicates the reason the patient required hospitalization was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_HOSPICE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Hospice Care	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_OTHER	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_PERMANENT	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHK_UNCHK_SPACE

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NATL_HHA_ASMT_HIST	M0900_NH_RESPITE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_THERAPY	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_UK	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0900_NH_UNSAFE_HM	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M0903_LST_HM_VISIT	DATE (8)	N	(M0903) Date of Last Home Visit	Date of last home visit (most recent).	
NATL_HHA_ASMT_HIST	M0906_DC_TR_DTH_DT	DATE (8)	N	(M0906) Discharge/Transfer/Death Date	Discharge/transfer/death date.	
NATL_HHA_ASMT_HIST	M1000_DC_IPPS_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IPPS	This field indicates the patient was discharged from short stay acute hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1000_DC_IRF_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IRF	This field indicates the patient was discharged from inpatient rehabilitation hospital or unit	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1000_DC_LTCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1000_DC_LTC_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTC	This field indicates the patient was discharged from long-term nursing facility during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1000_DC_OTH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Other	This field indicates the patient was discharged from somewhere other than listed above during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1000_DC_PSYCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1010_14_DAY_INP3_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis3 ICD Code	This field lists the inpatient diagnosis and ICD code 3 for conditions treated during an inpatient	
NATL_HHA_ASMT_HIST	M1010_14_DAY_INP4_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis4 ICD Code	This field lists the inpatient diagnosis and ICD code 4 for conditions treated during an inpatient	
NATL_HHA_ASMT_HIST	M1010_14_DAY_INP5_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis5 ICD Code	This field lists the inpatient diagnosis and ICD code 5 for conditions treated during an inpatient	
NATL_HHA_ASMT_HIST	M1010_14_DAY_INP6_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis6 ICD Code	This field lists the inpatient diagnosis and ICD code 6 for conditions treated during an inpatient	
NATL_HHA_ASMT_HIST	M1012_INP_NA_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - NA	This field is checked if the inpatient procedure and associated ICD code is unknown for the	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M1012_INP_PRCDR1_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure1 Code	This field lists the inpatient ICD and procedure 1 relevant to the plan of care.	
NATL_HHA_ASMT_HIST	M1012_INP_PRCDR2_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure2 Code	This field lists the inpatient ICD and procedure 2 relevant to the plan of care.	
NATL_HHA_ASMT_HIST	M1012_INP_PRCDR3_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure3 Code	This field lists the inpatient ICD and procedure 3 relevant to the plan of care.	
NATL_HHA_ASMT_HIST	M1012_INP_PRCDR4_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure4 Code	This field lists the inpatient ICD and procedure 4 relevant to the plan of care.	
NATL_HHA_ASMT_HIST	M1012_INP_UK_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - UK	This field is checked if there is no inpatient procedure and associated ICD code for the plan	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1016_CHGREG_ICD5	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis5 ICD Code	This field lists the patient's medical diagnoses and ICD code 5 for those conditions requiring	
NATL_HHA_ASMT_HIST	M1016_CHGREG_ICD6	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis6 ICD Code	This field lists patient's medical diagnoses and ICD code 6 for those conditions requiring	
NATL_HHA_ASMT_HIST	M1016_CHGREG_ICD_NA	VARCHAR2 (1)	N	M1016 Regimen Change In Past 14 Days - NA	This field is checked if there have been no medical or treatment regimen changes within the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_5PLUS_M DCTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Taking 5 Or More Meds	This field is checked if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_FRAILTY	VARCHAR2 (1)	N	M1032 Risk For Hosp - Frailty Indicators	This field is checked if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_HSTRY_F ALLS	VARCHAR2 (1)	N	M1032 Risk For Hosp - History Of Falls	This field is checked if the patient is at risk for hospitalization due to history of falls.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_MLTPL_ HOSPZTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - More Than 1 Hospital In 12 Mo	This field is checked if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_NONE_A BOVE	VARCHAR2 (1)	N	M1032 Risk For Hosp - None Of The Above	This field is checked if the patient is at risk for hospitalization is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_OTHR	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field is checked if the patient is at risk for hospitalization is other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1032_HOSP_RISK_RCNT_D CLN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Decline In Mental, Emotional, Behavioral	This field is checked if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HIST	M1034_PTNT_OVRAL_STUS	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_PTNT_OVRAL_STUS
NATL_HHA_ASMT_HIST	M1040_INFLNZ_RCVD_AGNC Y	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received In Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_INFLNZ_VCCN

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M1045_INFLNZ_RSN_NOT_R_CVD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason why the influenza vaccine was not received from the agency	HHA_RSN_FLU_VCCN_NOT_R_CVD
NATL_HHA_ASMT_HIST	M1050_PPV_RCVD_AGENCY	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine (PPV) Received In Agency	This field indicates if the patient received the PPV during this episode of care in agency.	HHA_YES_NO
NATL_HHA_ASMT_HIST	M1055_PPV_RSN_NOT_RCVD_AGENCY	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine (PPV) - Reason Not Received	This field indicates the reason why the PPV was not received from the agency during this episode	HHA_RSN_PPV_NOT_RCVD
NATL_HHA_ASMT_HIST	M1100_PTNT_LVG_STUTN	VARCHAR2 (2)	N	M1100 Patient Living Situation	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARRANG
NATL_HHA_ASMT_HIST	M1210_HEARG_ABLTY	VARCHAR2 (2)	N	M1210 Ability To Hear	This field indicates the patient's ability to hear.	HHA_ABLTY_TO_HEAR
NATL_HHA_ASMT_HIST	M1220_UNDRSTG_VERBAL_CNTNT	VARCHAR2 (2)	N	M1220 Understanding Of Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_VRBL_UNDRSTG
NATL_HHA_ASMT_HIST	M1240_FRML_PAIN_ASMT	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal Pain Assessment using a standardized pain	HHA_PAIN_ASMT
NATL_HHA_ASMT_HIST	M1242_PAIN_FREQ_ACTVTY_MVMT	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ
NATL_HHA_ASMT_HIST	M1300_PRSR_ULCR_RISK_ASMT	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PU_ASMT
NATL_HHA_ASMT_HIST	M1302_RISK_OF_PRSR_ULCR	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO
NATL_HHA_ASMT_HIST	M1306_UNHLD_STG2_PRSR_ULCR	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer at Least Stage II	This field indicates whether the patient has at least one unhealed pressure ulcer at stage II or	HHA_YES_NO
NATL_HHA_ASMT_HIST	M1307_OLDST_STG2_AT_DS_CHRG	VARCHAR2 (2)	N	M1307 Status Oldst Stg 2 Pressure Ulcer At Discharge	This field identifies the status of the oldest unhealed stage II pressure ulcer at the time of	HHA_STAT_OLDST_STG2
NATL_HHA_ASMT_HIST	M1307_OLDST_STG2_ONST_DT	DATE (8)	N	M1307 Oldest Stage II Onset Date	This field indicates the date of onset of the oldest unhealed stage II pressure ulcer identified	
NATL_HHA_ASMT_HIST	M1308_NBR_PRSULC_STG2	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at stage II (enter 0 if	
NATL_HHA_ASMT_HIST	M1308_NBR_PRSULC_STG3	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at stage III (enter 0 if	
NATL_HHA_ASMT_HIST	M1308_NBR_PRSULC_STG4	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at stage IV (enter 0 if	
NATL_HHA_ASMT_HIST	M1308_NBR_STG2_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage II that were	
NATL_HHA_ASMT_HIST	M1308_NBR_STG3_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage III that were	

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NATL_HHA_ASMT_HIST	M1308_NBR_STG4_AT_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage IV that were	
NATL_HHA_ASMT_HIST	M1308_NSTG_CVRG	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage By Slough/Eschar	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HIST	M1308_NSTG_CVRG_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HIST	M1308_NSTG_DEEP_TISSUE	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HIST	M1308_NSTG_DEEP_TISSUE_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HIST	M1308_NSTG_DRSG	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Due To Non-Rmvble Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_HIST	M1308_NSTG_DRSG_SOC_ROC	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Non-Rmvble Dsg @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_HIST	M1310_PRSR_ULCR_LNGTH	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the Stage III or IV	
NATL_HHA_ASMT_HIST	M1312_PRSR_ULCR_WDTH	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
NATL_HHA_ASMT_HIST	M1314_PRSR_ULCR_DEPTH	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
NATL_HHA_ASMT_HIST	M1320_STUS_PRBLM_PRSR_ULCR	VARCHAR2 (2)	N	M1320 Status Of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	HHA_PRSR_ULCR_STUS
NATL_HHA_ASMT_HIST	M1330_STAS_ULCR_PRSN	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR
NATL_HHA_ASMT_HIST	M1332_NUM_STAS_ULCR	VARCHAR2 (2)	N	M1332 Current Number Of (Observable) Stasis Ulcers	This field indicates the current number of (observable) stasis wounds.	HHA_1_OR_MORE
NATL_HHA_ASMT_HIST	M1334_STUS_PRBLM_STAS_ULCR	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic (observable) stasis ulcer.	HHA_STAS_ULCR_STUS
NATL_HHA_ASMT_HIST	M1340_SRGL_WND_PRSN	VARCHAR2 (2)	N	M1340 Does This Patient Have A Surgical Wound	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M1342_STUS_PRBLM_SRGCL_WND	VARCHAR2 (2)	N	M1342 Status Of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	HHA_SRGCL_WND_STUS
NATL_HHA_ASMT_HIST	M1350_LESION_OPEN_WND	NUMBER (1.0)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
NATL_HHA_ASMT_HIST	M1500_SYMTM_HRT_FAILR_PTNTS	VARCHAR2 (2)	N	M1500 Symptoms In Heart Failure Patients	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_CARE_PLAN_CHG	VARCHAR2 (1)	N	M1510 Heart Fail. Follow-Up: Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_CLNCL_INTNTRVTN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_ER_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: ER Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_NO_ACTION_TAKEN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_PHYSN_CONTACTED	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1510_HRT_FAILR_PHYSN_ORDERED_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician-Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M1615_INCNTNT_TIMING	VARCHAR2 (2)	N	M1615 When Does Urinary Incontinence Occur	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCONT_OCRS
NATL_HHA_ASMT_HIST	M1730_PHQ2_DPRSN	VARCHAR2 (2)	N	M1730 PHQ2 - Feeling Down, Depressed, Or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_PHQ2_DPRSN
NATL_HHA_ASMT_HIST	M1730_PHQ2_LACK_INTRST	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_PHQ2_LTL_INTRST
NATL_HHA_ASMT_HIST	M1730_STDZ_DPRSN_SCRNG	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRN
NATL_HHA_ASMT_HIST	M1830_CRNT_BATHG	VARCHAR2 (2)	N	M1830 Current Bathing	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_V3
NATL_HHA_ASMT_HIST	M1840_CUR_TOILTG	VARCHAR2 (2)	N	M1840 Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILTG_TRNSFR
NATL_HHA_ASMT_HIST	M1845_CUR_TOILTG_HYGN	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILTG_HYGN
NATL_HHA_ASMT_HIST	M1850_CUR_TRNSFRNG	VARCHAR2 (2)	N	M1850 Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_CURR_TRNSFR
NATL_HHA_ASMT_HIST	M1860_CRNT_AMBLTN	VARCHAR2 (2)	N	M1860 Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_V3

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M1900_PRIOR_ADLIADL_AM BLTN	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_ADL_IADL
NATL_HHA_ASMT_HIST	M1900_PRIOR_ADLIADL_HS EHOLD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_ADL_IADL
NATL_HHA_ASMT_HIST	M1900_PRIOR_ADLIADL_SEL F	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_ADL_IADL
NATL_HHA_ASMT_HIST	M1900_PRIOR_ADLIADL_TR NSFR	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_ADL_IADL
NATL_HHA_ASMT_HIST	M1910_MLT_FCTR_FALL_RIS K_ASMT	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor fall risk assessment.	HHA_FALL_RISK
NATL_HHA_ASMT_HIST	M2000_DRUG_RGMN_RVW	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RGMN
NATL_HHA_ASMT_HIST	M2002_MDCTN_FLWP	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO
NATL_HHA_ASMT_HIST	M2004_MDCTN_INTRVTN	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2010_HIGH_RISK_DRUG_E DCTN	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Educ	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2015_DRUG_EDCTN_INTRV TN	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Educ Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2020_CRNT_MGMT_ORAL_ MDCTN	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MEDS_V3
NATL_HHA_ASMT_HIST	M2030_CRNT_MGMT_INJCTN _MDCTN	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Meds	This field indicates the patient's current ability to prepare and tale all prescribed injectable	HHA_INJECT_MEDS_V3
NATL_HHA_ASMT_HIST	M2040_PRIOR_MGMT_INJCT N_MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_HIST	M2040_PRIOR_MGMT_ORAL _MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_AD L	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_AD VCY	VARCHAR2 (2)	N	M2100 Care Management - Advocacy Or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_EQ UIP	VARCHAR2 (2)	N	M2100 Care Management - Management Of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_IA DL	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_ASTNC_TYPES

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_MD CTN	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_PR CDR	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures / Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2100_CARE_TYPE_SRC_SP RVSN	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HIST	M2110_ADL_IADL_ASTNC_F REQ	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_ASTNC
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_DBTS_F T_CARE	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_DPRSN_ INTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_FALL_P RVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - At Risk For Falls	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_PAIN_I NTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_PRSULC _PRVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_PRSULC _TRTMT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician-ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2250_PLAN_SMRY_PTNT_S PECF	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Patient Specific	This field indicates whether the physician-ordered plan of care includes patient-specific	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2300_EMER_USE_AFTR_LA ST_ASMT	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE
NATL_HHA_ASMT_HIST	M2310_ECR_CRDC_DSRTHM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_CTHTR_CMPLCT N	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_DHYDRTN_MAL NTR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration, Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_DVT_PULMNRY	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_GI_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M2310_ECR_HRT_FAILR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_INJRY_BY_FALL	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury Caused By Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_MENTL_BHVRL_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_MI_CHST_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_OTHER	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Than Above	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_OTHR_HRT_DEASE	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_RSPRTRY_INFCTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_RSPRTRY_OTHR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_STROKE_TIA	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) Or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_UNCNTLD_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_UTI	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2310_ECR_WND_INFCTN_DTRORTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection Or Deter	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_DBS_FT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_DPRS_N	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Depression Intervent	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_FALL_PRVNT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_PAIN_MNTR	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Monitor And Mitigate Pain	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_PRESS_ULC_PRVN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Prevent Pressure Ulcers	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M2400_INTRVTN_SMRY_PRS ULC_WET	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
NATL_HHA_ASMT_HIST	M2420_DSCHRG_DISP	VARCHAR2 (2)	N	M2420 Discharge Disposition	This field indicates where the patient is after discharge from the agency.	HHA_DSCHG_DISP_V3
NATL_HHA_ASMT_HIST	M2430_HOSP_CRDC_DSRTH M	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_CTHTR_CMPLC TN	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection/Complication	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_DHYDRTN_MA LNTR	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_GI_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_HRT_FAILR	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_INJRY_BY_FAL L	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused By Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_MENTL_BHVR L_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_MI_CHST_PAIN	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_OTHER	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Than Above	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_OTHR_HRT_DE ASE	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_RSPRTRY_INF CTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_RSPRTRY_OTH R	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_SCHLD_TRTMT	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_STROKE_TIA	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	M2430_HOSP_UK	VARCHAR2 (1)	N	M2430 Hospital Reason - Reason Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HIST	M2430_HOSP_WND_INFCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HIST	MASK_VERSION_CD	VARCHAR2 (20)	N	Masking Algorithm Version Code	Masking algorithm version code. 1) If M0150 CPAY MCARE FFS = 0 and M0150 CPAY	
NATL_HHA_ASMT_HIST	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider ID	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
NATL_HHA_ASMT_HIST	ORIG_ASMT_INT_ID	NUMBER (15.0)	N	Original Assessment Internal ID	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
NATL_HHA_ASMT_HIST	RES_CHG_TIMESTAMP	DATE (8)	N	Resident Data Update Timestamp	The last updated date and time of resident data.	
NATL_HHA_ASMT_HIST	RES_INT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_HHA_ASMT_HIST	RES_MATCH_CRITERIA	NUMBER (2.0)	N	Resident Matching Criteria	When a record is submitted to the state server, the resident matching algorithm determines	
NATL_HHA_ASMT_HIST	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_ASMT_HIST	SFT_VER	VARCHAR2 (9)	N	Software Version	This field contains the version number of the vendor software being used by the facility or the	
NATL_HHA_ASMT_HIST	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ASMT_HIST	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_HHA_ASMT_HIST	SUBMISSION_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_HHA_ASMT_HIST	SUBM_HIPPS_CODE	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
NATL_HHA_ASMT_HIST	SUBM_HIPPS_VERSION	VARCHAR2 (5)	N	Submitted HIPPS Version	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
NATL_HHA_ASMT_HIST	VCODE2	VARCHAR2 (5)	N	Version Completed Code	Layout submitted version code field which contains the version number for the data	
NATL_HHA_ASMT_HIST	VERSION_CD	VARCHAR2 (12)	N	Version Code	Version completed code indicating the version of OASIS actually completed. For valid values,	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	ASMT_EFF_DATE	DATE (8)	N	Assessment Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	AST_END_VER_DT	DATE (8)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	AST_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment. C = Current, M = Modified, X = Inactive.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	BIRTHDATE_SUBM_IND	VARCHAR2 (1)	N	Birthdate Submit Indicator	Indicates if the full birthdate was submitted or if part of the date was defaulted. S = the stored	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	CALC_HIPPS_CODE	VARCHAR2 (5)	N	Calculated HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	CALC_HIPPS_VERSION	VARCHAR2 (5)	N	Calculated HIPPS Version	The version of the HIPPS (Health Insurance Prospective Payment System) code calculated.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	CORRECTION_NUM	NUMBER (2,0)	N	Correction Number	Sequential correction number of assessment.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	DATA_END	CHAR (1)	N	Data End	Indicates the end of the data record and is always '%'	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	FAC_INT_ID	NUMBER (10,0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	HHA_ASMT_INT_ID	NUMBER (15,0)	N	HHA Assessment Internal ID	The assessment internal identification number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	LOCK_DATE	DATE (8)	N	Lock Date	The lock-in date for the HHA assessment.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0010_MEDICARE_ID	VARCHAR2 (6)	N	(M0010) Agency Medicare Number	Agency Medicare provider number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0012_MEDICAID_ID	VARCHAR2 (15)	N	(M0012) Agency Medicaid Number	Agency Medicaid provider number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0014_BRANCH_STATE	VARCHAR2 (2)	N	(M0014) Branch State	Branch state.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0016_BRANCH_ID	VARCHAR2 (10)	N	(M0016) Branch Identifier Number	Branch ID number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0020_PAT_ID	VARCHAR2 (20)	N	(M0020) Patient ID	Patient identification number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0030_SOC_DT	DATE (8)	N	(M0030) Start of Care Date	Start of care date.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0032_ROC_DT	DATE (8)	N	(M0032) Resumption of Care Date	Resumption of care date.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0032_ROC_DT_NA	NUMBER (1.0)	N	(M0032) Resumption of Care Date Not Applicable	Resumption of care date is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0040_PAT_FNAME	VARCHAR2 (12)	N	(M0040) Patient First Name	Patient's first name.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0040_PAT_LNAME	VARCHAR2 (18)	N	(M0040) Patient Last Name	Patient's last name.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0040_PAT_MI	VARCHAR2 (1)	N	(M0040) Patient Middle Initial	Patient's middle initial.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0040_PAT_SUFFIX	VARCHAR2 (3)	N	(M0040) Patient Suffix	Patient's name suffix.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0050_PAT_ST	VARCHAR2 (2)	N	(M0050) Patient State	Patient's state of residence.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0060_PAT_ZIP	VARCHAR2 (11)	N	(M0060) Patient ZIP Code	Patient's ZIP code.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0063_MEDICARE_NA	NUMBER (1.0)	N	(M0063) No Medicare Number	Patient has no Medicare number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0063_MEDICARE_NBR	VARCHAR2 (12)	N	(M0063) Medicare Number	Patient's Medicare number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0064_SSN	VARCHAR2 (9)	N	(M0064) Social Security Number	Patient's Social Security number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0064_SSN_UK	NUMBER (1.0)	N	(M0064) Social Security Number Unknown	Patient's Social Security number is unknown or not available. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0065_MEDICAID_NA	NUMBER (1.0)	N	(M0065) No Medicaid Number	Patient has no Medicaid number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0065_MEDICAID_NBR	VARCHAR2 (14)	N	(M0065) Patient Medicaid Number	Patient's Medicaid number.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0066_PAT_BIRTH_DT	DATE (8)	N	(M0066) Patient Birth Date	Patient's birth date. If only the year (YYYY) was submitted, the month is defaulted to 06 and	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0069_PAT_GENDER	NUMBER (1.0)	N	(M0069) Gender	Patient's gender. 1 = Male, 2 = Female.	HHA_GENDER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0072_PHYSICIAN_ID	VARCHAR2 (10)	N	M0018 (M0072) Physician NPI	This field lists the National Provider ID (NPI) for the attending physician who has signed the	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0072_PHYSICIAN_UK	NUMBER (1.0)	N	M0018 (M0072) Physician NPI UK	This field indicates the National Provider ID (NPI) for the attending physician who has	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0080_ASSR_DISCIPL	VARCHAR2 (2)	N	(M0080) Discipline of Person Completing Assessment	Discipline of person completing assessment. 01 = RN, 02 = PT, 03 = SLP/ST, 04 = OT.	HHA_DISCIPLINE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0090_ASMT_CPLT_DT	DATE (8)	N	(M0090) Date Assessment Completed	The date the assessment was completed.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0100_ASSMT_REASON	VARCHAR2 (2)	N	(M0100) Assessment Reason	The reason the assessment is currently being completed. 01 = Start of care - further visits	HHA_ASSMT_RSN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0102_PHYSN_ORDRD_SOC ROC_DT	DATE (8)	N	M0102 Physician Ordered SOC ROC	The date the physician ordered the start of care or resumption of care for a patient.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0102_PHYSN_ORDRD_SOC ROC_DT_NA	VARCHAR2 (1)	N	M0102 Physician Ordered SOC ROC - NA	This field is checked if there is no specific start of care date ordered by the physician (or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0104_PHYSN_RFRL_DT	DATE (8)	N	M0104 Physician Date Of Referral	This field indicates the date the written orders from the physician for initiation or resumption	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	(M0110) Episode Timing	Medicare home health payment episode for which this assessment will define a case mix	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_AI_AN	NUMBER (1.0)	N	(M0140) American Indian or Alaska Native	Race/ethnicity as identified by patient: American Indian or Alaska native. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_ASIAN	NUMBER (1.0)	N	(M0140) Asian	Race/ethnicity as identified by patient: Asian. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_BLACK	NUMBER (1.0)	N	(M0140) Black or African- American	Race/ethnicity as identified by patient: Black or African-American. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_HISP	NUMBER (1.0)	N	(M0140) Hispanic or Latino	Race/ethnicity as identified by patient: Hispanic or Latino. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_NH_PI	NUMBER (1.0)	N	(M0140) Native Hawaiian or Pacific Islander	Race/ethnicity as identified by patient: Native Hawaiian or Pacific Islander. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_UK	NUMBER (1.0)	N	(M0140) Unknown Race/Ethnicity	Race/ethnicity as identified by patient: Unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0140_ETHNIC_WHITE	NUMBER (1.0)	N	(M0140) White	Race/ethnicity as identified by patient: White. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_MCAIDFFS	NUMBER (1.0)	N	(M0150) Medicaid Fee-For- Service	Current payment sources for home care: Medicaid (traditional fee-for-service). 0 = No, 1	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_MCAIDHMO	NUMBER (1.0)	N	(M0150) Medicaid HMO/Managed Care	Current payment sources for home care: Medicaid (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_MCAREFFS	NUMBER (1.0)	N	(M0150) Medicare Fee-For- Service	Current payment sources for home care: Medicare (traditional fee-for-service). 0 = No, 1	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_MCAREHMO	NUMBER (1.0)	N	(M0150) Medicare HMO/Managed Care	Current payment sources for home care: Medicare (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_NONE	NUMBER (1.0)	N	(M0150) No Charge for Current Services	Current payment sources for home care: none, no charge for current services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_OTHER	NUMBER (1.0)	N	(M0150) Other Payment Source	Current payment sources for home care: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_OTH_GOV	NUMBER (1.0)	N	(M0150) Other Government	Current payment sources for home care: other government (e.g., CHAMPUS, VA, etc.). 0 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_PRIV_HMO	NUMBER (1.0)	N	(M0150) Private HMO/Managed Care	Current payment sources for home care: private HMO/managed care. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_PRIV_INS	NUMBER (1.0)	N	(M0150) Private Insurance	Current payment sources for home care: private insurance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_SELFPAY	NUMBER (1.0)	N	(M0150) Self-Pay	Current payment sources for home care: self- pay. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_TITLEPGM	NUMBER (1.0)	N	(M0150) Title Programs	Current payment sources for home care: title programs (e.g., Title III, V, or XX). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_UK	NUMBER (1.0)	N	(M0150) Unknown Payment Source	Current payment sources for home care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0150_CPY_WRKCOMP	NUMBER (1.0)	N	(M0150) Workers Compensation	Current payment sources for home care: Worker's Compensation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_EXP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medical Expenses	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_FOOD	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Food	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_NONE	NUMBER (1.0)	N	(M0160) Limited Financial Factors - None	Financial factors limiting ability of patient/family to meet basic health needs: none.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_OTHR	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Other	Financial factors limiting ability of patient/family to meet basic health needs: other	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_RENT	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Rent/Utilities	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0160_LTD_FIN_SUPP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medicine/Medical Supplies	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0170_DC_HOSP_14_D	NUMBER (1.0)	N	(M0170) Hospital	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0170_DC_N_HM_14_D	NUMBER (1.0)	N	(M0170) Nursing Home	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0170_DC_OTHER	NUMBER (1.0)	N	(M0170) Other Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0170_DC_REHB_14_D	NUMBER (1.0)	N	(M0170) Rehabilitation Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0170_NONE_14_DAYS	NUMBER (1.0)	N	(M0170) Patient Not Discharged From Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_HSP_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital	Inpatient facility admitted from during past 14 Days - hospital.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_NON_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days - NA	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_ONH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	Inpatient facility admitted from during past 14 days - other nursing home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_OTH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other	Inpatient facility admitted from during past 14 Days - other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_RHB_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	Inpatient facility admitted from during past 14 Days - rehabilitation facility.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0175_DC_SNF_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0180_DSCHG_UK	VARCHAR2 (1)	N	M1005 (M0180) Most Recent Inpat Discharge Date - UK	This field indicates the most recent inpatient discharge date is unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0180_INP_DSCHG_DT	DATE (8)	N	M1005 (M0180) Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0190_14D_INP1_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis1 ICD Code	This field lists the inpatient diagnosis and ICD code 1 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0190_14D_INP2_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis2 ICD Code	This field lists the inpatient diagnosis and ICD code 2 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0200_REG_CHG_14_D	NUMBER (1.0)	N	(M0200) Medical/Treatment Regimen Change	Medical treatment regimen change within past 14 days. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0210_CHGREG_ICD1	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis1 ICD Code	This field lists the patient's medical diagnoses and ICD code 1 for those conditions requiring	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0210_CHGREG_ICD2	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis2 ICD Code	This field lists the patient's medical diagnoses and ICD code 2 for those conditions requiring	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0210_CHGREG_ICD3	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis3 ICD Code	This field lists the patient's medical diagnoses and ICD code 3 for those conditions requiring	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0210_CHGREG_ICD4	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis4 ICD Code	This field lists the patient's medical diagnoses and ICD code 4 for those conditions requiring	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_CATH	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_DISRUPT	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_IMP_DCSN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_INTR_PAIN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_MEM_LOSS	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_NOCHG_14D	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - NA	This field is checked if the patient had no inpatient facility discharge and no change in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_NONE	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - None Of The Above	This field is checked if the patient had none of the conditions listed prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_UK	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - UK	This field is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0220_PR_UR_INCON	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0230_PRI_DGN_ICD	VARCHAR2 (7)	N	M1020 (M0230) Primary Diagnosis ICD Code	This field lists the primary diagnosis.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0230_PRI_DGN_SEV	VARCHAR2 (2)	N	M1020 (M0230) Primary Diagnosis Severity	This field lists the severity of the primary diagnosis.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN1_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis1 ICD Code	This field lists the other diagnosis 1.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN1_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis1 Severity	This field lists the severity of the other diagnosis 1.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN2_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis2 ICD Code	This field lists the other diagnosis 2.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN2_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis2 Severity	This field lists the severity of the other diagnosis 2.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN3_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis3 ICD Code	This field lists the other diagnosis 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN3_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis3 Severity	This field lists the severity of the other diagnosis 3.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN4_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis4 ICD Code	This field lists the other diagnosis 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN4_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis4 Severity	This field lists the severity of the other diagnosis 4.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN5_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis5 ICD Code	This field lists the other diagnosis 5.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0240_OTH_DGN5_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis5 Severity	This field lists the severity of the other diagnosis 5.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0245_PMT_ICD1	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: Primary ICD	The ICD-9 Code indicating the primary payment reason.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0245_PMT_ICD2	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: First Secondary ICD	The ICD-9 Code indicating the first secondary payment reason.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_A3_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col3	This field lists the case mix primary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_A4_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col4	This field lists the case mix primary diagnosis, column 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_B3_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col3	This field lists the case mix first secondary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_B4_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col4	This field lists the case mix first secondary diagnosis, column 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_C3_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col3	This field lists the case mix second secondary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_C4_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col4	This field lists the case mix second secondary diagnosis, column 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_D3_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col3	This field lists the case mix third secondary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_D4_ CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col4	This field lists the case mix third secondary diagnosis, column 4.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_E3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col3	This field lists the case mix fourth secondary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_E4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col4	This field lists the case mix fourth secondary diagnosis, column 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_F3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col3	This field lists the case mix fifth secondary diagnosis, column 3.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0246_PMT_DGNS_ICD_F4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col4	This field lists the case mix fifth secondary diagnosis, column 4.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0250_THH_ENT_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Enteral Nutrition	This field is checked if the patient receives enteral nutrition therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0250_THH_IV_INFUS	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - IV Infusion	This field is checked if the patient receives intravenous or infusion therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0250_THH_NONE_ABV	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - None Above	This field is checked if the patient receives none of the above therapies at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0250_THH_PAR_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Parenteral Nutrition	This field is checked if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0260_OVRALL_PROGN	VARCHAR2 (2)	N	(M0260) Overall Prognosis	Overall prognosis: best description of patient's overall prognosis for recovery from this episode	HHA_PROGNOSIS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0270_REHAB_PROGN	VARCHAR2 (2)	N	(M0270) Rehabilitive Prognosis	Rehabilitative prognosis: best description of patient's prognosis for functional status. 00 =	HHA_REHAB_PROG
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0280_LIFE_EXPECT	VARCHAR2 (2)	N	(M0280) Life Expectancy	Life expectancy (physician documentation is not required). 00 = Life expectancy is greater than 6	HHA_LIFE_EXP
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_ALCOHOL	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_DRUGS	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_NONE	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - None Of The Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_OBESITY	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_SMOKING	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0290_RSK_UK	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - UK	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0300_CURR_RESIDEN	VARCHAR2 (2)	N	(M0300) Current Residence	Current residence. 01 = Patient's owned or rented residence, 02 = Family member's	HHA_CURR_RESID
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0310_STR_DOORWAYS	NUMBER (1.0)	N	(M0310) Narrow or Obstructed Doorways	Structural barriers: narrow or obstructed doorways. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0310_STR_MST_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Must Be Used	Structural barriers: stairs inside which must be used by patient. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0310_STR_NONE	NUMBER (1.0)	N	(M0310) No Structural Barriers	Structural barriers: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0310_STR_OPT_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Used Optionally	Structural barriers: stairs inside home which are used optionally. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0310_STR_OUTSTAIR	NUMBER (1.0)	N	(M0310) Stairs Leading Inside Home	Structural barriers: stairs leading from inside to outside house. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_APPLIANC	NUMBER (1.0)	N	(M0320) Unsafe Gas/Electric Appliance	Safety hazards: unsafe gas/electric appliance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_COOLING	NUMBER (1.0)	N	(M0320) Inadequate Cooling	Safety hazards: inadequate cooling. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_FIRE_SAF	NUMBER (1.0)	N	(M0320) Lack of Fire Safety Devices	Safety hazards: lack of fire safety devices. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_FLOOR	NUMBER (1.0)	N	(M0320) Inadequate Floor/Roof/Windows	Safety hazards: inadequate floor, roof, or windows. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_FLOORCOV	NUMBER (1.0)	N	(M0320) Unsafe Floor Coverings	Safety hazards: unsafe floor coverings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_HAZ_MAT	NUMBER (1.0)	N	(M0320) Improperly Stored Hazardous Materials	Safety hazards: improperly stored hazardous materials. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_HEATING	NUMBER (1.0)	N	(M0320) Inadequate Heating	Safety hazards: inadequate heating. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_LIGHTING	NUMBER (1.0)	N	(M0320) Inadequate Lighting	Safety hazards: inadequate lighting. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_NONE	NUMBER (1.0)	N	(M0320) No Safety Hazards	Safety hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_OTHER	NUMBER (1.0)	N	(M0320) Other Safety Hazards	Safety hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_PAINT	NUMBER (1.0)	N	(M0320) Lead-Based Paint	Safety hazards: lead-based paint. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0320_SAF_RAILINGS	NUMBER (1.0)	N	(M0320) Inadequate Stair Railings	Safety hazards: inadequate stair railings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_BAD_H2O	NUMBER (1.0)	N	(M0330) Contaminated Water	Sanitation hazards: contaminated water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_BUGS_ROD	NUMBER (1.0)	N	(M0330) Insects/Rodents Present	Sanitation hazards: insects/rodents present. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_COOK_FAC	NUMBER (1.0)	N	(M0330) No Cooking Facilities	Sanitation hazards: no cooking facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_FOOD_STR	NUMBER (1.0)	N	(M0330) Inadequate/Improper Food Storage	Sanitation hazards: inadequate/improper food storage. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_LIVING_A	NUMBER (1.0)	N	(M0330) Cluttered/Soiled Living Area	Sanitation hazards: cluttered/soiled living area. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_NONE	NUMBER (1.0)	N	(M0330) No Sanitation Hazards	Sanitation hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_NO_H2O	NUMBER (1.0)	N	(M0330) No Running Water	Sanitation hazards: no running water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_NO_TOILT	NUMBER (1.0)	N	(M0330) No Toileting Facilities	Sanitation hazards: no toileting facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_OTHER	NUMBER (1.0)	N	(M0330) Other Sanitation Hazards	Sanitation hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_OUT_TOIL	NUMBER (1.0)	N	(M0330) Outdoor Toileting Facilities Only	Sanitation hazards: outdoor toileting facilities only. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_REFRIGER	NUMBER (1.0)	N	(M0330) No Food Refrigeration	Sanitation hazards: no food refrigeration. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_SEW_DISP	NUMBER (1.0)	N	(M0330) Inadequate Sewage Disposal	Sanitation hazards: inadequate sewage disposal. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0330_SAN_TRASH	NUMBER (1.0)	N	(M0330) No Scheduled Trash Pickup	Sanitation hazards: no scheduled trash pickup. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_ALONE	NUMBER (1.0)	N	(M0340) Lives Alone	Patient lives alone. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_FRIEND	NUMBER (1.0)	N	(M0340) Lives With Friend	Patient lives with friend. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_OTHER	NUMBER (1.0)	N	(M0340) Lives With Other Than Above	Patient lives with other than above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_OTH_FAM	NUMBER (1.0)	N	(M0340) Lives With Other Family Member	Patient lives with other family member. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_PD_HELP	NUMBER (1.0)	N	(M0340) Lives With Paid Help	Patient lives with paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0340_LIV_SPOUSE	NUMBER (1.0)	N	(M0340) Lives With Spouse/Significant Other	Patient lives with spouse or significant other. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0350_AP_HM_RES	NUMBER (1.0)	N	(M0350) Person Residing in Home	Assisting person(s): person residing in the home (excluding paid help). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0350_AP_NONE	NUMBER (1.0)	N	(M0350) None of the Above Assisting Persons	Assisting person(s): none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0350_AP_PD_HELP	NUMBER (1.0)	N	(M0350) Paid Help	Assisting person(s): paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0350_AP_REL_FRND	NUMBER (1.0)	N	(M0350) Relatives/Friends/Neighbors Living Outside Home	Assisting person(s): relatives, friends, or neighbors living outside the home. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0350_AP_UK	NUMBER (1.0)	N	(M0350) Unknown Assisting Persons	Assisting person(s): unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0360_PRI_CAREGVR	VARCHAR2 (2)	N	(M0360) Primary Caregiver	Primary caregiver taking lead responsibility. 00 = No one person, 01 = Spouse or significant	HHA_PRIM_CRGVR
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0370_FREQ_PRM_AST	VARCHAR2 (2)	N	(M0370) Frequency Patient Receives Assistance	How often does patient receive assistance from primary caregiver. 01 = Several times during	HHA_FREQ_ASSIST
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_ADL	VARCHAR2 (1)	N	(M0380) ADL Assistance	Type of primary caregiver assistance: ADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_ENVIRON	VARCHAR2 (1)	N	(M0380) Environmental Support	Type of primary caregiver assistance: environmental support. 0 = No, 1 = Yes, Space	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_FIN_LEGAL	VARCHAR2 (1)	N	(M0380) Financial Agent/Power of Attorney/Conservator of Finance	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_HLTH_CARE	VARCHAR2 (1)	N	(M0380) Health Care Agent/Conservator of Person/Power of Attorney	Type of primary caregiver assistance: health care agent, conservator of person, medical	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_IADL	VARCHAR2 (1)	N	(M0380) IADL Assistance	Type of Primary Caregiver Assistance: IADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_MEDICAL	VARCHAR2 (1)	N	(M0380) Advocates Participation in Medical Care	Type of primary caregiver assistance: advocates or facilitates patient's participation in	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_PSYCHSOC	VARCHAR2 (1)	N	(M0380) Psychosocial Support	Type of primary caregiver assistance: psychosocial support. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0380_CA_UK	VARCHAR2 (1)	N	(M0380) Unknown Primary Caregiver Assistance	Type of primary caregiver assistance: unknown. 0 = No, 1 = Yes, Space = M0350 None= 1 or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0390_VISION	VARCHAR2 (2)	N	M1200 (M0390) Vision	This field indicates the patient's vision status.	HHA_VISION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0400_HEARING	VARCHAR2 (2)	N	(M0400) Hearing	Hearing and ability to understand spoken language in patient's own language. 00 = No	HHA_HEARING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0410_SPEECH	VARCHAR2 (2)	N	M1230 (M0410) Speech And Oral Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPEECH
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0420_FREQ_PAIN	VARCHAR2 (2)	N	(M0420) Frequency of Pain	Frequency of pain interfering with patient's activity or movement. 00 = No pain, 01 = Less	HHA_FREQ_PAIN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0430_INTRACT_PAIN	NUMBER (1.0)	N	(M0430) Intractable Pain	Intractable pain. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0440_LES_OPEN_WND	NUMBER (1.0)	N	(M0440) Skin Lesion/Open Wound	Does patient have skin lesion or open wound? 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0445_PRESS_ULCER	VARCHAR2 (1)	N	(M0445) Pressure Ulcer	Does patient have pressure ulcer? 0 = No, 1 = Yes, Space = M0440 = No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0450_NBR_PRU_STG1	VARCHAR2 (2)	N	M1322 (M0450) Current Number Of Stage I Pressure Ulcers	This field indicates the current number of stage I pressure ulcers.	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0450_NBR_PRU_STG2	VARCHAR2 (2)	N	(M0450) Number Stage 2 Pressure Ulcers	Number of pressure ulcers, stage 2. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0450_NBR_PRU_STG3	VARCHAR2 (2)	N	(M0450) Number Stage 3 Pressure Ulcers	Number of pressure ulcers, stage 3. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0450_NBR_PRU_STG4	VARCHAR2 (2)	N	(M0450) Number Stage 4 Pressure Ulcers	Number of pressure ulcers, stage 4. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0450_UNOBS_PRUSULC	VARCHAR2 (1)	N	(M0450) Unobservable Pressure Ulcer	In addition to above, is there at least one pressure ulcer that cannot be observed due to	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0460_STG_PRBL_PRU	VARCHAR2 (2)	N	M1324 (M0460) Stage Of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic unhealed (observable) pressure	HHA_STAG_ULCER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0464_STA_PRBL_PRU	VARCHAR2 (2)	N	(M0464) Status of Most Problematic Pressure Ulcer	Status of most problematic pressure ulcer. 01 = Fully granulating, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0468_STASIS_ULCER	VARCHAR2 (1)	N	(M0468) Stasis Ulcer	Does patient have stasis ulcer? 0 = No, 1 = Yes, Space = M0440 no.	HHA_YES_NO_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0470_NBR_STAS_ULC	VARCHAR2 (2)	N	(M0470) Number Stasis Ulcers	Current number of observable stasis ulcers. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 =	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0474_UNOBS_STAULC	VARCHAR2 (1)	N	(M0474) Unobservable Stasis Ulcer	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0476_STA_PRB_STAU	VARCHAR2 (2)	N	(M0476) Status of Most Problematic Stasis Ulcer	Status of most problematic stasis ulcer. 01 = Fully granulated, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0482_SURG_WOUND	VARCHAR2 (1)	N	(M0482) Surgical Wound	Does patient have a surgical wound? 0 = No, 1 = Yes, Space = M0440 No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0484_NBR_SURGWND	VARCHAR2 (2)	N	(M0484) Number Surgical Wounds	Current number of observable surgical wounds. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0486_UNOBS_SRGWND	VARCHAR2 (1)	N	(M0486) Unobservable Surgical Wound	Does patient have at least one surgical wound that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0488_STA_PRB_SWND	VARCHAR2 (2)	N	(M0488) Status of Most Problematic Surgical Wound	Status of most problematic (observable) surgical wound. 01 = Fully granulating, 02 =	HHA_STAT_ULCER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0490_WHEN_DYSPNIC	VARCHAR2 (2)	N	M1400 (M0490) When Is Patient Dyspneic	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_DYSPNEIC
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0500_RESPTX_AIRPR	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Airway Press	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0500_RESPTX_NONE	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - None	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0500_RESPTX_OXYGN	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0500_RESPTX_VENT	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0510_UTI	VARCHAR2 (2)	N	M1600 (M0510) Patient Treated For UTI Last 14 Days	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0520_UR_INCONT	VARCHAR2 (2)	N	M1610 (M0520) Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_UR_INCONT
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0530_UR_INCONT_OC	VARCHAR2 (2)	N	(M0530) When Urinary Incontinence Occurs	When urinary incontinence occurs. 00 = Timed voiding defers incontinence, 01 = During the	HHA_URINCONT_OCCURS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0540_BWL_INCONT	VARCHAR2 (2)	N	M1620 (M0540) Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCONT
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0550_OSTOMY	VARCHAR2 (2)	N	M1630 (M0550) Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTOMY

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0560_COG_FUNCTION	VARCHAR2 (2)	N	M1700 (M0560) Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_COG_FUNCTION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0570_WHEN_CONFUSD	VARCHAR2 (2)	N	M1710 (M0570) When Confused	This field indicates when the patient is confused.	HHA_WHEN_CONFUSED
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0580_WHEN_ANXIOUS	VARCHAR2 (2)	N	M1720 (M0580) When Anxious	This field indicates when the patient is anxious.	HHA_WHEN_ANXIOUS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_DEATH	NUMBER (1.0)	N	(M0590) Recurrent Thoughts of Death	Depressive feelings: recurrent thoughts of death. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_HOPELESS	NUMBER (1.0)	N	(M0590) Hopelessness	Depressive feelings: hopelessness. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_MOOD	NUMBER (1.0)	N	(M0590) Depressed Mood	Depressive feelings: depressed mood. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_NONE	NUMBER (1.0)	N	(M0590) None of the Above Depressive Feelings	Depressive feelings: none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_SENS_FAIL	NUMBER (1.0)	N	(M0590) Sense of Failure/Self Reproach	Depressive feelings: sense of failure or self reproach. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0590_DP_SUICIDE	NUMBER (1.0)	N	(M0590) Thoughts of Suicide	Depressive feelings: thoughts of suicide. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_AGITAT	NUMBER (1.0)	N	(M0600) Agitation	Patient behaviors: agitation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_APPWT_C	NUMBER (1.0)	N	(M0600) Recent Change in Appetite or Weight	Patient behaviors: recent change in appetite or weight. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_DIM_INT	NUMBER (1.0)	N	(M0600) Diminished Interest in Most Activities	Patient behaviors: diminished interest in most activities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_INDECIS	NUMBER (1.0)	N	(M0600) Indecisiveness, Lack of Concentration	Patient behaviors: indecisiveness, lack of concentration. 0 = No, 1 = Yes	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_NONE	NUMBER (1.0)	N	(M0600) None of the Above Behaviors Observed	Patient behaviors: None of the above behaviors. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_SLEEP_D	NUMBER (1.0)	N	(M0600) Sleep Disturbances	Patient behaviors: sleep disturbances. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0600_BEH_SUICIDE	NUMBER (1.0)	N	(M0600) A Suicide Attempt	Patient behaviors: a suicide attempt. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_DELUSIONS	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_IMP_DCSN	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Impaired Decision	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_MEM_DFICT	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_NONE	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - None Of The Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_PHYSICAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_SOC_INAPP	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Socially Inapp	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0610_BD_VERBAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0620_BEH_PROB_FRQ	VARCHAR2 (2)	N	M1745 (M0620) Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BEHPROB_FREQ
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0630_REC_PSYCH	NUMBER (1.0)	N	M1750 (M0630) Receives Psych Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0640_CU_GROOMING	VARCHAR2 (2)	N	M1800 (M0640) Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GROOMING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0640_PR_GROOMING	VARCHAR2 (2)	N	(M0640) Prior Grooming	Prior grooming ability to tend to personal hygiene needs. 00 = Able to groom self unaided,	HHA_GROOMING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0650_CU_DRESS_UPR	VARCHAR2 (2)	N	M1810 (M0650) Current Dress Upper	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRS_UPPER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0650_PR_DRESS_UPR	VARCHAR2 (2)	N	(M0650) Prior Ability to Dress Upper Body	Prior ability to dress upper body. 00 = Able to get clothes out of closets and drawers, put them	HHA_DRS_UPPER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0660_CU_DRESS_LOW	VARCHAR2 (2)	N	M1820 (M0660) Current Dress Lower	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRS_LOWER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0660_PR_DRESS_LOW	VARCHAR2 (2)	N	(M0660) Prior Ability to Dress Lower Body	Prior ability to dress lower body. 00 = Able to obtain, put on, and remove clothing and shoes	HHA_DRS_LOWER
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0670_CU_BATHING	VARCHAR2 (2)	N	(M0670) Current Bathing	Current abilty to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0670_PR_BATHING	VARCHAR2 (2)	N	(M0670) Prior Bathing	Prior ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0680_CU_TOILETING	VARCHAR2 (2)	N	(M0680) Current Toileting	Current ability to get to and from toilet or bedside commode. 00 = Able to get to and from	HHA_TOILETING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0680_PR_TOILETING	VARCHAR2 (2)	N	(M0680) Prior Toileting	Prior ability to get to and from toilet or bedside commode. 00 = Able to get to and from the	HHA_TOILETING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0690_CU_TRANSFER	VARCHAR2 (2)	N	(M0690) Current Transferring	Current ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0690_PR_TRANSFER	VARCHAR2 (2)	N	(M0690) Prior Transferring	Prior ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0700_CU_AMBULATN	VARCHAR2 (2)	N	(M0700) Current Ambulation/Locomotion	Current ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0700_PR_AMBULATN	VARCHAR2 (2)	N	(M0700) Prior Ambulation/Locomotion	Prior ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0710_CU_FEEDING	VARCHAR2 (2)	N	M1870 (M0710) Current Feeding	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_FEEDING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0710_PR_FEEDING	VARCHAR2 (2)	N	(M0710) Prior Feeding/Eating	Prior ability to feed self. 00 = Able to independently feed self, 01 = Able to feed self	HHA_FEEDING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0720_CU_PREP_MEAL	VARCHAR2 (2)	N	M1880 (M0720) Current Preparing Light Meals	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEALS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0720_PR_PREP_MEAL	VARCHAR2 (2)	N	(M0720) Prior Preparing Light Meals	Prior ability to plan and prepare light meals. 00 = a) Able to independently plan and prepare all	HHA_PREP_MEALS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0730_CU_TRANSPORT	VARCHAR2 (2)	N	(M0730) Current Transportation	Current physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0730_PR_TRANSPORT	VARCHAR2 (2)	N	(M0730) Prior Transportation	Prior physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0740_CU_LAUNDRY	VARCHAR2 (2)	N	(M0740) Current Laundry	Current ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks,	HHA_LAUNDRY
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0740_PR_LAUNDRY	VARCHAR2 (2)	N	(M0740) Prior Laundry	Prior ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks, OR	HHA_LAUNDRY
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0750_CU_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Current Housekeeping	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0750_PR_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Prior Housekeeping	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0760_CU_SHOPPING	VARCHAR2 (2)	N	(M0760) Current Shopping	Current ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0760_PR_SHOPPING	VARCHAR2 (2)	N	(M0760) Prior Shopping	Prior ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0770_CU_PHONE_USE	VARCHAR2 (2)	N	M1890 (M0770) Current Phone Use	This field indicates the patient's current ability to answer the phone safely, including dialing	HHA_PHONE_USE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0770_PR_PHONE_USE	VARCHAR2 (2)	N	(M0770) Prior Ability to Use Telephone	Prior ability to use telephone. 00 = Able to dial numbers and answer calls appropriately and as	HHA_PHONE_USE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0780_CU_ORAL_MED	VARCHAR2 (2)	N	(M0780) Current Management of Oral Medications	Current ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0780_PR_ORAL_MED	VARCHAR2 (2)	N	(M0780) Prior Management of Oral Medications	Prior ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0790_CU_INHAL_MED	VARCHAR2 (2)	N	(M0790) Current Management of Inhalant Medications	Current ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0790_PR_INHAL_MED	VARCHAR2 (2)	N	(M0790) Prior Management of Inhalant Medications	Prior ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0800_CU_INJCT_MED	VARCHAR2 (2)	N	(M0800) Current Management of Injectable Medications	Current ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0800_PR_INJCT_MED	VARCHAR2 (2)	N	(M0800) Prior Management of Injectable Medications	Prior ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0810_PAT_MGMT_EQP	VARCHAR2 (2)	N	(M0810) Patient Management of Equipment	Patient management of equipment. 00 = Patient manages all tasks related to equipment	HHA_PAT_EQUIP
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0820_CG_MGMT_EQP	VARCHAR2 (2)	N	(M0820) Caregiver Management of Equipment	Caregiver management of equipment. 00 = Caregiver manages all tasks related to	HHA_CG_EQUIP
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0825_THERAPY_NEED	VARCHAR2 (2)	N	(M0825) Therapy Need	(M0825) Therapy need. 00 = No, 01 = Yes, NA = Not applicable.	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0826_THRPHY_NEED_NA_NUM	NUMBER (1.0)	N	M2200 (M0826) Therapy Need - NA	This field indicates therapy need is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0826_THRPHY_NEED_NUM	NUMBER (3.0)	N	M2200 (M0826) Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0830_EC_EMER_ROOM	NUMBER (1.0)	N	(M0830) Hospital Emergency Room	Emergent care: hospital emergency room. 00 = No, 01 = Yes, NA = Not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0830_EC_MD_OFF	NUMBER (1.0)	N	(M0830) Doctors Office Emergency Visit	Emergent care: doctor's office emergency visit/house call. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0830_EC_NONE	NUMBER (1.0)	N	(M0830) No Emergent Care Services	Emergent care: no emergent care services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0830_EC_OUTPAT	NUMBER (1.0)	N	(M0830) Outpatient Department Emergency	Emergent care: outpatient department/clinic emergency. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0830_EC_UK	NUMBER (1.0)	N	(M0830) Unknown Emergent Care	Emergent care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_CARDIAC	VARCHAR2 (1)	N	(M0840) Cardiac Problems	Emergent care reason: cardiac problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_GI_BLEED	VARCHAR2 (1)	N	(M0840) GI Bleeding, Obstruction	Emergent care reason: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_HYPOGLYCE	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Hypo/Hyperglycemia	This field indicates that the reason the patient received emergent care was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_INJURY	VARCHAR2 (1)	N	(M0840) Injury Caused by Fall/Accident	Emergent care reason: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_MEDICAT	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_NAUSEA	VARCHAR2 (1)	N	(M0840) Nausea/Dehydration/Malnutrition	Emergent care reason: nausea, dehydration, malnutrition, constipation, impaction. 0 = No, 1 /Constipation/Impaction	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_OTHER	VARCHAR2 (1)	N	(M0840) Other than Above Reasons for Emergent Care	Emergent care reason: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_RESP	VARCHAR2 (1)	N	(M0840) Respiratory Problems	Emergent care reason: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_UK	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Reason Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0840_ECR_WOUND	VARCHAR2 (1)	N	(M0840) Wound Infection	Emergent care reason: wound infection, deteriorating wound status, new lesion/ulcer. 0 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0855_INPAT_FAC	VARCHAR2 (2)	N	M2410 (M0855) Inpatient Facility Admitted	This field indicates to which inpatient facility the patient was admitted.	HHA_INPAT_FAC
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0870_DSCHG_DISP	VARCHAR2 (2)	N	(M0870) Discharge Disposition	Where the patient is after discharge. 01 = Patient remained in the community, 02 = Patient	HHA_DSCHG_DISP
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0880_AFDC_FAM_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided by Family/Friends	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0880_AFDC_NO_AST	VARCHAR2 (1)	N	(M0880) No Assistance/Services Received	After discharge, does patient receive health, personal, or support services or assistance: no	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0880_AFDC_OTH_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided By Community Resources	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0890_HOSP_RSN	VARCHAR2 (2)	N	(M0890) Reason Admitted to Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	HHA_HOSP_RSN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_CF_FLDS	VARCHAR2 (1)	N	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure. 0 = No, 1 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_CHEMO	VARCHAR2 (1)	N	(M0895) Chemotherapy	Reason for hospitalization: chemotherapy. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_GI_BLD	VARCHAR2 (1)	N	(M0895) GI Bleeding, Obstruction	Reason for hospitalization: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_INJURY	VARCHAR2 (1)	N	(M0895) Injury Caused by Fall/Accident	Reason for hospitalization: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_IVC_INF	VARCHAR2 (1)	N	(M0895) IV Catheter-Related Infection	Reason for hospitalization: IV catheter-related infection. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_MED	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_OTHER	VARCHAR2 (1)	N	(M0895) Other Than Above Reason for Hospitalization	Reason for hospitalization: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_PAIN	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_PSYCH	VARCHAR2 (1)	N	(M0895) Psychotic Episode	Reason for hospitalization: psychotic episode. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_RESP	VARCHAR2 (1)	N	(M0895) Respiratory Problems	Reason for hospitalization: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_STROKE	VARCHAR2 (1)	N	(M0895) Myocardial Infarction/Stroke	Reason for hospitalization: myocardial infarction, stroke. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_SURGERY	VARCHAR2 (1)	N	(M0895) Scheduled Surgical Procedure	Reason for hospitalization: scheduled surgical procedure. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_UR_TRCT	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_VN_PULM	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - DVT Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOSP_WOUND	VARCHAR2 (1)	N	(M0895) Wound or Tube Site Infection	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0895_HOS_HYPOGLYC	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Hypo/Hyperglycemic	This field indicates the reason the patient required hospitalization was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_HOSPICE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Hospice Care	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_OTHER	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_PERMANENT	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_RESPITE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_THERAPY	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_UK	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0900_NH_UNSAFE_HM	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0903_LST_HM_VISIT	DATE (8)	N	(M0903) Date of Last Home Visit	Date of last home visit (most recent).	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M0906_DC_TR_DTH_DT	DATE (8)	N	(M0906) Discharge/Transfer/Death Date	Discharge/transfer/death date.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_IPPS_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IPPS	This field indicates the patient was discharged from short stay acute hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_IRF_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IRF	This field indicates the patient was discharged from inpatient rehabilitation hospital or unit	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_LTCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_LTC_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTC	This field indicates the patient was discharged from long-term nursing facility during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_OTH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Other	This field indicates the patient was discharged from somewhere other than listed above during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1000_DC_PSYCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1010_14_DAY_INP3_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis3 ICD Code	This field lists the inpatient diagnosis and ICD code 3 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1010_14_DAY_INP4_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis4 ICD Code	This field lists the inpatient diagnosis and ICD code 4 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1010_14_DAY_INP5_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis5 ICD Code	This field lists the inpatient diagnosis and ICD code 5 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1010_14_DAY_INP6_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis6 ICD Code	This field lists the inpatient diagnosis and ICD code 6 for conditions treated during an inpatient	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_NA_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - NA	This field is checked if the inpatient procedure and associated ICD code is unknown for the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_PRCDR1_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure1 Code	This field lists the inpatient ICD and procedure 1 relevant to the plan of care.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_PRCDR2_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure2 Code	This field lists the inpatient ICD and procedure 2 relevant to the plan of care.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_PRCDR3_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure3 Code	This field lists the inpatient ICD and procedure 3 relevant to the plan of care.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_PRCDR4_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure4 Code	This field lists the inpatient ICD and procedure 4 relevant to the plan of care.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1012_INP_UK_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - UK	This field is checked if there is no inpatient procedure and associated ICD code for the plan	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1016_CHGREG_ICD5	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis5 ICD Code	This field lists the patient's medical diagnoses and ICD code 5 for those conditions requiring	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1016_CHGREG_ICD6	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis6 ICD Code	This field lists patient's medical diagnoses and ICD code 6 for those conditions requiring	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1016_CHGREG_ICD_NA	VARCHAR2 (1)	N	M1016 Regimen Change In Past 14 Days - NA	This field is checked if there have been no medical or treatment regimen changes within the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1032_HOSP_RISK_5PLUS_M DCTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Taking 5 Or More Meds	This field is checked if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1032_HOSP_RISK_FRAILTY	VARCHAR2 (1)	N	M1032 Risk For Hosp - Frailty Indicators	This field is checked if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1032_HOSP_RISK_HSTRY_F ALLS	VARCHAR2 (1)	N	M1032 Risk For Hosp - History Of Falls	This field is checked if the patient is at risk for hospitalization due to history of falls.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1032_HOSP_RISK_MLTPPL_ HOSPZTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - More Than 1 Hospital In 12 Mo	This field is checked if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1032_HOSP_RISK_NONE_ABOVE	VARCHAR2 (1)	N	M1032 Risk For Hosp - None Of The Above	This field is checked if the patient is at risk for hospitalization is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1032_HOSP_RISK_OTHR	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field is checked if the patient is at risk for hospitalization is other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1032_HOSP_RISK_RCNT_DCLN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Decline In Mental, Emotional, Behavioral	This field is checked if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1034_PTNT_OVRAL_STUS	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_PTNT_OVRAL_STUS
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1040_INFLNZ_RCVD_AGNCY	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received In Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_INFLNZ_VCCN
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1045_INFLNZ_RSN_NOT_RCVD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason why the influenza vaccine was not received from the agency	HHA_RSN_FLU_VCCN_NOT_RCVD
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1050_PPV_RCVD_AGNCY	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine (PPV) Received In Agency	This field indicates if the patient received the PPV during this episode of care in agency.	HHA_YES_NO
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1055_PPV_RSN_NOT_RCVD_AGNCY	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine (PPV) - Reason Not Received	This field indicates the reason why the PPV was not received from the agency during this episode	HHA_RSN_PPV_NOT_RCVD
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1100_PTNT_LVG_STUTN	VARCHAR2 (2)	N	M1100 Patient Living Situation	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARRANG
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1210_HEARG_ABLTY	VARCHAR2 (2)	N	M1210 Ability To Hear	This field indicates the patient's ability to hear.	HHA_ABLTY_TO_HEAR
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1220_UNDRSTG_VERBAL_CNTNT	VARCHAR2 (2)	N	M1220 Understanding Of Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_VRBL_UNDRSTG
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1240_FRML_PAIN_ASMT	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal Pain Assessment using a standardized pain	HHA_PAIN_ASMT
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1242_PAIN_FREQ_ACTVTY_MVMT	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1300_PRSR_ULCR_RISK_ASMT	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PU_ASMT
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1302_RISK_OF_PRSR_ULCR	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1306_UNHLD_STG2_PRSR_ULCR	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer at Least Stage II	This field indicates whether the patient has at least one unhealed pressure ulcer at stage II or	HHA_YES_NO
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M1307_OLDST_STG2_AT_DS_CHRG	VARCHAR2 (2)	N	M1307 Status Oldst Stg 2 Pressure Ulcer At Discharge	This field identifies the status of the oldest unhealed stage II pressure ulcer at the time of	HHA_STAT_OLDST_STG2

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1307_OLDST_STG2_ONST_ DT	DATE (8)	N	M1307 Oldest Stage II Onset Date	This field indicates the date of onset of the oldest unhealed stage II pressure ulcer identified	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_PRSULC_STG2	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at stage II (enter 0 if	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_PRSULC_STG3	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at stage III (enter 0 if	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_PRSULC_STG4	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at stage IV (enter 0 if	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_STG2_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage II that were	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_STG3_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage III that were	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NBR_STG4_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage IV that were	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_CVRG	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage By Slough/Eschar	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_CVRG_SOC_RO C	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage Slough @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_DEEP_TISUE	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_DEEP_TISUE_S OC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_DRSG	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Due To Non- Rmvble Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1308_NSTG_DRSG_SOC_RO C	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Non-Rmvble Dsg @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1310_PRSR_ULCR_LNGTH	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the Stage III or IV	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1312_PRSR_ULCR_WDTH	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1314_PRSR_ULCR_DEPTH	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1320_STUS_PRBLM_PRSR_ULCR	VARCHAR2 (2)	N	M1320 Status Of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	HHA_PRSR_ULCR_STUS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1330_STAS_ULCR_PRSENT	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1332_NUM_STAS_ULCR	VARCHAR2 (2)	N	M1332 Current Number Of (Observable) Stasis Ulcers	This field indicates the current number of (observable) stasis wounds.	HHA_1_OR_MORE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1334_STUS_PRBLM_STAS_ULCR	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic (observable) stasis ulcer.	HHA_STAS_ULCR_STUS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1340_SRGL_WND_PRSENT	VARCHAR2 (2)	N	M1340 Does This Patient Have A Surgical Wound	This field indicates whether the patient has a surgical wound.	HHA_SRGL_WND
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1342_STUS_PRBLM_SRGL_WND	VARCHAR2 (2)	N	M1342 Status Of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	HHA_SRGL_WND_STUS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1350_LESION_OPEN_WND	NUMBER (1.0)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1500_SYMTM_HRT_FAILR_PTNTS	VARCHAR2 (2)	N	M1500 Symptoms In Heart Failure Patients	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_CARE_PLAN_CHG	VARCHAR2 (1)	N	M1510 Heart Fail. Follow-Up: Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_CLNCL_INTNTRVTN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_ER_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: ER Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_NO_ACTION_TAKEN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_PHYSN_CONTACTED	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1510_HRT_FAILR_PHYSN_ORDERED_TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician-Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1615_INCNTNT_TIMING	VARCHAR2 (2)	N	M1615 When Does Urinary Incontinence Occur	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCONT_OCRS
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1730_PHQ2_DPRSN	VARCHAR2 (2)	N	M1730 PHQ2 - Feeling Down, Depressed, Or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_PHQ2_DPRSN

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1730_PHQ2_LACK_INTRST	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_PHQ2_LTL_INTRST
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1730_STDZ_DPRSN_SCRNG	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1830_CRNT_BATHG	VARCHAR2 (2)	N	M1830 Current Bathing	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_V3
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1840_CUR_TOILTG	VARCHAR2 (2)	N	M1840 Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILTG_TRNSFR
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1845_CUR_TOILTG_HYGN	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILTG_HYGN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1850_CUR_TRNSFRNG	VARCHAR2 (2)	N	M1850 Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_CURR_TRNSFR
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1860_CRNT_AMBLTN	VARCHAR2 (2)	N	M1860 Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_V3
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1900_PRIOR_ADLIADL_AM BLTN	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_ADL_IADL
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1900_PRIOR_ADLIADL_HS EHOLD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_ADL_IADL
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1900_PRIOR_ADLIADL_SEL F	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_ADL_IADL
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1900_PRIOR_ADLIADL_TR NSFR	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_ADL_IADL
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M1910_MLT_FCTR_FALL_RIS K_ASMT	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor fall risk assessment.	HHA_FALL_RISK
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2000_DRUG_RGMN_RVW	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RGMN
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2002_MDCTN_FLWP	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2004_MDCTN_INTRVTN	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2010_HIGH_RISK_DRUG_E DCTN	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Educ	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2015_DRUG_EDCTN_INTRV TN	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Educ Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2020_CRNT_MGMT_ORAL_MDCTN	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MEDS_V3
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2030_CRNT_MGMT_INJCTN_MDCTN	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Meds	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJECT_MEDS_V3
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2040_PRIOR_MGMT_INJCTN_MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2040_PRIOR_MGMT_ORAL_MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_AD L	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_AD VCY	VARCHAR2 (2)	N	M2100 Care Management - Advocacy Or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_EQ UIP	VARCHAR2 (2)	N	M2100 Care Management - Management Of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_IA DL	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_MD CTN	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_PR CDR	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures / Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2100_CARE_TYPE_SRC_SP RVSN	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_ASTNC_TYPES
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2110_ADL_IADL_ASTNC_F REQ	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_ASTNC
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2250_PLAN_SMRY_DBTS_F T_CARE	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician-ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2250_PLAN_SMRY_DPRSN_INTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression	This field indicates whether the physician-ordered plan of care includes depression	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2250_PLAN_SMRY_FALL_P RVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - At Risk For Falls	This field indicates whether the physician-ordered plan of care includes falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2250_PLAN_SMRY_PAIN_I NTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR_Y_TMPLT_VW	M2250_PLAN_SMRY_PRSULC_PRVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician-ordered plan of care includes interventions to	HHA_YES_NO_NA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2250_PLAN_SMRY_PRSULC _TRTMT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician- ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2250_PLAN_SMRY_PTNT_S PECF	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Patient Specific	This field indicates whether the physician- ordered plan of care includes patient-specific	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2300_EMER_USE_AFTR_LA ST_ASMT	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_CRDC_DSRTHM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_CTHTR_CMPLCT N	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_DHYDRTN_MAL NTR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration, Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_DVT_PULMNRY	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_GI_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_HRT_FAILR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_INJRY_BY_FALL	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury Caused By Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_MENTL_BHVRL _PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_MI_CHST_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_OTHER	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Than Above	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_OTHR_HRT_DEA SE	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_RSPRTRY_INF C TN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_RSPRTRY_OTHR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_STROKE_TIA	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) Or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_UNCNTLD_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_UTI	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2310_ECR_WND_INFCTN_D TRORTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection Or Deter	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_DBT S_FT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_DPR SN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Depression Intervent	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_FAL L_PrvNT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_PA I_N_MNTR	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Monitor And Mitigate Pain	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_PRS ULC_PrvN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Prevent Pressure Ulcers	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2400_INTRVTN_SMRY_PRS ULC_WET	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2420_DSCHRG_DISP	VARCHAR2 (2)	N	M2420 Discharge Disposition	This field indicates where the patient is after discharge from the agency.	HHA_DSCHG_DISP_V3
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_CRDC_DSRT H_M	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_CTHTR_CMPL C_TN	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection/Complication	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_DHYDRTN_MA LNTR	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_GI_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_HRT_FAILR	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_INJRY_BY_FAL L	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused By Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_MENTL_BHVR L_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_MI_CHST_PAIN	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_OTHER	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Than Above	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_OTHR_HRT_DE ASE	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_RSPRTRY_INF CTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_RSPRTRY_OTH R	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_SCHLD_TRTMT	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_STROKE_TIA	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_UK	VARCHAR2 (1)	N	M2430 Hospital Reason - Reason Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	M2430_HOSP_WND_INFCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	MASK_VERSION_CD	VARCHAR2 (20)	N	Masking Algorithm Version Code	Masking algorithm version code. 1) If M0150 CPAY MCARE FFS = 0 and M0150 CPAY	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider Identifier	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	ORIG_ASMT_INT_ID	NUMBER (15.0)	N	Original Assessment Internal ID	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	REC_ID	CHAR (2)	N	Record ID	Record ID	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	RES_INT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	RES_MATCH_CRITERIA	NUMBER (2.0)	N	Resident Matching Criteria	When a record is submitted to the state server, the resident matching algorithm determines	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	SFT_VER	VARCHAR2 (9)	N	Software Version	This field contains the version number of the vendor software being used by the facility or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	ST_CODE	VARCHAR2 (2)	N			
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	SUBMISSION_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	SUBM_HIPPS_CODE	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	SUBM_HIPPS_VERSION	VARCHAR2 (5)	N	Submitted HIPPS Version	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	VCODE2	VARCHAR2 (5)	N	Version Completed Code	Layout submitted version code field which contains the version number for the data	
NATL_HHA_ASMT_HSTR Y_TMPLT_VW	VERSION_CD	VARCHAR2 (12)	N	Version Code	Version completed code indicating the version of OASIS actually completed. For valid values,	
NATL_HHA_ASMT_TMPL T_VW	ASMT_EFF_DATE	DATE (8)	N	Assessment Effective Date	The effective date is based on the M0100 RFA field. This is the (M0030) Start of Care date for	
NATL_HHA_ASMT_TMPL T_VW	AST_BEG_VER_DT	DATE (8)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
NATL_HHA_ASMT_TMPL T_VW	AST_END_VER_DT	DATE (8)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
NATL_HHA_ASMT_TMPL T_VW	AST_MOD_IND	VARCHAR2 (1)	N	Assessment Modification Indicator	Designates version of the assessment. C = Current, M = Modified, X = Inactive.	
NATL_HHA_ASMT_TMPL T_VW	BIRTHDATE_SUBM_IND	VARCHAR2 (1)	N	Birthdate Submit Indicator	Indicates if the full birthdate was submitted or if part of the date was defaulted. S = the stored	
NATL_HHA_ASMT_TMPL T_VW	CALC_HIPPS_CODE	VARCHAR2 (5)	N	Calculated HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code calculated	
NATL_HHA_ASMT_TMPL T_VW	CALC_HIPPS_VERSION	VARCHAR2 (5)	N	Calculated HIPPS Version	The version of the HIPPS (Health Insurance Prospective Payment System) code calculated.	
NATL_HHA_ASMT_TMPL T_VW	CORRECTION_NUM	NUMBER (2,0)	N	Correction Number	Sequential correction number of assessment.	
NATL_HHA_ASMT_TMPL T_VW	DATA_END	CHAR (1)	N	Data End	Indicates the end of the data record and is always '%'	
NATL_HHA_ASMT_TMPL T_VW	FAC_INT_ID	NUMBER (10,0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	HHA_ASMT_INT_ID	NUMBER (15.0)	N	HHA Assessment Internal ID	The assessment internal identification number.	
NATL_HHA_ASMT_TMPL T_VW	LOCK_DATE	DATE (8)	N	Lock Date	The lock-in date for the HHA assessment.	
NATL_HHA_ASMT_TMPL T_VW	M0010_MEDICARE_ID	VARCHAR2 (6)	N	(M0010) Agency Medicare Number	Agency Medicare provider number.	
NATL_HHA_ASMT_TMPL T_VW	M0012_MEDICAID_ID	VARCHAR2 (15)	N	(M0012) Agency Medicaid Number	Agency Medicaid provider number.	
NATL_HHA_ASMT_TMPL T_VW	M0014_BRANCH_STATE	VARCHAR2 (2)	N	(M0014) Branch State	Branch state.	
NATL_HHA_ASMT_TMPL T_VW	M0016_BRANCH_ID	VARCHAR2 (10)	N	(M0016) Branch Identifier Number	Branch ID number.	
NATL_HHA_ASMT_TMPL T_VW	M0020_PAT_ID	VARCHAR2 (20)	N	(M0020) Patient ID	Patient identification number.	
NATL_HHA_ASMT_TMPL T_VW	M0030_SOC_DT	DATE (8)	N	(M0030) Start of Care Date	Start of care date.	
NATL_HHA_ASMT_TMPL T_VW	M0032_ROC_DT	DATE (8)	N	(M0032) Resumption of Care Date	Resumption of care date.	
NATL_HHA_ASMT_TMPL T_VW	M0032_ROC_DT_NA	NUMBER (1.0)	N	(M0032) Resumption of Care Date Not Applicable	Resumption of care date is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0040_PAT_FNAME	VARCHAR2 (12)	N	(M0040) Patient First Name	Patient's first name.	
NATL_HHA_ASMT_TMPL T_VW	M0040_PAT_LNAME	VARCHAR2 (18)	N	(M0040) Patient Last Name	Patient's last name.	
NATL_HHA_ASMT_TMPL T_VW	M0040_PAT_MI	VARCHAR2 (1)	N	(M0040) Patient Middle Initial	Patient's middle initial.	
NATL_HHA_ASMT_TMPL T_VW	M0040_PAT_SUFFIX	VARCHAR2 (3)	N	(M0040) Patient Suffix	Patient's name suffix.	
NATL_HHA_ASMT_TMPL T_VW	M0050_PAT_ST	VARCHAR2 (2)	N	(M0050) Patient State	Patient's state of residence.	
NATL_HHA_ASMT_TMPL T_VW	M0060_PAT_ZIP	VARCHAR2 (11)	N	(M0060) Patient ZIP Code	Patient's ZIP code.	
NATL_HHA_ASMT_TMPL T_VW	M0063_MEDICARE_NA	NUMBER (1.0)	N	(M0063) No Medicare Number	Patient has no Medicare number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0063_MEDICARE_NBR	VARCHAR2 (12)	N	(M0063) Medicare Number	Patient's Medicare number.	
NATL_HHA_ASMT_TMPL T_VW	M0064_SSN	VARCHAR2 (9)	N	(M0064) Social Security Number	Patient's Social Security number.	
NATL_HHA_ASMT_TMPL T_VW	M0064_SSN_UK	NUMBER (1.0)	N	(M0064) Social Security Number Unknown	Patient's Social Security number is unknown or not available. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0065_MEDICAID_NA	NUMBER (1.0)	N	(M0065) No Medicaid Number	Patient has no Medicaid number. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0065_MEDICAID_NBR	VARCHAR2 (14)	N	(M0065) Patient Medicaid Number	Patient's Medicaid number.	
NATL_HHA_ASMT_TMPL T_VW	M0066_PAT_BIRTH_DT	DATE (8)	N	(M0066) Patient Birth Date	Patient's birth date. If only the year (YYYY) was submitted, the month is defaulted to 06 and	
NATL_HHA_ASMT_TMPL T_VW	M0069_PAT_GENDER	NUMBER (1.0)	N	(M0069) Gender	Patient's gender. 1 = Male, 2 = Female.	HHA_GENDER
NATL_HHA_ASMT_TMPL T_VW	M0072_PHYSICIAN_ID	VARCHAR2 (10)	N	M0018 (M0072) Physician NPI	This field lists the National Provider ID (NPI) for the attending physician who has signed the	
NATL_HHA_ASMT_TMPL T_VW	M0072_PHYSICIAN_UK	NUMBER (1.0)	N	M0018 (M0072) Physician NPI UK	This field indicates the National Provider ID (NPI) for the attending physician who has	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0080_ASSR_DISCIPL	VARCHAR2 (2)	N	(M0080) Discipline of Person Completing Assessment	Discipline of person completing assessment. 01 = RN, 02 = PT, 03 = SLP/ST, 04 = OT.	HHA_DISCIPLINE
NATL_HHA_ASMT_TMPL T_VW	M0090_ASMT_CPLT_DT	DATE (8)	N	(M0090) Date Assessment Completed	The date the assessment was completed.	
NATL_HHA_ASMT_TMPL T_VW	M0100_ASSMT_REASON	VARCHAR2 (2)	N	(M0100) Assessment Reason	The reason the assessment is currently being completed. 01 = Start of care - further visits	HHA_ASSMT_RSN
NATL_HHA_ASMT_TMPL T_VW	M0102_PHYSN_ORDRD_SOC ROC_DT	DATE (8)	N	M0102 Physician Ordered SOC ROC	The date the physician ordered the start of care or resumption of care for a patient.	
NATL_HHA_ASMT_TMPL T_VW	M0102_PHYSN_ORDRD_SOC ROC_DT_NA	VARCHAR2 (1)	N	M0102 Physician Ordered SOC ROC - NA	This field is checked if there is no specific start of care date ordered by the physician (or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0104_PHYSN_RFRL_DT	DATE (8)	N	M0104 Physician Date Of Referral	This field indicates the date the written orders from the physician for initiation or resumption	
NATL_HHA_ASMT_TMPL T_VW	M0110_EPSD_TIMING_CD	VARCHAR2 (2)	N	(M0110) Episode Timing	Medicare home health payment episode for which this assessment will define a case mix	
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_AI_AN	NUMBER (1.0)	N	(M0140) American Indian or Alaska Native	Race/ethnicity as identified by patient: American Indian or Alaska native. 0 = No, 1 =	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_ASIAN	NUMBER (1.0)	N	(M0140) Asian	Race/ethnicity as identified by patient: Asian. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_BLACK	NUMBER (1.0)	N	(M0140) Black or African-American	Race/ethnicity as identified by patient: Black or African-American. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_HISP	NUMBER (1.0)	N	(M0140) Hispanic or Latino	Race/ethnicity as identified by patient: Hispanic or Latino. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_NH_PI	NUMBER (1.0)	N	(M0140) Native Hawaiian or Pacific Islander	Race/ethnicity as identified by patient: Native Hawaiian or Pacific Islander. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_UK	NUMBER (1.0)	N	(M0140) Unknown Race/Ethnicity	Race/ethnicity as identified by patient: Unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0140_ETHNIC_WHITE	NUMBER (1.0)	N	(M0140) White	Race/ethnicity as identified by patient: White. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_MCAIDFFS	NUMBER (1.0)	N	(M0150) Medicaid Fee-For-Service	Current payment sources for home care: Medicaid (traditional fee-for-service). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_MCAIDHMO	NUMBER (1.0)	N	(M0150) Medicaid HMO/Managed Care	Current payment sources for home care: Medicaid (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_MCAREFFS	NUMBER (1.0)	N	(M0150) Medicare Fee-For-Service	Current payment sources for home care: Medicare (traditional fee-for-service). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_MCAREHMO	NUMBER (1.0)	N	(M0150) Medicare HMO/Managed Care	Current payment sources for home care: Medicare (HMO/managed care). 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_NONE	NUMBER (1.0)	N	(M0150) No Charge for Current Services	Current payment sources for home care: none, no charge for current services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_OTHER	NUMBER (1.0)	N	(M0150) Other Payment Source	Current payment sources for home care: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_OTH_GOV	NUMBER (1.0)	N	(M0150) Other Government	Current payment sources for home care: other government (e.g., CHAMPUS, VA, etc.). 0 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_PRIV_HMO	NUMBER (1.0)	N	(M0150) Private HMO/Managed Care	Current payment sources for home care: private HMO/managed care. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_PRIV_INS	NUMBER (1.0)	N	(M0150) Private Insurance	Current payment sources for home care: private insurance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_SELFPAY	NUMBER (1.0)	N	(M0150) Self-Pay	Current payment sources for home care: self-pay. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_TITLEPGM	NUMBER (1.0)	N	(M0150) Title Programs	Current payment sources for home care: title programs (e.g., Title III, V, or XX). 0 = No, 1 =	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_UK	NUMBER (1.0)	N	(M0150) Unknown Payment Source	Current payment sources for home care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0150_CPY_WRKCOMP	NUMBER (1.0)	N	(M0150) Workers Compensation	Current payment sources for home care: Worker's Compensation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_EXP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medical Expenses	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_FOOD	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Food	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_NONE	NUMBER (1.0)	N	(M0160) Limited Financial Factors - None	Financial factors limiting ability of patient/family to meet basic health needs: none.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_OTHR	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Other	Financial factors limiting ability of patient/family to meet basic health needs: other	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_RENT	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Rent/Utilities	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0160_LTD_FIN_SUPP	NUMBER (1.0)	N	(M0160) Limited Financial Factors - Medicine/Medical Supplies	Financial factors limiting ability of patient/family to meet basic health needs: unable	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0170_DC_HOSP_14_D	NUMBER (1.0)	N	(M0170) Hospital	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0170_DC_N_HM_14_D	NUMBER (1.0)	N	(M0170) Nursing Home	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0170_DC_OTHER	NUMBER (1.0)	N	(M0170) Other Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0170_DC_REHB_14_D	NUMBER (1.0)	N	(M0170) Rehabilitation Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0170_NONE_14_DAYS	NUMBER (1.0)	N	(M0170) Patient Not Discharged From Inpatient Facility	From which of following inpatient facilities was the patient discharged during past 14 days?	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_HSP_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Hospital	Inpatient facility admitted from during past 14 Days - hospital.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_NON_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days - NA	This field indicates the patient was not discharged from an inpatient facility during the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_ONH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other Nursing Home	Inpatient facility admitted from during past 14 days - other nursing home.	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_OTH_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Other	Inpatient facility admitted from during past 14 Days - other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_RHB_14_DA	VARCHAR2 (1)	N	(M0175) Inpatient Facility Admitted From during past 14 Days - Rehabilitation Facility	Inpatient facility admitted from during past 14 Days - rehabilitation facility.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0175_DC_SNF_14_DA	VARCHAR2 (1)	N	M1000 (M0175) Discharged Past 14 Days From SNF/TCU	This field indicates the patient was discharged from skilled nursing facility (SNF / TCU) during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0180_DSCHG_UK	VARCHAR2 (1)	N	M1005 (M0180) Most Recent Inpat Discharge Date - UK	This field indicates the most recent inpatient discharge date is unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0180_INP_DSCHG_DT	DATE (8)	N	M1005 (M0180) Most Recent Inpatient Discharge Date	This field indicates the most recent inpatient discharge date.	
NATL_HHA_ASMT_TMPL T_VW	M0190_14D_INP1_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis1 ICD Code	This field lists the inpatient diagnosis and ICD code 1 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M0190_14D_INP2_ICD	VARCHAR2 (7)	N	M1010 (M0190) Inpatient Diagnosis2 ICD Code	This field lists the inpatient diagnosis and ICD code 2 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M0200_REG_CHG_14_D	NUMBER (1.0)	N	(M0200) Medical/Treatment Regimen Change	Medical treatment regimen change within past 14 days. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M0210_CHGREG_ICD1	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis1 ICD Code	This field lists the patient's medical diagnoses and ICD code 1 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M0210_CHGREG_ICD2	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis2 ICD Code	This field lists the patient's medical diagnoses and ICD code 2 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M0210_CHGREG_ICD3	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis3 ICD Code	This field lists the patient's medical diagnoses and ICD code 3 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M0210_CHGREG_ICD4	VARCHAR2 (7)	N	M1016 (M0210) Regimen Change - Diagnosis4 ICD Code	This field lists the patient's medical diagnoses and ICD code 4 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_CATH	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Catheter	This field is checked if the patient had indwelling/suprapubic catheter prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_DISRUPT	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Disruptive Behavior	This field is checked if the patient had disruptive or socially inappropriate behavior prior to the	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_IMP_DCSN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Impaired Decision-Making	This field is checked if the patient had impaired decision-making prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_INTR_PAIN	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Intractable Pain	This field is checked if the patient had intractable pain prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_MEM_LOSS	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Memory Loss	This field is checked if the patient had memory loss to the extent that supervision was required	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_NOCHG_14D	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - NA	This field is checked if the patient had no inpatient facility discharge and no change in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_NONE	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - None Of The Above	This field is checked if the patient had none of the conditions listed prior to the inpatient stay or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_UK	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - UK	This field is checked if it is unknown if the patient had any of the conditions listed prior to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0220_PR_UR_INCON	VARCHAR2 (1)	N	M1018 (M0220) Prior Condition - Urinary Incontinence	This field is checked if the patient had urinary incontinence prior to the inpatient stay or change	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0230_PRI_DGN_ICD	VARCHAR2 (7)	N	M1020 (M0230) Primary Diagnosis ICD Code	This field lists the primary diagnosis.	
NATL_HHA_ASMT_TMPL T_VW	M0230_PRI_DGN_SEV	VARCHAR2 (2)	N	M1020 (M0230) Primary Diagnosis Severity	This field lists the severity of the primary diagnosis.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN1_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis1 ICD Code	This field lists the other diagnosis 1.	
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN1_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis1 Severity	This field lists the severity of the other diagnosis 1.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN2_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis2 ICD Code	This field lists the other diagnosis 2.	
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN2_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis2 Severity	This field lists the severity of the other diagnosis 2.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN3_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis3 ICD Code	This field lists the other diagnosis 3.	
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN3_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis3 Severity	This field lists the severity of the other diagnosis 3.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN4_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis4 ICD Code	This field lists the other diagnosis 4.	
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN4_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis4 Severity	This field lists the severity of the other diagnosis 4.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN5_ICD	VARCHAR2 (7)	N	M1022 (M0240) Other Diagnosis5 ICD Code	This field lists the other diagnosis 5.	
NATL_HHA_ASMT_TMPL T_VW	M0240_OTH_DGN5_SEV	VARCHAR2 (2)	N	M1022 (M0240) Other Diagnosis5 Severity	This field lists the severity of the other diagnosis 5.	HHA_SEVERITY_RATING
NATL_HHA_ASMT_TMPL T_VW	M0245_PMT_ICD1	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: Primary ICD	The ICD-9 Code indicating the primary payment reason.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0245_PMT_ICD2	VARCHAR2 (7)	N	(M0245) Payment Diagnosis: First Secondary ICD	The ICD-9 Code indicating the first secondary payment reason.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_A3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col3	This field lists the case mix primary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_A4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Primary ICD, Col4	This field lists the case mix primary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_B3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col3	This field lists the case mix first secondary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_B4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD1, Col4	This field lists the case mix first secondary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_C3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col3	This field lists the case mix second secondary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_C4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD2, Col4	This field lists the case mix second secondary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_D3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col3	This field lists the case mix third secondary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_D4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD3, Col4	This field lists the case mix third secondary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_E3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col3	This field lists the case mix fourth secondary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_E4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD4, Col4	This field lists the case mix fourth secondary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_F3_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col3	This field lists the case mix fifth secondary diagnosis, column 3.	
NATL_HHA_ASMT_TMPL T_VW	M0246_PMT_DGNS_ICD_F4_CD	VARCHAR2 (7)	N	M1024 (M0246) Case Mix Dx - Secndry ICD5, Col4	This field lists the case mix fifth secondary diagnosis, column 4.	
NATL_HHA_ASMT_TMPL T_VW	M0250_THH_ENT_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Enteral Nutrition	This field is checked if the patient receives enteral nutrition therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0250_THH_IV_INFUS	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - IV Infusion	This field is checked if the patient receives intravenous or infusion therapy at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0250_THH_NONE_ABV	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - None Above	This field is checked if the patient receives none of the above therapies at home.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0250_THH_PAR_NUTR	NUMBER (1.0)	N	M1030 (M0250) Therapies In Home - Parenteral Nutrition	This field is checked if the patient receives parenteral nutrition (TPN or lipids) at home.	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0260_OVRALL_PROGN	VARCHAR2 (2)	N	(M0260) Overall Prognosis	Overall prognosis: best description of patient's overall prognosis for recovery from this episode	HHA_PROGNOSIS
NATL_HHA_ASMT_TMPL T_VW	M0270_REHAB_PROGN	VARCHAR2 (2)	N	(M0270) Rehabilitive Prognosis	Rehabilitative prognosis: best description of patient's prognosis for functional status. 00 =	HHA_REHAB_PROG
NATL_HHA_ASMT_TMPL T_VW	M0280_LIFE_EXPECT	VARCHAR2 (2)	N	(M0280) Life Expectancy	Life expectancy (physician documentation is not required). 00 = Life expectancy is greater than 6	HHA_LIFE_EXP
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_ALCOHOL	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Alcohol Dependency	This field indicates if alcohol dependency is a risk factor, either present or past, likely to affect	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_DRUGS	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Drug Dependency	This field indicates if drug dependency is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_NONE	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - None Of The Above	This field indicates if none of the above is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_OBESITY	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Obesity	This field indicates if obesity is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_SMOKING	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - Smoking	This field indicates if smoking is a risk factor, either present or past, likely to affect the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0290_RSK_UK	NUMBER (1.0)	N	M1036 (M0290) High Risk Factor - UK	This field indicates if it is unknown if any of the above is a risk factor, either present or past,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0300_CURR_RESIDEN	VARCHAR2 (2)	N	(M0300) Current Residence	Current residence. 01 = Patient's owned or rented residence, 02 = Family member's	HHA_CURR_RESID
NATL_HHA_ASMT_TMPL T_VW	M0310_STR_DOORWAYS	NUMBER (1.0)	N	(M0310) Narrow or Obstructed Doorways	Structural barriers: narrow or obstructed doorways. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0310_STR_MST_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Must Be Used	Structural barriers: stairs inside which must be used by patient. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0310_STR_NONE	NUMBER (1.0)	N	(M0310) No Structural Barriers	Structural barriers: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0310_STR_OPT_ISTR	NUMBER (1.0)	N	(M0310) Stairs Inside Home Used Optionally	Structural barriers: stairs inside home which are used optionally. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0310_STR_OUTSTAIR	NUMBER (1.0)	N	(M0310) Stairs Leading Inside Home	Structural barriers: stairs leading from inside to outside house. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_APPLIANC	NUMBER (1.0)	N	(M0320) Unsafe Gas/Electric Appliance	Safety hazards: unsafe gas/electric appliance. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_COOLING	NUMBER (1.0)	N	(M0320) Inadequate Cooling	Safety hazards: inadequate cooling. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_FIRE_SAF	NUMBER (1.0)	N	(M0320) Lack of Fire Safety Devices	Safety hazards: lack of fire safety devices. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_FLOOR	NUMBER (1.0)	N	(M0320) Inadequate Floor/Roof/Windows	Safety hazards: inadequate floor, roof, or windows. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_FLOORCOV	NUMBER (1.0)	N	(M0320) Unsafe Floor Coverings	Safety hazards: unsafe floor coverings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_HAZ_MAT	NUMBER (1.0)	N	(M0320) Improperly Stored Hazardous Materials	Safety hazards: improperly stored hazardous materials. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_HEATING	NUMBER (1.0)	N	(M0320) Inadequate Heating	Safety hazards: inadequate heating. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_LIGHTING	NUMBER (1.0)	N	(M0320) Inadequate Lighting	Safety hazards: inadequate lighting. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_NONE	NUMBER (1.0)	N	(M0320) No Safety Hazards	Safety hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_OTHER	NUMBER (1.0)	N	(M0320) Other Safety Hazards	Safety hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_PAINT	NUMBER (1.0)	N	(M0320) Lead-Based Paint	Safety hazards: lead-based paint. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0320_SAF_RAILINGS	NUMBER (1.0)	N	(M0320) Inadequate Stair Railings	Safety hazards: inadequate stair railings. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_BAD_H2O	NUMBER (1.0)	N	(M0330) Contaminated Water	Sanitation hazards: contaminated water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_BUGS_ROD	NUMBER (1.0)	N	(M0330) Insects/Rodents Present	Sanitation hazards: insects/rodents present. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_COOK_FAC	NUMBER (1.0)	N	(M0330) No Cooking Facilities	Sanitation hazards: no cooking facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_FOOD_STR	NUMBER (1.0)	N	(M0330) Inadequate/Improper Food Storage	Sanitation hazards: inadequate/improper food storage. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_LIVING_A	NUMBER (1.0)	N	(M0330) Cluttered/Soiled Living Area	Sanitation hazards: cluttered/soiled living area. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_NONE	NUMBER (1.0)	N	(M0330) No Sanitation Hazards	Sanitation hazards: none. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_NO_H2O	NUMBER (1.0)	N	(M0330) No Running Water	Sanitation hazards: no running water. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_NO_TOILT	NUMBER (1.0)	N	(M0330) No Toileting Facilities	Sanitation hazards: no toileting facilities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_OTHER	NUMBER (1.0)	N	(M0330) Other Sanitation Hazards	Sanitation hazards: other (specify). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_OUT_TOIL	NUMBER (1.0)	N	(M0330) Outdoor Toileting Facilities Only	Sanitation hazards: outdoor toileting facilities only. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_REFRIGER	NUMBER (1.0)	N	(M0330) No Food Refrigeration	Sanitation hazards: no food refrigeration. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_SEW_DISP	NUMBER (1.0)	N	(M0330) Inadequate Sewage Disposal	Sanitation hazards: inadequate sewage disposal. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0330_SAN_TRASH	NUMBER (1.0)	N	(M0330) No Scheduled Trash Pickup	Sanitation hazards: no scheduled trash pickup. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_ALONE	NUMBER (1.0)	N	(M0340) Lives Alone	Patient lives alone. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_FRIEND	NUMBER (1.0)	N	(M0340) Lives With Friend	Patient lives with friend. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_OTHER	NUMBER (1.0)	N	(M0340) Lives With Other Than Above	Patient lives with other than above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_OTH_FAM	NUMBER (1.0)	N	(M0340) Lives With Other Family Member	Patient lives with other family member. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_PD_HELP	NUMBER (1.0)	N	(M0340) Lives With Paid Help	Patient lives with paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0340_LIV_SPOUSE	NUMBER (1.0)	N	(M0340) Lives With Spouse/Significant Other	Patient lives with spouse or significant other. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0350_AP_HM_RES	NUMBER (1.0)	N	(M0350) Person Residing in Home	Assisting person(s): person residing in the home (excluding paid help). 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0350_AP_NONE	NUMBER (1.0)	N	(M0350) None of the Above Assisting Persons	Assisting person(s): none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0350_AP_PD_HELP	NUMBER (1.0)	N	(M0350) Paid Help	Assisting person(s): paid help. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0350_AP_REL_FRND	NUMBER (1.0)	N	(M0350) Relatives/Friends/Neighbors Living Outside Home	Assisting person(s): relatives, friends, or neighbors living outside the home. 0 = No, 1 =	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0350_AP_UK	NUMBER (1.0)	N	(M0350) Unknown Assisting Persons	Assisting person(s): unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0360_PRI_CAREGVR	VARCHAR2 (2)	N	(M0360) Primary Caregiver	Primary caregiver taking lead responsibility. 00 = No one person, 01 = Spouse or significant	HHA_PRIM_CRGVR
NATL_HHA_ASMT_TMPL T_VW	M0370_FREQ_PRM_AST	VARCHAR2 (2)	N	(M0370) Frequency Patient Receives Assistance	How often does patient receive assistance from primary caregiver. 01 = Several times during	HHA_FREQ_ASSIST
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_ADL	VARCHAR2 (1)	N	(M0380) ADL Assistance	Type of primary caregiver assistance: ADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_ENVIRON	VARCHAR2 (1)	N	(M0380) Environmental Support	Type of primary caregiver assistance: environmental support. 0 = No, 1 = Yes, Space	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_FIN_LEGAL	VARCHAR2 (1)	N	(M0380) Financial Agent/Power of Attorney/Conservator of Finance	Type of primary caregiver assistance: financial agent, power of attorney, or conservator of	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_HLTH_CARE	VARCHAR2 (1)	N	(M0380) Health Care Agent/Conservator of Person/Power of Attorney	Type of primary caregiver assistance: health care agent, conservator of person, medical	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_IADL	VARCHAR2 (1)	N	(M0380) IADL Assistance	Type of Primary Caregiver Assistance: IADL assistance. 0 = No, 1 = Yes, Space = M0350	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_MEDICAL	VARCHAR2 (1)	N	(M0380) Advocates Participation in Medical Care	Type of primary caregiver assistance: advocates or facilitates patient's participation in	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_PSYCHSOC	VARCHAR2 (1)	N	(M0380) Psychosocial Support	Type of primary caregiver assistance: psychosocial support. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0380_CA_UK	VARCHAR2 (1)	N	(M0380) Unknown Primary Caregiver Assistance	Type of primary caregiver assistance: unknown. 0 = No, 1 = Yes, Space = M0350 None= 1 or	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0390_VISION	VARCHAR2 (2)	N	M1200 (M0390) Vision	This field indicates the patient's vision status.	HHA_VISION
NATL_HHA_ASMT_TMPL T_VW	M0400_HEARING	VARCHAR2 (2)	N	(M0400) Hearing	Hearing and ability to understand spoken language in patient's own language. 00 = No	HHA_HEARING
NATL_HHA_ASMT_TMPL T_VW	M0410_SPEECH	VARCHAR2 (2)	N	M1230 (M0410) Speech And Oral Expression	This field indicates the patient's speech and oral (verbal) expression of language in the patient's	HHA_SPEECH
NATL_HHA_ASMT_TMPL T_VW	M0420_FREQ_PAIN	VARCHAR2 (2)	N	(M0420) Frequency of Pain	Frequency of pain interfering with patient's activity or movement. 00 = No pain, 01 = Less	HHA_FREQ_PAIN
NATL_HHA_ASMT_TMPL T_VW	M0430_INTRACT_PAIN	NUMBER (1.0)	N	(M0430) Intractable Pain	Intractable pain. 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M0440_LES_OPEN_WND	NUMBER (1.0)	N	(M0440) Skin Lesion/Open Wound	Does patient have skin lesion or open wound? 0 = No, 1 = Yes.	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M0445_PRESS_ULCER	VARCHAR2 (1)	N	(M0445) Pressure Ulcer	Does patient have pressure ulcer? 0 = No, 1 = Yes, Space = M0440 = No.	HHA_YES_NO_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0450_NBR_PRU_STG1	VARCHAR2 (2)	N	M1322 (M0450) Current Number Of Stage I Pressure Ulcers	This field indicates the current number of stage I pressure ulcers.	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0450_NBR_PRU_STG2	VARCHAR2 (2)	N	(M0450) Number Stage 2 Pressure Ulcers	Number of pressure ulcers, stage 2. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0450_NBR_PRU_STG3	VARCHAR2 (2)	N	(M0450) Number Stage 3 Pressure Ulcers	Number of pressure ulcers, stage 3. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0450_NBR_PRU_STG4	VARCHAR2 (2)	N	(M0450) Number Stage 4 Pressure Ulcers	Number of pressure ulcers, stage 4. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 = Four or	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0450_UNOBS_PRSULC	VARCHAR2 (1)	N	(M0450) Unobservable Pressure Ulcer	In addition to above, is there at least one pressure ulcer that cannot be observed due to	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M0460_STG_PRBL_PRU	VARCHAR2 (2)	N	M1324 (M0460) Stage Of Most Problematic Pressure Ulcer	This field indicates the stage of the most problematic unhealed (observable) pressure	HHA_STAG_ULCER
NATL_HHA_ASMT_TMPL T_VW	M0464_STA_PRBL_PRU	VARCHAR2 (2)	N	(M0464) Status of Most Problematic Pressure Ulcer	Status of most problematic pressure ulcer. 01 = Fully granulating, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT_TMPL T_VW	M0468_STASIS_ULCER	VARCHAR2 (1)	N	(M0468) Stasis Ulcer	Does patient have stasis ulcer? 0 = No, 1 = Yes, Space = M0440 no.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0470_NBR_STAS_ULC	VARCHAR2 (2)	N	(M0470) Number Stasis Ulcers	Current number of observable stasis ulcers. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04 =	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0474_UNOBS_STAULC	VARCHAR2 (1)	N	(M0474) Unobservable Stasis Ulcer	Does patient have at least one stasis ulcer that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0476_STA_PRB_STAU	VARCHAR2 (2)	N	(M0476) Status of Most Problematic Stasis Ulcer	Status of most problematic stasis ulcer. 01 = Fully granulated, 02 = Early/partial granulation,	HHA_STAT_ULCER
NATL_HHA_ASMT_TMPL T_VW	M0482_SURG_WOUND	VARCHAR2 (1)	N	(M0482) Surgical Wound	Does patient have a surgical wound? 0 = No, 1 = Yes, Space = M0440 No.	HHA_YES_NO_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0484_NBR_SURGWND	VARCHAR2 (2)	N	(M0484) Number Surgical Wounds	Current number of observable surgical wounds. 00 = Zero, 01 = One, 02 = Two, 03 = Three, 04	HHA_ZERO_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M0486_UNOBS_SRGWND	VARCHAR2 (1)	N	(M0486) Unobservable Surgical Wound	Does patient have at least one surgical wound that cannot be observed due to nonremovable	HHA_YES_NO_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0488_STA_PRB_SWND	VARCHAR2 (2)	N	(M0488) Status of Most Problematic Surgical Wound	Status of most problematic (observable) surgical wound. 01 = Fully granulating, 02 =	HHA_STAT_ULCER
NATL_HHA_ASMT_TMPL T_VW	M0490_WHEN_DYSPNIC	VARCHAR2 (2)	N	M1400 (M0490) When Is Patient Dyspneic	This field indicates when the patient is dyspneic or noticeably short of breath.	HHA_DYSPNEIC
NATL_HHA_ASMT_TMPL T_VW	M0500_RESPTX_AIRPR	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Airway Press	This field indicates if the respiratory treatment utilized at home is continuous / bi-level positive	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0500_RESPTX_NONE	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - None	This field indicates if the respiratory treatment utilized at home is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0500_RESPTX_OXYGN	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Oxygen	This field indicates if the respiratory treatment utilized at home is oxygen (intermittent or	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0500_RESPTX_VENT	NUMBER (1.0)	N	M1410 (M0500) Resprtry Treat At Home - Ventilator	This field indicates if the respiratory treatment utilized at home is a ventilator (continually or at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0510_UTI	VARCHAR2 (2)	N	M1600 (M0510) Patient Treated For UTI Last 14 Days	This field indicates whether the patient has been treated for a urinary tract infection in the past 14	HHA_UTI
NATL_HHA_ASMT_TMPL T_VW	M0520_UR_INCONT	VARCHAR2 (2)	N	M1610 (M0520) Urinary Incontinence Or Catheter Presence	This field indicates whether the patient has urinary incontinence or urinary catheter	HHA_UR_INCONT
NATL_HHA_ASMT_TMPL T_VW	M0530_UR_INCONT_OC	VARCHAR2 (2)	N	(M0530) When Urinary Incontinence Occurs	When urinary incontinence occurs. 00 = Timed voiding defers incontinence, 01 = During the	HHA_URINCONT_OCCURS
NATL_HHA_ASMT_TMPL T_VW	M0540_BWL_INCONT	VARCHAR2 (2)	N	M1620 (M0540) Bowel Incontinence Frequency	This field indicates the frequency of bowel incontinence.	HHA_BWL_INCONT
NATL_HHA_ASMT_TMPL T_VW	M0550_OSTOMY	VARCHAR2 (2)	N	M1630 (M0550) Ostomy For Bowel Elimination	This field indicates whether the patient has an ostomy for bowel elimination that was related to	HHA_OSTOMY
NATL_HHA_ASMT_TMPL T_VW	M0560_COG_FUNCTION	VARCHAR2 (2)	N	M1700 (M0560) Cognitive Functioning	This field indicates the patient's current level of cognitive functioning.	HHA_COG_FUNCTION
NATL_HHA_ASMT_TMPL T_VW	M0570_WHEN_CONFUSD	VARCHAR2 (2)	N	M1710 (M0570) When Confused	This field indicates when the patient is confused.	HHA_WHEN_CONFUSED
NATL_HHA_ASMT_TMPL T_VW	M0580_WHEN_ANXIOUS	VARCHAR2 (2)	N	M1720 (M0580) When Anxious	This field indicates when the patient is anxious.	HHA_WHEN_ANXIOUS
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_DEATH	NUMBER (1.0)	N	(M0590) Recurrent Thoughts of Death	Depressive feelings: recurrent thoughts of death. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_HOPELESS	NUMBER (1.0)	N	(M0590) Hopelessness	Depressive feelings: hopelessness. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_MOOD	NUMBER (1.0)	N	(M0590) Depressed Mood	Depressive feelings: depressed mood. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_NONE	NUMBER (1.0)	N	(M0590) None of the Above Depressive Feelings	Depressive feelings: none of the above. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_SENS_FAIL	NUMBER (1.0)	N	(M0590) Sense of Failure/Self Reproach	Depressive feelings: sense of failure or self reproach. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0590_DP_SUICIDE	NUMBER (1.0)	N	(M0590) Thoughts of Suicide	Depressive feelings: thoughts of suicide. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_AGITAT	NUMBER (1.0)	N	(M0600) Agitation	Patient behaviors: agitation. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_APPWT_C	NUMBER (1.0)	N	(M0600) Recent Change in Appetite or Weight	Patient behaviors: recent change in appetite or weight. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_DIM_INT	NUMBER (1.0)	N	(M0600) Diminished Interest in Most Activities	Patient behaviors: diminished interest in most activities. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_INDECIS	NUMBER (1.0)	N	(M0600) Indecisiveness, Lack of Concentration	Patient behaviors: indecisiveness, lack of concentration. 0 = No, 1 = Yes	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_NONE	NUMBER (1.0)	N	(M0600) None of the Above Behaviors Observed	Patient behaviors: None of the above behaviors. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_SLEEP_D	NUMBER (1.0)	N	(M0600) Sleep Disturbances	Patient behaviors: sleep disturbances. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0600_BEH_SUICIDE	NUMBER (1.0)	N	(M0600) A Suicide Attempt	Patient behaviors: a suicide attempt. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_DELUSIONS	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Delusional	This field indicates delusional, hallucinatory, or paranoid behavior has been demonstrated at	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_IMP_DCSN	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Impaired Decision	This field indicates impaired decision-making has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_MEM_DFICT	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Memory Deficit	This field indicates memory deficit has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_NONE	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - None Of The Above	This field indicates no cognitive, behavioral, or psychiatric symptoms have been demonstrated.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_PHYSICAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Physical Aggression	This field indicates physical aggression has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_SOC_INAPP	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Socially Inapp	This field indicates socially inappropriate behavior has been demonstrated at least once a	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0610_BD_VERBAL	NUMBER (1.0)	N	M1740 (M0610) Cog/Behavr/Psych Symp - Verbal Disruption	This field indicates verbal disruption has been demonstrated at least once a week.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0620_BEH_PROB_FRQ	VARCHAR2 (2)	N	M1745 (M0620) Frequency Of Disruptive Behavior Symptoms	This field indicates the frequency of disruptive behavior symptoms.	HHA_BEHPROB_FREQ

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0630_REC_PSYCH	NUMBER (1.0)	N	M1750 (M0630) Receives Psych Nursing Services	This field indicates whether the patient is receiving psychiatric nursing services at home	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M0640_CU_GROOMING	VARCHAR2 (2)	N	M1800 (M0640) Current Grooming	This field indicates the patient's current ability to tend safely to personal hygiene needs.	HHA_GROOMING
NATL_HHA_ASMT_TMPL T_VW	M0640_PR_GROOMING	VARCHAR2 (2)	N	(M0640) Prior Grooming	Prior grooming ability to tend to personal hygiene needs. 00 = Able to groom self unaided,	HHA_GROOMING
NATL_HHA_ASMT_TMPL T_VW	M0650_CU_DRESS_UPR	VARCHAR2 (2)	N	M1810 (M0650) Current Dress Upper	This field indicates the patient's current ability to dress the upper body safely.	HHA_DRS_UPPER
NATL_HHA_ASMT_TMPL T_VW	M0650_PR_DRESS_UPR	VARCHAR2 (2)	N	(M0650) Prior Ability to Dress Upper Body	Prior ability to dress upper body. 00 = Able to get clothes out of closets and drawers, put them	HHA_DRS_UPPER
NATL_HHA_ASMT_TMPL T_VW	M0660_CU_DRESS_LOW	VARCHAR2 (2)	N	M1820 (M0660) Current Dress Lower	This field indicates the patient's current ability to dress the lower body safely.	HHA_DRS_LOWER
NATL_HHA_ASMT_TMPL T_VW	M0660_PR_DRESS_LOW	VARCHAR2 (2)	N	(M0660) Prior Ability to Dress Lower Body	Prior ability to dress lower body. 00 = Able to obtain, put on, and remove clothing and shoes	HHA_DRS_LOWER
NATL_HHA_ASMT_TMPL T_VW	M0670_CU_BATHING	VARCHAR2 (2)	N	(M0670) Current Bathing	Current ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT_TMPL T_VW	M0670_PR_BATHING	VARCHAR2 (2)	N	(M0670) Prior Bathing	Prior ability to wash entire body. 00 = Able to bathe self in shower or tub independently. 01 =	HHA_BATHING
NATL_HHA_ASMT_TMPL T_VW	M0680_CU_TOILETING	VARCHAR2 (2)	N	(M0680) Current Toileting	Current ability to get to and from toilet or bedside commode. 00 = Able to get to and from	HHA_TOILETING
NATL_HHA_ASMT_TMPL T_VW	M0680_PR_TOILETING	VARCHAR2 (2)	N	(M0680) Prior Toileting	Prior ability to get to and from toilet or bedside commode. 00 = Able to get to and from the	HHA_TOILETING
NATL_HHA_ASMT_TMPL T_VW	M0690_CU_TRANSFER	VARCHAR2 (2)	N	(M0690) Current Transferring	Current ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT_TMPL T_VW	M0690_PR_TRANSFER	VARCHAR2 (2)	N	(M0690) Prior Transferring	Prior ability to transfer. 00 = Able to independently transfer, 01 = Transfers with	HHA_TRANSFERRING
NATL_HHA_ASMT_TMPL T_VW	M0700_CU_AMBULATN	VARCHAR2 (2)	N	(M0700) Current Ambulation/Locomotion	Current ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_TMPL T_VW	M0700_PR_AMBULATN	VARCHAR2 (2)	N	(M0700) Prior Ambulation/Locomotion	Prior ambulation/locomotion ability. 00 = Able to independently walk on even and uneven	HHA_AMBULATION
NATL_HHA_ASMT_TMPL T_VW	M0710_CU_FEEDING	VARCHAR2 (2)	N	M1870 (M0710) Current Feeding	This field indicates the patient's current ability to feed self meals and snacks safely.	HHA_FEEDING
NATL_HHA_ASMT_TMPL T_VW	M0710_PR_FEEDING	VARCHAR2 (2)	N	(M0710) Prior Feeding/Eating	Prior ability to feed self. 00 = Able to independently feed self, 01 = Able to feed self	HHA_FEEDING

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0720_CU_PREP_MEAL	VARCHAR2 (2)	N	M1880 (M0720) Current Preparing Light Meals	This field indicates the patient's current ability to plan and prepare light meals safely.	HHA_PREP_MEALS
NATL_HHA_ASMT_TMPL T_VW	M0720_PR_PREP_MEAL	VARCHAR2 (2)	N	(M0720) Prior Preparing Light Meals	Prior ability to plan and prepare light meals. 00 = a) Able to independently plan and prepare all	HHA_PREP_MEALS
NATL_HHA_ASMT_TMPL T_VW	M0730_CU_TRANSPORT	VARCHAR2 (2)	N	(M0730) Current Transportation	Current physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_TMPL T_VW	M0730_PR_TRANSPORT	VARCHAR2 (2)	N	(M0730) Prior Transportation	Prior physical and mental ability to safely use car, taxi, public transportation. 00 = Able to	HHA_TRANSPORTATION
NATL_HHA_ASMT_TMPL T_VW	M0740_CU_LAUNDRY	VARCHAR2 (2)	N	(M0740) Current Laundry	Current ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks,	HHA_LAUNDRY
NATL_HHA_ASMT_TMPL T_VW	M0740_PR_LAUNDRY	VARCHAR2 (2)	N	(M0740) Prior Laundry	Prior ability to do own laundry. 00 = a) Able to independently take care of all laundry tasks, OR	HHA_LAUNDRY
NATL_HHA_ASMT_TMPL T_VW	M0750_CU_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Current Housekeeping	Current ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT_TMPL T_VW	M0750_PR_HOUSEKEEP	VARCHAR2 (2)	N	(M0750) Prior Housekeeping	Prior ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	HHA_HOUSEKEEP
NATL_HHA_ASMT_TMPL T_VW	M0760_CU_SHOPPING	VARCHAR2 (2)	N	(M0760) Current Shopping	Current ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_TMPL T_VW	M0760_PR_SHOPPING	VARCHAR2 (2)	N	(M0760) Prior Shopping	Prior ability to shop. 00 = a) Able to plan for shopping needs and independently perform	HHA_SHOPPING
NATL_HHA_ASMT_TMPL T_VW	M0770_CU_PHONE_USE	VARCHAR2 (2)	N	M1890 (M0770) Current Phone Use	This field indicates the patient's current ability to answer the phone safely, including dialing	HHA_PHONE_USE
NATL_HHA_ASMT_TMPL T_VW	M0770_PR_PHONE_USE	VARCHAR2 (2)	N	(M0770) Prior Ability to Use Telephone	Prior ability to use telephone. 00 = Able to dial numbers and answer calls appropriately and as	HHA_PHONE_USE
NATL_HHA_ASMT_TMPL T_VW	M0780_CU_ORAL_MED	VARCHAR2 (2)	N	(M0780) Current Management of Oral Medications	Current ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT_TMPL T_VW	M0780_PR_ORAL_MED	VARCHAR2 (2)	N	(M0780) Prior Management of Oral Medications	Prior ability to prepare and take oral medications. 00 = Able to independently take	HHA_ORAL_MEDS
NATL_HHA_ASMT_TMPL T_VW	M0790_CU_INHAL_MED	VARCHAR2 (2)	N	(M0790) Current Management of Inhalant Medications	Current ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_TMPL T_VW	M0790_PR_INHAL_MED	VARCHAR2 (2)	N	(M0790) Prior Management of Inhalant Medications	Prior ability to prepare and take inhalant/mist medications. 00 = Able to independently take	HHA_INHAL_MEDS
NATL_HHA_ASMT_TMPL T_VW	M0800_CU_INJCT_MED	VARCHAR2 (2)	N	(M0800) Current Management of Injectable Medications	Current ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0800_PR_INJCT_MED	VARCHAR2 (2)	N	(M0800) Prior Management of Injectable Medications	Prior ability to prepare and take injectable medications. 00 = Able to independently take	HHA_INJECT_MEDS
NATL_HHA_ASMT_TMPL T_VW	M0810_PAT_MGMT_EQP	VARCHAR2 (2)	N	(M0810) Patient Management of Equipment	Patient management of equipment. 00 = Patient manages all tasks related to equipment	HHA_PAT_EQUIP
NATL_HHA_ASMT_TMPL T_VW	M0820_CG_MGMT_EQP	VARCHAR2 (2)	N	(M0820) Caregiver Management of Equipment	Caregiver management of equipment. 00 = Caregiver manages all tasks related to	HHA_CG_EQUIP
NATL_HHA_ASMT_TMPL T_VW	M0825_THERAPY_NEED	VARCHAR2 (2)	N	(M0825) Therapy Need	(M0825) Therapy need. 00 = No, 01 = Yes, NA = Not applicable.	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M0826_THRPY_NEED_NA_N UM	NUMBER (1.0)	N	M2200 (M0826) Therapy Need - NA	This field indicates therapy need is not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0826_THRPY_NEED_NUM	NUMBER (3.0)	N	M2200 (M0826) Therapy Need - Number Of Visits	This field indicates the need for therapy visits (total of reasonable and necessary physical,	
NATL_HHA_ASMT_TMPL T_VW	M0830_EC_EMER_ROOM	NUMBER (1.0)	N	(M0830) Hospital Emergency Room	Emergent care: hospital emergency room. 00 = No, 01 = Yes, NA = Not applicable.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0830_EC_MD_OFF	NUMBER (1.0)	N	(M0830) Doctors Office Emergency Visit	Emergent care: doctor's office emergency visit/house call. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0830_EC_NONE	NUMBER (1.0)	N	(M0830) No Emergent Care Services	Emergent care: no emergent care services. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0830_EC_OUTPAT	NUMBER (1.0)	N	(M0830) Outpatient Department Emergency	Emergent care: outpatient department/clinic emergency. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0830_EC_UK	NUMBER (1.0)	N	(M0830) Unknown Emergent Care	Emergent care: unknown. 0 = No, 1 = Yes.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_CARDIAC	VARCHAR2 (1)	N	(M0840) Cardiac Problems	Emergent care reason: cardiac problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_GI_BLEED	VARCHAR2 (1)	N	(M0840) GI Bleeding, Obstruction	Emergent care reason: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_HYPOGLYIC	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - Hypo/Hyperglycemia	This field indicates that the reason the patient received emergent care was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_INJURY	VARCHAR2 (1)	N	(M0840) Injury Caused by Fall/Accident	Emergent care reason: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_MEDICAT	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care - Improper Medication Administration	This field indicates that the reason the patient received emergent care was due to improper	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_NAUSEA	VARCHAR2 (1)	N	(M0840)	Emergent care reason: nausea, dehydration, Nausea/Dehydration/Malnutrition malnutrition, constipation, impaction. 0 = No, 1 /Constipation/Impaction	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_OTHER	VARCHAR2 (1)	N	(M0840) Other than Above Reasons for Emergent Care	Emergent care reason: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_RESP	VARCHAR2 (1)	N	(M0840) Respiratory Problems	Emergent care reason: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_UK	VARCHAR2 (1)	N	M2310 (M0840) Emergent Care Reason Unknown	This field indicates that the reason the patient received emergent care was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0840_ECR_WOUND	VARCHAR2 (1)	N	(M0840) Wound Infection	Emergent care reason: wound infection, deteriorating wound status, new lesion/ulcer. 0 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0855_INPAT_FAC	VARCHAR2 (2)	N	M2410 (M0855) Inpatient Facility Admitted	This field indicates to which inpatient facility the patient was admitted.	HHA_INPAT_FAC
NATL_HHA_ASMT_TMPL T_VW	M0870_DSCHG_DISP	VARCHAR2 (2)	N	(M0870) Discharge Disposition	Where the patient is after discharge. 01 = Patient remained in the community, 02 = Patient	HHA_DSCHG_DISP
NATL_HHA_ASMT_TMPL T_VW	M0880_AFDC_FAM_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided by Family/Friends	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0880_AFDC_NO_AST	VARCHAR2 (1)	N	(M0880) No Assistance/Services Received	After discharge, does patient receive health, personal, or support services or assistance: no	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0880_AFDC_OTH_AST	VARCHAR2 (1)	N	(M0880) Assistance/Services Provided By Community Resources	After discharge, does patient receive health, personal, or support services or assistance: yes,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0890_HOSP_RSN	VARCHAR2 (2)	N	(M0890) Reason Admitted to Hospital	Reason admitted to acute care hospital. 01 = Hospitalization for emergent, 02 =	HHA_HOSP_RSN
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_CF_FLDS	VARCHAR2 (1)	N	(M0895) Exacerbation of CHF/Fluid Overload/Heart Failure	Reason for hospitalization: exacerbation of CHF, fluid overload, heart failure. 0 = No, 1 =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_CHEMO	VARCHAR2 (1)	N	(M0895) Chemotherapy	Reason for hospitalization: chemotherapy. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_GI_BLD	VARCHAR2 (1)	N	(M0895) GI Bleeding, Obstruction	Reason for hospitalization: GI bleeding, obstruction. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_INJURY	VARCHAR2 (1)	N	(M0895) Injury Caused by Fall/Accident	Reason for hospitalization: injury caused by fall or accident at home. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_IVC_INF	VARCHAR2 (1)	N	(M0895) IV Catheter-Related Infection	Reason for hospitalization: IV catheter-related infection. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_MED	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Improper Medication Administration	This field indicates the reason the patient required hospitalization was due to improper	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_OTHER	VARCHAR2 (1)	N	(M0895) Other Than Above Reason for Hospitalization	Reason for hospitalization: other than above. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_PAIN	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Uncontrolled Pain	This field indicates the reason the patient required hospitalization was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_PSYCH	VARCHAR2 (1)	N	(M0895) Psychotic Episode	Reason for hospitalization: psychotic episode. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_RESP	VARCHAR2 (1)	N	(M0895) Respiratory Problems	Reason for hospitalization: respiratory problems. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_STROKE	VARCHAR2 (1)	N	(M0895) Myocardial Infarction/Stroke	Reason for hospitalization: myocardial infarction, stroke. 0 = No, 1 = Yes, Space =	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_SURGERY	VARCHAR2 (1)	N	(M0895) Scheduled Surgical Procedure	Reason for hospitalization: scheduled surgical procedure. 0 = No, 1 = Yes, Space = Unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_UR_TRCT	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Urinary Tract Infect	This field indicates the reason the patient required hospitalization was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_VN_PULM	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - DVT Pulmonary Embolus	This field indicates the reason the patient required hospitalization was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOSP_WOUND	VARCHAR2 (1)	N	(M0895) Wound or Tube Site Infection	Reason for hospitalization: wound or tube site infection, deteriorating wound status, new	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0895_HOS_HYPOGLYC	VARCHAR2 (1)	N	M2430 (M0895) Hospital Reason - Hypo/Hyperglycemic	This field indicates the reason the patient required hospitalization was due to	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_HOSPICE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Hospice Care	This field indicates the reason the patient was admitted to a nursing home was for hospice	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_OTHER	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Other	This field indicates the reason the patient was admitted to a nursing home was for other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_PERMANENT	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Permanent Placement	This field indicates the reason the patient was admitted to a nursing home was for permanent	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_RESPITE	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Respite Care	This field indicates the reason the patient was admitted to a nursing home was for respite care.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_THERAPY	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Therapy Services	This field indicates the reason the patient was admitted to a nursing home was for therapy	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_UK	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unknown	This field indicates the reason the patient was admitted to a nursing home was for unknown	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M0900_NH_UNSAFE_HM	VARCHAR2 (1)	N	M2440 (M0900) Nursing Home Reason - Unsafe At Home	This field indicates the reason the patient was admitted to a nursing home was due to being	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M0903_LST_HM_VISIT	DATE (8)	N	(M0903) Date of Last Home Visit	Date of last home visit (most recent).	
NATL_HHA_ASMT_TMPL T_VW	M0906_DC_TR_DTH_DT	DATE (8)	N	(M0906) Discharge/Transfer/Death Date	Discharge/transfer/death date.	
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_IPPS_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IPPS	This field indicates the patient was discharged from short stay acute hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_IRF_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From IRF	This field indicates the patient was discharged from inpatient rehabilitation hospital or unit	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_LTCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTCH	This field indicates the patient was discharged from long-term care hospital during the past 14	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_LTC_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From LTC	This field indicates the patient was discharged from long-term nursing facility during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_OTH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Other	This field indicates the patient was discharged from somewhere other than listed above during	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1000_DC_PSYCH_14_DA	VARCHAR2 (1)	N	M1000 Discharged Past 14 Days From Psychiatric Hospital Or Unit	This field indicates the patient was discharged from psychiatric hospital or unit during the past	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1010_14_DAY_INP3_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis3 ICD Code	This field lists the inpatient diagnosis and ICD code 3 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M1010_14_DAY_INP4_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis4 ICD Code	This field lists the inpatient diagnosis and ICD code 4 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M1010_14_DAY_INP5_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis5 ICD Code	This field lists the inpatient diagnosis and ICD code 5 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M1010_14_DAY_INP6_ICD	VARCHAR2 (7)	N	M1010 Inpatient Diagnosis6 ICD Code	This field lists the inpatient diagnosis and ICD code 6 for conditions treated during an inpatient	
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_NA_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - NA	This field is checked if the inpatient procedure and associated ICD code is unknown for the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_PRCDR1_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure1 Code	This field lists the inpatient ICD and procedure 1 relevant to the plan of care.	
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_PRCDR2_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure2 Code	This field lists the inpatient ICD and procedure 2 relevant to the plan of care.	
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_PRCDR3_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure3 Code	This field lists the inpatient ICD and procedure 3 relevant to the plan of care.	
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_PRCDR4_ICD	VARCHAR2 (7)	N	M1012 Inpatient ICD Procedure4 Code	This field lists the inpatient ICD and procedure 4 relevant to the plan of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M1012_INP_UK_ICD	VARCHAR2 (1)	N	M1012 Inpatient ICD Procedure Code - UK	This field is checked if there is no inpatient procedure and associated ICD code for the plan	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1016_CHGREG_ICD5	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis5 ICD Code	This field lists the patient's medical diagnoses and ICD code 5 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M1016_CHGREG_ICD6	VARCHAR2 (7)	N	M1016 Regimen Change - Diagnosis6 ICD Code	This field lists patient's medical diagnoses and ICD code 6 for those conditions requiring	
NATL_HHA_ASMT_TMPL T_VW	M1016_CHGREG_ICD_NA	VARCHAR2 (1)	N	M1016 Regimen Change In Past 14 Days - NA	This field is checked if there have been no medical or treatment regimen changes within the	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_5PLUS_M DCTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Taking 5 Or More Meds	This field is checked if the patient is at risk for hospitalization due to taking 5 or more	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_FRAILTY	VARCHAR2 (1)	N	M1032 Risk For Hosp - Frailty Indicators	This field is checked if the patient is at risk for hospitalization due to frailty indicators.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_HSTRY_F ALLS	VARCHAR2 (1)	N	M1032 Risk For Hosp - History Of Falls	This field is checked if the patient is at risk for hospitalization due to history of falls.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_MLTPL_ HOSPZTN	VARCHAR2 (1)	N	M1032 Risk For Hosp - More Than 1 Hospital In 12 Mo	This field is checked if the patient is at risk for hospitalization due to multiple hospitalizations	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_NONE_A BOVE	VARCHAR2 (1)	N	M1032 Risk For Hosp - None Of The Above	This field is checked if the patient is at risk for hospitalization is none of the above.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_OTHR	VARCHAR2 (1)	N	M1032 Risk For Hospitalization - Other	This field is checked if the patient is at risk for hospitalization is other.	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1032_HOSP_RISK_RCNT_D CLN	VARCHAR2 (1)	N	M1032 Risk For Hosp - Decline In Mental, Emotional, Behavioral	This field is checked if the patient is at risk for hospitalization due to recent decline in mental,	HHA_CHECK_UNCHECK
NATL_HHA_ASMT_TMPL T_VW	M1034_PTNT_OVRAL_STUS	VARCHAR2 (2)	N	M1034 Overall Status	This field describes the patient's overall status.	HHA_PTNT_OVRAL_STUS
NATL_HHA_ASMT_TMPL T_VW	M1040_INFLNZ_RCVD_AGNC Y	VARCHAR2 (2)	N	M1040 Influenza Vaccine Received In Agency	This field indicates if the patient received the influenza vaccine during this episode of care in	HHA_INFLNZ_VCCN
NATL_HHA_ASMT_TMPL T_VW	M1045_INFLNZ_RSN_NOT_R CVD	VARCHAR2 (2)	N	M1045 Influenza Vaccine - Reason Not Received	This field indicates the reason why the influenza vaccine was not received from the agency	HHA_RSN_FLU_VCCN_NOT_R CVD
NATL_HHA_ASMT_TMPL T_VW	M1050_PPV_RCVD_AGNCY	VARCHAR2 (1)	N	M1050 Pneumococcal Vaccine (PPV) Received In Agency	This field indicates if the patient received the PPV during this episode of care in agency.	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M1055_PPV_RSN_NOT_RCVD _AGNCY	VARCHAR2 (2)	N	M1055 Pneumococcal Vaccine (PPV) - Reason Not Received	This field indicates the reason why the PPV was not received from the agency during this episode	HHA_RSN_PPV_NOT_RCVD
NATL_HHA_ASMT_TMPL T_VW	M1100_PTNT_LVG_STUTN	VARCHAR2 (2)	N	M1100 Patient Living Situation	This field indicates the best description of the patient's residential circumstance and	HHA_PTNT_LVG_ARRANG

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M1210_HEARG_ABLTY	VARCHAR2 (2)	N	M1210 Ability To Hear	This field indicates the patient's ability to hear.	HHA_ABLTY_TO_HEAR
NATL_HHA_ASMT_TMPL T_VW	M1220_UNDRSTG_VERBAL_ CNTNT	VARCHAR2 (2)	N	M1220 Understanding Of Verbal Content	This field indicates the patient's understanding of verbal content in the patient's own language.	HHA_VRBL_UNDRSTG
NATL_HHA_ASMT_TMPL T_VW	M1240_FRML_PAIN_ASMT	VARCHAR2 (2)	N	M1240 Formal Pain Assessment	This field indicates if the patient had a formal Pain Assessment using a standardized pain	HHA_PAIN_ASMT
NATL_HHA_ASMT_TMPL T_VW	M1242_PAIN_FREQ_ACTVTY _MVMT	VARCHAR2 (2)	N	M1242 Frequency Of Pain Interfering With Activity	This field indicates the frequency of pain interfering with patient's activity or movement.	HHA_PAIN_FREQ
NATL_HHA_ASMT_TMPL T_VW	M1300_PRSR_ULCR_RISK_AS MT	VARCHAR2 (2)	N	M1300 Pressure Ulcer Assessment	This field indicates whether the patient was assessed for the risk of developing pressure	HHA_PU_ASMT
NATL_HHA_ASMT_TMPL T_VW	M1302_RISK_OF_PRSR_ULCR	VARCHAR2 (1)	N	M1302 Risk Of Developing Pressure Ulcers	This field indicates whether the patient has a risk of developing pressure ulcers.	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M1306_UNHLD_STG2_PRSR_ ULCR	VARCHAR2 (1)	N	M1306 Unhealed Pressure Ulcer at Least Stage II	This field indicates whether the patient has at least one unhealed pressure ulcer at stage II or	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M1307_OLDST_STG2_AT_DS CHRG	VARCHAR2 (2)	N	M1307 Status Oldest Stg 2 Pressure Ulcer At Discharge	This field identifies the status of the oldest unhealed stage II pressure ulcer at the time of	HHA_STAT_OLDST_STG2
NATL_HHA_ASMT_TMPL T_VW	M1307_OLDST_STG2_ONST_ DT	DATE (8)	N	M1307 Oldest Stage II Onset Date	This field indicates the date of onset of the oldest unhealed stage II pressure ulcer identified	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_PRSULC_STG2	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II	This field indicates the current number of unhealed pressure ulcers at stage II (enter 0 if	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_PRSULC_STG3	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III	This field indicates the current number of unhealed pressure ulcers at stage III (enter 0 if	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_PRSULC_STG4	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV	This field indicates the current number of unhealed pressure ulcers at stage IV (enter 0 if	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_STG2_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage II At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage II that were	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_STG3_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage III At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage III that were	
NATL_HHA_ASMT_TMPL T_VW	M1308_NBR_STG4_AT_SOC_ ROC	VARCHAR2 (2)	N	M1308 Number Of Pressure Ulcers - Stage IV At SOC ROC	This field indicates the current number of unhealed pressure ulcers at stage IV that were	
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_CVRG	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage By Slough/Eschar	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_CVRG_SOC_RO C	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Coverage Slough @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_DEEP_TISUE	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_DEEP_TISUE_S OC_ROC	VARCHAR2 (2)	N	M1308 Number Unstageble Pressure Ulcers D/T Deep Tissue Injury @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to	
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_DRSG	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Due To Non-Rmvble Dsg	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_TMPL T_VW	M1308_NSTG_DRSG_SOC_RO C	VARCHAR2 (2)	N	M1308 Number Of Unstageble Pressure Ulcers Non-Rmvble Dsg @ SOC ROC	This field indicates the current number of unstageable unhealed pressure ulcers due to non-	
NATL_HHA_ASMT_TMPL T_VW	M1310_PRSR_ULCR_LNGTH	VARCHAR2 (4)	N	M1310 Largest Pressure Ulcer Length	This field records the longest length (in centimeters) "head-to-toe" of the Stage III or IV	
NATL_HHA_ASMT_TMPL T_VW	M1312_PRSR_ULCR_WDTH	VARCHAR2 (4)	N	M1312 Largest Pressure Ulcer Width	This field records the width of the same pressure ulcer; greatest width perpendicular to the length.	
NATL_HHA_ASMT_TMPL T_VW	M1314_PRSR_ULCR_DEPTH	VARCHAR2 (4)	N	M1314 Largest Pressure Ulcer Depth	This field records the depth of the same pressure ulcer; from the visible surface to the deepest	
NATL_HHA_ASMT_TMPL T_VW	M1320_STUS_PRBLM_PRSR_ULCR	VARCHAR2 (2)	N	M1320 Status Of Most Problematic Pressure Ulcer	This field indicates the status of the most problematic (observable) pressure ulcer.	HHA_PRSR_ULCR_STUS
NATL_HHA_ASMT_TMPL T_VW	M1330_STAS_ULCR_PRSENT	VARCHAR2 (2)	N	M1330 Stasis Ulcer Present	This field indicates whether the patient has a stasis ulcer.	HHA_STAS_ULCR
NATL_HHA_ASMT_TMPL T_VW	M1332_NUM_STAS_ULCR	VARCHAR2 (2)	N	M1332 Current Number Of (Observable) Stasis Ulcers	This field indicates the current number of (observable) stasis wounds.	HHA_1_OR_MORE
NATL_HHA_ASMT_TMPL T_VW	M1334_STUS_PRBLM_STAS_ULCR	VARCHAR2 (2)	N	M1334 Status Of Most Problematic Stasis Ulcer	This field indicates the status of the most problematic (observable) stasis ulcer.	HHA_STAS_ULCR_STUS
NATL_HHA_ASMT_TMPL T_VW	M1340_SRGCL_WND_PRSENT	VARCHAR2 (2)	N	M1340 Does This Patient Have A Surgical Wound	This field indicates whether the patient has a surgical wound.	HHA_SRGCL_WND
NATL_HHA_ASMT_TMPL T_VW	M1342_STUS_PRBLM_SRGCL_WND	VARCHAR2 (2)	N	M1342 Status Of Most Problematic Surgical Wound	This field indicates the status of the most problematic (observable) surgical wound.	HHA_SRGCL_WND_STUS
NATL_HHA_ASMT_TMPL T_VW	M1350_LESION_OPEN_WND	NUMBER (1.0)	N	M1350 Skin Lesion Or Open Wound	This field indicates whether the patient has a skin lesion or open wound, excluding bowel	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M1500_SYMTM_HRT_FAILR_PTNTS	VARCHAR2 (2)	N	M1500 Symptoms In Heart Failure Patients	This field indicates, if the patient has been diagnosed with heart failure, did the patient	HHA_HRT_FAILR
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_CARE_PL AN_CHG	VARCHAR2 (1)	N	M1510 Heart Fail. Follow-Up: Change In Care Plan	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_CLNCL_I NTRVTN	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Clinical Intervention	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_ER_TRT MT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: ER Treatment Advised	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_NO_ACT N	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: No Action Taken	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_PHYSN_ CNTCT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician Contacted	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M1510_HRT_FAILR_PHYSN_ TRTMT	VARCHAR2 (1)	N	M1510 Heart Fail Follow-Up: Physician-Ordered Treatment	This field indicates, if the patient has been diagnosed with heart failure and has exhibited	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M1615_INCNTNT_TIMING	VARCHAR2 (2)	N	M1615 When Does Urinary Incontinence Occur	This field indicates when urinary incontinence occurs.	HHA_URNRY_INCONT_OCRS
NATL_HHA_ASMT_TMPL T_VW	M1730_PHQ2_DPRSN	VARCHAR2 (2)	N	M1730 PHQ2 - Feeling Down, Depressed, Or Hopeless	This field indicates how often the patient has been bothered by feeling down, depressed, or	HHA_PHQ2_DPRSN
NATL_HHA_ASMT_TMPL T_VW	M1730_PHQ2_LACK_INTRST	VARCHAR2 (2)	N	M1730 PHQ2 - Little Interest Or Pleasure In Doing Things	This field indicates how often the patient has been bothered by little interest or pleasure in	HHA_PHQ2_LTL_INTRST
NATL_HHA_ASMT_TMPL T_VW	M1730_STDZ_DPRSN_SCRNG	VARCHAR2 (2)	N	M1730 Depression Screening	This field indicates if the patient has been screened for depression using a standardized	HHA_DPRSN_SCRN
NATL_HHA_ASMT_TMPL T_VW	M1830_CRNT_BATHG	VARCHAR2 (2)	N	M1830 Current Bathing	This field indicates the patient's current ability to wash entire body safely.	HHA_BATHG_V3
NATL_HHA_ASMT_TMPL T_VW	M1840_CUR_TOILTG	VARCHAR2 (2)	N	M1840 Toilet Transferring	This field indicates the patient's current ability to get to and from toilet or bedside commode	HHA_TOILTG_TRNSFR
NATL_HHA_ASMT_TMPL T_VW	M1845_CUR_TOILTG_HYGN	VARCHAR2 (2)	N	M1845 Current Toileting Hygiene	This field indicates the patient's current ability to maintain perineal hygiene safely.	HHA_TOILTG_HYGN
NATL_HHA_ASMT_TMPL T_VW	M1850_CUR_TRNSFRNG	VARCHAR2 (2)	N	M1850 Transferring	This field indicates the patient's current ability to move safely from bed to chair, or ability to turn	HHA_CURR_TRNSFR
NATL_HHA_ASMT_TMPL T_VW	M1860_CRNT_AMBLTN	VARCHAR2 (2)	N	M1860 Ambulation/Locomotion	This field indicates the patient's current ability to walk safely, once in a standing position, or use a	HHA_AMBLTN_V3
NATL_HHA_ASMT_TMPL T_VW	M1900_PRIOR_ADLIADL_AM BLTN	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Ambulation	This field indicates the patient's usual ability with the everyday activity of ambulation prior to	HHA_ADL_IADL
NATL_HHA_ASMT_TMPL T_VW	M1900_PRIOR_ADLIADL_HS EHOLD	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Household Tasks	This field indicates the patient's usual ability with the everyday activity of household tasks (e.	HHA_ADL_IADL
NATL_HHA_ASMT_TMPL T_VW	M1900_PRIOR_ADLIADL_SEL F	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Self Care	This field indicates the patient's usual ability with the everyday activity of self-care (e.g.	HHA_ADL_IADL

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M1900_PRIOR_ADLIADL_TR NSFR	VARCHAR2 (2)	N	M1900 Prior Functioning ADL/IADL - Transfer	This field indicates the patient's usual ability with the everyday activity of transfer prior to	HHA_ADL_IADL
NATL_HHA_ASMT_TMPL T_VW	M1910_MLT_FCTR_FALL_RIS K_ASMT	VARCHAR2 (2)	N	M1910 Multi-Factor Fall Risk Assessment	This field indicates whether the patient has had a multi-factor fall risk assessment.	HHA_FALL_RISK
NATL_HHA_ASMT_TMPL T_VW	M2000_DRUG_RGMN_RVW	VARCHAR2 (2)	N	M2000 Drug Regimen Review	This field indicates whether a complete drug regimen review was completed.	HHA_DRUG_RGMN
NATL_HHA_ASMT_TMPL T_VW	M2002_MDCTN_FLWP	VARCHAR2 (1)	N	M2002 Medication Follow-Up	This field indicates whether a physician or the physician-designee was contacted within one	HHA_YES_NO
NATL_HHA_ASMT_TMPL T_VW	M2004_MDCTN_INTRVTN	VARCHAR2 (2)	N	M2004 Medication Intervention	This field indicates if there were any clinically significant medication issues since the previous	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2010_HIGH_RISK_DRUG_E DCTN	VARCHAR2 (2)	N	M2010 Patient/Caregiver High Risk Drug Educ	This field indicates whether the patient/caregiver received instruction on special precautions for	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2015_DRUG_EDCTN_INTRV TN	VARCHAR2 (2)	N	M2015 Patient/Caregiver Drug Educ Intervention	This field indicates whether the patient/caregiver was instructed by agency staff or other health	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2020_CRNT_MGMT_ORAL_ MDCTN	VARCHAR2 (2)	N	M2020 Current Management Of Oral Medications	This field indicates the patient's current ability to prepare and take all oral medications reliably	HHA_ORAL_MEDS_V3
NATL_HHA_ASMT_TMPL T_VW	M2030_CRNT_MGMT_INJCTN _MDCTN	VARCHAR2 (2)	N	M2030 Current Management Of Injectable Meds	This field indicates the patient's current ability to prepare and take all prescribed injectable	HHA_INJECT_MEDS_V3
NATL_HHA_ASMT_TMPL T_VW	M2040_PRIOR_MGMT_INJCT N_MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Injectable Meds	This field indicates the patient's usual ability with managing injectable medications prior to	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_TMPL T_VW	M2040_PRIOR_MGMT_ORAL _MDCTN	VARCHAR2 (2)	N	M2040 Prior Medication Management - Oral Meds	This field indicates the patient's usual ability with managing oral medications prior to this	HHA_PRIOR_MED_MGMT
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_AD L	VARCHAR2 (2)	N	M2100 Care Management - ADL Assistance	This field indicates the level of caregiver ability and willingness to provide ADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_AD VCY	VARCHAR2 (2)	N	M2100 Care Management - Advocacy Or Facilitation	This field indicates the level of caregiver ability and willingness to provide advocacy or	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_EQ UIP	VARCHAR2 (2)	N	M2100 Care Management - Management Of Equipment	This field indicates the level of caregiver ability and willingness to provide management of	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_IA DL	VARCHAR2 (2)	N	M2100 Care Management - IADL Assistance	This field indicates the level of caregiver ability and willingness to provide IADL assistance.	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_MD CTN	VARCHAR2 (2)	N	M2100 Care Management - Medication Administration	This field indicates the level of caregiver ability and willingness to provide medication	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_PR CDR	VARCHAR2 (2)	N	M2100 Care Management - Medical Procedures / Treatments	This field indicates the level of caregiver ability and willingness to provide medical	HHA_ASTNC_TYPES

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M2100_CARE_TYPE_SRC_SP RVSNS	VARCHAR2 (2)	N	M2100 Care Management - Supervision And Safety	This field indicates the level of caregiver ability and willingness to provide supervision and	HHA_ASTNC_TYPES
NATL_HHA_ASMT_TMPL T_VW	M2110_ADL_IADL_ASTNC_F REQ	VARCHAR2 (2)	N	M2110 Frequency Of ADL Or IADL Assistance From Caregiver	This field indicates how often the patient receives ADL or IADL assistance from any	HHA_ADL_IADL_ASTNC
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_DBTS_F T_CARE	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Diabetic Foot Care	This field indicates whether the physician- ordered plan of care includes diabetic foot care.	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY DPRSN_ INTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Depression	This field indicates whether the physician- ordered plan of care includes depression	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_FALL_P RVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - At Risk For Falls	This field indicates whether the physician- ordered plan of care includes falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_PAIN_I NTRVTN	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pain Intervention	This field indicates whether the physician- ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_PRSULC _PRVNT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Prevention	This field indicates whether the physician- ordered plan of care includes interventions to	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_PRSULC _TRTMT	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Pressure Ulcer Moist Treatment	This field indicates whether the physician- ordered plan of care includes pressure ulcer	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2250_PLAN_SMRY_PTNT_S PECF	VARCHAR2 (2)	N	M2250 Plan Of Care Synopsis - Patient Specific	This field indicates whether the physician- ordered plan of care includes patient-specific	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2300_EMER_USE_AFTR_LA ST_ASMT	VARCHAR2 (2)	N	M2300 Emergent Care Since Last OASIS	This field indicates whether the patient has utilized a hospital emergency department since	HHA_EMRGNT_CARE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_CRDC_DSRTHM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Cardiac Dysrhythmia	This field indicates that the reason the patient received emergent care was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_CTHTR_CMPLCT N	VARCHAR2 (1)	N	M2310 Emergent Care Reason - IV Catheter Infection	This field indicates that the reason the patient received emergent care was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_DHYDRTN_MAL NTR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Dehydration, Malnutrition	This field indicates that the reason the patient received emergent care was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_DVT_PULMNRY	VARCHAR2 (1)	N	M2310 Emergent Care Reason - DVT, Pulmonary Embolus	This field indicates that the reason the patient received emergent care was due to deep vein	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_GI_PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - GI Issues	This field indicates that the reason the patient received emergent care was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_HRT_FAILR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Heart Failure	This field indicates that the reason the patient received emergent care was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_INJRY_BY_FALL	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Injury Caused By Fall	This field indicates that the reason the patient received emergent care was due to injury caused	HHA_CHK_UNCHK_SPACE

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_MENTL_BHVRL _PRBLM	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Acute Mental/Behavioral	This field indicates that the reason the patient received emergent care was due to acute	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_MI_CHST_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Myocardial Infarction	This field indicates that the reason the patient received emergent care was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_OTHER	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Than Above	This field indicates that the reason the patient received emergent care was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_OTHR_HRT_DEA SE	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Heart Disease	This field indicates that the reason the patient received emergent care was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_RSPRTRY_INF C TN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Respiratory Infection	This field indicates that the reason the patient received emergent care was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_RSPRTRY_OTHR	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Other Respiratory Problem	This field indicates that the reason the patient received emergent care was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_STROKE_TIA	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Stroke (CVA) Or TIA	This field indicates that the reason the patient received emergent care was due to stroke (CVA)	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_UNCNTLD_PAIN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Uncontrolled Pain	This field indicates that the reason the patient received emergent care was due to uncontrolled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_UTI	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Urinary Tract Infection	This field indicates that the reason the patient received emergent care was due to urinary tract	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2310_ECR_WND_INFCTN_D TRORTN	VARCHAR2 (1)	N	M2310 Emergent Care Reason - Wound Infection Or Deter	This field indicates that the reason the patient received emergent care was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_D BTS_FT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Diabetic Foot Care	This field indicates, since the previous OASIS assessment, whether the diabetic foot care plan	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_D PRSN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Depression Intervent	This field indicates, since the previous OASIS assessment, whether the depression intervention	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_F ALL_PRVNT	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Falls Prevention	This field indicates, since the previous OASIS assessment, whether the falls prevention	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_P AIN_MNTR	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Monitor And Mitigate Pain	This field indicates, since the previous OASIS assessment, whether the intervention to monitor	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_P RS_ULC_PRVN	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Prevent Pressure Ulcers	This field indicates, since the previous OASIS assessment, whether the intervention to prevent	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2400_INTRVTN_SMRY_P RS_ULC_WET	VARCHAR2 (2)	N	M2400 Intervention Synopsis - Moist Wound Treat Of Pressure Ulcer	This field indicates, since the previous OASIS assessment, whether the pressure ulcer treatment	HHA_YES_NO_NA
NATL_HHA_ASMT_TMPL T_VW	M2420_DSCHRG_DISP	VARCHAR2 (2)	N	M2420 Discharge Disposition	This field indicates where the patient is after discharge from the agency.	HHA_DSCHG_DISP_V3

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_CRDC_DSRTM	VARCHAR2 (1)	N	M2430 Hospital Reason - Cardiac Dysrhythmia	This field indicates the reason the patient required hospitalization was due to cardiac	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_CTHTR_CMPLC TN	VARCHAR2 (1)	N	M2430 Hospital Reason - IV Catheter Infection/Complication	This field indicates the reason the patient required hospitalization was due to IV catheter-	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_DHYDRTN_MA LNTR	VARCHAR2 (1)	N	M2430 Hospital Reason - Dehydration, Malnutrition	This field indicates the reason the patient required hospitalization was due to dehydration,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_GI_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - GI Issues	This field indicates the reason the patient required hospitalization was due to GI bleeding,	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_HRT_FAILR	VARCHAR2 (1)	N	M2430 Hospital Reason - Heart Failure	This field indicates the reason the patient required hospitalization was due to heart failure.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_INJRY_BY_FAL L	VARCHAR2 (1)	N	M2430 Hospital Reason - Injury Caused By Fall	This field indicates the reason the patient required hospitalization was due to injury caused	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_MENTL_BHVR L_PRBLM	VARCHAR2 (1)	N	M2430 Hospital Reason - Acute Mental/Behavioral	This field indicates the reason the patient required hospitalization was due to acute mental	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_MI_CHST_PAIN	VARCHAR2 (1)	N	M2430 Hospital Reason - Myocardial Infarction	This field indicates the reason the patient required hospitalization was due to myocardial	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_OTHER	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Than Above	This field indicates the reason the patient required hospitalization was due to other than	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_OTHR_HRT_DE ASE	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Heart Disease	This field indicates the reason the patient required hospitalization was due to other heart	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_RSPRTRY_INF CTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Respiratory Infection	This field indicates the reason the patient required hospitalization was due to respiratory	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_RSPRTRY_OTH R	VARCHAR2 (1)	N	M2430 Hospital Reason - Other Respiratory Problem	This field indicates the reason the patient required hospitalization was due to other	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_SCHLD_TRTMT	VARCHAR2 (1)	N	M2430 Hospital Reason - Scheduled Treatment Or Procedure	This field indicates the reason the patient required hospitalization was due to scheduled	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_STROKE_TIA	VARCHAR2 (1)	N	M2430 Hospital Reason - Stroke (CVA) Or TIA	This field indicates the reason the patient required hospitalization was due to stroke	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_UK	VARCHAR2 (1)	N	M2430 Hospital Reason - Reason Unknown	This field indicates the reason the patient required hospitalization was unknown.	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	M2430_HOSP_WND_INFCTN	VARCHAR2 (1)	N	M2430 Hospital Reason - Wound Infection/Deterioration	This field indicates the reason the patient required hospitalization was due to wound	HHA_CHK_UNCHK_SPACE
NATL_HHA_ASMT_TMPL T_VW	MASK_VERSION_CD	VARCHAR2 (20)	N	Masking Algorithm Version Code	Masking algorithm version code. 1) If M0150 CPAY MCARE FFS = 0 and M0150 CPAY	

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TMPL T_VW	NATL_PRVDR_ID	VARCHAR2 (10)	N	National Provider Identifier	Mandated by HIPAA as a unique provider number assigned for each health care provider to	
NATL_HHA_ASMT_TMPL T_VW	ORIG_ASMT_INT_ID	NUMBER (15.0)	N	Original Assessment Internal ID	Original version (ASMT INT ID) of this assessment where Correction Number is 00.	
NATL_HHA_ASMT_TMPL T_VW	REC_ID	CHAR (2)	N	Record ID	Record ID	
NATL_HHA_ASMT_TMPL T_VW	RES_INT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_HHA_ASMT_TMPL T_VW	RES_MATCH_CRITERIA	NUMBER (2.0)	N	Resident Matching Criteria	When a record is submitted to the state server, the resident matching algorithm determines	
NATL_HHA_ASMT_TMPL T_VW	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_ASMT_TMPL T_VW	SFT_VER	VARCHAR2 (9)	N	Software Version	This field contains the version number of the vendor software being used by the facility or the	
NATL_HHA_ASMT_TMPL T_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ASMT_TMPL T_VW	ST_CODE	VARCHAR2 (2)	N			
NATL_HHA_ASMT_TMPL T_VW	SUBMISSION_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_HHA_ASMT_TMPL T_VW	SUBM_HIPPS_CODE	VARCHAR2 (5)	N	Submitted HIPPS Code	The value of the HIPPS (Health Insurance Prospective Payment System) code submitted	
NATL_HHA_ASMT_TMPL T_VW	SUBM_HIPPS_VERSION	VARCHAR2 (5)	N	Submitted HIPPS Version	The version of the submitted HIPPS (Health Insurance Prospective Payment System) code.	
NATL_HHA_ASMT_TMPL T_VW	VCODE2	VARCHAR2 (5)	N	Version Completed Code	Layout submitted version code field which contains the version number for the data	
NATL_HHA_ASMT_TMPL T_VW	VERSION_CD	VARCHAR2 (12)	N	Version Code	Version completed code indicating the version of OASIS actually completed. For valid values,	
NATL_HHA_ASMT_TRK	EXTRACT_DATE	DATE (7)	N			
NATL_HHA_ASMT_TRK	EXTRACT_FROM_DATE	DATE (7)	N			
NATL_HHA_ASMT_TRK	EXTRACT_THRU_DATE	DATE (7)	N			
NATL_HHA_ASMT_TRK	HHA_ASMT_INT_ID	NUMBER (15.0)	N			

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ASMT_TRK	REQUEST_ID	VARCHAR2 (30)	N			
NATL_HHA_ASMT_TRK	STATE_ID	VARCHAR2 (2)	N			
NATL_HHA_ERROR_MES SAGE	MESSAGE_NUMBER	NUMBER (8.0)	Y	Message Number	The message number for the error being reported.	
NATL_HHA_ERROR_MES SAGE	MESSAGE_TEXT	VARCHAR2 (400)	N	Message Text	The message text associated with the error.	
NATL_HHA_ERROR_MES SAGE	MESSAGE_TYPE	VARCHAR2 (30)	N	Message Type	The error type.	
NATL_HHA_ERR_SUMMA RY	FACILITY_INTERNAL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
NATL_HHA_ERR_SUMMA RY	FIELD_IN_ERROR	VARCHAR2 (200)	Y	Field In Error	The field in which the error occurred.	
NATL_HHA_ERR_SUMMA RY	MESSAGE_NUMBER	NUMBER (10.0)	Y	Message Number	The message number for the error being reported.	
NATL_HHA_ERR_SUMMA RY	NUMBER_OF_ERRORS	NUMBER (10.0)	N	Number Of Errors	The number of errors.	
NATL_HHA_ERR_SUMMA RY	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	
NATL_HHA_ERR_SUMMA RY	SUBMIT_DATE	DATE (8)	Y	Submission Date	The date the submission was received by the system.	
NATL_HHA_ERR_SUMMA RY_VW	FACILITY_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	The CMS facility internal identifier that is unique within a state.	
NATL_HHA_ERR_SUMMA RY_VW	FIELD_IN_ERROR	VARCHAR2 (200)	N	Field In Error	The field in which the error occurred.	
NATL_HHA_ERR_SUMMA RY_VW	MESSAGE_NUMBER	NUMBER (10.0)	N	Message Number	The message number for the error being reported.	
NATL_HHA_ERR_SUMMA RY_VW	NUMBER_OF_ERRORS	NUMBER (10.0)	N	Number Of Errors	The number of errors.	
NATL_HHA_ERR_SUMMA RY_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_HHA_ERR_SUMMA RY_VW	SUBMIT_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_FAC_SUBMS N_SMRY	ACPTD_REC_CNT	NUMBER (9.0)	N	Accepted Record Count	This field contains a count for the number of accepted records over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_01_CNT	NUMBER (9.0)	N	Start of Care - Further Visits Count	This field contains a count for the number of 'Start of Care - Further Visits' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_02_CNT	NUMBER (9.0)	N	Start of Care - No Further Visits Count	This field contains a count for the number of 'Start of Care - No Further Visits' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_03_CNT	NUMBER (9.0)	N	Resumption of Care after IP Stay Count	This field contains a count for the number of 'Resumption of Care after IP Stay' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_04_CNT	NUMBER (9.0)	N	Recertification Follow-ups Count	This field contains a count for the number of 'Recertification Follow-ups' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_05_CNT	NUMBER (9.0)	N	Other Follow-ups Count	This field contains a count for the number of 'Other Follow-ups' reason for assessments over a	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_06_CNT	NUMBER (9.0)	N	Transfer to I/P -- No Discharge Count	This field contains a count for the number of 'Transfer to I/P -- No Discharge' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_07_CNT	NUMBER (9.0)	N	Transfer to I/P -- Discharge Count	This field contains a count for the number of 'Transfer to I/P -- Discharge' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_08_CNT	NUMBER (9.0)	N	Death at Home Count	This field contains a count for the number of 'Death at Home' reason for assessments over a	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_09_CNT	NUMBER (9.0)	N	Discharge Count	This field contains a count for the number of 'Discharge' reason for assessments over a	
NATL_HHA_FAC_SUBMS N_SMRY	ASMT_RSN_10_CNT	NUMBER (9.0)	N	Discharge -- No Visits After Count	This field contains a count for the number of 'Discharge -- No Visits After' reason for	
NATL_HHA_FAC_SUBMS N_SMRY	AVG_CRCTN_VRSN_NUM	NUMBER (2.1)	N	Average Correction Version Number	This field contains the average correction version number over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
NATL_HHA_FAC_SUBMS N_SMRY	INACTV_ASMT_CNT	NUMBER (9.0)	N	Inactive Assessment Count	This field contains the number of inactivated assessments over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	MAX_CRCTN_VRSN_NUM	NUMBER (2.0)	N	Maximum Correction Version Number	This field contains the maximum correction version number over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	MDFCTN_ASMT_CNT	NUMBER (9.0)	N	Modification Assessment Count	This field contains the number of modification assessments over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	PMT_3RD_PRTY_CNT	NUMBER (9.0)	N	Payment 3rd Party Count	This field contains a count for the number of assessments with any 3rd party payment for a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_FAC_SUBMS N_SMRY	PMT_ANY_HMO_CNT	NUMBER (9.0)	N	Payment Any HMO Count	This field contains a count for the number of assessments with any HMO for a specific	
NATL_HHA_FAC_SUBMS N_SMRY	PMT_ANY_MDCD_CNT	NUMBER (9.0)	N	Payment Any Medicaid Count	This field contains a count for the number of assessments with any Medicaid for a specific	
NATL_HHA_FAC_SUBMS N_SMRY	PMT_ANY_MDCR_CNT	NUMBER (9.0)	N	Payment Any Medicare Count	This field contains a count for the number of assessments with any Medicare for a specific	
NATL_HHA_FAC_SUBMS N_SMRY	PMT_ANY_MDCR_HMO_CNT	NUMBER (9.0)	N	Payment Any Medicare HMO Count	This field contains a count for the number of assessments with Medicare HMO for a specific	
NATL_HHA_FAC_SUBMS N_SMRY	RJCTD_REC_CNT	NUMBER (9.0)	N	Rejected Record Count	This field contains a count for the number of rejected records over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY	STATE_CD	VARCHAR2 (2)	Y	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	
NATL_HHA_FAC_SUBMS N_SMRY	SUBMSN_MO_DT	DATE (8)	Y	Submission Month Date	The date the submission is received by the system. This is a summary table so the dates are	
NATL_HHA_FAC_SUBMS N_SMRY	TOT_ASMT_CNT	NUMBER (9.0)	N	Total Assessment Count	This field contains a count for the number of assessments over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ACPTD_REC_CNT	NUMBER (9.0)	N	Accepted Record Count	This field contains a count for the number of accepted records over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_01_CNT	NUMBER (9.0)	N	Start of Care - Further Visits Count	This field contains a count for the number of 'Start of Care - Further Visits' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_02_CNT	NUMBER (9.0)	N	Start of Care - No Further Visits Count	This field contains a count for the number of 'Start of Care - No Further Visits' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_03_CNT	NUMBER (9.0)	N	Resumption of Care after IP Stay Count	This field contains a count for the number of 'Resumption of Care after IP Stay' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_04_CNT	NUMBER (9.0)	N	Recertification Follow-ups Count	This field contains a count for the number of 'Recertification Follow-ups' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_05_CNT	NUMBER (9.0)	N	Other Follow-ups Count	This field contains a count for the number of 'Other Follow-ups' reason for assessments over a	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_06_CNT	NUMBER (9.0)	N	Transfer to I/P -- No Discharge Count	This field contains a count for the number of 'Transfer to I/P -- No Discharge' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_07_CNT	NUMBER (9.0)	N	Transfer to I/P -- Discharge Count	This field contains a count for the number of 'Transfer to I/P -- Discharge' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_08_CNT	NUMBER (9.0)	N	Death at Home Count	This field contains a count for the number of 'Death at Home' reason for assessments over a	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_09_CNT	NUMBER (9.0)	N	Discharge Count	This field contains a count for the number of 'Discharge' reason for assessments over a	
NATL_HHA_FAC_SUBMS N_SMRY_VW	ASMT_RSN_10_CNT	NUMBER (9.0)	N	Discharge -- No Visits After Count	This field contains a count for the number of 'Discharge -- No Visits After' reason for	
NATL_HHA_FAC_SUBMS N_SMRY_VW	AVG_CRCTN_VRSN_NUM	NUMBER (2.1)	N	Average Correction Version Number	This field contains the average correction version number over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
NATL_HHA_FAC_SUBMS N_SMRY_VW	INACTV_ASMT_CNT	NUMBER (9.0)	N	Inactive Assessment Count	Inactive Assessment Count	
NATL_HHA_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_NUM	NUMBER (2.0)	N	Maximum Correction Version Number	This field contains the maximum correction version number over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_CNT	NUMBER (9.0)	N	Modification Assessment Count	This field contains the number of modification assessments over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	PMT_3RD_PRTY_CNT	NUMBER (9.0)	N	Payment 3rd Party Count	This field contains a count for the number of assessments with any 3rd party payment for a	
NATL_HHA_FAC_SUBMS N_SMRY_VW	PMT_ANY_HMO_CNT	NUMBER (9.0)	N	Payment Any HMO Count	This field contains a count for the number of assessments with any HMO for a specific	
NATL_HHA_FAC_SUBMS N_SMRY_VW	PMT_ANY_MDCD_CNT	NUMBER (9.0)	N	Payment Any Medicaid Count	This field contains a count for the number of assessments with any Medicaid for a specific	
NATL_HHA_FAC_SUBMS N_SMRY_VW	PMT_ANY_MDCR_CNT	NUMBER (9.0)	N	Payment Any Medicare Count	This field contains a count for the number of assessments with any Medicare for a specific	
NATL_HHA_FAC_SUBMS N_SMRY_VW	PMT_ANY_MDCR_HMO_CNT	NUMBER (9.0)	N	Payment Any Medicare HMO Count	This field contains a count for the number of assessments with Medicare HMO for a specific	
NATL_HHA_FAC_SUBMS N_SMRY_VW	RJCTD_REC_CNT	NUMBER (9.0)	N	Rejected Record Count	This field contains a count for the number of rejected records over a specific month. The	
NATL_HHA_FAC_SUBMS N_SMRY_VW	STATE_CD	VARCHAR2 (2)	N	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
NATL_HHA_FAC_SUBMS N_SMRY_VW	SUBMSN_MO_DT	DATE (8)	N	Submission Month Date	The date the submission is received by the system. This is a summary table so the dates are	
NATL_HHA_FAC_SUBMS N_SMRY_VW	TOT_ASMT_CNT	NUMBER (9.0)	N	Total Assessment Count	This field contains a count for the number of assessments over a specific month. The	
NATL_HHA_ROSTER_REP ORT	ADDED_TO_FILE_DATE	DATE (7)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ROSTER_REP ORT	ADMISSION_DATE	DATE (7)	N			
NATL_HHA_ROSTER_REP ORT	ASSMT_EFF_DATE	DATE (7)	N			
NATL_HHA_ROSTER_REP ORT	FACESHEET_INDICATOR	CHAR (1)	N			
NATL_HHA_ROSTER_REP ORT	FACID	VARCHAR2 (16)	N			
NATL_HHA_ROSTER_REP ORT	FACILITY_CITY	VARCHAR2 (20)	N			
NATL_HHA_ROSTER_REP ORT	FACILITY_INTERNAL_ID	NUMBER (10.0)	Y			
NATL_HHA_ROSTER_REP ORT	FACILITY_NAME	VARCHAR2 (50)	N			
NATL_HHA_ROSTER_REP ORT	FACILITY_SUBMISSION_DATE	DATE (7)	N			
NATL_HHA_ROSTER_REP ORT	FIRST_NAME	VARCHAR2 (12)	N			
NATL_HHA_ROSTER_REP ORT	FULL_NAME	VARCHAR2 (35)	N			
NATL_HHA_ROSTER_REP ORT	HHA_ASSESS_INTERNAL_ID	NUMBER (10.0)	N			
NATL_HHA_ROSTER_REP ORT	LAST_NAME	VARCHAR2 (18)	N			
NATL_HHA_ROSTER_REP ORT	M0100_ASSMT_REASON	VARCHAR2 (2)	N			
NATL_HHA_ROSTER_REP ORT	MIDDLE_NAME	VARCHAR2 (1)	N			
NATL_HHA_ROSTER_REP ORT	REENTRY_DATE	DATE (7)	N			
NATL_HHA_ROSTER_REP ORT	RESIDENT_INTERNAL_ID	NUMBER (10.0)	Y			
NATL_HHA_ROSTER_REP ORT	SSN	VARCHAR2 (9)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_ROSTER_REP ORT	STATE_CD	VARCHAR2 (2)	Y			
NATL_HHA_ROSTER_REP ORT	ST_PREPD_DT	DATE (7)	N			
NATL_HHA_ROSTER_REP ORT	SUBMISSION_DATE	DATE (7)	N			
NATL_HHA_SUBM_INFO	AGENT_ID	VARCHAR2 (9)	N	Agent Tax ID	Agent tax ID.	
NATL_HHA_SUBM_INFO	BRWSR_TXT	VARCHAR2 (400)	N	Browser Text	This is the name and/or version number of the submitters browser.	
NATL_HHA_SUBM_INFO	COMPLETE_DATE	DATE (8)	N	Complete Date	The date and time the report finished running.	
NATL_HHA_SUBM_INFO	FAC_INT_ID	NUMBER (10.0)	N	Agency Internal ID Of Agency Submitting The HHA File	Agency internal ID of agency submitting the HHA file.	
NATL_HHA_SUBM_INFO	HHA_SUBM_SEQ_NBR	NUMBER (10.0)	Y	HHA Submission Sequence Number	Internal database tracking number for submissions.	
NATL_HHA_SUBM_INFO	NBR_DUPLICATE_RECS	NUMBER (7.0)	N	Number Duplicate HHA Records in the submission file	Number duplicate HHA records in the submission file.	
NATL_HHA_SUBM_INFO	NBR_PROCESSED_RECS	NUMBER (7.0)	N	Number Processed HHA Records in the submission file	Number processed HHA records in the submission file.	
NATL_HHA_SUBM_INFO	NBR_REJECTED_RECS	NUMBER (7.0)	N	Number Rejected HHA Records in the submission file	Number rejected HHA records in the submission file.	
NATL_HHA_SUBM_INFO	NBR_SUBMITTED_RECS	NUMBER (7.0)	N	Number Submitted HHA Records in the submission file	Number submitted HHA records in the submission file.	
NATL_HHA_SUBM_INFO	PRODUCTION	CHAR (1)	N	Production File Indicator	Production file indicator. Y = Production, N = Test.	
NATL_HHA_SUBM_INFO	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_SUBM_INFO	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	
NATL_HHA_SUBM_INFO	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_HHA_SUBM_INFO	SUBMISSION_DATE	DATE (8)	N	Date Submission File was submitted	Date submission file was submitted.	
NATL_HHA_SUBM_INFO_ VW	AGENT_ID	VARCHAR2 (9)	N	Agent Tax Identifier	Agent tax ID.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_HHA_SUBM_INFO_VW	BRWSR_TXT	VARCHAR2 (400)	N	Browser Text	This is the name and/or version number of the submitters browser.	
NATL_HHA_SUBM_INFO_VW	COMPLETE_DATE	DATE (8)	N	Complete Date	The date the report finished running.	
NATL_HHA_SUBM_INFO_VW	FAC_INT_ID	NUMBER (10.0)	N	Agency Internal Identifier Of Agency Submitting The HHA File	Agency internal ID of agency submitting the HHA file.	
NATL_HHA_SUBM_INFO_VW	HHA_SUBM_SEQ_NBR	NUMBER (10.0)	N	HHA Submission Sequence Number	Internal database tracking number for submissions.	
NATL_HHA_SUBM_INFO_VW	NBR_DUPLICATE_RECS	NUMBER (7.0)	N	Number Duplicate HHA Records in the submission file	Number duplicate HHA records in the submission file.	
NATL_HHA_SUBM_INFO_VW	NBR_PROCESSED_RECS	NUMBER (7.0)	N	Number Processed HHA Records in the submission file	Number processed HHA records in the submission file.	
NATL_HHA_SUBM_INFO_VW	NBR_REJECTED_RECS	NUMBER (7.0)	N	Number Rejected HHA Records in the submission file	Number rejected HHA records in the submission file.	
NATL_HHA_SUBM_INFO_VW	NBR_SUBMITTED_RECS	NUMBER (7.0)	N	Number Submitted HHA Records in the submission file	Number submitted HHA records in the submission file.	
NATL_HHA_SUBM_INFO_VW	PRODUCTION	CHAR (1)	N	Production File Indicator	Production file indicator. Y = Production, N = Test.	
NATL_HHA_SUBM_INFO_VW	SFTW_ID	VARCHAR2 (9)	N	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_HHA_SUBM_INFO_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_HHA_SUBM_INFO_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_HHA_SUBM_INFO_VW	SUBMISSION_DATE	DATE (8)	N	Date Submission File was submitted	Date submission file was submitted.	
NATL_MDS_ERR_SUMMARY_VW	FACILITY_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	The CMS facility internal identifier that is unique within a state.	
NATL_MDS_ERR_SUMMARY_VW	FIELD_IN_ERROR	VARCHAR2 (200)	N	Field In Error	The field in which the error occurred.	
NATL_MDS_ERR_SUMMARY_VW	MESSAGE_NUMBER	NUMBER (10.0)	N	Message Number	The message number for the error being reported.	
NATL_MDS_ERR_SUMMARY_VW	NUMBER_OF_ERRORS	NUMBER (10.0)	N	Number Of Errors	The number of errors.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_ERR_SUMMARY_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_MDS_ERR_SUMMARY_VW	SUBMIT_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	ACPTD_OBRA_REC_CNT	NUMBER (9.0)	N	Accepted OBRA Record Count	This field contains the number of OBRA records accepted.	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	ACPTD_PPS_REC_CNT	NUMBER (9.0)	N	Accepted PPS Record Count	This field contains the number of PPS records accepted.	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	ACPTD_REC_CNT	NUMBER (9.0)	N	Accepted Record Count	This field contains the number of records accepted.	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	ACPTD_TRKNG_FORM_CNT	NUMBER (9.0)	N	Accepted Tracking Form Record Count	This field contains the number of tracking form records accepted.	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	AVG_CRCTN_VRSN_A_NUM	NUMBER (2.1)	N	Average Correction Version A	This field contains the average for the field AST_CORR_VER from the Asmt_Hist table for	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	AVG_CRCTN_VRSN_B_NUM	NUMBER (2.1)	N	Average Correction Version B	This field contains the average for the field AST_CORR_VER from the Asmt_Hist table for	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	AVG_CRCTN_VRSN_O_NUM	NUMBER (2.1)	N	Average Correction Version O	This field contains the average for the field AST_CORR_VER from the Asmt_Hist table for	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	AVG_CRCTN_VRSN_P_NUM	NUMBER (2.1)	N	Average Correction Version P	This field contains the average for the field AST_CORR_VER from the Asmt_Hist table for	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	AVG_CRCTN_VRSN_T_NUM	NUMBER (2.1)	N	Average Correction Version T	This field contains the average for the field AST_CORR_VER from the Asmt_Hist table for	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal Identifier	The CMS facility internal identifier that is unique within a state. If the number is a positive	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	INACTV_ASMT_A_CNT	NUMBER (9.0)	N	Inactive Assessments Count A	This field contains the total number of all assessments (except where both AA8a= 00 and	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	INACTV_ASMT_B_CNT	NUMBER (9.0)	N	Inactive Assessments Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	INACTV_ASMT_O_CNT	NUMBER (9.0)	N	Inactive Assessments Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	INACTV_ASMT_P_CNT	NUMBER (9.0)	N	Inactive Assessments Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMNS_N_SMRY_VW	INACTV_ASMT_T_CNT	NUMBER (9.0)	N	Inactive Assessments Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_INPRPRT_REC_A_C NT	NUMBER (9.0)	N	Inactivation Inappropriate Record Count A	This field contains the total number of all assessments (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_INPRPRT_REC_B_C NT	NUMBER (9.0)	N	Inactivation Inappropriate Record Count B	This field contains the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_INPRPRT_REC_O_C NT	NUMBER (9.0)	N	Inactivation Inappropriate Record Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_INPRPRT_REC_P_C NT	NUMBER (9.0)	N	Inactivation Inappropriate Record Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_INPRPRT_REC_T_C NT	NUMBER (9.0)	N	Inactivation Inappropriate Record Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT4C	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_NO_EVNT_A_CNT	NUMBER (9.0)	N	Inactivation No Event Count A	This field contains the total number of all assessments (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_NO_EVNT_B_CNT	NUMBER (9.0)	N	Inactivation No Event Count B	This field contains the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_NO_EVNT_O_CNT	NUMBER (9.0)	N	Inactivation No Event Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_NO_EVNT_P_CNT	NUMBER (9.0)	N	Inactivation No Event Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_NO_EVNT_T_CNT	NUMBER (9.0)	N	Inactivation No Event Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT4B	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_OTHR_RSN_A_CNT	NUMBER (9.0)	N	Inactivation Other Reason Count A	This field contains the total number of all assessments (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_OTHR_RSN_B_CNT	NUMBER (9.0)	N	Inactivation Other Reason Count B	This field contains the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_OTHR_RSN_O_CNT	NUMBER (9.0)	N	Inactivation Other Reason Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_OTHR_RSN_P_CNT	NUMBER (9.0)	N	Inactivation Other Reason Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_OTHR_RSN_T_CNT	NUMBER (9.0)	N	Inactivation Other Reason Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT4D	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_TEST_REC_A_CNT	NUMBER (9.0)	N	Inactivation Test Record Submitted Count A	This field contains the total number of all assessments (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_TEST_REC_B_CNT	NUMBER (9.0)	N	Inactivation Test Record Submitted Count B	This field contains the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_TEST_REC_O_CNT	NUMBER (9.0)	N	Inactivation Test Record Submitted Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_TEST_REC_P_CNT	NUMBER (9.0)	N	Inactivation Test Record Submitted Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	INACTV_TEST_REC_T_CNT	NUMBER (9.0)	N	Inactivation Test Record Submitted Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT4A	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_A_CNT	NUMBER (2.0)	N	Maximum Correction Version A	This field contains the maximum correction value for AST_CORR_VER from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_B_CNT	NUMBER (2.0)	N	Maximum Correction Version B	This field contains the maximum correction value for AST_CORR_VER from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_O_CNT	NUMBER (2.0)	N	Maximum Correction Version O	This field contains the maximum correction value for AST_CORR_VER from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_P_CNT	NUMBER (2.0)	N	Maximum Correction Version P	This field contains the maximum correction value for AST_CORR_VER from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MAX_CRCTN_VRSN_T_CNT	NUMBER (2.0)	N	Maximum Correction Version T	This field contains the maximum correction value for AST_CORR_VER from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_A_CNT	NUMBER (9.0)	N	Modification Assessment Count A	This field contains the total number of records where AST_MOD_IND = 'M' from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_B_CNT	NUMBER (9.0)	N	Modification Assessment Count B	This field contains the total number of records where AST_MOD_IND = 'M' from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_O_CNT	NUMBER (9.0)	N	Modification Assessment Count O	This field contains the total number of records where AST_MOD_IND = 'M' from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_P_CNT	NUMBER (9.0)	N	Modification Assessment Count P	This field contains the total number of records where AST_MOD_IND = 'M' from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_ASMT_T_CNT	NUMBER (9.0)	N	Modification Assessment Count T	This field contains the total number of records where AST_MOD_IND = 'M' from the	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_CDG_ERR_A_CNT	NUMBER (9.0)	N	Modification Coding Error Count A	This field contains the total number of all assessment (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_CDG_ERR_B_CNT	NUMBER (9.0)	N	Modification Coding Error Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_CDG_ERR_O_CNT	NUMBER (9.0)	N	Modification Coding Error Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_CDG_ERR_P_CNT	NUMBER (9.0)	N	Modification Coding Error Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_CDG_ERR_T_CNT	NUMBER (9.0)	N	Modification Coding Error Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT3d =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_DATA_ENTRY_ER R_A_CNT	NUMBER (9.0)	N	Modification Data Entry Error Count A	This field contains the total number of all assessment (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_DATA_ENTRY_ER R_B_CNT	NUMBER (9.0)	N	Modification Data Entry Error Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_DATA_ENTRY_ER R_O_CNT	NUMBER (9.0)	N	Modification Data Entry Error Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_DATA_ENTRY_ER R_P_CNT	NUMBER (9.0)	N	Modification Data Entry Error Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_DATA_ENTRY_ER R_T_CNT	NUMBER (9.0)	N	Modification Data Entry Error Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT3b =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_OTHR_ERR_A_CNT	NUMBER (9.0)	N	Modification Other Error Count A	This field contains the total number of all assessment (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_OTHR_ERR_B_CNT	NUMBER (9.0)	N	Modification Other Error Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_OTHR_ERR_O_CNT	NUMBER (9.0)	N	Modification Other Error Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_OTHR_ERR_P_CNT	NUMBER (9.0)	N	Modification Other Error Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_OTHR_ERR_T_CNT	NUMBER (9.0)	N	Modification Other Error Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT3e =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_SFTWR_ERR_A_CN T	NUMBER (9.0)	N	Modification Software Error Count A	This field contains the total number of all assessment (except where both AA8a = 00 and	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_SFTWR_ERR_B_CN T	NUMBER (9.0)	N	Modification Software Error Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_SFTWR_ERR_O_CN T	NUMBER (9.0)	N	Modification Software Error Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_SFTWR_ERR_P_CN T	NUMBER (9.0)	N	Modification Software Error Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_SFTWR_ERR_T_CN T	NUMBER (9.0)	N	Modification Software Error Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT3c =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_TRANS_ERR_A_CN T	NUMBER (9.0)	N	Modification Transcription Error Count A	This field contains the total number of all assessment (except where both AA8a = 00 and	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_TRANS_ERR_B_CN T	NUMBER (9.0)	N	Modification Transcription Error Count B	This field contains the total number of OBRA and PPS Assessment records (AA8a=01,	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_TRANS_ERR_O_CN T	NUMBER (9.0)	N	Modification Transcription Error Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_TRANS_ERR_P_CN T	NUMBER (9.0)	N	Modification Transcription Error Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	MDFCTN_TRANS_ERR_T_CN T	NUMBER (9.0)	N	Modification Transcription Error Count T	This field contains the total number of all tracking records (AA8a=6,7,or 8) where AT3a =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	RJCTD_OBRA_REC_CNT	NUMBER (9.0)	N	Rejected OBRA Record Count	This field contains the total number of rejected OBRA assessments.	
NATL_MDS_FAC_SUBMS N_SMRY_VW	RJCTD_PPS_REC_CNT	NUMBER (9.0)	N	Rejected PPS Record Count	This field contains the total number of rejected PPS Assessments.	
NATL_MDS_FAC_SUBMS N_SMRY_VW	RJCTD_REC_CNT	NUMBER (9.0)	N	Rejected Record Count	This field contains a count for the number of rejected records over a specific month. The	
NATL_MDS_FAC_SUBMS N_SMRY_VW	RJCTD_TRKNG_FORM_CNT	NUMBER (9.0)	N	Rejected Tracking Form Count	This field contains the total number of rejected tracking forms.	
NATL_MDS_FAC_SUBMS N_SMRY_VW	SGNFCNT_CHG_O_CNT	NUMBER (9.0)	N	Significant Change Count O	This field contains the total number of significant change assessment records received	
NATL_MDS_FAC_SUBMS N_SMRY_VW	SGNFCNT_CHG_P_CNT	NUMBER (9.0)	N	Significant Change P Count	This field contains the total number of significant change assessment records received	
NATL_MDS_FAC_SUBMS N_SMRY_VW	SGNFCNT_CRCTN_O_CNT	NUMBER (9.0)	N	Significant Correction Count O	This field contains the total number of significant correction assessment records	
NATL_MDS_FAC_SUBMS N_SMRY_VW	SGNFCNT_CRCTN_P_CNT	NUMBER (9.0)	N	Significant Correction P Count	This field contains the total number of significant correction assessment records	
NATL_MDS_FAC_SUBMS N_SMRY_VW	STATE_CD	VARCHAR2 (2)	N	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
NATL_MDS_FAC_SUBMS N_SMRY_VW	SUBMSN_MO_DT	DATE (8)	N	Submission Month Date	The date the submission is received by the system. This is a summary table so the dates are	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_ASMT_A_CNT	NUMBER (9.0)	N	Total Assessment Count A	This field returns the total number of all assessment records (except where both AA8a =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_ASMT_B_CNT	NUMBER (9.0)	N	Total Assessment Count B	This field returns the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_ASMT_O_CNT	NUMBER (9.0)	N	Total Assessment Count O	This field returns the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_ASMT_P_CNT	NUMBER (9.0)	N	Total Assessment Count P	This field returns the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_ASMT_T_CNT	NUMBER (9.0)	N	Total Assessment Count T	This field returns the total number of tracking records (AA8a=6,7,or 8) from the Assessment	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_INACTV_A_CNT	NUMBER (9.0)	N	Total Inactive Assessment Count A	This field contains the total number of all assessment records (except where both AA8a =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_INACTV_B_CNT	NUMBER (9.0)	N	Total Inactive Assessment Count B	This field contains the total number of OBRA and PPS Assessments (AA8a=01,02,03,04,05	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_INACTV_O_CNT	NUMBER (9.0)	N	Total Inactive Assessment Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_INACTV_P_CNT	NUMBER (9.0)	N	Total Inactive Assessment Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_INACTV_T_CNT	NUMBER (9.0)	N	Total Inactive Assessment Count T	This field contains the total number of tracking records (AA8a=6,7,or 8) where AT2 = '2' from	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_MDFCTN_A_CNT	NUMBER (9.0)	N	Total Modification Assessment Count A	This field contains the total number of all assessment records (except where both AA8a =	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_MDFCTN_B_CNT	NUMBER (9.0)	N	Total Modification Assessment Count B	This field contains the total number of OBRA and PPS Assessment (AA8a=01,02,03,04,05 OR	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_MDFCTN_O_CNT	NUMBER (9.0)	N	Total Modification Assessment Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_MDFCTN_P_CNT	NUMBER (9.0)	N	Total Modification Assessment Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_MDFCTN_T_CNT	NUMBER (9.0)	N	Total Modification Assessment Count T	This field contains the total number of tracking records (AA8a=6,7,or 8) where AT2 = '1' from	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_PTNT_O_CNT	NUMBER (9.0)	N	Total Patient O Count	Total Patient O Count	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_PTNT_P_CNT	NUMBER (9.0)	N	Total Patient P Count	Total Patient P Count	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_SGNFCNT_CLNCL_CRC TN_O_CNT	NUMBER (9.0)	N	Total Significant Clinical Correction Count O	This field contains the total number of OBRA Assessments only (AA8a= 01,02,03,04,05 or 10)	
NATL_MDS_FAC_SUBMS N_SMRY_VW	TOT_SGNFCNT_CLNCL_CRC TN_P_CNT	NUMBER (9.0)	N	Total Significant Clinical Correction Count P	This field contains the total number of PPS Assessment records (AA8a=1,2,3,4,5,7 or 8)	
NATL_MDS_RSDNT_PRFL _HSTRY_VW	A10A_LIVING_WILL	VARCHAR2 (9)	N	(A10A) Living Will	Identification and background information: advanced directives - living will. The '&'	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10B_NOT_RECESS	VARCHAR2 (9)	N	(A10B) Do Not Resuscitate	Identification and background information: advanced directives - do not resuscitate. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10C_NOT_HOSPITAL	VARCHAR2 (9)	N	(A10C) Do Not Hospitalize	Identification and background information: advanced directives - do not hospitalize. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10D_ORGAN_DONATE	VARCHAR2 (9)	N	(A10D) Organ Donation	Identification and background information: advanced directives - organ donation. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10E_AUTOPSY_REQ	VARCHAR2 (9)	N	(A10E) Autopsy Request	Identification and background information: advanced directives - autopsy request. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10F_FEED_RESTRICT	VARCHAR2 (9)	N	(A10F) Feeding Restrictions	Identification and background information: advanced directives - feeding restrictions. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10G_MED_RESTRICT	VARCHAR2 (9)	N	(A10G) Medication Restrictions	Identification and background information: advanced directives - medication restrictions. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A10H_OTH_TRT_REST	VARCHAR2 (9)	N	(A10H) Other Treatment Restrictions	Identification and background information: advanced directives - other treatment	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A2_ROOM_NUM	VARCHAR2 (5)	N	(A2) Room Number	Identification and background information: room number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A3A_ASMT_REF_DT	DATE (7)	N	(A3A) Assessment Reference Date	Identification and background information: last day of MDS observation period.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A4A_REENTRY_DT	DATE (7)	N	(A4A) Reentry Date	Identification and background information: date of reentry.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A4A_REENTRY_HOSP_DT	DATE (7)	N	(A4a) Hospital Reentry Date	(A4a) Hospital Reentry Date	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A4B_ADMIT_FROM	NUMBER (1.0)	N	(A4B) Admitted From	Identification and background information: admitted from (at re-entry). 1 = Private	MDS_ADMITTED_FROM
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A5_MARTIAL_STATUS	VARCHAR2 (40)	N	(A5) Marital Status	Identification and background information: marital status. 1 = Never married, 2 = Married, 3	MDS_MARRIAGE_STATUS
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A6_MEDICAL_REC_NUM	VARCHAR2 (12)	N	(A6) Medical Record Number	Identification and background information: facility medical record number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7A_MCAID_PER_DIEM	VARCHAR2 (9)	N	(A7A) Medicaid Per Diem	Identification and background information: current payment sources - medicaid per diem. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7B_MCARE_PER_DIEM	VARCHAR2 (9)	N	(A7B) Medicare Per Diem	Identification and background information: current payment sources - Medicare per diem. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7C_MCARE_ANC_P_A	VARCHAR2 (9)	N	(A7C) Medicare Ancillary Part A	Identification and background information: current payment sources - Medicare ancillary	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7D_MCARE_ANC_P_B	VARCHAR2 (9)	N	(A7D) Medicare Ancillary Part B	Identification and background information: current payment sources - Medicare ancillary	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7E_CHAMPUS_P_D	VARCHAR2 (9)	N	(A7E) CHAMPUS Per Diem	Identification and background information: current payment sources - CHAMPUS per diem.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7F_VA_PER_DIEM	VARCHAR2 (9)	N	(A7F) VA Per Diem	Identification and background information: current payment sources - VA per diem. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7G_SELF_FAM_PAY	VARCHAR2 (9)	N	(A7G) Self/Family Pay Full Per Diem	Identification and background information: current payment sources - self or family pays for	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7H_MCAID_MCARE	VARCHAR2 (9)	N	(A7H) Medicaid Resident Liability/Medicare Co-Pay	Identification and background information: current payment sources - Medicaid resident	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7I_PRIVATE_PAY	VARCHAR2 (9)	N	(A7I) Private Insurance Per Diem	Identification and background information: current payment sources - private insurance per	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A7J_OTHER	VARCHAR2 (9)	N	(A7J) Other Per Diem	Identification and background information: current payment sources - other per diem. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9A_LEGAL_GUARDIAN	VARCHAR2 (9)	N	(A9A) Legal Guardian	Identification and background information: Responsibility/legal guardian - legal guardian. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9B_OTH_LGL_OVRSGHT	VARCHAR2 (9)	N	(A9B) Other Legal Oversight	Identification and background information: responsibility/legal guardian - other legal	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9C_DUR_POA_HTLCRE	VARCHAR2 (9)	N	(A9C) Power of Attorney/Health Care	Identification and background information: responsibility/legal guardian - durable power	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9D_DUR_POA_FIN	VARCHAR2 (9)	N	(A9D) Power of Attorney/Financial	Identification and background information: responsibility/legal guardian - durable power	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9E_FAM_MEM_RESP	VARCHAR2 (9)	N	(A9E) Family Member Responsible	Identification and background information: responsibility/legal guardian - family member	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9F_PAT_RESP_SELF	VARCHAR2 (9)	N	(A9F) Patient Responsible for Self	Identification and background information - responsibility/legal guardian - patient	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	A9G_NONE_ABOVE	VARCHAR2 (9)	N	(A9G) None of Above Legal Guardian	Identification and background information: responsibility/legal guardian - none of above. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA1A_FIRST_NM	VARCHAR2 (12)	N	(AA1A) First Name	Resident's first name.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA1B_MIDDLE_INTIAL	VARCHAR2 (1)	N	(AA1B) Middle Initial	Resident's middle initial.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA1C_LAST_NM	VARCHAR2 (18)	N	(AA1C) Last Name	Resident's last name.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA1D_NAME_SUFFIX	VARCHAR2 (3)	N	(AA1D) Name Suffix	Resident's name suffix.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA2_GENDER	VARCHAR2 (40)	N	(AA2) Gender	Resident's gender. 1 = Male, 2 = Female.	MDS_GENDER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA3_BIRTH_DT	DATE (7)	N	(AA3) Birth Date	Resident's birthdate. If only the year (YYYY) was submitted, the month is defaulted to 01 and	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA4_RACE_ETH	NUMBER (1.0)	N	(AA4) Race/Ethnicity	Resident's race/ethnicity. 1 = American Indian/Alaskan Native, 2 = Asian/Pacific	MDS_RACE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA5A_SSN_NUM	VARCHAR2 (9)	N	(AA5A) Social Security Number	Social Security number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA5B_PAT_MCARE_NBR	VARCHAR2 (12)	N	(AA5B) Patient Medicare Number	Medicare number (or comparable railroad insurance number).	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA6A_FAC_MCAID_NBR	VARCHAR2 (15)	N	(AA6A) Facility Medicaid Number	State facility provider number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA6B_FAC_MCARE_NBR	VARCHAR2 (12)	N	(AA6B) Facility Medicare Number	Federal facility provider number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA7_PAT_MCAID_NBR	VARCHAR2 (14)	N	(AA7) Patient Medicaid Number	Patient's Medicaid number.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA8A_PRI_RFA	VARCHAR2 (2)	N	(AA8A) Primary Reason for Assessment	Primary reason for assessment. 01 = Admission assessment, 02 = Annual assessment, 03 =	MDS_PRIM_ASMT_RSN
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AA8B_SPC_RFA	VARCHAR2 (1)	N	(AA8B) Assessment Codes for Medicare PPS State	Special reason for assessment. 1 = Medicare 5-day assessment, 2 = Medicare 30-day	MDS_SEC_ASMT_RSN
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10A_MR_DD_NA	VARCHAR2 (9)	N	(AB10B) Downs Syndrome	Demographic information: conditions related to MR/DD status - Down's Syndrome. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10B_MR_DD_DOWNS	VARCHAR2 (9)	N	(AB10B) Downs Syndrome	Demographic information: conditions related to MR/DD status - Down's Syndrome. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10C_MR_DD_AUTISM	VARCHAR2 (9)	N	(AB10D) Epilepsy	Demographic information: conditions related to MR/DD status - MR/DD with organic condition	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10D_MR_DD_EPI	VARCHAR2 (9)	N	(AB10E) Other Organic Condition Related to MR/DD	Demographic information: conditions related to MR/DD status - MR/DD with organic condition	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10E_MR_DD_OTH	VARCHAR2 (9)	N	(AB10F) MR/DD with No Organic Condition	Demographic information: conditions related to MR/DD status - MR/DD with organic condition	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AB10F_MR_DD_NO_ORG	VARCHAR2 (9)	N	(AB11) Background Information Completed Date	Demographic information: date background information was completed.	MDS_CHK_UNCHK_SP

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB11_BACKGRD_CP_DT	DATE (7)	N	(AB1) Date of Entry	Demographic information: date of entry - date the stay began.	
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB1_ENTRY_DT	DATE (7)	N	(AB10A) No MR/DD	Demographic information: conditions related to MR/DD status - non-applicable - no MR/DD. 0	
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB2_ADMIT_FROM	VARCHAR2 (40)	N	(AB2) Admitted From	Demographic information: admitted from (at entry). 1 = Private home/apartment with no	MDS_ADMITTED_FROM
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB3_LIVED_ALONE	VARCHAR2 (5)	N	(AB3) Lived Alone Prior to Entry	Demographic information: lived alone (prior to entry). 0 = No, 1 = Yes, 2 = In other facility.	MDS_NO_YES_OTHER
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB4_PRIOR_ZIP	VARCHAR2 (5)	N	(AB4) ZIP Code of Prior Primary Residence	Demographic information: ZIP code of prior primary residence.	
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5A_PRIOR_THIS_NF	VARCHAR2 (9)	N	(AB5A) Prior Stay in This Nursing Home	Demographic information: residential history prior to entry - prior stay at this nursing home. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5B_PRIOR_OTH_NF	VARCHAR2 (9)	N	(AB5B) Stay in Other Nursing Home	Demographic information: residential history prior to entry - stay in other nursing home. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5C_OTH_RF	VARCHAR2 (9)	N	(AB5C) Other Residential Facility	Demographic information: residential history prior to entry - other residential facility. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5D_PRIOR_PSHCH	VARCHAR2 (9)	N	(AB5D) MH/Psychiatric Setting	Demographic information: residential history prior to entry - MH/psychiatric setting. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5E_PRIOR_MR_DD	VARCHAR2 (9)	N	(AB5E) MR/DD Setting	Demographic information: residential history prior to entry - MR/DD setting. 0 = No, 1 = Yes,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB5F_NONE_ABOVE	VARCHAR2 (9)	N	(AB5F) None of Above Residential History	Demographic information: residential history prior to entry - none of above. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB6_LIFE_OCCUP	VARCHAR2 (21)	N	(AB6) Lifetime Occupation	Demographic information: lifetime occupation(s).	
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB7_EDUCATION	VARCHAR2 (40)	N	(AB7) Education	Demographic information: education (highest level completed). 1 = No schooling, 2 = 8th	MDS_EDUCATION
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB8A_PRI_LANG	VARCHAR2 (40)	N	(AB8A) Language	Demographic information: primary language. 0 = English, 1 = Spanish, 2 = French, 3 = Other.	MDS_LANGUAGE
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB8B_OTH_LANG	VARCHAR2 (9)	N	(AB8B) Other Language	Demographic information: if other (language), specify.	
NATL_MDS_RSDNT_PFL_HSTRY_VW	AB9_MH_HISTORY	VARCHAR2 (3)	N	(AB9) Mental Health History	Demographic information: mental health history. 0 = No, 1 = Yes.	MDS_NO_YES
NATL_MDS_RSDNT_PFL_HSTRY_VW	AC1A_LATE_NITE	VARCHAR2 (9)	N	(AC1A) Stays Up Late at Night	Customary routine: cycle of daily events - stays up late at night. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1B_NAPS	VARCHAR2 (9)	N	(AC1B) Naps Regularly During Day	Customary routine: cycle of daily events - naps regularly during day. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1C_OUT_1_WEEK	VARCHAR2 (9)	N	(AC1C) Goes Out 1+ Days a Week	Customary routine: cycle of daily events - goes out one or more days a week. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1D_STAY_BUSY	VARCHAR2 (9)	N	(AC1D) Stays Busy With Hobbies/Reading/Fixed Daily Routine	Customary routine: cycle of daily events - stays busy with hobbies/fixd routine. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1E_TIME_ALONE	VARCHAR2 (9)	N	(AC1E) Spends Most of Time Alone/Watching TV	Customary routine: cycle of daily events - spends most time alone or watching TV. 0 = No,	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1F_INDEP_INDOORS	VARCHAR2 (9)	N	(AC1F) Moves Independently Indoors	Customary routine: cycle of daily events - moves independently indoors. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1G_TOBAC_DAILY	VARCHAR2 (9)	N	(AC1G) Use of Tobacco Products at Least Daily	Customary routine: cycle of daily events - use of tobacco daily. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1H_NONE_ABOVE	VARCHAR2 (9)	N	(AC1H) None of Above Cycle of Daily Events	Customary routine: cycle of daily events - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1I_FOOD_PREF	VARCHAR2 (9)	N	(AC1I) Distinct Food Preferences	Customary routine: eating patterns - distinct food preferences. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1J_EAT_BTWN_MEAL	VARCHAR2 (9)	N	(AC1J) Eats Between Meals	Customary routine: eating patterns - eats between meals most days. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1K_ALC_WKLY	VARCHAR2 (9)	N	(AC1K) Use of Alcoholic Beverages at Least Weekly	Customary routine: eating patterns - use of alcohol weekly. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1L_NONE_ABOVE	VARCHAR2 (9)	N	(AC1L) None of Above Eating Patterns	Customary routine: eating patterns - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1M_BEDCTHS_DAY	VARCHAR2 (9)	N	(AC1M) In Bedclothes Much of Day	Customary routine: ADL patterns - in bedclothes much of day. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1N_TOLIET_NIGHT	VARCHAR2 (9)	N	(AC1N) Wakens to Toilet Most Nights	Customary routine: ADL patterns - wakens to toilet most nights. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1O_IRREG_BOWEL	VARCHAR2 (9)	N	(AC1O) Has Irregular Bowel Movement Pattern	Customary routine: ADL patterns - has irregular bowel movement pattern. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1P_SHOWERS	VARCHAR2 (9)	N	(AC1P) Showers for Bathing	Customary routine: ADL patterns - showers for bathing. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1Q_BATH_PM	VARCHAR2 (9)	N	(AC1Q) Bathing in PM	Customary routine: ADL patterns - bathing in PM. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1R_NONE_ABOVE	VARCHAR2 (9)	N	(AC1R) None of Above ADL Patterns	Customary routine: ADL patterns - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1S_CONTACT_REL	VARCHAR2 (9)	N	(AC1S) Daily Contact with Relatives/Close Friends	Customary routine: involvement patterns - daily contact with relatives/friends. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1T_ATTEND_CHURCH	VARCHAR2 (9)	N	(AC1T) Usually Attends Church/Temple/Synagogue	Customary routine: involvement patterns - usually attends church, temple, etc. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1U_STRNGTH_FAITH	VARCHAR2 (9)	N	(AC1U) Finds Strength in Faith	Customary routine: involvement patterns - finds strength in faith. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1V_ANIMAL	VARCHAR2 (9)	N	(AC1V) Daily Animal Companion/Presence	Customary routine: involvement patterns - daily animal companion. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1W_GROUP_ACT	VARCHAR2 (9)	N	(AC1W) Involved in Group Activities	Customary routine: involvement patterns - involved in group activities. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1X_NONE_ABOVE	VARCHAR2 (9)	N	(AC1X) None of Above Involvement Patterns	Customary routine: involvement patterns - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AC1Y_UNKNOWN	VARCHAR2 (9)	N	(AC1Y) Unknown Customary Routine	Customary routine: involvement patterns - unknown customary routine. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	ASMT_TRANS_CNT	NUMBER (3.0)	N	Assessment Transaction Count	The total number of assessments that went into calculating the record.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AST_BEG_VER_DT	DATE (7)	N	Assessment Beginning Version Date	Beginning date of the submission file that contains the version of this assessment.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AST_CORR_VER	NUMBER (2.0)	N	Assessment Correction Version	Number of the assessment. 00 = Original, 01 = First correction, 02 = Second correction, etc.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	AST_END_VER_DT	DATE (7)	N	Assessment Correction Version Date	Date of the submission file that contains the correction or inactivation request of this	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B1_COMATOSE	VARCHAR2 (3)	N	(B1) Comatose	Cognitive patterns: comatose. 0 = No, 1 = Yes. If 1 then skip to Section G.	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B2A_ST_MEMORY	VARCHAR2 (40)	N	(B2A) Short Term Memory	Cognitive patterns: short-term memory OK. 0 = Memory OK, 1 = Memory problem.	MDS_MEMORY
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B2B_LT_MEMORY	VARCHAR2 (40)	N	(B2B) Long Term Memory	Cognitive patterns: long-term memory OK. 0 = Memory OK, 1 = Memory problem.	MDS_MEMORY
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B3A_CURNT_SEASON	VARCHAR2 (9)	N	(B3A) Current Season	Cognitive patterns: memory/recall ability - current season. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B3B_LOC_OWN_ROOM	VARCHAR2 (9)	N	(B3B) Location of Own Room	Cognitive patterns: memory/recall ability - location of own room. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B3C_STAFF	VARCHAR2 (9)	N	(B3C) Staff Names/Faces	Cognitive patterns: memory/recall ability - staff names/faces. 0 = No, 1 = Yes. The '&' character	MDS_CHK_UNCHK_SP

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B3D_IN_HOME	VARCHAR2 (9)	N	(B3D) That He/She is in Nursing Home	Cognitive patterns: memory/recall ability - that he/she in nursing home. 0 = No, 1 = Yes. The	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B3E_NONE_ABOVE	VARCHAR2 (9)	N	(B3E) None of Above are Recalled	Cognitive patterns: memory/recall ability - none of above. 0 = No, 1 = Yes. The '&' character was	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B4_DAY_DCSN_MAKING	VARCHAR2 (40)	N	(B4) Daily Decision Making Skills	Cognitive patterns: cognitive skills/daily decision making. 0 = Independent, 1 = Modified	MDS_DAILY_DECISION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5A_DISTRACTED	VARCHAR2 (40)	N	(B5A) Easily Distracted	Cognitive patterns: indicators of delirium - easily distracted. 0 = Behavior not present, 1 =	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5B_ALTER_PERCEPT	VARCHAR2 (40)	N	(B5B) Altered Perception	Cognitive patterns: indicators of delirium - periods of altered perception/awareness. 0 =	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5C_DISORG_SPEECH	VARCHAR2 (40)	N	(B5C) Disorganized Speech	Cognitive patterns: indicators of delirium - episodes of disorganized speech. 0 = Behavior	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5D_RESTLESS	VARCHAR2 (40)	N	(B5D) Restlessness	Cognitive patterns: indicators of delirium - periods of restlessness. 0 = Behavior not present,	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5E_LETHARGY	VARCHAR2 (40)	N	(B5E) Lethargy	Cognitive patterns: indicators of delirium - periods of lethargy. 0 = Behavior not present, 1	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B5F_MENTAL_FUNC	VARCHAR2 (40)	N	(B5F) Varied Mental Function	Cognitive patterns: indicators of delirium - mental function varies during day. 0 = Behavior	MDS_DELIRIUM_IND
NATL_MDS_RSDNT_PRFL_HSTRY_VW	B6_CHANG_COG_STAT	VARCHAR2 (40)	N	(B6) Change in Cognitive Status	Cognitive patterns: indicators of Delirium - change in cognitive status as compared to status	MDS_NC_IMP_DET_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C1_HEARING	VARCHAR2 (40)	N	(C1) Hearing	Communications/hearing patterns: hearing. 0 = Hears adequately, 1 = Minimal difficulty, 2 =	MDS_HEARING
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C2A_HEARAIID_USED	VARCHAR2 (9)	N	(C2A) Hearing Aid Present and Used	Communications/hearing patterns: communication devices/techniques - hearing aid	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C2B_HRAID_NOT_USE	VARCHAR2 (9)	N	(C2B) Hearing Aid Present and Not Used Regularly	Communications/hearing patterns: communication devices/techniques - hearing aid	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C2C_OTHER_RECPT	VARCHAR2 (9)	N	(C2C) Other Receptive Communication Techniques Used	Communications/hearing patterns: communication devices/techniques - other	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C2D_NONE_ABOVE	VARCHAR2 (9)	N	(C2D) None of Above Communication Devices	Communications/hearing patterns: communication devices/techniques - none of	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3A_SPEECH	VARCHAR2 (9)	N	(C3A) Speech	Communications/hearing patterns: modes of expression - speech. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3B_WRITE	VARCHAR2 (9)	N	(C3B) Writing Messages to Express Needs	Communications/hearing patterns: modes of expression - writing messages. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3C_SIGN_LANG	VARCHAR2 (9)	N	(C3C) American Sign Language/Braille	Communications/hearing patterns: modes of expression - American Sign language/Braille. 0	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3D_GESTURES	VARCHAR2 (9)	N	(C3D) Signs/Gestures/Sounds	Communications/hearing patterns: modes of expression - signs/gestures/sounds. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3E_COMM_BOARD	VARCHAR2 (9)	N	(C3E) Communication Board	Communications/hearing patterns: modes of expression - communication board. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3F_OTHER	VARCHAR2 (9)	N	(C3F) Other Mode of Expression	Communications/hearing patterns: modes of expression - other. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C3G_NONE_ABOVE	VARCHAR2 (9)	N	(C3G) None of Above Modes of Expression	Communications/hearing patterns: modes of expression - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C4_IS_UNDERSTOOD	VARCHAR2 (40)	N	(C4) Making Self Understood	Communications/hearing patterns: making self understood. 0 = Understood, 1 = Usually	MDS_UNDERSTOOD
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C5_SPEECH_CLARITY	VARCHAR2 (40)	N	(C5) Speech Clarity	Communications/hearing patterns: speech clarity. 0 = Clear speech, 1 = Unclear speech, 2	MDS_SPEECH
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C6_UNDERSTAND_OTH	VARCHAR2 (40)	N	(C6) Ability to Understand Others	Communications/hearing patterns: ability to understand others. 0 = Understands, 1 = Usually	MDS_UNDERSTAND_OTHERS
NATL_MDS_RSDNT_PRFL_HSTRY_VW	C7_CHANGE_IN_COMM	VARCHAR2 (40)	N	(C7) Change in Communication/Hearing	Communications/hearing patterns: change in communication/hearing. 0 = No change, 1 =	MDS_NC_IMP_DET_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	CREATED_DATE	DATE (7)	N	Created Date	The date that the options were entered into the system.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	D1_VISION	VARCHAR2 (40)	N	(D1) Vision	Vision Patterns: vision. 0 = Adequate, 1 = Impaired, 2 = Moderately impaired, 3 = Highly	MDS_VISION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	D2A_SIDE_VISN_PROB	VARCHAR2 (9)	N	(D2A) Side Vision Problems	Vision patterns: visual limitations/difficulties - side vision problems. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	D2B_FLASHES_LIGHT	VARCHAR2 (9)	N	(D2B) Experiences Seeing Halos/Rings Around Light/Flashes of Light	Vision patterns: visual limitations/difficulties - sees halos/rings/flushes/curtains. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	D2C_NONE_ABOVE	VARCHAR2 (9)	N	(D2C) None of Above Visual Limitations	Vision patterns: visual limitations/difficulties - none of above. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	D3_VISUAL_APP	VARCHAR2 (3)	N	(D3) Visual Appliances	Vision patterns: visual appliances. 0 = No, 1 = Yes. The '&' character was a valid value for	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1A_NEG_STATE	VARCHAR2 (40)	N	(E1A) Negative Statements	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1B_REPEAT_QUEST	VARCHAR2 (40)	N	(E1B) Repetitive Questions	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1C_REPEAT_VERB	VARCHAR2 (40)	N	(E1C) Repetitive Verbalizations	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1D_PRST_ANGER	VARCHAR2 (40)	N	(E1D) Persistent Anger	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1E_SELF_DEPER	VARCHAR2 (40)	N	(E1E) Self Depreciation	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1F_UNREAL_FEARS	VARCHAR2 (40)	N	(E1F) Unrealistic Fears	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1G_TERRIBLE_FEEL	VARCHAR2 (40)	N	(E1G) States Something Terrible About to Happen	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1H_HLTH_COMPLAIN	VARCHAR2 (40)	N	(E1H) Repetitive Health Complaints	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1I_ANX_COMP	VARCHAR2 (40)	N	(E1I) Repetitive Anxious Complaints	Mood and behavior patterns: indicators of depression, anxiety, sad mood - verbal	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1J_UNPLEAS_MORN	VARCHAR2 (40)	N	(E1J) Unpleasant Mood	Mood and behavior patterns: indicators of depression, anxiety, sad mood - sleep cycle	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1K_INSOMINA	VARCHAR2 (40)	N	(E1K) Insomnia	Mood and behavior patterns: indicators of depression, anxiety, sad mood - sleep cycle	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1L_WORRIED_FACE	VARCHAR2 (40)	N	(E1L) Sad Facial Expressions	Mood and behavior patterns: indicators of depression, anxiety, sad mood -	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1M_CRYING	VARCHAR2 (40)	N	(E1M) Crying	Mood and behavior patterns: indicators of depression, anxiety, sad mood -	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1N_REPEAT_MOVES	VARCHAR2 (40)	N	(E1N) Repetitive Physical Movements	Mood and behavior patterns: indicators of depression, anxiety, sad mood -	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1O_WITHDRAWN	VARCHAR2 (40)	N	(E1O) Withdrawal	Mood and behavior patterns: indicators of depression, anxiety, sad mood - loss of interest -	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E1P_LESS_INTERACT	VARCHAR2 (40)	N	(E1P) Reduced Social Interaction	Mood and behavior patterns: indicators of depression, anxiety, sad mood - loss of interest -	MDS_DEPRESSION
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E2_MOOD_PERSIST	VARCHAR2 (40)	N	(E2) Mood Persistence	Mood and behavior patterns: mood persistence. One or more indicators not easily altered by	MDS_MOOD_PERSISTANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E3_MOOD_CHANGE	VARCHAR2 (40)	N	(E3) Change in Mood	Mood and behavior patterns: change in mood as compared to status 90 days ago. 0 = No change,	MDS_NC_IMP_DET_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4AA_WANDERS	VARCHAR2 (40)	N	(E4AA) Wandering Frequency	Mood and behavior patterns: behavioral symptoms - wandering - behavior symptom	MDS_BEHAVIOR_FREQ

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4AB_WANDERS_ALT	VARCHAR2 (40)	N	(E4AB) Wandering Alterability	Mood and behavior patterns: behavioral symptoms - wandering - behavior symptom	MDS_BEHAVIOR ALTER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4BA_VRBL_ABUSIVE	VARCHAR2 (40)	N	(E4BA) Verbally Abusive Frequency	Mood and behavior patterns: behavioral symptoms - verbally abusive behavioral	MDS_BEHAVIOR_FREQ
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4BB_VRBL_ABUS_ALT	VARCHAR2 (40)	N	(E4BB) Verbally Abusive Alterability	Mood and behavior patterns: behavioral symptoms - verbally abusive behavioral	MDS_BEHAVIOR ALTER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4CA_PHYS_ABUSIVE	VARCHAR2 (40)	N	(E4CA) Physically Abusive Frequency	Mood and behavior patterns: behavioral symptoms - physically abusive behavioral	MDS_BEHAVIOR_FREQ
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4CB_PHYS_ABUS_ALT	VARCHAR2 (40)	N	(E4CB) Physically Abusive Alterability	Mood and behavior patterns: behavioral symptoms - physically abusive behavioral	MDS_BEHAVIOR ALTER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4DA_DIS_BEHAVIOR	VARCHAR2 (40)	N	(E4DA) Socially Inappropriate Behavior Frequency	Mood and behavior patterns: behavioral symptoms - socially inappropriate/disruptive	MDS_BEHAVIOR_FREQ
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4DB_DIS_BEHAV_ALT	VARCHAR2 (40)	N	(E4DB) Socially Inappropriate Behavior Alterability	Mood and behavior patterns: behavioral symptoms - socially inappropriate/disruptive	MDS_BEHAVIOR ALTER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4EA_RESIST_CARE	VARCHAR2 (40)	N	(E4EA) Resists Care Frequency	Mood and behavior patterns: behavioral symptoms - resists care - behavior symptom	MDS_BEHAVIOR_FREQ
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E4EB_RESIST_ALT	VARCHAR2 (40)	N	(E4EB) Resists Care Alterability	Mood and behavior patterns: behavioral symptoms - resists care - behavior symptom	MDS_BEHAVIOR ALTER
NATL_MDS_RSDNT_PRFL_HSTRY_VW	E5_CHANGE_BEHAVE	VARCHAR2 (40)	N	(E5) Change in Behavioral Symptoms	Mood and behavior patterns: change in behavior symptoms. 0 = No change, 1 = Improved, 2 =	MDS_NC_IMP_DET_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	EFFECTIVE_DATE	DATE (7)	N	Effective Date	For MDS, the effective date is based on the (AA8A) Primary Reason for Assessment field.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1A_ACTIVE_OTHERS	VARCHAR2 (9)	N	(F1A) At Ease Interacting with Others	Psychosocial well-being: sense of initiative/involvement - at ease interacting with	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1B_PLAN_ACTIVITY	VARCHAR2 (9)	N	(F1B) At Ease Doing Planned Activities	Psychosocial well-being: sense of initiative/involvement - at ease doing	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1C_SELF_ACTIVITY	VARCHAR2 (9)	N	(F1C) At Ease Doing Self-Initiated Activities	Psychosocial well-being: sense of initiative/involvement - at ease doing self-	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1D_OWN_GOALS	VARCHAR2 (9)	N	(F1D) Establishes Own Goals	Psychosocial well-being: sense of initiative/involvement - establishes own goals. 0	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1E_DAY_ACTIVITY	VARCHAR2 (9)	N	(F1E) Pursues Involvement in Life of Facility	Psychosocial well-being: sense of initiative/involvement - pursues involvement in	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1F_ACPT_INVITE	VARCHAR2 (9)	N	(F1F) Accepts Invitations Into Most Group Activities	Psychosocial well-being: sense of initiative/involvement - accepts invitations to	MDS_CHK_UNCHK_SP

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F1G_NONE_ABOVE	VARCHAR2 (9)	N	(F1G) None of Above Sense of Initiative	Psychosocial well-being: sense of initiative/involvement - none of above. 0 = No, 1	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2A_CONFLICT_STAFF	VARCHAR2 (9)	N	(F2A) Covert/Open Conflict with Staff	Psychosocial well-being: unsettled relationships - covert/open conflict with or repeated criticism	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2B_CONFLCT_RMMATE	VARCHAR2 (9)	N	(F2B) Unhappy With Roommate	Psychosocial well-being: unsettled relationships - unhappy with roommate. 0 = No, 1 = Yes. The	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2C_CONFLT_OTH_RES	VARCHAR2 (9)	N	(F2C) Unhappy With Residents Other Than Roommate	Psychosocial well-being: unsettled relationships - unhappy with other residents. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2D_EXPRS_ANGER	VARCHAR2 (9)	N	(F2D) Openly Express Conflict with Family/Friends	Psychosocial well-being: unsettled relationships - openly expresses conflict/anger with	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2E_NO_CNTCT_FAM	VARCHAR2 (9)	N	(F2E) Absense of Personal Contact with Family/Friends	Psychosocial well-being: unsettled relationships - absence of personal contact with	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2F_RECENT_LOSS	VARCHAR2 (9)	N	(F2F) Recent Loss of Close Family Member/Friend	Psychosocial well-being: unsettled relationships - recent loss of close family member/friend. 0 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2G_NOT_ADJUST	VARCHAR2 (9)	N	(F2G) Does Not Adjust Well Easily to Change in Routine	Psychosocial well-being: unsettled relationships - does not easily adjust to routine change. 0 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F2H_NONE_ABOVE	VARCHAR2 (9)	N	(F2H) None of Above Unsettled Relationships	Psychosocial well-being: unsettled relationships - none of above. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F3A_PAST_ROLES	VARCHAR2 (9)	N	(F3A) Strong Identifications with Past Roles	Psychosocial well-being: past roles - strong identification with past roles. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F3B_SADNESS	VARCHAR2 (9)	N	(F3B) Expresses Sadness/Anger Over Lost Roles	Psychosocial well-being: past roles - expresses sadness/anger/empty feeling over lost	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F3C_DIFFERENCE	VARCHAR2 (9)	N	(F3C) Perceived Daily Routine is Very Different from Prior Pattern	Psychosocial well-being: past roles - resident perceives that daily routine (customary routine, in Community	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	F3D_NONE_ABOVE	VARCHAR2 (9)	N	(F3D) None of Above Past Roles	Psychosocial well-being: past roles - none of above. 0 = No, 1 = Yes. The '&' character was a	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	FAC_INT_ID	NUMBER (10.0)	N	Facility Internal Identifier	The CMS facility internal identifier that is unique within a state. For the	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1AA_SELF_BED	VARCHAR2 (40)	N	(G1AA) Bed Mobility Self Performance	Psychosocial functioning and structural problems: bed mobility - ADL self-performance.	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1AB_SUPP_BED	VARCHAR2 (40)	N	(G1AB) Bed Mobility Support Provided	Psychosocial functioning and structural problems: bed mobility - ADL support provided.	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1BA_SELF_TRANS	VARCHAR2 (40)	N	(G1BA) Transfer Self Performance	Physical functioning and structural problems: transfer - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1BB_SUPP_TRANS	VARCHAR2 (40)	N	(G1BB) Transfer Support Provided	Physical functioning and structural problems: transfer - ADL support provided. 0 = No setup	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1CA_SELF_WLK_RM	VARCHAR2 (40)	N	(G1CA) Walk In Room Self Performance	Physical functioning and structural problems: walk in room - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1CB_SUPP_WLK_RM	VARCHAR2 (40)	N	(G1CB) Walk in Room Support Provided	Physical functioning and structural problems: walk in room - ADL support provided. 0 = No	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1DA_SELF_WLK_CORR	VARCHAR2 (40)	N	(G1DA) Walk In Corridor Self Performance	Physical functioning and structural problems: walk in corridor - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1DB_SUPP_WLK_CORR	VARCHAR2 (40)	N	(G1DB) Walk in Corridor Support Provided	Physical functioning and structural problems: walk in corridor - ADL support provided. 0 =	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1EA_SELF_LOC_UNIT	VARCHAR2 (40)	N	(G1EA) Locomotion on Unit Self Performance	Physical functioning and structural problems: locomotion on unit - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1EB_SUPP_LOC_UNIT	VARCHAR2 (40)	N	(G1EB) Locomotion on Unit Support Provided	Physical functioning and structural problems: locomotion on unit - ADL support provided. 0 =	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1FA_SELF_LOC_OFFU	VARCHAR2 (40)	N	(G1FA) Locomotion off Unit Self Performance	Physical functioning and structural problems: locomotion off unit - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1FB_SUPP_LOC_OFFU	VARCHAR2 (40)	N	(G1FB) Locomotion off Unit Support Provided	Physical functioning and structural problems: locomotion off unit - ADL support provided. 0 =	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1GA_SELF_DRESS	VARCHAR2 (40)	N	(G1GA) Dressing Self Performance	Physical functioning and structural problems: dressing - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1GB_SUPP_DRESS	VARCHAR2 (40)	N	(G1GB) Dressing Support Provided	Physical functioning and structural problems: dressing - ADL support provided. 0 = No setup	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1HA_SELF_EAT	VARCHAR2 (40)	N	(G1HA) Eating Self Performance	Physical functioning and structural problems: eating - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1HB_SUPP_EAT	VARCHAR2 (40)	N	(G1HB) Eating Support Provided	Physical functioning and structural problems: eating - ADL support provided. 0 = No setup or	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1IA_SELF_TOLIET	VARCHAR2 (40)	N	(G1IA) Toilet Use Self Performance	Physical functioning and structural problems: toilet use - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1IB_SUPP_TOLIET	VARCHAR2 (40)	N	(G1IB) Toilet Use Support Provided	Physical functioning and structural problems: toilet use - ADL support provided. 0 = No setup	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1JA_SELF_HYGIENE	VARCHAR2 (40)	N	(G1JA) Personal Hygiene Self Performance	Physical functioning and structural problems: personal hygiene - ADL self-performance. 0 =	MDS_SELF_PERFORMANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G1JB_SUPP_HYGIENE	VARCHAR2 (40)	N	(G1JB) Personal Hygiene Support Provided	Physical functioning and structural problems: personal hygiene - ADL support provided. 0 =	MDS_SUPPORT_PROVIDED

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G2A_BATH_SELF	VARCHAR2 (40)	N	(G2A) Bathing Self Performance	Physical functioning and structural problems: bathing - bath self performance. 0 =	MDS_BATHING
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G2B_BATH_SUPPORT	VARCHAR2 (40)	N	(G2B) Bathing Support	Physical functioning and structural problems: bathing - bathing support provided. 0 = No setup	MDS_SUPPORT_PROVIDED
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G3A_BALANCE_STAND	VARCHAR2 (40)	N	(G3A) Balance while Standing	Physical functioning and structural problems: test of balance - balance while standing in last 7	MDS_BALANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G3B_BALANCE_SIT	VARCHAR2 (40)	N	(G3B) Balance while Sitting	Physical functioning and structural problems: test of balance - balance while sitting in last 7	MDS_BALANCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4AA_NECK_RANGE	VARCHAR2 (40)	N	(G4AA) Neck Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4AB_NECK_MOVE	VARCHAR2 (40)	N	(G4AB) Neck Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4BA_ARM_RANGE	VARCHAR2 (40)	N	(G4BA) Arm Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4BB_ARM_MOVE	VARCHAR2 (40)	N	(G4BB) Arm Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4CA_HAND_RANGE	VARCHAR2 (40)	N	(G4CA) Hand Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4CB_HAND_MOVE	VARCHAR2 (40)	N	(G4CB) Hand Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4DA_LEG_RANGE	VARCHAR2 (40)	N	(G4DA) Leg Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4DB_LEG_MOVE	VARCHAR2 (40)	N	(G4DB) Leg Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4EA_FOOT_RANGE	VARCHAR2 (40)	N	(G4EA) Foot Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4EB_FOOT_MOVE	VARCHAR2 (40)	N	(G4EB) Foot Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4FA_OTH_RANGE	VARCHAR2 (40)	N	(G4FA) Other Limitation of Range of Motion	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_MOTION_RANGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G4FB_OTH_MOVE	VARCHAR2 (40)	N	(G4FB) Other Limitation of Voluntary Movement	Physical functioning and structural problems: functional limitation in range of motion in last 7	MDS_VOLUNTARY_MOVE NT
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G5A_CANE_CRUTCH	VARCHAR2 (9)	N	(G5A) Cane/Walker/Crutch	Physical functioning and structural problems: modes of locomotion in last 7 days -	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G5B_SELF_WHEEL	VARCHAR2 (9)	N	(G5B) Wheeled Self	Physical functioning and structural problems: modes of locomotion in last 7 days - wheeled	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G5C_OTHER_WHEEL	VARCHAR2 (9)	N	(G5C) Other Person Wheeled	Physical functioning and structural problems: modes of locomotion in last 7 days - other	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G5D_WHEELCHAIR	VARCHAR2 (9)	N	(G5D) Wheelchair Primary Mode of Locomotion	Physical functioning and structural problems: modes of locomotion in last 7 days - wheelchair	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G6A_BEDFAST	VARCHAR2 (9)	N	(G6A) Bedfast All/Most of Time	Physical functioning and structural problems: modes of transfer in last 7 days - bedfast all or	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G6B_USE_BEDRAILS	VARCHAR2 (9)	N	(G6B) Bed Rails Used for Bed Mobility/Transfer	Physical functioning and structural problems: modes of transfer in last 7 days - bed rails for	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G6C_LIFTED_MAN	VARCHAR2 (9)	N	(G6C) Lifted Manually	Physical functioning and structural problems: modes of transfer in last 7 days - lifted	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G6D_LIFTED_MECH	VARCHAR2 (9)	N	(G6D) Lifted Mechanically	Physical functioning and structural problems: modes of transfer in last 7 days - lifted	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G6E_TRANS_AID	VARCHAR2 (9)	N	(G6E) Transfer Aid	Physical functioning and structural problems: modes of transfer in last 7 days - transfer aid. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G7_SEG_TASKS	VARCHAR2 (3)	N	(G7) Task Segmentation	This field indicates if some or all of ADL activities were broken into subtasks during the	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G8A_RES_INDEP	VARCHAR2 (9)	N	(G8A) Resident Believes he/she Capable of Increased Independence	Physical functioning and structural problems: ADL functional rehabilitation potential - Independence	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G8B_STAFF_INDEP	VARCHAR2 (9)	N	(G8B) Staff Believes Resident is Capable of Increased Independence	Physical functioning and structural problems: ADL functional rehabilitation potential - staff - Independence	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G8C_SLOW	VARCHAR2 (9)	N	(G8C) Resident Able to Perform Tasks/Activity but is Slow	Physical functioning and structural problems: ADL functional rehabilitation potential -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G8D_ADL_DIFFERENCE	VARCHAR2 (9)	N	(G8D) Difference in ADL Performance Morning to Evening	Physical functioning and structural problems: ADL functional rehabilitation potential -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G8E_NONE_ABOVE	VARCHAR2 (9)	N	(G8E) None of Above Rehabilitation Potential	Physical functioning and structural problems: ADL functional rehabilitation potential - none of	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	G9_CHG_ADL	VARCHAR2 (40)	N	(G9) Change in ADL Function	This field indicates if the resident's ADL self-performance status has changed as compared to	MDS_NC_IMP_DET
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H1A_BOWEL_CONTRL	VARCHAR2 (40)	N	(H1A) Bowel Continence	Continence in last 14 days: continence self control - bowel continence. 0 = Continent, 1 =	MDS_CONTINENCE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H1B_BLADDER_CONTRL	VARCHAR2 (40)	N	(H1B) Bladder Continence	Continence in last 14 days: continence self control - bladder continence. 0 = Continent, 1 =	MDS_CONTINENCE

Tables Report - National HHA

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H2A_REG_BOWEL_MOVE	VARCHAR2 (9)	N	(H2A) Bowel Elimination Pattern Regular	Continence in last 14 days: bowel elimination pattern - bowel elimination pattern regular. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H2B_CONSTIPATION	VARCHAR2 (9)	N	(H2B) Constipation	Continence in last 14 days: bowel elimination pattern - constipation. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H2C_DIARRHEA	VARCHAR2 (9)	N	(H2C) Diarrhea	Continence in last 14 days: bowel elimination pattern - diarrhea. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H2D_FECAL_IMPACT	VARCHAR2 (9)	N	(H2D) Fecal Impaction	Continence in last 14 days: bowel elimination pattern - fecal impaction. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3A_TOLIET_PLAN	VARCHAR2 (9)	N	(H3A) Any Scheduled Toileting Plan	Continence in last 14 days: appliances and programs - any scheduled toileting plan. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3B_BLADDER_TR	VARCHAR2 (9)	N	(H3B) Bladder Retraining Program	Continence in last 14 days: appliances and programs - bladder retraining program. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3C_EXTERN_CATH	VARCHAR2 (9)	N	(H3C) External Condom Catheter	Continence in last 14 days: appliances and programs - external (condom) catheter. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3D_INDWELL_CATH	VARCHAR2 (9)	N	(H3D) Indwelling Catheter	Continence in last 14 days: appliances and programs - indwelling catheter. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3E_INTERMIT_CATH	VARCHAR2 (9)	N	(H3E) Intermittent Catheter	Continence in last 14 days: appliances and programs - intermittent catheter. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3F_NOT_USE_TOLIET	VARCHAR2 (9)	N	(H3F) Did Not Use Toilet Room/Commode/Urinal	Continence in last 14 days: appliances and programs - did not use toilet/commode/urinal. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3G_PADS_USED	VARCHAR2 (9)	N	(H3G) Pads/Briefs Used	Continence in last 14 days: appliances and programs - pads/briefs used. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3H_ENEMAS	VARCHAR2 (9)	N	(H3H) Enemas/Irrigation	Continence in last 14 days: appliances and programs - enemas/irrigation. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H3I_OSTOMY	VARCHAR2 (9)	N	(H3I) Ostomy Present	Continence in last 14 days: appliances and programs - ostomy present. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	H4_CHANGE_URINARY	VARCHAR2 (40)	N	(H4) Change in Urinary Continence	Continence in last 14 days: change in urinary continence since last assessment. 0 = No change,	MDS_NC_IMP_DET
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1AA_SEIZURE_DIS	VARCHAR2 (9)	N	(I1A) Diabetes Mellitus	Disease diagnosis: diseases - endocrine/metabolic/nutritional - diabetes	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1A_DIABETES	VARCHAR2 (9)	N	(I1AA) Seizure Disorder	Disease diagnosis: diseases - neurological - seizure disorder. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1BB_TIA	VARCHAR2 (9)	N	(I1B) Hyperthyroidism	Disease diagnosis: diseases - endocrine/metabolic/nutritional -	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1B_HYPERTHYRD	VARCHAR2 (9)	N	(I1BB) Transient Ischemic Attack	Disease diagnosis: diseases - neurological - transient ischemic attached (TIA). 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1CC_BRAIN_INJURY	VARCHAR2 (9)	N	(I1C) Hypothyroidism	Disease diagnosis: diseases - endocrine/metabolic/nutritional -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1C_HYPOTHYRD	VARCHAR2 (9)	N	(I1CC) Traumatic Brain Injury	Disease diagnosis: diseases - neurological - traumatic brain injury. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1DD_ANX_DIS	VARCHAR2 (9)	N	(I1D) Arteriosclerotic Heart Disease	Disease diagnosis: diseases - heart/circulation - arteriosclerotic heart disease (ASHD). 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1D_ASHD	VARCHAR2 (9)	N	(I1DD) Anxiety Disorder	Disease diagnosis: diseases - psychiatric/mood - anxiety disorder. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1EE_DEPRESSION	VARCHAR2 (9)	N	(I1E) Cardiac Dysrhythmias	Disease diagnosis: diseases - heart/circulation - cardiac dysrhythmia. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1E_CARD_DYSRHB	VARCHAR2 (9)	N	(I1EE) Depression	Disease diagnosis: diseases - psychiatric/mood - depression. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1FF_MANIC_DEPRES	VARCHAR2 (9)	N	(I1F) Congestive Heart Failure	Disease diagnosis: diseases - heart/circulation - congestive heart failure. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1F_CON_HEART_FAIL	VARCHAR2 (9)	N	(I1FF) Manic Depression Bipolar Disease	Disease diagnosis: diseases - psychiatric/mood - Manic Depressive (Bipolar Disease). 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1GG_SCHIZO	VARCHAR2 (9)	N	(I1G) Deep Vein Thrombosis	Disease diagnosis: diseases - heart circulation - deep vein thrombosis. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1G_VEIN_THROMB	VARCHAR2 (9)	N	(I1GG) Schizophrenia	Disease diagnosis: diseases - psychiatric/mood - schizophrenia. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1HH_ASTHMA	VARCHAR2 (9)	N	(I1H) Hypertension	Disease diagnosis: diseases - heart/circulation - hypertension. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1H_HYPERTENSION	VARCHAR2 (9)	N	(I1HH) Asthma	Disease diagnosis: diseases - pulmonary - asthma. 0 = No, 1 = Yes. The '&' character was a	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1II_COPD	VARCHAR2 (9)	N	(I1I) Hypotension	Disease diagnosis: diseases - heart/circulation - hypotension. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1I_HYOPTENSION	VARCHAR2 (9)	N	(I1II) Emphysema/COPD	Disease diagnosis: diseases - pulmonary - emphysema/COPD. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1JJ_CATARACTS	VARCHAR2 (9)	N	(I1J) Peripheral Vascular Disease	Disease diagnosis: diseases - heart/circulation - peripheral vascular disease. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1J_PERI_VAC_DIS	VARCHAR2 (9)	N	(I1JJ) Cataracts	Disease diagnosis: diseases - sensory - cataracts. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1KK_DIAB_RETIN	VARCHAR2 (9)	N	(I1K) Other Cardiovascular Disease	Disease diagnosis: diseases - heart/circulation - other cardiovascular disease. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1K_OTH_CARDIO_DIS	VARCHAR2 (9)	N	(I1KK) Diabetic Retinopathy	Disease diagnosis: diseases - sensory - diabetic retinopathy. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1LL_GALUCOMA	VARCHAR2 (9)	N	(I1L) Arthritis	Disease diagnosis: diseases - musculoskeletal - arthritis. 0 = No, 1 = Yes. The '&' character was	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1L_ARTHRITIS	VARCHAR2 (9)	N	(I1LL) Glaucoma	Disease diagnosis: diseases - sensory - glaucoma. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1MM_MACULAR_DEGN	VARCHAR2 (9)	N	(I1M) Hip Fracture	Disease diagnosis: diseases - musculoskeletal - hip fracture. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1M_HIP_FRAC	VARCHAR2 (9)	N	(I1MM) Macular Degeneration	Disease diagnosis: diseases - sensory - macular degeneration. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1NN_ALLERGIES	VARCHAR2 (9)	N	(I1N) Missing Limb	Disease diagnosis: diseases - musculoskeletal - missing limb. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1N_MISS_LIMB	VARCHAR2 (9)	N	(I1NN) Allergies	Disease diagnosis: diseases - other - allergies. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1OO_ANEMIA	VARCHAR2 (9)	N	(I1O) Osteoporosis	Disease diagnosis: diseases - musculoskeletal - osteoporsis. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1O_OSTEOPORO	VARCHAR2 (9)	N	(I1OO) Anemia	Disease diagnosis: diseases - other - anemia. 0 = No, 1 = Yes. The '&' character was a valid value	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1PP_CANCER	VARCHAR2 (9)	N	(I1P) Pathological Bone Fracture	Disease diagnosis: diseases - musculoskeletal - pathological bone fracture. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1P_PATH_BONE_FRAC	VARCHAR2 (9)	N	(I1PP) Cancer	Disease diagnosis: diseases - other - cancer. 0 = No, 1 = Yes. The '&' character was a valid value	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1QQ_RENAL_FAIL	VARCHAR2 (9)	N	(I1Q)Alzheimers Disease	Disease diagnosis: diseases - neurological - Alzheimer's disease. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1Q_ALZHEIMER	VARCHAR2 (9)	N	(I1Q) Alzheimers Disease	Disease diagnosis: diseases - other - renal failure. 0 = No, 1 = Yes. The '&' character was a	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1R_APHASIA	VARCHAR2 (9)	N	(I1R) Aphasia	Disease diagnosis: diseases - neurological - aphasia. 0 = No, 1 = Yes. The '&' character was	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1S_CEREBRAL_PALSY	VARCHAR2 (9)	N	(I1S) Cerebral Palsy	Disease diagnosis: diseases - neurological - cerebral palsy. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1T_STROKE	VARCHAR2 (9)	N	(I1T) Cerebrovascular Accident/Stroke	Disease diagnosis: diseases - neurological - cerebrovascular accident (stroke). 0 = No, 1 =	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1U_DEMENTIA	VARCHAR2 (9)	N	(I1U) Dementia Other than Alzheimers Disease	Disease diagnosis: diseases - neurological - dementia other than Alzheimer's. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1V_HEMIPLEGIA	VARCHAR2 (9)	N	(I1V) Hemiplegia/Hemiparesis	Disease diagnosis: diseases - neurological - hemiplegia/hemiparesis. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1W_M_S	VARCHAR2 (9)	N	(I1W) Multiple Sclerosis	Disease diagnosis: diseases - neurological - multiple sclerosis. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1X_PARAPLEGIA	VARCHAR2 (9)	N	(I1X) Paraplegia	Disease diagnosis: diseases - neurological - paraplegia. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1Y_PARKINSON	VARCHAR2 (9)	N	(I1Y) Parkinsons Disease	Disease diagnosis: diseases - neurological - Parkinson's disease. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I1Z_QUADRIPLEGIA	VARCHAR2 (9)	N	(I1Z) Quadriplegia	Disease diagnosis: diseases - neurological - quadriplegia. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2A_AB_RES_INFECT	VARCHAR2 (9)	N	(I2A) Antibiotic Resistant Infection	Disease diagnosis: infections - antibiotic resistant infection. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2B_CLOST_DIFF	VARCHAR2 (9)	N	(I2B) Clostridium Difficile	Disease diagnosis: infections - clostridium difficile (c. diff.). 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2C_CONJUNCT	VARCHAR2 (9)	N	(I2C) Conjunctivitis	Disease diagnosis: infections - conjunctivitis. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2D_HIV	VARCHAR2 (9)	N	(I2D) HIV Infection	Disease diagnosis: infections - HIV infection. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2E_PNEUMONIA	VARCHAR2 (9)	N	(I2E) Pneumonia	Disease diagnosis: infections - pneumonia. 0 = No, 1 = Yes. The '&' character was a valid value	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2F_RESP_INFECT	VARCHAR2 (9)	N	(I2F) Respiratory Infection	Disease diagnosis: infections - respiratory infection. 0 = No, 1 = Yes. The '&' character was	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2G_SEPTICEMIA	VARCHAR2 (9)	N	(I2G) Septicemia	Disease diagnosis: infections - septicemia. 0 = No, 1 = Yes. The '&' character was a valid value	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2H_STD	VARCHAR2 (9)	N	(I2H) Sexually Transmitted Diseases	Disease diagnosis: infections - sexually transmitted diseases. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2I_TUBERCULOSIS	VARCHAR2 (9)	N	(I2I) Tuberculosis	Disease diagnosis: infections - tuberculosis. 0 = No, 1 = Yes. The '&' character was a valid value	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2J_UTI_THRTY_DAYS	VARCHAR2 (9)	N	(I2J) Urinary Tract Infection	Disease diagnosis: infections - urinary tract infection in last 30 days. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2K_VIRAL_HEP	VARCHAR2 (9)	N	(I2K) Viral Hepatitis	Disease diagnosis: infections - viral hepatitis. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I2L_WOUND	VARCHAR2 (9)	N	(I2L) Wound Infection	Disease diagnosis: infections - wound infection. 0 = No, 1 = Yes. The '&' character was a valid	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I3A_OTHR_ICD9_CD	VARCHAR2 (7)	N	(I3A) Other Diagnosis/ICD-9 Codes	Disease diagnosis: other current or more detailed diagnoses (ICD9) - other diagnosis A.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I3B_OTHR_ICD9_CD	VARCHAR2 (7)	N	(I3B) Other Diagnosis/ICD-9 Codes	Disease diagnosis: other current or more detailed diagnoses (ICD9) - other diagnosis B.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I3C_OTHR_ICD9_CD	VARCHAR2 (7)	N	(I3C) Other Diagnosis/ICD-9 Codes	Disease diagnosis: other current or more detailed diagnoses (ICD9) - other diagnosis C. The '&'	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I3D_OTHR_ICD9_CD	VARCHAR2 (7)	N	(I3D) Other Diagnosis/ICD-9 Codes	Disease diagnosis: other current or more detailed diagnoses (ICD9) - other diagnosis D. The '&'	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	I3E_OTHR_ICD9_CD	VARCHAR2 (7)	N	(I3E) Other Diagnosis/ICD-9 Codes	Disease diagnosis: other current or more detailed diagnoses (ICD9) - other diagnosis E. The '&'	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1A_WEIGHT_CHG	VARCHAR2 (9)	N	(J1A) Weight Gain/Loss of 3+ Pounds	Health conditions: problem conditions - indicators of fluid status - weight fluctuations 3+	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1B_NOT_LIE_FLAT	VARCHAR2 (9)	N	(J1B) Inability to Lie Flat Due to Shortness of Breath	Health conditions: problem conditions - indicators of fluid status - inability to lie flat -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1C_DEHYDRATED	VARCHAR2 (9)	N	(J1C) Dehydrated/Output Exceeds Input	Health conditions: problem conditions - indicators of fluid status - dehydrated - output	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1D_INSUFF_FLUID	VARCHAR2 (9)	N	(J1D) Insufficient Fluid	Health conditions: problem conditions - indicators of fluid status - insufficient fluid in	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1E_DELUSIONS	VARCHAR2 (9)	N	(J1E) Delusions	Health conditions: problem conditions - other - delusions in last 7 days. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1F_VERTIGO	VARCHAR2 (9)	N	(J1F) Dizziness/Vertigo	Health conditions: problem conditions - other - dizziness/vertigo in last 7 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1G_EDEMA	VARCHAR2 (9)	N	(J1G) Edema	Health conditions: problem conditions - other - edema in last 7 days. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1H_FEVER	VARCHAR2 (9)	N	(J1H) Fever	Health conditions: problem conditions - other - fever in last 7 days. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1I_HALLUCINATIONS	VARCHAR2 (9)	N	(J1I) Hallucinations	Health conditions: problem conditions - other - hallucinations in last 7 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1J_INTERN_BLEED	VARCHAR2 (9)	N	(J1J) Internal Bleeding	Health conditions: problem conditions - other - internal bleeding in last 7 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1K_LUNG_ASPIR	VARCHAR2 (9)	N	(J1K) Recurrent Lung Aspirations	Health conditions: problem conditions - other - recurrent lung aspirations in last 90 days. 0 =	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1L_SHORT_BREATH	VARCHAR2 (9)	N	(J1L) Shortness of Breath	Health conditions: problem conditions - other - shortness of breath in last 7 days. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1M_SYNCOPE	VARCHAR2 (9)	N	(J1M) Syncope/Fainting	Health conditions: problem conditions - other - syncope (fainting) in last 7 days. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1N_UNSTEADY_GAIT	VARCHAR2 (9)	N	(J1N) Unsteady Gait	Health conditions: problem conditions - other - unsteady gait in last 7 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J1O_VOMIT	VARCHAR2 (9)	N	(J1O) Vomiting	Health conditions: problem conditions - other - vomiting in last 7 days. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J2A_PAIN_FREQUENCY	VARCHAR2 (40)	N	(J2A) Pain Frequency	Health conditions: pain symptoms - frequency in last 7 days. If 0 = No, skip to J4. 0 = No pain, 1	MDS_PAIN_FREQ
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J2B_PAIN_INTENSITY	VARCHAR2 (40)	N	(J2B) Pain Intensity	Health conditions: pain symptoms - intensity in last 7 days. 1 = Mild pain, 2 = Moderate pain, 3	MDS_PAIN_INTENSITY
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3A_BACK_PAIN	VARCHAR2 (9)	N	(J3A) Back Pain	Health conditions: pain site - back pain in last 7 days. 0 = No, 1 = Yes. The '&' character was a	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3B_BONE_PAIN	VARCHAR2 (9)	N	(J3B) Bone Pain	Health conditions: pain site - bone pain in last 7 days. 0 = No, 1 = Yes. The '&' character was a	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3C_CHEST_PAIN	VARCHAR2 (9)	N	(J3C) Chest Pain while Doing Usual Activities	Health conditions: pain site - chest pain during usual activities in last 7 days. 0 = No, 1 = Yes.	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3D_HEADACHE	VARCHAR2 (9)	N	(J3D) Headache	Health conditions: pain site - headache in last 7 days. 0 = No, 1 = Yes. The '&' character was a	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3E_HIP_PAIN	VARCHAR2 (9)	N	(J3E) Hip Pain	Health conditions: pain site - hip pain in last 7 days. 0 = No, 1 = Yes. The '&' character was a	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3F_INCISION_PAIN	VARCHAR2 (9)	N	(J3F) Incisional Pain	Health conditions: pain site - incisional pain in last 7 days. 0 = No, 1 = Yes. The '&' character	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3G_JOINT_PAIN	VARCHAR2 (9)	N	(J3G) Joint Pain	Health conditions: pain site - joint pain (other than hip) in last 7 days. 0 = No, 1 = Yes. The '&'	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3H_TISSUE_PAIN	VARCHAR2 (9)	N	(J3H) Soft Tissue Pain	Health conditions: pain site - soft tissue pain (lesion, muscle) in last 7 days. 0 = No, 1 = Yes.	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3I_STOMACH_PAIN	VARCHAR2 (9)	N	(J3I) Stomach Pain	Health conditions: pain site - stomach pain in last 7 days. 0 = No, 1 = Yes. The '&' character	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J3J_OTHER	VARCHAR2 (9)	N	(J3J) Other Pain Site	Health conditions: pain site - other in last 7 days. 0 = No, 1 = Yes. The '&' character was a valid	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J4A_FELL_30_DAYS	VARCHAR2 (9)	N	(J4A) Fell in Past 30 Days	Health conditions: accidents - fell in past 30 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J4B_FELL_OVR_31_DA	VARCHAR2 (9)	N	(J4B) Fell in Past 31-180 Days	Health conditions: accidents - fell in past 31-180 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J4C_HIP_FRC_180_DA	VARCHAR2 (9)	N	(J4C) Hip Fracture in Last 180 Days	Health conditions: accidents - hip fracture in last 180 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J4D_OTH_FRC_180_DA	VARCHAR2 (9)	N	(J4D) Other Fracture in Last 180 Days	Health conditions: accidents - other fracture in last 180 days. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J4E_NONE_ABOVE	VARCHAR2 (9)	N	(J4E) None of Above Accidents	Health conditions: accidents - none of above. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J5A_UNSTABLE_COND	VARCHAR2 (9)	N	(J5A) Conditions/Disease Make Residents Mood/Behavior Unstable	Health conditions: stability of conditions - conditions/diseases lead to instability. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J5B_ACUTE_EPISODE	VARCHAR2 (9)	N	(J5B) Resident Experiencing Episode of Recurrent/Chronic Problem	Health conditions: stability of conditions - resident experiencing acute episode/flare-up. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J5C_END_STG_DISEAS	VARCHAR2 (9)	N	(J5C) End Stage Disease	Health conditions: stability of conditions - end-stage disease, 6 or fewer months to live. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	J5D_NONE_ABOVE	VARCHAR2 (9)	N	(J5D) None of Above Stability of Conditions	Health conditions: stability of conditions - none of above. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K1A_CHEW_PROB	VARCHAR2 (9)	N	(K1A) Chewing Problem	Oral/nutritional status: oral problems - chewing problem. 0 = No, 1 = Yes. The '&' character was	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K1B_SWALLOW_PROB	VARCHAR2 (9)	N	(K1B) Swallowing Problem	Oral/nutritional status: oral problems - swallowing problems. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K1C_MOUTH_PAIN	VARCHAR2 (9)	N	(K1C) Mouth Pain	Oral/nutritional status: oral problems - mouth pain. 0 = No, 1 = Yes. The '&' character was a	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K2A_HEIGHT	NUMBER (2.0)	N	(K2A) Height	Oral/nutritional status: height and weight - height (inches).	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K2B_WEIGHT	NUMBER (3.0)	N	(K2B) Weight	Oral/nutritional status: height and weight - weight (pounds). The '&' character was a valid	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K3A_WEIGHT_LOSS	VARCHAR2 (3)	N	(K3A) Weight Loss	Oral/nutritional status: weight change - weight loss. 5% or more in 30 days; 10% or more in	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K3B_WEIGHT_GAIN	VARCHAR2 (3)	N	(K3B) Weight Gain	Oral/nutritional status: weight change - weight gain. 5% or more in 30 days; 10% or more 180	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K4A_COMP_FOOD_TAST	VARCHAR2 (9)	N	(K4A) Complains About the Taste of Many Foods	Oral/nutritional status: nutritional problems - complains about taste of many foods. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K4B_CONSTANT_HUNGR	VARCHAR2 (9)	N	(K4B) Regular Complains of Hunger	Oral/nutritional status: nutritional problems - regular complaints of hunger. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K4C_NOT_EATING	VARCHAR2 (9)	N	(K4C) Leaves 25 percent or more Food Uneaten at Most Meals	Oral/nutritional status: nutritional problems - leaves 25% or more food uneaten at most meals.	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K4D_NONE_ABOVE	VARCHAR2 (9)	N	(K4D) None of Above Nutritional Problems	Oral/nutritional status: nutritional problems - none of above. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5A_PARENTERAL_IV	VARCHAR2 (9)	N	(K5A) Parenteral IV	Oral/nutritional status: nutritional approaches in last 7 days - parenteral/IV. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5B_FEED_TUBE	VARCHAR2 (9)	N	(K5B) Feeding Tube	Oral/nutritional status: nutritional approaches in last 7 days - feeding tube. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5C_MECH_DIET	VARCHAR2 (9)	N	(K5C) Mechanically Altered Diet	Oral/nutritional status: nutritional approaches in last 7 days - mechanically altered diet. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5D_SYRINGE	VARCHAR2 (9)	N	(K5D) Syringe Oral Feeding	Oral/nutritional status: nutritional approaches in last 7 days - syringe (oral feeding). 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5E_THERAPY_DIET	VARCHAR2 (9)	N	(K5E) Therapeutic Diet	Oral/nutritional status: nutritional approaches in last 7 days - therapeutic diet. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5F_DIET_SUPP	VARCHAR2 (9)	N	(K5F) Dietary Supplement Between Meals	Oral/nutritional status: nutritional approaches in last 7 days - dietary supplement between meals.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5G_PLATE_GRD	VARCHAR2 (9)	N	(K5G) Plate Guard, Stabilized Built-Up Utensil, Etc	Oral/nutritional status: nutritional approaches in last 7 days - plate guard, stabilized utensil, etc. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K5H_WGT_PROG	VARCHAR2 (9)	N	(K5H) On a Planned Weight Change Program	Oral/nutritional status: nutritional approaches in last 7 days - on a planned weight change	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K6A_TOTAL_CALORIES	VARCHAR2 (40)	N	(K6A) Calories Received in Last 7 Days	Oral/nutritional status: parenteral of enteral intake - total calories (%) received in last seven	MDS_TOT_CAL
NATL_MDS_RSDNT_PRFL_HSTRY_VW	K6B_FLUID_INTAKE	VARCHAR2 (40)	N	(K6B) Fluid Intake Per Day	Oral/nutritional status: parenteral of enteral intake - average fluid intake (daily) in last seven	MDS_FLUID_INTAKE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1A_DEBRIS_B4_BED	VARCHAR2 (9)	N	(L1A) Debris Present in Mouth Prior to Going to Bed	Oral/dental status: oral status and disease prevention - debris in mouth before bed. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1B_DENTURES	VARCHAR2 (9)	N	(L1B) Has Dentures/Removable Bridge	Oral/dental status: oral status and disease prevention - has dentures or removable bridge. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1C_LOST_TEETH	VARCHAR2 (9)	N	(L1C) Some/All Natural Teeth Lost	Oral/dental status: oral status and disease prevention - some/all natural teeth lost. 0 = No,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1D_LOOSE_TEETH	VARCHAR2 (9)	N	(L1D) Broken/Loose/Carious Teeth	Oral/dental status: oral status and disease prevention - broken, loose, or carious teeth. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1E_INFLAMED_GUM	VARCHAR2 (9)	N	(L1E) Inflamed/Swollen/Bleeding Gums	Oral/dental status - oral status and disease prevention: inflamed/bleeding gums, oral	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1F_DAY_TEETH_CLEAN	VARCHAR2 (9)	N	(L1F) Daily Cleaning of Teeth/Dentures	Oral/dental status: oral status and disease prevention - daily cleaning teeth/dentures or	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	L1G_NONE_ABOVE	VARCHAR2 (9)	N	(L1G) None of Above Oral Status	Oral/dental status: oral status and disease prevention - none of above. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_ADMIT_REC_DT	DATE (7)	N	Last Admission Record Date	Date of last admission record, AA8A PRI RFA = 01 or 08.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_ADMIT_REC_FAC_INT_ID	NUMBER (10.0)	N	Last Admission Record Facility Internal Identifier	Facility internal identifier from the last admission record, AA8A PRF RFA = 01 or 08.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_BKGRND_REC_DT	DATE (7)	N	Last Background Record Date	Date of last background record, AB11 is not null.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_BKGRND_REC_FAC_INT_ID	NUMBER (10.0)	N	Last Background Record Facility Internal Identifier	Facility internal identifier from the background record, AB11 is not null.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_DSCHRG_DT	DATE (7)	N	Last Discharge Date	Date of last discharge record, AA8A PRI RFA = 06, 07, 08.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_DSCHRG_FAC_INT_ID	NUMBER (10.0)	N	Last Discharge Facility Internal Identifier	Facility internal identifier from the last discharge record, AA8A PRI RFA = 06, 07, 08.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_FULL_ASMT_DT	DATE (7)	N	Last Full Assessment Date	Date of last full assessment, AA8A PRI RFA = 01, 02, 03 or 04.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_FULL_ASMT_FAC_INT_ID	NUMBER (10.0)	N	Last Full Assessment Facility Internal ID	Facility internal identifier from that last full assessment, AA8A PRI RFA = 01, 02, 03 or 04.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_PPS_5_ASMT_DT	DATE (7)	N	Last PPS 5 Day Assessment Date	Date of last PPS 5 day assessment, AA8B SPC RFA = 1 or 5.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_PPS_5_ASMT_FAC_INT_ID	NUMBER (10.0)	N	Last PPS 5 Day Assessment Facility Internal Identifier	Facility internal identifier from the last PPS 5 day assessment, AA8B SPC RFA = 1 or 5.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_PPS_ASMT_DT	DATE (7)	N	Last PPS Assessment Date	Date of last PPS assessment, AA8B SPC RFA = 1, 2, 3, 4, 5, 7 or 8.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_PPS_ASMT_FAC_INT_ID	NUMBER (10.0)	N	Last PPS Assessment Facility Internal Identifier	Facility internal identifier from the last PPS assessment, AA8B SPC RFA = 1, 2, 3, 4, 5, 7, 8.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_QTRY_ASMT_DT	DATE (7)	N	Last Quarterly Assessment Date	Date of last quarterly assessment, AA8A PRI RFA = 05 or 10.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_QTRY_ASMT_FAC_INT_ID	NUMBER (10.0)	N	Last Quarterly Assessment Facility Internal Identifier	Facility internal identifier from the last quarterly assessment, AA8A PRI RFA = 05 or 10.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_REENTRY_DT	DATE (7)	N	Last Reentry Date	Date of last background record, AB11 is not null.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_REENTRY_FAC_INT_ID	NUMBER (10.0)	N	Last Reentry Facility Internal Identifier	Facility internal identifier from the last background record, AB11 is not null.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_ST_FAC_INT_ID	NUMBER (10.0)	N	Last State RUG Facility Internal Identifier	Facility internal identification from the last state RUG calculation, AA8A PRI RFA = 06, 07, 08.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	LAST_ST_RUG_DT	DATE (7)	N	Last State RUG Date	Date of Last State Rug Calculation, aa8a pri rfa = 06, 07, 08	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M1A_STAGE_1_ULCER	VARCHAR2 (40)	N	(M1A) Stage 1 Ulcers	Skin condition: ulcers - stage 1 in last 7 days. This field indicates the number of stage one	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M1B_STAGE_2_ULCER	VARCHAR2 (40)	N	(M1B) Stage 2 Ulcers	Skin condition: ulcers - stage 2 in last 7 days. This field indicates the number of stage two	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M1C_STAGE_3_ULCER	VARCHAR2 (40)	N	(M1C) Stage 3 Ulcers	Skin condition: ulcers - stage 3 in last 7 days. The number of stage three ulcers on the	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M1D_STAGE_4_ULCER	VARCHAR2 (40)	N	(M1D) Stage 4 Ulcers	Skin condition: ulcers - stage 4 in last 7 days. This field indicates the number of stage four	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M2A_PRES_ULCER	VARCHAR2 (40)	N	(M2A) Pressure Ulcers	Skin condition: type of ulcer - pressure ulcer. This field indicates the highest stage indicator of	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M2B_STASIS_ULCER	VARCHAR2 (40)	N	(M2B) Stasis Ulcers	Skin condition: type of ulcer - stasis ulcer. This field indicates the highest stage indicator of a	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M3_HIST_ULCER	VARCHAR2 (3)	N	(M3) History of Resolved Ulcers	Skin condition: history of resolved ulcers. This field indicates if the resident had an ulcer that	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4A_ABRASIONS	VARCHAR2 (9)	N	(M4A) Abrasions/Bruises	Skin condition: other skin problems or lesions present in last 7 days - abrasions, bruises. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4B_BURNS	VARCHAR2 (9)	N	(M4B) Burns 2nd/3rd Degree	Skin condition: other skin problems or lesions present in last 7 days - burns (second or third	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4C_OPEN_LESIONS	VARCHAR2 (9)	N	(M4C) Open Lesions Other Than Ulcers/Rashes/Cuts	Skin condition: other skin problems or lesions present in last 7 days - open lesions other than	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4D_RASHES	VARCHAR2 (9)	N	(M4D) Rashes	Skin condition: other skin problems or lesions present in last 7 days - rashes - e.g., intertrigo,	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4E_DESENSIT_SKIN	VARCHAR2 (9)	N	(M4E) Skin Desensitized to Pain/Pressure	Skin condition: other skin problems or lesions present in last 7 days - skin desensitized to pain	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4F_SKIN_TEAR_CUT	VARCHAR2 (9)	N	(M4F) Skin Tears/Cuts	Skin condition: other skin problems or lesions present in last 7 days - skin tears or cuts (other	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4G_SURG_WOUND	VARCHAR2 (9)	N	(M4G) Surgical Wounds	Skin condition: other skin problems or lesions present in last 7 days - surgical wounds. 0 = No,	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M4H_NONE_ABOVE	VARCHAR2 (9)	N	(M4H) None of Above Skin Problems	Skin condition: other skin problems or lesions present in last 7 days - none of above. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5A_RELIEF_CHAIR	VARCHAR2 (9)	N	(M5A) Pressure Relieving Devices for Chair	Skin condition: skin treatments in last 7 days - pressure relieving device(s) for chair. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5B_RELIEF_BED	VARCHAR2 (9)	N	(M5B) Pressure Relieving Devices for Bed	Skin condition: skin treatments in last 7 days - pressure relieving device(s) for bed. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5C_TURN_REPO	VARCHAR2 (9)	N	(M5C) Turning/Repositioning Program	Skin condition: skin treatments in last 7 days - turning/repositioning program. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5D_INTER_SKN_PROB	VARCHAR2 (9)	N	(M5D) Nutrition/Hydration Intervention to Manage Skin Problems	Skin condition: skin treatments in last 7 days - nutrition/hydration intervention. 0 = No, 1 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5E_ULCER_CARE	VARCHAR2 (9)	N	(M5E) Ulcer Care	Skin condition: skin treatments in last 7 days - ulcer care. 0 = No, 1 = Yes. The '&' character	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5F_SURG_WOUND_CAR	VARCHAR2 (9)	N	(M5F) Surgical Wound Care	Skin condition: skin treatments in last 7 days - surgical wound care. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5G_APP_DRESSINGS	VARCHAR2 (9)	N	(M5G) Application of Dressings	Skin condition: skin treatments in last 7 days - application of dressings. 0 = No, 1 = Yes. The	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5H_APP_MEDS	VARCHAR2 (9)	N	(M5H) Application of Ointments/Medications	Skin condition: skin treatments in last 7 days - application of ointments/medications other than	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5I_PREVNT_SKIN_CARE	VARCHAR2 (9)	N	(M5I) Other Preventative or Protective Skin Care	Skin condition: skin treatments in last 7 days - other preventative/protective skin care other	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M5J_NONE_ABOVE	VARCHAR2 (9)	N	(M5J) None of Above Skin Treatments	Skin condition: skin treatments in last 7 days - none of above. 0 = No, 1 = Yes. The '&'	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6A_FOOT_PROB	VARCHAR2 (9)	N	(M6A) Resident Has 1 or More Foot Problems	Skin condition: foot problems and care in last 7 days - resident has one or more foot problems. 0	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6B_INFECT_FOOT	VARCHAR2 (9)	N	(M6B) Infection of Foot	Skin condition: foot problems and care in last 7 days - infection of foot - e.g., cellulitis, etc. 0 =	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6C_LESIONS_FOOT	VARCHAR2 (9)	N	(M6C) Open Lesions on Foot	Skin condition: foot problems and care in last 7 days - open lesions on foot. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6D_TRIMMED	VARCHAR2 (9)	N	(M6D) Nails/Calluses Trimmed on Foot	Skin condition: foot problems and care - nails/calluses trimmed in last 90 days. 0 = No, 1	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6E_PRVENT_FT_CARE	VARCHAR2 (9)	N	(M6E) Received Preventative/Protective Foot Care	Skin condition: foot problems and care in last 7 days - received preventative/protective foot care.	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6F_DRESSINGS_FOOT	VARCHAR2 (9)	N	(M6F) Application of Dressings to Foot	Skin condition: foot problems and care in last 7 days - application of dressings. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	M6G_NONE_ABOVE	VARCHAR2 (9)	N	(M6G) None of Above Foot Problems	Skin condition: foot problems and care in last 7 days - none of above. 0 = No, 1 = Yes. The '&	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCD_CMI	NUMBER (7.4)	N	Medicaid CMI Value for RUG Group	This field contains the Medicaid Case Mix Index generated in the RUG calculation for this	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCD_GP	VARCHAR2 (3)	N	Medicaid RUG Group	This field contains the Medicaid RUG group calculated for this assessment by the state MDS	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCD_SET_CODE	VARCHAR2 (3)	N	Medicaid RUG CMI Set Used	This field contains the Medicaid set code that was used in the RUG calculation for this	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCD_VR	VARCHAR2 (2)	N	Medicaid RUG Version	This field contains the Medicaid RUG calculator version used for this assessment by the state	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCR_CMI	NUMBER (7.4)	N	Medicare CMI Value for RUG Group	This field contains the Medicare Case Mix Index generated in the RUG calculation for this	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCR_GP	VARCHAR2 (3)	N	Medicare RUG Group	This field contains the Medicare RUG group calculated for this assessment by the state MDS	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCR_SET_CODE	VARCHAR2 (3)	N	Medicare RUG CMI Set Used	This field contains the Medicare set code that was used in the RUG calculation for this	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MCR_VR	VARCHAR2 (2)	N	Medicare RUG Version	This field contains the Medicare RUG calculator version used for this assessment by the state	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MDCR_ASMT_TRANS_CNT	NUMBER (3.0)	N	Medicare Assessment Transaction Count	The total number of Medicare assessments that went into calculating the record.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	MDS_SUBM_SEQ_NBR	NUMBER (10.0)	N	MDS Submission Sequence Number	Unique identifier of the submission file that contains this assessment when combined with	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N1A_MORNING	VARCHAR2 (9)	N	(N1A) Morning	Activity pursuit patterns: time awake over last 7 days - morning. This field indicates if the	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N1B_AFTERNOON	VARCHAR2 (9)	N	(N1B) Afternoon	Activity pursuit patterns: time awake over last 7 days - afternoon. This field indicates if the	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N1C_EVENING	VARCHAR2 (9)	N	(N1C) Evening	Activity pursuit patterns: time awake over last 7 days - evening. This field indicates if the	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N1D_NONE_ABOVE	VARCHAR2 (9)	N	(N1D) None of Above Time Awake	Activity pursuit patterns: time awake over last 7 days - none of above. 0 = No, 1 = Yes.	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N2_TM_ACTIVITIES	VARCHAR2 (40)	N	(N2) Time Involved in Activities	Activity pursuit patterns: average time involved in activities. If B1 = 1, skip to section O. 0 =	MDS_AVG_ACT_TIME
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N3A_OWN_ROOM	VARCHAR2 (9)	N	(N3A) Prefers Own Room	Activity pursuit patterns: preferred activity settings - own room. 0 = No, 1 = Yes. The '&	MDS_CHK_UNCHK_SP

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N3B_ACTIVITY_RM	VARCHAR2 (9)	N	(N3B) Prefers Day/Activity Room	Activity pursuit patterns: preferred activity settings - day/activity room. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N3C_INSIDE_NH	VARCHAR2 (9)	N	(N3C) Prefers Inside NH/Off Unit	Activity pursuit patterns: preferred activity settings - Inside NH/off unit. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N3D_OUTSIDE	VARCHAR2 (9)	N	(N3D) Prefers Outside Activity	Activity pursuit patterns: preferred activity settings - outside facility. 0 = No, 1 = Yes. The	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N3E_NONE	VARCHAR2 (9)	N	(N3E) None of Above Preferred Activity Settings	Activity pursuit patterns: preferred activity settings - none of above. 0 = No, 1 = Yes. The	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4A_CARDS	VARCHAR2 (9)	N	(N4A) Cards/Other Games	Activity pursuit patterns: general activity preferences - cards/other games. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4B_CRAFTS	VARCHAR2 (9)	N	(N4B) Crafts/Arts	Activity pursuit patterns: general activity preferences - crafts/arts. 0 = No, 1 = Yes. The	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4C_SPORTS	VARCHAR2 (9)	N	(N4C) Exercises/Sports	Activity pursuit patterns: general activity preferences - exercise/sports. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4D_MUSIC	VARCHAR2 (9)	N	(N4D) Music	Activity pursuit patterns: general activity preferences - music. 0 = No, 1 = Yes. The '&'	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4E_READING	VARCHAR2 (9)	N	(N4E) Reading/Writing	Activity pursuit patterns: general activity preferences - reading/writing. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4F_RELIGIOUS	VARCHAR2 (9)	N	(N4F) Spiritual/Religious Activities	Activity pursuit patterns: general activity preferences - spiritual/religious activities. 0 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4G_TRIPS	VARCHAR2 (9)	N	(N4G) Trips/Shopping	Activity pursuit patterns: general activity preferences - trips/shopping. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4H_WALKING	VARCHAR2 (9)	N	(N4H) Walking/Wheeling Outdoors	Activity pursuit patterns: general activity preferences - walking/wheeling outdoors. 0 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4I_TV	VARCHAR2 (9)	N	(N4I) Watching TV	Activity pursuit patterns: general activity preferences - watching TV. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4J_GARDENING	VARCHAR2 (9)	N	(N4J) Gardening or Plants	Activity pursuit patterns: general activity preferences - gardening or plants. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4K_TALKING	VARCHAR2 (9)	N	(N4K) Talking or Conversing	Activity pursuit patterns: general activity preferences - talking or conversing. 0 = No, 1 =	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4L_HELPING	VARCHAR2 (9)	N	(N4L) Helping Others	Activity pursuit patterns: general activity preferences - helping others. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N4M_NONE_ABOVE	VARCHAR2 (9)	N	(N4M) None of Above Activity Preferences	Activity pursuit patterns: general activity preferences - none of above. 0 = No, 1 = Yes.	MDS_CHK_UNCHK_SP

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N5A_CHG_TYPE_ACT	VARCHAR2 (40)	N	(N5A) Type of Activities Currently Involved In	Activity pursuit patterns: prefers change in daily routine - type of activities involved in. 0 = No	MDS_CHG_DAILY_ROUTINE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	N5B_CHG_EXTENT_ACT	VARCHAR2 (40)	N	(N5B) Extent of Involvement	Activity pursuit patterns: prefers change in daily routine - extent of involvement in activities. 0 =	MDS_CHG_DAILY_ROUTINE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	NATL_LAST_CMPRHNSV_RUG_CD	VARCHAR2 (3)	N	National Last Comprehensive RUG Code	This will be implemented in a future release.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	NATL_ROLLUP_RUG_CD	VARCHAR2 (3)	N	National Rollup RUG Code	This will be implemented in a future release.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	NATL_RUG_VER_CD	VARCHAR2 (2)	N	National RUG Version Code	This will be implemented in a future release.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O1_NUM_MEDS	VARCHAR2 (40)	N	(O1) Number of Medications	Medications: number of medications. This field indicates the number of different medications	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O2_NEW_MEDS	VARCHAR2 (3)	N	(O2) New Medications	Medications: new medications. This field indicates if the resident began receiving new	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O3_INJECTIONS	VARCHAR2 (40)	N	(O3) Injections	Medications: injections (number days). This field indicates the number of days the resident	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O4A_ANTIPSYCHOTIC	VARCHAR2 (40)	N	(O4A) Antipsychotic	Medications: days received the following medication during the last 7 days -	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O4B_ANTIANXIETY	VARCHAR2 (40)	N	(O4B) Antianxiety	Medications: days received the following medication during the last 7 days - antianxiety.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O4C_ANTIDEPRESS	VARCHAR2 (40)	N	(O4C) Antidepressant	Medications: days received the following medication during the last 7 days -	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O4D_HYPNOTIC	VARCHAR2 (40)	N	(O4D) Hypnotic	Medications: days received the following medication during the last 7 days - hypnotic.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	O4E_DIURETIC	VARCHAR2 (40)	N	(O4E) Diuretic	Medications: days received the following medication during the last 7 days - diuretic.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AA_CHEMO	VARCHAR2 (9)	N	(P1AB) Dialysis	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AB_DIALYSIS	VARCHAR2 (9)	N	(P1AC) IV Medication	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AC_IV_MED	VARCHAR2 (9)	N	(P1AD) Intake/Output	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AD_INTAKE	VARCHAR2 (9)	N	(P1AE) Monitoring Acute Medical Condition	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AE_ACUTE_COND	VARCHAR2 (9)	N	(P1AF) Ostomy Care	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AF_OSTOMY	VARCHAR2 (9)	N	(P1AG) Oxygen Therapy	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AG_OXYGEN	VARCHAR2 (9)	N	(P1AH) Radiation	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AH_RADIATION	VARCHAR2 (9)	N	(P1AI) Suctioning	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AI_SUCTION	VARCHAR2 (9)	N	(P1AJ) Tracheostomy Care	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AJ_TRACH_CARE	VARCHAR2 (9)	N	(P1AK) Transfusions	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AK_TRANSFUSION	VARCHAR2 (9)	N	(P1AL) Ventilator/Respirator	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AL_VENTILATOR	VARCHAR2 (9)	N	(P1AM) Alcohol/Drug Treatment Program	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AM_ALC_ORG_TREAT	VARCHAR2 (9)	N	(P1AN) Alzheimers/Dementia Special Care Unit	Special treatments and procedures: special treatments, procedures and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AN_ALZHEIMER	VARCHAR2 (9)	N	(P1AN) Alzheimers/Dementia Special Care Unit	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AO_HOSPICE	VARCHAR2 (9)	N	(P1AP) Pediatric Unit	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AP_PEDIATRIC	VARCHAR2 (9)	N	(P1AQ) Respite Care	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AQ_RESPITE	VARCHAR2 (9)	N	(P1AR) Training in Community Skills	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AR_TRAINING	VARCHAR2 (9)	N	(P1AS) None of Above Special Treatments	Special treatments and procedures: special treatments, procedures, and programs - special	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1AS_NONE_ABOVE	VARCHAR2 (9)	N	(P1BAA) Speech Therapy Days	Special treatments and procedures: special treatments, procedures, and programs - therapies	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BAA_SPCH_THR_DAY	VARCHAR2 (40)	N	(P1BAB) Speech Therapy Minutes	Special treatments and procedures: special treatments, procedures, and programs - therapies	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BAB_SPCH_THR_MIN	VARCHAR2 (40)	N	(P1BBA) Occupational Therapy Days	Special treatments and procedures: special treatments, procedures, and programs - therapies	MDS_CHECK_UNCHECK

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BBA_OCC_THPY_DAY	VARCHAR2 (40)	N	(P1BBB) Occupational Therapy Minutes	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BBB_OCC_THPY_MIN	VARCHAR2 (40)	N	(P1BCA) Physical Therapy Days	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BCA_PHY_THPY_DAY	VARCHAR2 (40)	N	(P1BCB) Physical Therapy Minutes	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BCB_PHY_THPY_MIN	VARCHAR2 (40)	N	(P1BDA) Respiratory Therapy Days	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BDA_RES_THPY_DAY	VARCHAR2 (40)	N	(P1BDB) Respiratory Therapy Minutes	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BDB_RES_THPY_MIN	VARCHAR2 (40)	N	(P1BEA) Psychological Therapy Days	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BEA_PSY_THPY_DAY	VARCHAR2 (40)	N	(P1BEB) Psychological Therapy Minutes	Special treatments and procedures: special treatments, procedures, and programs - therapies	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P1BEB_PSY_THPY_MIN	VARCHAR2 (40)	N	(P2A) Special Behavior Symptom Evaluation Program	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2A_BEHAVIOR	VARCHAR2 (9)	N	(P2B) Evaluation by Licensed Mental Health Specialist	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2B_EVALUATED	VARCHAR2 (9)	N	(P2C) Group Therapy	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2C_GROUP_THRPY	VARCHAR2 (9)	N	(P2D) Resident-Specific Deliberate Changes in Environment	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2D_EN_CHG_4_MOOD	VARCHAR2 (9)	N	(P2E) Reorientation	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2E_REORIENT	VARCHAR2 (9)	N	(P2F) None of Above Intervention Programs	Special treatments and procedures: intervention programs for mood, behavior, cognitive loss -	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P2F_NONE_ABOVE	VARCHAR2 (9)	N	(P3A) Passive Range of Motion	Special treatments and procedures: nursing rehabilitation/restorative care - range of motion	MDS_CHECK_UNCHECK
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3A_NR_MOTION_PASS	VARCHAR2 (40)	N	(P3B) Active Range of Motion	Special treatments and procedures: nursing rehabilitation/restorative care - range of motion	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3B_NR_MOTION_ACTV	VARCHAR2 (40)	N	(P3C) Splint or Brace Assistance	Special treatments and procedures: nursing rehabilitation/restorative care - splint or brace	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3C_NR_SPLINT	VARCHAR2 (40)	N	(P3D) Bed Mobility	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3D_NR_BED_MOBILE	VARCHAR2 (40)	N	(P3E) Transfer	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3E_NR_TRANSFER	VARCHAR2 (40)	N	(P3F) Walking	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3F_NR_WALKING	VARCHAR2 (40)	N	(P3G) Dressing/Grooming	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3G_NR_DRESS_GROOM	VARCHAR2 (40)	N	(P3H) Eating/Swallowing	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3H_NR_EATING	VARCHAR2 (40)	N	(P3I) Amputation/Prosthesis Care	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3I_NR_AMPUTA_CARE	VARCHAR2 (40)	N	(P3I) Amputation/Prosthesis Care	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3J_NR_COMMUNICAT	VARCHAR2 (40)	N	(P3J) Communication	Special treatments and procedures: nursing rehabilitation/restorative care - training and skill	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P3K_NR_OTHER	VARCHAR2 (40)	N	(P4A) Full Bed Rails	Special treatments and procedures: devices and restraints - full bed rails on all sides of bed. 0 =	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P4A_BED_RAILS	VARCHAR2 (40)	N	(P4B) Other Side Rails	Special treatments and procedures: devices and restraints - other types of side rails used. 0 = Not	MDS_DEVICES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P4B_OTH_RAILS	VARCHAR2 (40)	N	(P4C) Trunk Restraint	Special treatments and procedures: devices and restraints - trunk restraint. 0 = Not used, 1 =	MDS_DEVICES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P4C_TRUNK_REST	VARCHAR2 (40)	N	(P4D) Limb Restraint	Special treatments and procedures: devices and restraints - limb restraint. 0 = Not used, 1 = Used	MDS_DEVICES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P4D_LIMB_REST	VARCHAR2 (40)	N	(P4E) Chair Prevents Rising	Special treatments and procedures: devices and restraints - chair prevents rising. 0 = Not used, 1	MDS_DEVICES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P4E_CHR_PRVNT_RISE	VARCHAR2 (40)	N	(P5) Hospital Stays	Special treatments and procedures: hospital stays. The number of times the resident was	MDS_DEVICES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P5_HOSP_STAY	VARCHAR2 (40)	N	(P5) Hospital Stays	Special treatments and procedures: Hospital stays. The number of times the resident was	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P6_ER_VISIT	VARCHAR2 (40)	N	(P7) Physician Visits	Special treatments and procedures: physician visits. The number of days the physician or an	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P7_PHYS_VISIT	VARCHAR2 (40)	N	(P8) Physicians Orders	Special treatments and procedures: physician orders. The '&' character was a valid value for	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P8_PHYS_ORDERS	VARCHAR2 (40)	N	(P9) Abnormal Lab Values	Special treatments and procedures: abnormal lab values. 0 = No, 1 = Yes. The '&' character was a	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P9_AB_LAB_VALUES	VARCHAR2 (3)	N	Previous Record Date	Previous Record Date	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	P_REC_DT	DATE (7)	N	(P1AA) Chemotherapy	Special treatments and procedures: special treatments, procedures, and programs - special	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	Q1A_RES_RETURN	VARCHAR2 (3)	N	(Q1A) Resident Wishes to Return to Community	Discharge potential and overall status: discharge potential - resident wishes to return to	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	Q1B_SUPPORT_RES	VARCHAR2 (3)	N	(Q1B) Resident Supported by Someone Positive Toward Discharge	Discharge potential and overall status: discharge potential - support person positive toward	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	Q1C_SHORT_STAY	VARCHAR2 (40)	N	(Q1C) Discharge within 90 Days	Discharge potential and overall status: discharge potential - stay projected to be of short duration.	MDS_DISCHARGE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	Q2_OVERALL_CHG	VARCHAR2 (40)	N	(Q2) Change in Care Needs	Discharge potential and overall status: overall change in care needs. 0 = No change, 1 =	MDS_CHG_CARE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R1A_ASMT_PART_RES	VARCHAR2 (3)	N	(R1A) Resident Participated in Assessment	Assessment/discharge information: participation in assessment - resident. 0 = No, 1 = Yes. The	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R1B_ASMT_PART_FAM	VARCHAR2 (9)	N	(R1B) Family Participation in Assessment	Assessment/discharge information: participation in assessment - family. 0 = No, 1 = Yes, 2 = No	MDS_NO_YES_FAM
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R1C_ASMT_PART_SIGO	VARCHAR2 (4)	N	(R1C) Significant Other Participation in Assessment	Assessment/discharge information: participation in assessment - significant other. 0 = No, 1 =	MDS_NO_YES_NONE
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R2B_COMPLETE_DT	DATE (7)	N	(R2B) Date Assessment Complete	Assessment/discharge information: participation in assessment - date RN coordinator signed	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R3A_DISCHARGE_CD	NUMBER (1.0)	N	(R3A) Resident Discharge Disposition Code	Assessment/discharge information: code for resident discharge disposition. 1 = Private	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R3B_STATE_CD	NUMBER (1.0)	N	(R3B) State Code	Assessment/discharge information: optional state code.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	R4_DISCHARGE_DT	DATE (7)	N	(R4) Discharge Date	Assessment/discharge information: discharge date.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	REC_TYPE	VARCHAR2 (2)	N	Record Type	Record type. This is a calculated field based on the combination of the AA8A PRI RFA and	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	RES_INT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	RES_MATCH_CRITERIA	NUMBER (2.0)	N	Resident Match Criteria	This field is used in determining if a record should be written to the resident history table. It	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	CSP_CMS_RGN_CD

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRF _HSTRY_VW	RSDNT_AGE_NUM	NUMBER (3.0)	N	Resident Age Number	The resident's age at the assessment's target date. Calculated by subtracting the (AA3)Birth Date	
NATL_MDS_RSDNT_PRF _HSTRY_VW	SFTW_ID	VARCHAR2 (9)	N	Software Version	This field contains the version number of the vendor software being used by the facility or the	
NATL_MDS_RSDNT_PRF _HSTRY_VW	SFT_VER	VARCHAR2 (5)	N	Software Vendor ID	This field contains the identification number of the software vendor or agent the facility is using	
NATL_MDS_RSDNT_PRF _HSTRY_VW	STATE_CD	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_MDS_RSDNT_PRF _HSTRY_VW	SUBMISSION_DATE	DATE (7)	N	Submission Requirement	0 = Default for all records prior to the submission requirement field being added to the	
NATL_MDS_RSDNT_PRF _HSTRY_VW	SUB_REQ	VARCHAR2 (1)	N	Submission Date	The date the submission was received by the system.	
NATL_MDS_RSDNT_PRF _HSTRY_VW	T1B_ORDER_THPY	VARCHAR2 (3)	N	(T1B) Ordered Therapies	Multistate supplement: special treatments and procedures - ordered therapies. 0 = No, 1 = Yes.	MDS_NO_YES_SP
NATL_MDS_RSDNT_PRF _HSTRY_VW	T1C_THPY_DAYS	VARCHAR2 (40)	N	(T1C) Therapy Days	Multistate supplement: special treatments and procedures - estimate of days of therapy until	
NATL_MDS_RSDNT_PRF _HSTRY_VW	T1D_THPY_MIN	VARCHAR2 (40)	N	(T1D) Therapy Minutes	Multistate supplement: special treatments and procedures - estimate of minutes of therapy until	
NATL_MDS_RSDNT_PRF _HSTRY_VW	T3MCARE_SBMTD_RUG	VARCHAR2 (5)	N	(T3) Medicare Submitted RUG	Multistate supplement: Medicare case mix group. Medicare RUG value submitted by	
NATL_MDS_RSDNT_PRF _HSTRY_VW	T3STATE_SBMTD_RUG	VARCHAR2 (5)	N	State Case Mix Group	The software calculated RUG-III Classification for the State case mix field using the State-	
NATL_MDS_RSDNT_PRF _HSTRY_VW	TARGET_DATE	DATE (7)	N	Target Date	For MDS, the target date is the R4 Discharge Date for any discharge, the A4A Reentry Date	
NATL_MDS_RSDNT_PRF _HSTRY_VW	TOT_ROLLUP_FAC_CNT	NUMBER (2.0)	N	Total Rollup Facility Count	The total number of facilities that went into calculating the record.	
NATL_MDS_RSDNT_PRF _HSTRY_VW	TRGT_MO	DATE (7)	N	RPT Target Month	The start of the quarter for which the data was pulled. For example data from the RPT table for	
NATL_MDS_RSDNT_PRF _HSTRY_VW	UPDATED_DATE	DATE (7)	N	Updated Date	This is the date the row was last updated in the assessment table in the state system.	
NATL_MDS_RSDNT_PRF _HSTRY_VW	VA01A_DELIURIUM_TR	VARCHAR2 (9)	N	(VA01A) Delirium Triggered	RAP summary: delirium - triggered. 0 = Not triggered, 1 = Triggered, (-) = Determination	MDS_NO_YES
NATL_MDS_RSDNT_PRF _HSTRY_VW	VA01B_DELIURIUM_PC	VARCHAR2 (9)	N	(VA01B) Delirium Care Planning Decision	RAP summary: delirium - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA02A_COG_LOSS_TR	VARCHAR2 (9)	N	(VA02A) Cognitive Loss Triggered	RAP summary: cognitive loss - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA02B_COG_LOSS_PC	VARCHAR2 (9)	N	(VA02B) Cognitive Loss Care Planning Decision	RAP summary: cognitive loss - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA03A_VISUAL_TR	VARCHAR2 (9)	N	(VA03A) Visual Function Triggered Code	(VA03A) Visual function triggered code.	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA03B_VISUAL_PC	VARCHAR2 (9)	N	(VA03B) Visual Function Care Planning Decision	RAP summary: visual function - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA04A_COMM_TR	VARCHAR2 (9)	N	(VA04A) Communication Triggered	RAP summary: communication - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA04B_COMM_PC	VARCHAR2 (9)	N	(VA04B) Communication Care Planning Decision	RAP summary: communication - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA05A_ADL_TR	VARCHAR2 (9)	N	(VA05A) ADL Functional Potential Triggered	RAP summary: ADL functional/rehabilitation potential - triggered. 0 = Not triggered, 1 =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA05B_ADL_PC	VARCHAR2 (9)	N	(VA05B) ADL Functional Potential Care Planning Decision	RAP summary: ADL functional/rehabilitation potential - proceed with care. 0 = Not triggered,	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA06A_INCONT_TR	VARCHAR2 (9)	N	(VA06A) Urinary Incontinence Triggered Code	(VA06A) Urinary incontinence triggered code.	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA06B_INCONT_PC	VARCHAR2 (9)	N	(VA06B) Urinary Incontinence Care Planning Decision	RAP summary: urinary incontinence and indwelling catheter - proceed with care. 0 = Not	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA07A_PSYCH_TR	VARCHAR2 (9)	N	(VA07A) Psychosocial Well-being Triggered	RAP summary: psychological well-being - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA07B_PSYCH_PC	VARCHAR2 (9)	N	(VA07B) Psychosocial Well-being Care Planning Decision	RAP summary: psychological well-being - proceed with care. 0 = Not triggered, 1 =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA08A_MOOD_TR	VARCHAR2 (9)	N	(VA08A) Mood State Triggered	RAP summary: mood state - triggered. 0 = Not triggered, 1 = Triggered, (-) = Determination	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA08B_MOOD_PC	VARCHAR2 (9)	N	(VA08B) Mood State Care Planning Decision	RAP summary: mood state - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA09A_BEHAVE_TR	VARCHAR2 (9)	N	(VA09A) Behavioral Symptoms Triggered	RAP summary: behavioral symptoms - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA09B_BEHAVE_PC	VARCHAR2 (9)	N	(VA09B) Behavioral Symptoms Care Planning Decision	RAP summary: behavioral symptoms - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA10A_ACTIV_TR	VARCHAR2 (9)	N	(VA10A) Activities Triggered	RAP summary: activities - triggered. 0 = Not triggered, 1 = Triggered, (-) = Determination	MDS_NO_YES

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA10B_ACTIV_PC	VARCHAR2 (9)	N	(VA10B) Activities Care Planning Decision	RAP summary: activities - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA11A_FALLS_TR	VARCHAR2 (9)	N	(VA11A) Falls Triggered	RAP summary: falls - triggered. 0 = Not triggered, 1 = Triggered, (-) = Determination	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA11B_FALLS_PC	VARCHAR2 (9)	N	(VA11B) Falls Care Planning Decision	RAP summary: falls - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA12A_NUTRITION_TR	VARCHAR2 (9)	N	(VA12A) Nutritional Status Triggered	RAP summary: nutritional status - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA12B_NUTRITION_PC	VARCHAR2 (9)	N	(VA12B) Nutritional Status Care Planning Decision	RAP summary: nutritional status - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA13A_FEED_TUBE_TR	VARCHAR2 (9)	N	(VA13A) Feeding Tubes Triggered	RAP summary: feeding tubes - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA13B_FEED_TUBE_PC	VARCHAR2 (9)	N	(VA13B) Feeding Tubes Care Planning Decision	RAP summary: feeding tubes - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA14A_DEHYDRAT_TR	VARCHAR2 (9)	N	(VA14A) Dehydration Triggered	RAP summary: dehydration/fluid maintenance - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA14B_DEHYDRAT_PC	VARCHAR2 (9)	N	(VA14B) Dehydration Care Planning Decision	RAP summary: dehydration/fluid maintenance - proceed with care. 0 = Not triggered, 1 =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA15A_DENTAL_TR	VARCHAR2 (9)	N	(VA15A) Dental Care Triggered	RAP summary: dental care - triggered. 0 = Not triggered, 1 = Triggered, (-) = Determination	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA15B_DENTAL_PC	VARCHAR2 (9)	N	(VA15B) Dental Care Care Planning Decision	RAP summary: dental care - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA16A_PRS_ULCER_TR	VARCHAR2 (9)	N	(VA16A) Pressure Ulcers Triggered	RAP summary: pressure ulcers - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA16B_PRS_ULCER_PC	VARCHAR2 (9)	N	(VA16B) Pressure Ulcers Care Planning Decision	RAP summary: pressure ulcers - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA17A_DRUG_USER_TR	VARCHAR2 (9)	N	(VA17A) Psychotropic Drug Use Triggered	RAP summary: psychotropic drug use - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA17B_DRUG_USER_PC	VARCHAR2 (9)	N	(VA17B) Psychotropic Drug Use Care Planning Decision	RAP summary: psychotropic drug use - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA18A_RESTRAINT_TR	VARCHAR2 (9)	N	(VA18A) Physical Restraints Triggered	RAP summary: physical restraints - triggered. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VA18B_RESTRAINT_PC	VARCHAR2 (9)	N	(VA18B) Physical Restraints Care Planning Decision	RAP summary: physical restraints - proceed with care. 0 = Not triggered, 1 = Triggered, (-) =	MDS_NO_YES

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VB2_RAP_DT	DATE (7)	N	(VB2) RAP Date	RAP summary: RAP assessment signature date. The '&' character was a valid value for	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VB4_CARE_PLAN_DT	DATE (7)	N	(VB4) Care Planning Decision Date	RAP Summary: care plan signature date. The '&' character was a valid value for 'Unknown' before	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VCODE1	VARCHAR2 (5)	N	MDS Version Completed Code	This field indicates which version of the MDS RAI form was completed for this assessment.	
NATL_MDS_RSDNT_PRFL_HSTRY_VW	VCODE2	VARCHAR2 (5)	N	MDS Data Specs Version Code	This field indicates which version of the MDS layout is being submitted for this assessment.	
NATL_MDS_SUBMSN_AC_TVTY_VW	AA8A_CD	VARCHAR2 (2)	N	(AA8A) Primary Reason for Assessment	Primary reason for assessment. 01 = Admission assessment, 02 = Annual assessment, 03 =	
NATL_MDS_SUBMSN_AC_TVTY_VW	AA8B_CD	VARCHAR2 (2)	N	(AA8B) Assessment Codes for Medicare PPS State	Special reason for assessment. 1 = Medicare 5-day assessment, 2 = Medicare 30-day	
NATL_MDS_SUBMSN_AC_TVTY_VW	FREQ_CNT	NUMBER (9.0)	N	MDS Submission Frequency Count	MDS Submission Frequency Count	
NATL_MDS_SUBMSN_AC_TVTY_VW	QTR_DT	DATE (8)	N	Quarter Date	The first day of a quarter in which the calculations have been ran for.	
NATL_MDS_SUBMSN_AC_TVTY_VW	STATE_CD	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	
NATL_MDS_SUBM_INFO_VW	AGENT_ID	VARCHAR2 (9)	N	Agent Identifier	This is the identification of the current software agent used by the facility to handle the	
NATL_MDS_SUBM_INFO_VW	BRWSR_TXT	VARCHAR2 (200)	N	Browser Text	This is the name and/or version number of the submitters browser.	
NATL_MDS_SUBM_INFO_VW	COMPLETE_DATE	DATE (8)	N	Complete Date	The date and time the report finished running.	
NATL_MDS_SUBM_INFO_VW	FAC_INT_ID	NUMBER (10.0)	N	Facility Internal Identifier	The CMS facility internal identifier that is unique within a state. For the	
NATL_MDS_SUBM_INFO_VW	MDS_SUBM_SEQ_NBR	NUMBER (10.0)	N	MDS Submission Sequence Number	Unique identifier of the submission file that contains this assessment when combined with	
NATL_MDS_SUBM_INFO_VW	NBR_DUPLICATE_RECS	NUMBER (7.0)	N	Number of Duplicate Records	This field contains the total number of duplicate assessment records.	
NATL_MDS_SUBM_INFO_VW	NBR_PROCESSED_RECS	NUMBER (7.0)	N	Number of Processed Records	This field contains the total number of processed records.	
NATL_MDS_SUBM_INFO_VW	NBR_REJECTED_RECS	NUMBER (7.0)	N	Number of Rejected Records	The number of rejected MDS records in the submission file.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_MDS_SUBM_INFO_VW	NBR_REJ_OBRA	NUMBER (5.0)	N	Number of Rejected OBRA Assessment records	This field contains the total number of rejected OBRA assessment records.	
NATL_MDS_SUBM_INFO_VW	NBR_REJ_PPS	NUMBER (5.0)	N	Number of Rejected PPS Assessment Records	This field contains the total number of rejected PPS assessment records.	
NATL_MDS_SUBM_INFO_VW	NBR_REJ_TRK	NUMBER (5.0)	N	Number of Rejected Tracking Form Records	This field contains the total number of rejected tracking form records.	
NATL_MDS_SUBM_INFO_VW	NBR_SUBMITTED_RECS	NUMBER (7.0)	N	Number of Submitted Records	This field contains the total number of submitted assessment records.	
NATL_MDS_SUBM_INFO_VW	O_OO_COUNT	NUMBER (5.0)	N	Other State Assessment Count	This field contains the total number of submitted Other State assessment records.	
NATL_MDS_SUBM_INFO_VW	PRODUCTION	CHAR (1)	N	Production Submission	This field contains indicates whether an assessment was submitted as a test submission	
NATL_MDS_SUBM_INFO_VW	SFTW_ID	VARCHAR2 (9)	N	Software Identifier	This field contains the identification number of the software vendor or agent the provider is	
NATL_MDS_SUBM_INFO_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_MDS_SUBM_INFO_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_MDS_SUBM_INFO_VW	SUBMISSION_DATE	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_RESIDENT	CURRENT_FAC_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal ID	The identification of the facility in which the resident is currently located.	
NATL_RESIDENT	DEATH_DATE	DATE (8)	N	Date of Death	The resident's date of death.	
NATL_RESIDENT	DOB	DATE (8)	N	Date of Birth	The resident's date of birth.	
NATL_RESIDENT	EFFECTIVE_DATE	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records. If the current	
NATL_RESIDENT	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity African American Switch	Ethnicity African American Switch.	
NATL_RESIDENT	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity American Indian/Alaskan Native Switch	Ethnicity American Indian/Alaskan Native Switch.	
NATL_RESIDENT	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity Asian Switch	Ethnicity Asian Switch.	
NATL_RESIDENT	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity Hispanic/Latin Switch	Ethnicity Hispanic/Latin Switch.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RESIDENT	ETHNCTY_NTV_HI_PCFC_IS LNDR_SW	VARCHAR2 (1)	N	Ethnicity Native Hawaiian/Pacific Islander Switch	Ethnicity Native Hawaiian/Pacific Islander Switch.	
NATL_RESIDENT	ETHNCTY_UNKNOWN_SW	VARCHAR2 (1)	N	Ethnicity Unknown Switch	Ethnicity Unknown Switch.	
NATL_RESIDENT	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity White Switch	Ethnicity White Switch.	
NATL_RESIDENT	FACESHEET_INDICATOR	CHAR (1)	N	Facesheet Indicator	This field indicates if a facesheet (Section AB and AC) has been received for a resident. A	
NATL_RESIDENT	FIRST_NAME	VARCHAR2 (12)	N	First Name	The resident's first name.	
NATL_RESIDENT	GENDER	NUMBER (1.0)	N	Gender	The resident's gender. Valid values are 0 = Unknown, 1 = Male, and 2 = Female. Values	
NATL_RESIDENT	HHA_INDICATOR	CHAR (1)	N	HHA Indicator	This field indicates if the resident has had an OASIS assessment from an HHA.	
NATL_RESIDENT	IRF_INDICATOR	CHAR (1)	N	IRF-PAI Indicator Code	IRF-PAI indicator code. Indicator = R if facility is an IRF-PAI facility.	
NATL_RESIDENT	LAST_NAME	VARCHAR2 (18)	N	Last Name	The resident's last name.	
NATL_RESIDENT	MDS_INDICATOR	CHAR (1)	N	MDS Indicator	This field indicates if resident has had an MDS assessment from an LTC.	
NATL_RESIDENT	MIDDLE_NAME	VARCHAR2 (1)	N	Middle Name	The resident's middle name.	
NATL_RESIDENT	RACE	VARCHAR2 (2)	N	Race	The resident's race/ethnicity. Values are 1 through 5 and -1. Any values other than these	MDS_RACE
NATL_RESIDENT	RESIDENT_INTERNAL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_RESIDENT	RES_CHG_TIMESTAMP	DATE (8)	N	Resident Change Timestamp	This is a timestamp indicating when the resident identifying information was changed. It is used	
NATL_RESIDENT	RES_MEDICAID_NBR	VARCHAR2 (14)	N	Medicaid Number	The resident's Medicaid number.	
NATL_RESIDENT	RES_MEDICARE_NBR	VARCHAR2 (12)	N	HIC / Medicare Number	The resident's Medicare number.	
NATL_RESIDENT	SB_INDICATOR	CHAR (1)	N	Swing Bed Indicator Code	Swing bed indicator code. Indicator = S if facility is a swingbed facility.	
NATL_RESIDENT	SSN	VARCHAR2 (9)	N	Social Security Number	This is the resident's Social Security number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RESIDENT	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	STATES
NATL_RESIDENT	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This field represents the date when the state prepared the data to be pulled to the national.	
NATL_RESIDENT_DLT	CREAT_TS	DATE (8)	N	Create Timestamp	Time record was created.	
NATL_RESIDENT_DLT	LINK_KEY	NUMBER (9.0)	N	Resident Link Key	IBM generated key to uniquely identify residents across different systems	
NATL_RESIDENT_DLT	RESIDENT_INTERNAL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_RESIDENT_DLT	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	
NATL_RESIDENT_VW	CURRENT_FAC_INTERNAL_ID	NUMBER (10.0)	N	Current Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RESIDENT_VW	DEATH_DATE	DATE (8)	N	Death Date	This column contains the resident's date of death.	
NATL_RESIDENT_VW	DOB	DATE (8)	N	Date of Birth	This column contains the resident's date of birth.	
NATL_RESIDENT_VW	EFFECTIVE_DATE	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records and is based on	
NATL_RESIDENT_VW	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity African American Switch	This column indicates if the resident's ethnicity is African-American.	
NATL_RESIDENT_VW	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity American Indian/Alaskan Native Switch	This column indicates if the resident's ethnicity is American Indian or Alaskan Native.	
NATL_RESIDENT_VW	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity Asian Switch	This column indicates if the resident's ethnicity is Asian.	
NATL_RESIDENT_VW	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity Hispanic/Latino Switch	This column indicates if the resident's ethnicity is Hispanic or Latino.	
NATL_RESIDENT_VW	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity Native Hawaiian/Pacific Islander Switch	This column indicates if the resident's ethnicity is native Hawaiian or Pacific Islander.	
NATL_RESIDENT_VW	ETHNCTY_UNKNOWN_SW	VARCHAR2 (1)	N	Ethnicity Unknown Switch	This column indicates if the resident's ethnicity is unknown.	
NATL_RESIDENT_VW	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity White Switch	This column indicates if the resident's ethnicity is white.	
NATL_RESIDENT_VW	FACESHEET_INDICATOR	CHAR (1)	N	Facesheet Indicator	This column indicates if a facesheet (Section AB and AC) has been received for a resident. A	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RESIDENT_VW	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the resident's first name.	
NATL_RESIDENT_VW	GENDER	NUMBER (1.0)	N	Gender	This column contains the resident's gender code.	
NATL_RESIDENT_VW	HHA_INDICATOR	CHAR (1)	N	HHA Indicator	This field indicates if the resident has had an OASIS assessment from an HHA.	
NATL_RESIDENT_VW	IRF_INDICATOR	CHAR (1)	N	IRF Indicator	This column indicates if the resident has had an IRF-PAI assessment.	
NATL_RESIDENT_VW	LAST_NAME	VARCHAR2 (18)	N	Last Name	This column contains the resident's last name.	
NATL_RESIDENT_VW	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RESIDENT_VW	MDS_INDICATOR	CHAR (1)	N	MDS Indicator	This field indicates if resident has had an MDS assessment from a NH.	
NATL_RESIDENT_VW	MIDDLE_NAME	VARCHAR2 (1)	N	Middle Name	This column contains the resident's middle initial.	
NATL_RESIDENT_VW	RACE	VARCHAR2 (2)	N	Race	This column contains the race indicator.	MDS_RACE
NATL_RESIDENT_VW	RESIDENT_INTERNAL_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_RESIDENT_VW	RES_CHG_TIMESTAMP	DATE (8)	N	Resident Change Timestamp	This column contains a timestamp indicating when the resident identifying information was	
NATL_RESIDENT_VW	RES_MEDICAID_NBR	VARCHAR2 (14)	N	Resident Medicaid Number	This column contains the resident's Medicaid number.	
NATL_RESIDENT_VW	RES_MEDICARE_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	
NATL_RESIDENT_VW	SB_INDICATOR	CHAR (1)	N	Swing Bed Indicator	This column indicates if the resident has had an MDS 2.0 swing bed assessment.	
NATL_RESIDENT_VW	SSN	VARCHAR2 (9)	N	Social Security Number	This column contains the resident's Social Security Number.	
NATL_RESIDENT_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_RESIDENT_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	
NATL_RSDNT	BIRTH_DT	DATE (8)	N	Birth Date	This column contains the resident's date of birth.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT	CRNT_FAC_INTRNL_ID	NUMBER (10.0)	N	Current Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RSDNT	DEATH_DT	DATE (8)	N	Death Date	This column contains the resident's date of death.	
NATL_RSDNT	EFCTV_DT	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records. For MDS 3.0,	
NATL_RSDNT	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity African American Switch	This column indicates if the resident's ethnicity is African-American.	
NATL_RSDNT	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity American Indian/Alaskan Native Switch	This column indicates if the resident's ethnicity is American Indian or Alaskan Native.	
NATL_RSDNT	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity Asian Switch	This column indicates if the resident's ethnicity is Asian.	
NATL_RSDNT	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity Hispanic/Latino Switch	This column indicates if the resident's ethnicity is Hispanic or Latino.	
NATL_RSDNT	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity Native Hawaiian/Pacific Islander Switch	This column indicates if the resident's ethnicity is native Hawaiian or Pacific Islander.	
NATL_RSDNT	ETHNCTY_UNKNOWN_SW	VARCHAR2 (1)	N	Ethnicity Unknown Switch	This column indicates if the resident's ethnicity is unknown.	
NATL_RSDNT	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity White Switch	This column indicates if the resident's ethnicity is white.	
NATL_RSDNT	FACESHEET_IND	CHAR (1)	N	Facesheet Indicator	This column indicates if a facesheet (Section AB and AC) has been received for a resident. A	
NATL_RSDNT	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the resident's first name.	
NATL_RSDNT	GNDR_ID	NUMBER (1.0)	N	Gender ID	This column contains the resident's gender code.	
NATL_RSDNT	LAST_NAME	VARCHAR2 (18)	N	Last Name	This column contains the resident's last name.	
NATL_RSDNT	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RSDNT	MDL_INITL_TXT	VARCHAR2 (1)	N	Middle Initial Text	This column contains the resident's middle initial.	
NATL_RSDNT	RACE_ID	VARCHAR2 (2)	N	Race Indicator	This column contains the race indicator.	
NATL_RSDNT	RSDNT_CHG_TS	DATE (7)	N	Resident Change Timestamp	This column contains a timestamp indicating when the resident identifying information was	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	This is a unique number, assigned by the submission system, which identifies a resident.	
NATL_RSDNT	RSDNT_MDCCD_NBR	VARCHAR2 (14)	N	Resident Medicaid Number	This column contains the resident's Medicaid number.	
NATL_RSDNT	RSDNT_MDCR_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	
NATL_RSDNT	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the resident's Social Security Number.	
NATL_RSDNT	STATE_ID	VARCHAR2 (2)	Y	State ID	This column contains the two-character state abbreviation.	
NATL_RSDNT	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	
NATL_RSDNT_ALL_VW	BIRTH_DT	DATE (8)	N	Birth Date	This column contains the resident's date of birth.	
NATL_RSDNT_ALL_VW	CRNT_FAC_INTRNL_ID	NUMBER (10.0)	N	Current Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RSDNT_ALL_VW	DEATH_DT	DATE (8)	N	Death Date	This column contains the resident's date of death.	
NATL_RSDNT_ALL_VW	EFCTV_DT	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records. For MDS 3.0,	
NATL_RSDNT_ALL_VW	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity African American Switch	This column indicates if the resident's ethnicity is African-American.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity American Indian/Alaskan Native Switch	This column indicates if the resident's ethnicity is American Indian or Alaskan Native.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity Asian Switch	This column indicates if the resident's ethnicity is Asian.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity Hispanic/Latino Switch	This column indicates if the resident's ethnicity is Hispanic or Latino.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity Native Hawaiian/Pacific Islander Switch	This column indicates if the resident's ethnicity is native Hawaiian or Pacific Islander.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity White Switch	This column indicates if the resident's ethnicity is white.	ETHNCTY_CD
NATL_RSDNT_ALL_VW	FACESHEET_IND	CHAR (1)	N	Facesheet Indicator	This column indicates if a facesheet (Section AB and AC) has been received for a resident. A	
NATL_RSDNT_ALL_VW	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the resident's first name.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_ALL_VW	GNDR_ID	NUMBER (1.0)	N	Gender ID	This column contains the resident's gender code.	GNDR_CD
NATL_RSDNT_ALL_VW	HHA_IND	CHAR (1)	N	HHA Indicator	This column indicates if the resident has had an OASIS assessment from an HHA.	RSDNT_HHA_IND_CD
NATL_RSDNT_ALL_VW	HOSPC_IND	CHAR (1)	N	Hospice Indicator	This column indicates if the patient has had a Hospice assessment.	RSDNT_HOSPC_IND_CD
NATL_RSDNT_ALL_VW	IRF_IND	CHAR (1)	N	IRF Indicator	This column indicates if the resident has had an IRF-PAI assessment.	RSDNT_IRF_IND_CD
NATL_RSDNT_ALL_VW	LAST_NAME	VARCHAR2 (18)	N	Last Name	This column contains the resident's last name.	
NATL_RSDNT_ALL_VW	LTCH_IND	CHAR (1)	N	LTCH Indicator	This column indicates if the patient has had an LTCH assessment.	RSDNT_LTCH_IND_CD
NATL_RSDNT_ALL_VW	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RSDNT_ALL_VW	MDL_INITL_TXT	VARCHAR2 (1)	N	Middle Initial Text	This column contains the resident's middle initial.	
NATL_RSDNT_ALL_VW	MDS_IND	CHAR (1)	N	MDS Indicator	This column indicates if resident has had an MDS 2.0 SUB_REQ 3 assessment from a NH.	RSDNT_MDS_IND_CD
NATL_RSDNT_ALL_VW	NH2_SR2_IND	CHAR (1)	N	Nursing Home MDS 2 SUB_REQ 2 Indicator	This column indicates if the resident has had an MDS 2.0, SUB_REQ 2 assessment.	RSDNT_NH2_SR2_IND_CD
NATL_RSDNT_ALL_VW	NH3_SR2_IND	CHAR (1)	N	Nursing Home MDS 3 SUB_REQ 2 Indicator	This column indicates if the resident has had an MDS 3.0, SUB_REQ 2 assessment.	RSDNT_NH3_SR2_IND_CD
NATL_RSDNT_ALL_VW	NH3_SR3_IND	CHAR (1)	N	Nursing Home MDS 3 SUB_REQ 3 Indicator	This column indicates if the resident has had an MDS 3.0, SUB_REQ 3 assessment.	RSDNT_NH3_SR3_IND_CD
NATL_RSDNT_ALL_VW	RACE_ID	VARCHAR2 (2)	N	Race ID	This column contains the race indicator.	
NATL_RSDNT_ALL_VW	RSDNT_CHG_TS	DATE (7)	N	Resident Change Timestamp	This column contains a timestamp indicating when the resident identifying information was	
NATL_RSDNT_ALL_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_RSDNT_ALL_VW	RSDNT_MDCD_NBR	VARCHAR2 (14)	N	Resident Medicaid Number	This column contains the resident's Medicaid number.	
NATL_RSDNT_ALL_VW	RSDNT_MDCR_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	
NATL_RSDNT_ALL_VW	SB3_IND	CHAR (1)	N	Swing Bed MDS 3 Indicator	This column indicates if the resident has had an MDS 3.0 assessment from a swing bed provider.	RSDNT_SB3_IND_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_ALL_VW	SB_IND	CHAR (1)	N	Swing Bed Indicator	This column indicates if the resident has had a MDS 2.0 swing bed assessment.	RSDNT_SB_IND_CD
NATL_RSDNT_ALL_VW	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the resident's Social Security Number.	
NATL_RSDNT_ALL_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_RSDNT_ALL_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	
NATL_RSDNT_FED_VW	BIRTH_DT	DATE (8)	N	Birth Date	This column contains the resident's date of birth.	
NATL_RSDNT_FED_VW	CRNT_FAC_INTRNL_ID	NUMBER (10.0)	N	Current Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RSDNT_FED_VW	DEATH_DT	DATE (8)	N	Death Date	This column contains the resident's date of death.	
NATL_RSDNT_FED_VW	EFCTV_DT	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records. For MDS 3.0,	
NATL_RSDNT_FED_VW	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity African American Switch	This column indicates if the resident's ethnicity is African-American.	ETHNCTY_CD
NATL_RSDNT_FED_VW	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity American Indian/Alaskan Native Switch	This column indicates if the resident's ethnicity is American Indian or Alaskan Native.	ETHNCTY_CD
NATL_RSDNT_FED_VW	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity Asian Switch	This column indicates if the resident's ethnicity is Asian.	ETHNCTY_CD
NATL_RSDNT_FED_VW	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity Hispanic/Latino Switch	This column indicates if the resident's ethnicity is Hispanic or Latino.	ETHNCTY_CD
NATL_RSDNT_FED_VW	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity Native Hawaiian/Pacific Islander Switch	This column indicates if the resident's ethnicity is native Hawaiian or Pacific Islander.	ETHNCTY_CD
NATL_RSDNT_FED_VW	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity White Switch	This column indicates if the resident's ethnicity is white.	ETHNCTY_CD
NATL_RSDNT_FED_VW	FACESHEET_IND	CHAR (1)	N	Facesheet Indicator	This column indicates if a facesheet (Section AB and AC) has been received for a resident. A	
NATL_RSDNT_FED_VW	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the resident's first name.	
NATL_RSDNT_FED_VW	GNDR_ID	NUMBER (1.0)	N	Gender ID	This column contains the resident's gender code.	GNDR_CD
NATL_RSDNT_FED_VW	HHA_IND	CHAR (1)	N	HHA Indicator	This column indicates if the resident has had an OASIS assessment from an HHA.	RSDNT_HHA_IND_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_FED_VW	HOSPC_IND	CHAR (1)	N	Hospice Indicator	This column indicates if the resident has had a Hospice assessment.	RSDNT_HOSPC_IND_CD
NATL_RSDNT_FED_VW	IRF_IND	CHAR (1)	N	IRF Indicator	This column indicates if the resident has had an IRF-PAI assessment.	RSDNT_IRF_IND_CD
NATL_RSDNT_FED_VW	LAST_NAME	VARCHAR2 (18)	N	Last Name	This column contains the resident's last name.	
NATL_RSDNT_FED_VW	LTCH_IND	CHAR (1)	N	LTCH Indicator	This column indicates if the resident has had an LTCH assessment.	RSDNT_LTCH_IND_CD
NATL_RSDNT_FED_VW	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RSDNT_FED_VW	MDL_INITL_TXT	VARCHAR2 (1)	N	Middle Initial Text	This column contains the resident's middle initial.	
NATL_RSDNT_FED_VW	MDS_IND	CHAR (1)	N	MDS Indicator	This column indicates if resident has had an MDS 2.0 SUB_REQ 3 assessment from a NH.	RSDNT_MDS_IND_CD
NATL_RSDNT_FED_VW	NH3_SR3_IND	CHAR (1)	N	Nursing Home MDS 3 SUB_REQ 3 Indicator	This column indicates if the resident has had an MDS 3.0, SUB_REQ 3 assessment.	RSDNT_NH3_SR3_IND_CD
NATL_RSDNT_FED_VW	RACE_ID	VARCHAR2 (2)	N	Race ID	This column contains the race indicator.	
NATL_RSDNT_FED_VW	RSDNT_CHG_TS	DATE (7)	N	Resident Change Timestamp	This column contains a timestamp indicating when the resident identifying information was	
NATL_RSDNT_FED_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
NATL_RSDNT_FED_VW	RSDNT_MDCD_NBR	VARCHAR2 (14)	N	Resident Medicaid Number	This column contains the resident's Medicaid number.	
NATL_RSDNT_FED_VW	RSDNT_MDCR_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	
NATL_RSDNT_FED_VW	SB3_IND	CHAR (1)	N	Swing Bed MDS 3 Indicator	This column indicates if the resident has had an MDS 3.0 assessment from a swing bed provider.	RSDNT_SB3_IND_CD
NATL_RSDNT_FED_VW	SB_IND	CHAR (1)	N	Swing Bed Indicator	This column indicates if the resident has had a MDS 2.0 swing bed assessment.	RSDNT_SB_IND_CD
NATL_RSDNT_FED_VW	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the resident's Social Security Number.	
NATL_RSDNT_FED_VW	STATE_ID	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_RSDNT_FED_VW	ST_PREPD_DT	DATE (8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_HHA_VW	BIRTH_DT	DATE (7.8)	N	Patient Date of Birth (M0066)	This column contains the patient's birth date.	
NATL_RSDNT_HHA_VW	CRNT_FAC_INTRNL_ID	NUMBER (10.0)	N	Current Patient Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RSDNT_HHA_VW	DEATH_DT	DATE (7.8)	N	Patient Death Date	This column contains the patient's date of death.	
NATL_RSDNT_HHA_VW	EFCTV_DT	DATE (8)	N	Effective Date	This date represents the most current effective date from the assessment records. For the MDS	
NATL_RSDNT_HHA_VW	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
NATL_RSDNT_HHA_VW	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity: American Indian/Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	
NATL_RSDNT_HHA_VW	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity: Asian	This column indicates if the patient's ethnicity is Asian.	
NATL_RSDNT_HHA_VW	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity: Hispanic or Latino	This column indicates if the patient's ethnicity is Hispanic or Latino.	
NATL_RSDNT_HHA_VW	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity: Native Hawaiian or Other Pacific Islander	This column indicates if the patient's ethnicity is Native Hawaiian or Pacific Islander.	
NATL_RSDNT_HHA_VW	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity: White	This column indicates if the patient's ethnicity is White.	
NATL_RSDNT_HHA_VW	FACESHEET_IND	CHAR (1)	N	Facesheet Indicator	This column indicates whether an MDS 2.0 facesheet (Section AB and AC) has been	
NATL_RSDNT_HHA_VW	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the patient's first name.	
NATL_RSDNT_HHA_VW	GNDR_ID	NUMBER (1.0)	N	Gender ID	This column contains a code identifying the patient's gender.	
NATL_RSDNT_HHA_VW	HHA_IND	CHAR (1)	N	HHA Indicator	This column indicates if the patient has had an OASIS assessment from an HHA.	
NATL_RSDNT_HHA_VW	HOSPC_IND	CHAR (1)	N	Hospice Indicator	This column indicates if the patient has had a Hospice assessment.	
NATL_RSDNT_HHA_VW	IRF_IND	CHAR (1)	N	IRF Indicator	This column indicates if the resident has had an IRF-PAI assessment.	
NATL_RSDNT_HHA_VW	LAST_NAME	VARCHAR2 (18)	N	Patient Last Name	This column contains the patient's last name.	
NATL_RSDNT_HHA_VW	LTCH_IND	CHAR (1)	N	LTCH Indicator	This column indicates if the patient has had an LTCH assessment.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_HHA_VW	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RSDNT_HHA_VW	MDL_INITL_TXT	VARCHAR2 (1)	N	Middle Initial	This column contains the patient's middle initial.	
NATL_RSDNT_HHA_VW	MDS_IND	CHAR (1)	N	MDS 2 Indicator	This column indicates if the patient has had an MDS 2.0 assessment.	
NATL_RSDNT_HHA_VW	NH3_SR3_IND	CHAR (1)	N	MDS 3 NH SUB_REQ 3 Ind	This column indicates if the patient has had an MDS 3.0 Nursing Home assessment.	
NATL_RSDNT_HHA_VW	RACE_ID	VARCHAR2 (2)	N	Race ID	This column is for the definition of the patient's race.	
NATL_RSDNT_HHA_VW	RSDNT_CHG_TS	DATE (7)	N	Resident Change Timestamp	This column contains the date/time that the resident's row of data was last updated.	
NATL_RSDNT_HHA_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
NATL_RSDNT_HHA_VW	RSDNT_MDCD_NBR	VARCHAR2 (14)	N	Resident Medicaid ID	This column contains the resident's Medicaid number.	
NATL_RSDNT_HHA_VW	RSDNT_MDCR_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	
NATL_RSDNT_HHA_VW	SB3_IND	CHAR (1)	N	Swing Bed MDS 3 Indicator	This column indicates if the patient has had an MDS 3.0 assessment from a swing bed provider.	
NATL_RSDNT_HHA_VW	SB_IND	CHAR (1)	N	Swing Bed Indicator	The data in this column indicates whether the resident had a MDS 2.0 Swing Bed assessment.	
NATL_RSDNT_HHA_VW	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the patient's Social Security Number.	
NATL_RSDNT_HHA_VW	STATE_ID	VARCHAR2 (2)	N	State ID	This column contains the state abbreviation.	STATES
NATL_RSDNT_HHA_VW	ST_PREPD_DT	DATE (8.8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	
NATL_RSDNT_SMRY_HH A_VW	BIRTH_DT	DATE (7.8)	N	Patient Date of Birth (M0066)	This column contains the patient's birth date.	
NATL_RSDNT_SMRY_HH A_VW	CRNT_FAC_INTRNL_ID	NUMBER (10.0)	N	Current Patient Facility Internal ID	This column identifies the current facility for the resident identified from the most recent	
NATL_RSDNT_SMRY_HH A_VW	DEATH_DT	DATE (7.8)	N	Patient Death Date	This column contains the patient's date of death.	
NATL_RSDNT_SMRY_HH A_VW	EFCTV_DT	DATE (7.8)	N	Effective Date	This date represents the most current effective date from the assessment records. For the MDS	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_AFRCN_AMRCN_SW	VARCHAR2 (1)	N	Ethnicity: Black or African-American	The data in this column indicates if the patient's race is Black or African-American.	
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_AMRCN_INDN_AK_NTV_SW	VARCHAR2 (1)	N	Ethnicity: American Indian/Alaskan Native	This column indicates if the patient's ethnicity is American Indian or Alaskan Native.	
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_ASN_SW	VARCHAR2 (1)	N	Ethnicity: Asian	This column indicates if the patient's ethnicity is Asian.	
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_HSPNC_LTN_SW	VARCHAR2 (1)	N	Ethnicity: Hispanic or Latino	This column indicates if the patient's ethnicity is Hispanic or Latino.	
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW	VARCHAR2 (1)	N	Ethnicity: Native Hawaiian or Other Pacific Islander	This column indicates if the patient's ethnicity is Native Hawaiian or Pacific Islander.	
NATL_RSDNT_SMRY_HH_A_VW	ETHNCTY_WHT_SW	VARCHAR2 (1)	N	Ethnicity: White	This column indicates if the patient's ethnicity is White.	
NATL_RSDNT_SMRY_HH_A_VW	FACESHEET_IND	CHAR (1)	N	Facesheet Indicator	This column indicates whether an MDS 2.0 facesheet (Section AB and AC) has been	
NATL_RSDNT_SMRY_HH_A_VW	FIRST_NAME	VARCHAR2 (12)	N	First Name	This column contains the patient's first name.	
NATL_RSDNT_SMRY_HH_A_VW	GNDR_ID	NUMBER (1.0)	N	Gender ID	This column contains a code identifying the patient's gender.	
NATL_RSDNT_SMRY_HH_A_VW	LAST_NAME	VARCHAR2 (18)	N	Patient Last Name	This column contains the patient's last name.	
NATL_RSDNT_SMRY_HH_A_VW	MBI_NUM	VARCHAR2 (11)	N	MBI Number	The data in this column contains the unique Medicare Beneficiary Identifier (MBI) that	
NATL_RSDNT_SMRY_HH_A_VW	MDL_INITL_TXT	VARCHAR2 (1)	N	Middle Initial	This column contains the patient's middle initial.	
NATL_RSDNT_SMRY_HH_A_VW	RACE_ID	VARCHAR2 (2)	N	Race ID	This column is for the definition of the patient's race.	
NATL_RSDNT_SMRY_HH_A_VW	RSDNT_CHG_TS	DATE (7)	N	Resident Change Timestamp	This column contains the date/time that the resident's row of data was last updated.	
NATL_RSDNT_SMRY_HH_A_VW	RSDNT_INTRNL_ID	NUMBER (10.0)	N	Resident Internal ID	This is a number assigned by the system that uniquely indicates the patient. The combination	
NATL_RSDNT_SMRY_HH_A_VW	RSDNT_MDCD_NBR	VARCHAR2 (14)	N	Resident Medicaid ID	This column contains the resident's Medicaid number.	
NATL_RSDNT_SMRY_HH_A_VW	RSDNT_MDCR_NBR	VARCHAR2 (12)	N	Resident Medicare Number	This column contains the resident's Medicare number.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_RSDNT_SMRY_HH A_VW	SSN_NUM	VARCHAR2 (9)	N	Social Security Number	This column contains the patient's Social Security Number.	
NATL_RSDNT_SMRY_HH A_VW	STATE_ID	VARCHAR2 (2)	N	State ID	This column contains the state abbreviation.	STATES
NATL_RSDNT_SMRY_HH A_VW	ST_PREPD_DT	DATE (7.8)	N	State Prepared Date	This column represents the date when the state prepared the data to be pulled to the national.	
NATL_SB_SUBMSN_VW	AGENT_ID	VARCHAR2 (9)	N	Agent Identifier	This is the identification of the current software agent used by the facility to handle the	
NATL_SB_SUBMSN_VW	CMPLTN_DT	DATE (8)	N	Completion Date	This is the completion date of the assessment data record.	
NATL_SB_SUBMSN_VW	PRODN_SW	VARCHAR2 (1)	N	Production Switch	This is a switch contained in the header record of the data record submission record that	
NATL_SB_SUBMSN_VW	PRRTY_NUM	NUMBER (2.0)	N	Priority Number	This number indicates the priority of the submission files as they are submitted to the	
NATL_SB_SUBMSN_VW	PRVDR_INTRNL_NUM	NUMBER (10.0)	N	Provider Internal ID	This field is used as a key to uniquely identify the provider.	
NATL_SB_SUBMSN_VW	REC_BGN_NUM	NUMBER (7.0)	N	Record Begin Number	This is the number used to begin the count of the number of records contained in the submission	
NATL_SB_SUBMSN_VW	REC_DUP_CNT	NUMBER (7.0)	N	Record Duplicate Count	The number of records that were duplicates in the submission file.	
NATL_SB_SUBMSN_VW	REC_PRCSD_CNT	NUMBER (7.0)	N	Record Processed Count	The number of records that were processed in the submission file.	
NATL_SB_SUBMSN_VW	REC_RJCTD_CNT	NUMBER (7.0)	N	Record Rejected Count	The number of records that were rejected in the submission file.	
NATL_SB_SUBMSN_VW	REC_SBMTD_CNT	NUMBER (7.0)	N	Records Submitted Count	This field contains the total number of assessment records submitted.	
NATL_SB_SUBMSN_VW	RSN_CD	NUMBER (4.0)	N	Reason CD	This is the reason why the record in the submission file was rejected.	
NATL_SB_SUBMSN_VW	SB_SUBMSN_SQNC_NUM	NUMBER (10.0)	N	Swing Bed Submission Sequence Number	Internal database tracking number for submissions.	
NATL_SB_SUBMSN_VW	SFTWR_ID	VARCHAR2 (9)	N	Software Identifier	This field contains the identification number of the software vendor or agent the provider is	
NATL_SB_SUBMSN_VW	STATE_CD	VARCHAR2 (2)	N	State ID	The two-character state abbreviation.	STATES
NATL_SB_SUBMSN_VW	STUS_CD	VARCHAR2 (1)	N	Status CD	This is the code indicating the status of the submitted record, Accepted or Rejected.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_SB_SUBMSN_VW	SUBMSN_DT	DATE (8)	N	Submission Date	The date the submission was received by the system.	
NATL_SB_SUBMSN_VW	SUBMSN_FIL_NAME	VARCHAR2 (40)	N	Submission File Name	This is the name of the submission file which was sent to the state	
NATL_SB_SUBMSN_VW	THRD_NUM	NUMBER (4.0)	N	Thread Number	This is the number corresponding to the thread that processed the submission.	
NATL_SOFTWARE_VEND OR	SFW_ADDR_1	VARCHAR2 (30)	N	Software Vendor Address	Software vendor address (Line 1).	
NATL_SOFTWARE_VEND OR	SFW_ADDR_2	VARCHAR2 (30)	N	Software Vendor Address Line 2	Software vendor address (Line 2).	
NATL_SOFTWARE_VEND OR	SFW_CITY	VARCHAR2 (20)	N	Software Vendor City	Software vendor city.	
NATL_SOFTWARE_VEND OR	SFW_CNTCT	VARCHAR2 (30)	N	Software Vendor Contact Name	Software vendor contact name.	
NATL_SOFTWARE_VEND OR	SFW_EMAIL_ADR	VARCHAR2 (50)	N	Software Vendor Email Address	This column contains the software vendor's email address.	
NATL_SOFTWARE_VEND OR	SFW_EXTEN	VARCHAR2 (5)	N	Software Vendor Phone Number Extension	Software vendor phone number extension.	
NATL_SOFTWARE_VEND OR	SFW_ID	VARCHAR2 (9)	Y	Software Vendor Tax ID	Software vendor tax identifier. The software vendor is the author of the software used to	
NATL_SOFTWARE_VEND OR	SFW_NAME	VARCHAR2 (30)	N	Software Vendor Name	Software vendor name.	
NATL_SOFTWARE_VEND OR	SFW_PHONE	VARCHAR2 (10)	N	Software Vendor Phone Number	Software vendor phone number.	
NATL_SOFTWARE_VEND OR	SFW_ST	VARCHAR2 (2)	N	Software Vendor Mailing Address State	Software vendor mailing address state.	
NATL_SOFTWARE_VEND OR	SFW_ZIP	VARCHAR2 (11)	N	Software Vendor ZIP Code	Software vendor ZIP code.	
NATL_SOFTWARE_VEND OR	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-digit state abbreviation. This may also be the two-character CMS region code.	
NATL_STATES	DWNTM_LNGTH_HR	NUMBER (22)	N	Downtime Length Hour	The length of the downtime in hours.	
NATL_STATES	DWNTM_STRT_HR	NUMBER (2.0)	N	Downtime Start Hour	The hour the downtime started.	
NATL_STATES	DWNTM_STRT_MIN	NUMBER (2.0)	N	Downtime Start Minute	The minute the downtime started.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
NATL_STATES	HCFA_REGION	VARCHAR2 (10)	N	Health Care Financing Administration Region	The region where the Health Care Financing Administration is located.	
NATL_STATES	NAME	VARCHAR2 (20)	N	Name	The name of the State.	
NATL_STATES	PULL_IND	VARCHAR2 (1)	N	Pulled Indicator	Date the processing was completed against the national database.	
NATL_STATES	ST	CHAR (2)	Y	State	The state name.	
NATL_STATES	TIME_ZONE	VARCHAR2 (1)	N	Time Zone	The time zone for the region.	
NATL_STATES	TMZN_OFST_HR	NUMBER (2,0)	N	Time Zone Offsite Hour	Time Zone Offsite Hour	
OBQIC_ACCESS	FAC_INTRNL_ID	NUMBER (10,0)	Y	Facility Internal ID	This column contains the facility internal id for the HHA facility.	
OBQIC_ACCESS	LAST_ACS_DT	DATE (8)	N	Last Access Date	This column contains the date of the last OASIS C QM/QI report request by the facility.	
OBQIC_ACCESS	STATE_CD	VARCHAR2 (2)	Y	State Code	This column contains the code value that identifies the state where the facility is located.	STATES
OBQIC_BNCHMRK_RPT_DTL	MO_10_PCT	NUMBER (7,2)	N	Percentile ranking for the 10th month	Percentile ranking for the 10th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_11_PCT	NUMBER (7,2)	N	Percentile ranking for the 11th month	Percentile ranking for the 11th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_12_PCT	NUMBER (7,2)	N	Percentile ranking for the 12th month	Percentile ranking for the 12th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_1_PCT	NUMBER (7,2)	N	Percentile ranking for the 1st month	Percentile ranking for the 1st month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_2_PCT	NUMBER (7,2)	N	Percentile ranking for the 2nd month	Percentile ranking for the 2nd month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_3_PCT	NUMBER (7,2)	N	Percentile ranking for the 3rd month	Percentile ranking for the 3rd month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_4_PCT	NUMBER (7,2)	N	Percentile ranking for the 4th month	Percentile ranking for the 4th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_5_PCT	NUMBER (7,2)	N	Percentile ranking for the 5th month	Percentile ranking for the 5th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_6_PCT	NUMBER (7,2)	N	Percentile ranking for the 6th month	Percentile ranking for the 6th month in the requested reporting period	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_BNCHMRK_RPT_DTL	MO_7_PCT	NUMBER (7.2)	N	Percentile ranking for the 7th month	Percentile ranking for the 7th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_8_PCT	NUMBER (7.2)	N	Percentile ranking for the 8th month	Percentile ranking for the 8th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MO_9_PCT	NUMBER (7.2)	N	Percentile ranking for the 9th month	Percentile ranking for the 9th month in the requested reporting period	
OBQIC_BNCHMRK_RPT_DTL	MSR_DESC_TXT	VARCHAR2 (50)	N	Measure description	Measure description	
OBQIC_BNCHMRK_RPT_DTL	OBQIC_MSR_ID	NUMBER (3.0)	Y	Outcome measure ID	Outcome measure identifier	OBQIC_MSR_MSTR
OBQIC_BNCHMRK_RPT_DTL	RPT_MSR_ID	NUMBER (2.0)	Y	Report measure identifier	Report measure identifier	OBQIC_RPT_MSR
OBQIC_BNCHMRK_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report request identification number	Report request identification number	
OBQIC_BNCHMRK_RPT_DTL	TOT_PCT	NUMBER (7.2)	N	Total percentile ranking	Total percentile ranking	
OBQIC_BNCHMRK_RPT_RQST	CMPLT_TS	DATE (8)	N	Report Completion Timestamp	Report Completion Date and Time	
OBQIC_BNCHMRK_RPT_RQST	END_MO_DT	DATE (8)	N	Ending month	Ending month of requested reporting period	
OBQIC_BNCHMRK_RPT_RQST	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility ID	Facility Identifier	
OBQIC_BNCHMRK_RPT_RQST	MSR_507_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 507	Measure Selected Switch for measure 507	
OBQIC_BNCHMRK_RPT_RQST	MSR_508_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 508	Measure Selected Switch for measure 508	
OBQIC_BNCHMRK_RPT_RQST	MSR_509_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 509	Measure Selected Switch for measure 509	
OBQIC_BNCHMRK_RPT_RQST	MSR_510_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 510	Measure Selected Switch for measure 510	
OBQIC_BNCHMRK_RPT_RQST	MSR_511_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 511	Measure Selected Switch for measure 511	
OBQIC_BNCHMRK_RPT_RQST	MSR_512_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 512	Measure Selected Switch for measure 512	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_BNCHMRK_RPT_RQST	MSR_513_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 513	Measure Selected Switch for measure 513	
OBQIC_BNCHMRK_RPT_RQST	MSR_514_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 514	Measure Selected Switch for measure 514	
OBQIC_BNCHMRK_RPT_RQST	MSR_515_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 515	Measure Selected Switch for measure 515	
OBQIC_BNCHMRK_RPT_RQST	MSR_516_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 516	Measure Selected Switch for measure 516	
OBQIC_BNCHMRK_RPT_RQST	MSR_517_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 517	Measure Selected Switch for measure 517	
OBQIC_BNCHMRK_RPT_RQST	MSR_518_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 518	Measure Selected Switch for measure 518	
OBQIC_BNCHMRK_RPT_RQST	MSR_519_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 519	Measure Selected Switch for measure 519	
OBQIC_BNCHMRK_RPT_RQST	MSR_520_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 520	Measure Selected Switch for measure 520	
OBQIC_BNCHMRK_RPT_RQST	MSR_521_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 521	Measure Selected Switch for measure 521	
OBQIC_BNCHMRK_RPT_RQST	MSR_522_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 522	Measure Selected Switch for measure 522	
OBQIC_BNCHMRK_RPT_RQST	MSR_523_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 523	Measure Selected Switch for measure 523	
OBQIC_BNCHMRK_RPT_RQST	MSR_524_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 524	Measure Selected Switch for measure 524	
OBQIC_BNCHMRK_RPT_RQST	MSR_525_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 525	Measure Selected Switch for measure 525	
OBQIC_BNCHMRK_RPT_RQST	MSR_526_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 526	Measure Selected Switch for measure 526	
OBQIC_BNCHMRK_RPT_RQST	MSR_527_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 527	Measure Selected Switch for measure 527	
OBQIC_BNCHMRK_RPT_RQST	MSR_528_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 528	Measure Selected Switch for measure 528	
OBQIC_BNCHMRK_RPT_RQST	MSR_529_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 529	Measure Selected Switch for measure 529	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_BNCHMRK_RPT_RQST	MSR_530_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 530	Measure Selected Switch for measure 530	
OBQIC_BNCHMRK_RPT_RQST	MSR_531_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 531	Measure Selected Switch for measure 531	
OBQIC_BNCHMRK_RPT_RQST	MSR_532_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 532	Measure Selected Switch for measure 532	
OBQIC_BNCHMRK_RPT_RQST	MSR_533_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 533	Measure Selected Switch for measure 533	
OBQIC_BNCHMRK_RPT_RQST	MSR_534_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 534	Measure Selected Switch for measure 534	
OBQIC_BNCHMRK_RPT_RQST	MSR_535_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 535	Measure Selected Switch for measure 535	
OBQIC_BNCHMRK_RPT_RQST	MSR_536_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 536	Measure Selected Switch for measure 536	
OBQIC_BNCHMRK_RPT_RQST	MSR_537_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 537	Measure Selected Switch for measure 537	
OBQIC_BNCHMRK_RPT_RQST	MSR_538_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 538	Measure Selected Switch for measure 538	
OBQIC_BNCHMRK_RPT_RQST	MSR_539_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 539	Measure Selected Switch for measure 539	
OBQIC_BNCHMRK_RPT_RQST	MSR_540_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 540	Measure Selected Switch for measure 540	
OBQIC_BNCHMRK_RPT_RQST	MSR_542_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 542	Measure Selected Switch for measure 542	
OBQIC_BNCHMRK_RPT_RQST	MSR_543_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 543	Measure Selected Switch for measure 543	
OBQIC_BNCHMRK_RPT_RQST	MSR_552_RQST_SW	NUMBER (1.0)	N	Measure Selected Switch for measure 552	Measure Selected Switch for measure 552	
OBQIC_BNCHMRK_RPT_RQST	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report request ID	Report request identification number	
OBQIC_BNCHMRK_RPT_RQST	RPT_STUS_CD	NUMBER (1.0)	N	Report request status	Report request status	
OBQIC_BNCHMRK_RPT_RQST	RQST_TS	DATE (8)	N	Report request date and time	Report request date and time	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_BNCHMRK_RPT_RQST	RQST_USER_TXT	VARCHAR2 (20)	N	Report requested by user id	Report requested by user id	
OBQIC_BNCHMRK_RPT_RQST	STATE_CD	VARCHAR2 (2)	N	State Code	State Code	
OBQIC_BNCHMRK_RPT_RQST	STRT_MO_DT	DATE (8)	N	Beginning month of report request	Beginning month of report request	
OBQIC_CLMS_LVL_MSR_VAL	END_MO_DT	DATE (7)	Y	End month date	First day of the last month of the target period of the data.	
OBQIC_CLMS_LVL_MSR_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility internal ID	This column contains the facility internal id for the HHA facility.	
OBQIC_CLMS_LVL_MSR_VAL	MSR_550_VAL_TXT	VARCHAR2 (30)	N	Rehospitalization During First 30 days of Home Health Care Compared to National Average	The value of the Rephospitalization During First 30 days of Home Health Care Compared to	
OBQIC_CLMS_LVL_MSR_VAL	MSR_551_VAL_TXT	VARCHAR2 (30)	N	Emergency Dept Use w/out Hospital Readmission During First 30 days of Home Health Care Compared to National Average	The value of the Emergency Dept Use w/out Hospital Readmission During First 30 days of	
OBQIC_CLMS_LVL_MSR_VAL	PRVDR_NUM	VARCHAR2 (10)	Y	Provider number	A six or ten position identification number that is assigned to a certified provider.	
OBQIC_CLMS_LVL_MSR_VAL	STATE_CD	VARCHAR2 (2)	N	State code	The state code of the agency.	STATES
OBQIC_CLMS_LVL_MSR_VAL_HHC	END_MO_DT	DATE (7)	Y	End month date	First day of the last month of the target period of the data.	
OBQIC_CLMS_LVL_MSR_VAL_HHC	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility internal ID	Facility internal id for the HHA facility.	
OBQIC_CLMS_LVL_MSR_VAL_HHC	MSR_550_VAL_TXT	VARCHAR2 (30)	N	Rehospitalization During First 30 days of Home Health Care Compared to National Average	Value of the Rephospitalization During First 30 days of Home Health Care Compared to	
OBQIC_CLMS_LVL_MSR_VAL_HHC	MSR_551_VAL_TXT	VARCHAR2 (30)	N	Emergency Dept Use w/out Hospital Readmission During First 30 days of Home Health Care Compared to National Average	Value of the Emergency Dept Use w/out Hospital Readmission During First 30 days of	
OBQIC_CLMS_LVL_MSR_VAL_HHC	PRVDR_NUM	VARCHAR2 (10)	Y	Provider number	Six or ten position identification number that is assigned to a certified provider.	
OBQIC_CLMS_LVL_MSR_VAL_HHC	STATE_CD	VARCHAR2 (2)	N	State code	State code of the agency.	STATES

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_MSPB_MSR_VAL	CREAT_TS	TIMESTAMP(6) (11.6)	N	Create Timestamp	This is the date and time that the record was added to the database.	
OBQIC_CLMS_MSPB_MSR_VAL	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	This is the user ID that populated the record in the database.	
OBQIC_CLMS_MSPB_MSR_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_ADJSTD	NUMBER (11.6)	N	Agency average risk adjusted spending MSPB amount	The average risk-adjusted spending amount for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_ADJSTD_NATL	NUMBER (11.6)	N	National average risk adjusted spending MSPB amount	The average risk-adjusted spending amount nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_ASCTD_PD	NUMBER (11.6)	N	Agency average spending per episode during associated services period	The average spending during the associated services period for the Agency for the Claims-	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_ASCTD_PD_NATL	NUMBER (11.6)	N	National average spending per episode during associated services period	The average spending during the associated services period nationally for the Claims-Based	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_TOT	NUMBER (11.6)	N	Agency total spending per episode	The average total spending during episode for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_TOT_NATL	NUMBER (11.6)	N	National total spending per episode	The average total spending amount nationally for the Claims-Based Measure, Medicare	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_TX	NUMBER (11.6)	N	Agency average spending per episode during treatment period	The average spending during the treatment period for the Agency for the Claims-Based	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_AVG_SPND_TX_NATL	NUMBER (11.6)	N	National average spending per episode during treatment period	The average spending during the treatment period nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_END_DT	DATE (7)	Y	Medicare spending per beneficiary (MSPB) Target End Date	The end date of the Medicare Spending Per Beneficiary measure data.	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_MEDN_NATL	NUMBER (11.6)	N	National median MSPB amount	The national median amount for the Claims-Based Measure, Medicare Spending Per	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_NUM	NUMBER (8.0)	N	Agency number of eligible episodes	The number of observed eligible episodes for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_NUM_NATL	NUMBER (8.0)	N	National number of eligible episodes	The number of observed eligible episodes nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_SCRE	NUMBER (10.9)	N	Agency MSPB PAC score	The Agency's Medicare Spending Per Beneficiary (MSPB) PAC Score, which is the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_SCRE_NATL_VAL	NUMBER (10.9)	N	National average MSPB score	The U.S. Average Medicare Spending Per Beneficiary (MSPB) Score, which is the	
OBQIC_CLMS_MSPB_MSR_VAL	MSPB_STRT_DT_VAL	DATE (7)	N	Medicare spending per beneficiary (MSPB) Target Begin Date	The start date of the Medicare Spending Per Beneficiary measure data.	
OBQIC_CLMS_MSPB_MSR_VAL	PRVDR_NUM_VAL	VARCHAR2 (6)	Y	CCN	A six or ten position identification number that is assigned to a certified provider	
OBQIC_CLMS_MSPB_MSR_VAL	STATE_CD_VAL	VARCHAR2 (2)	N	State Code	Two-character state postal abbreviation	
OBQIC_CLMS_MSPB_MSR_VAL	UPDT_TS_VAL	TIMESTAMP(6) (11.6)	N	Update Timestamp	This is the date and time that the record was updated in the database.	
OBQIC_CLMS_MSPB_MSR_VAL	UPDT_USER_ID_VAL	VARCHAR2 (30)	N	Update User ID	This is the user ID that updated the record in the database.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	CREAT_TS_VAL_HHC	TIMESTAMP(6) (11.6)	N	Create Timestamp	Date and time the record was added to the database.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	CREAT_USER_ID_VAL_HHC	VARCHAR2 (30)	N	Create User ID	User ID that populated the record in the database.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	FAC_INTRNL_ID_VAL_HHC	NUMBER (10.0)	N	Facility Internal ID	CMS facility internal identifier that is unique within a state	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_ADJSTD_VAL_HHC	NUMBER (11.6)	N	Agency average risk adjusted spending MSPB amount	Average risk-adjusted spending amount for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_ADJSTD_VAL_HHC_NATL	NUMBER (11.6)	N	National average risk adjusted spending MSPB amount	Average risk-adjusted spending amount nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_ASCTD_PD_VAL_HHC	NUMBER (11.6)	N	Agency average spending per episode during associated services period	Average spending during the associated services period for the Agency for the Claims-Based	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_ASCTD_PD_VAL_HHC_NATL	NUMBER (11.6)	N	National average spending per episode during associated services period	Average spending during the associated services period nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_TOT_VAL_HHC	NUMBER (11.6)	N	Agency total spending per episode	Average total spending during episode for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_TOT_VAL_HHC_NATL	NUMBER (11.6)	N	National total spending per episode	Average total spending amount nationally for the Claims-Based Measure, Medicare Spending	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_TX_VAL_HHC	NUMBER (11.6)	N	Agency average spending per episode during treatment period	Average spending during the treatment period for the Agency for the Claims-Based Measure,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_AVG_SPND_TX_NATL	NUMBER (11.6)	N	National average spending per episode during treatment period	Average spending during the treatment period nationally for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_END_DT	DATE (7)	Y	Medicare spending per beneficiary (MSPB) Target End Date	End date of the Medicare Spending Per Beneficiary measure data.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_MEDN_NATL	NUMBER (11.6)	N	National median MSPB amount	National median amount for the Claims-Based Measure, Medicare Spending Per Beneficiary	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_NUM	NUMBER (8.0)	N	Agency number of eligible episodes	Number of observed eligible episodes for the Agency for the Claims-Based Measure,	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_NUM_NATL	NUMBER (8.0)	N	National number of eligible episodes	Number of observed eligible episodes nationally for the Claims-Based Measure, Medicare	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_SCRE	NUMBER (10.9)	N	Agency MSPB PAC score	Agency's Medicare Spending Per Beneficiary (MSPB) PAC Score, which is the Risk Adjusted	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_SCRE_NATL	NUMBER (10.9)	N	National average MSPB score	U.S. Average Medicare Spending Per Beneficiary (MSPB) Score, which is the	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	MSPB_STRT_DT	DATE (7)	N	Medicare spending per beneficiary (MSPB) Target Begin Date	Start date of the Medicare Spending Per Beneficiary measure data.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	PRVDR_NUM	VARCHAR2 (6)	Y	CCN	Six or ten position identification number that is assigned to a certified provider	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character state postal abbreviation	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	UPDT_TS	TIMESTAMP(6) (11.6)	N	Update Timestamp	Date and time that the record was updated in the database.	
OBQIC_CLMS_MSPB_MSR_VAL_HHC	UPDT_USER_ID	VARCHAR2 (30)	N	Update User ID	User ID that updated the record in the database.	
OBQIC_CLMS_MSR_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state	
OBQIC_CLMS_MSR_VAL	MSR_544_DNMNTR_NUM	NUMBER (5.0)	N	Emergency department w/out hospitalization denominator	Denominator for the emergency department without hospitalization measure	
OBQIC_CLMS_MSR_VAL	MSR_544_NMRTR_NUM	NUMBER (5.0)	N	Emergency department w/out hospitalization numerator	Numerator for the emergency department without hospitalization measure	
OBQIC_CLMS_MSR_VAL	MSR_544_PRDCTD_VAL	NUMBER (10.9)	N	Emergency department w/out hospitalization predicted value	Predicted value for the emergency department without hospitalization measure	
OBQIC_CLMS_MSR_VAL	MSR_545_DNMNTR_NUM	NUMBER (5.0)	N	Acute care hospitalization denominator	Denominator for the acute care hospitalization measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_MSR_VAL	MSR_545_NMRTR_NUM	NUMBER (5.0)	N	Acute care hospitalization numerator	Numerator for the acute care hospitalization measure	
OBQIC_CLMS_MSR_VAL	MSR_545_PRDCTD_VAL	NUMBER (10.9)	N	Acute care hospitalization predicted value	Predicted value for the acute care hospitalization measure	
OBQIC_CLMS_MSR_VAL	MSR_546_DNMNTR_NUM	NUMBER (5.0)	N	Rehospitalization during the first 30 days of home health denominator	Denominator for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_MSR_VAL	MSR_546_NMRTR_NUM	NUMBER (5.0)	N	Rehospitalization during the first 30 days of home health numerator	Numerator for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_MSR_VAL	MSR_546_PRDCTD_VAL	NUMBER (10.9)	N	Rehospitalization during the first 30 days of home health predicted value	Predicted value for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_MSR_VAL	MSR_547_DNMNTR_NUM	NUMBER (5.0)	N	Emergency department use without hospital readmission during first 30 days of home health denominator	Denominator for the emergency department use without hospital readmission during first 30 days	
OBQIC_CLMS_MSR_VAL	MSR_547_NMRTR_NUM	NUMBER (5.0)	N	Emergency department use without hospital readmission during first 30 days of home health numerator	Numerator for the emergency department use without hospital readmission during first 30 days	
OBQIC_CLMS_MSR_VAL	MSR_547_PRDCTD_VAL	NUMBER (10.9)	N	Emergency department use without hospital readmission during first 30 days of home health predicted value	Predicted value for the emergency department use without hospital readmission during first 30	
OBQIC_CLMS_MSR_VAL	MSR_554_DNMNTR_NUM	NUMBER (5.0)	N	Potentially Preventable 30-Day Post-Discharge Readmission Denominator	Denominator for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_MSR_VAL	MSR_554_END_DT	DATE (7)	N	Potentially Preventable 30-Day Post-Discharge Readmission End Date	The actual end date for the Potentially Preventable 30-Day Post-Discharge	
OBQIC_CLMS_MSR_VAL	MSR_554_NMRTR_NUM	NUMBER (5.0)	N	Potentially Preventable 30-Day Post-Discharge Readmission Numerator	Numerator for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_MSR_VAL	MSR_554_PRDCTD_VAL	NUMBER (10.9)	N	Potentially Preventable 30-Day Post-Discharge Readmission Predicted Value	Predicted value for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_MSR_VAL	MSR_554_STRT_DT	DATE (7)	N	Potentially Preventable 30-Day Post-Discharge Readmission Start Date	The actual start date for the Potentially Preventable 30-Day Post-Discharge	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_MSR_VAL	MSR_555_DNMNTR_NUM	NUMBER (5.0)	N	Discharge to Community Denominator	Denominator for the Discharge to Community measure.	
OBQIC_CLMS_MSR_VAL	MSR_555_END_DT	DATE (7)	N	Discharge to Community End Date	The actual end date for the Discharge to Community measure data.	
OBQIC_CLMS_MSR_VAL	MSR_555_NMRTR_NUM	NUMBER (5.0)	N	Discharge to Community Numerator	Numerator for the Discharge to Community measure.	
OBQIC_CLMS_MSR_VAL	MSR_555_PRDCTD_VAL	NUMBER (10.9)	N	Discharge to Community Predicted Value	Predicted value for the Discharge to Community measure.	
OBQIC_CLMS_MSR_VAL	MSR_555_STRT_DT	DATE (7)	N	Discharge to Community Start Date	The actual start date for the Discharge to Community measure data.	
OBQIC_CLMS_MSR_VAL	PRVDR_NUM	VARCHAR2 (10)	Y	CCN	A six or ten position identification number that is assigned to a certified provider	
OBQIC_CLMS_MSR_VAL	STATE_CD	VARCHAR2 (2)	N	State Code	Two character state postal abbreviation	
OBQIC_CLMS_MSR_VAL	TRGT_MO_DT	DATE (7)	Y	Target Month	Month during which the claims episodes began	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	END_MO_DT	DATE (7)	Y	PPR/DTC end month	First day of the end month for the reporting period for the PPR and DTC measures.	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The facility internal identification code. This along with the state code identifies a unique	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	MSR_554_VAL_TXT	VARCHAR2 (30)	N	Potentially Preventable 30-Day Post-Discharge Readmission Compared to National Average	Comparison of the agency value to the national value for the Potentially Preventable 30-Day	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	MSR_555_VAL_TXT	VARCHAR2 (30)	N	Discharge to Community Compared to National Average	Comparison of the agency value to the national value for the Discharge to Community measure.	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	PRVDR_NUM	VARCHAR2 (10)	Y	Provider Number	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
OBQIC_CLMS_PPR_DTC_LVL_MSR_VAL	STATE_CD	VARCHAR2 (2)	N	State Code	Contains the two-character abbreviation code of the state where the provider is located.	STATES
OBQIC_CLMS_PROC_MSTR	PROC_STUS_CD	NUMBER (2.0)	N	Process Status Code	The status of the processing of the claims measure data	OBQIC_PROC_STUS_CD
OBQIC_CLMS_PROC_MSTR	RUN_DT	DATE (7)	N	Run Date	The date when the claims data was loaded and rollup calculations were run	
OBQIC_CLMS_PROC_MSTR	TRGT_MO_DT	DATE (7)	Y	Target Month	Month during which the claims episodes began	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_ROLLUP	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For state rollup rows, this	
OBQIC_CLMS_ROLLUP	MSR_544_DNMNTR_NUM	NUMBER (10.0)	N	Emergency department w/out hospitalization denominator	Denominator for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_544_OBSRVD_VAL	NUMBER (7.4)	N	Emergency department w/out hospitalization observed value	Observed value for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_544_PRDCTD_VAL	NUMBER (7.4)	N	Emergency department w/out hospitalization predicted value	Predicted value for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_545_DNMNTR_NUM	NUMBER (10.0)	N	Acute care hospitalization denominator	Denominator for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_545_OBSRVD_VAL	NUMBER (7.4)	N	Acute care hospitalization observed value	Observed value for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_545_PRDCTD_VAL	NUMBER (7.4)	N	Acute care hospitalization predicted value	Predicted value for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP	MSR_546_DNMNTR_NUM	NUMBER (10.0)	N	Rehospitalization during the first 30 days of home health denominator	Denominator for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_ROLLUP	MSR_546_OBSRVD_VAL	NUMBER (7.4)	N	Rehospitalization during the first 30 days of home health observed value	Observed value for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_ROLLUP	MSR_546_PRDCTD_VAL	NUMBER (7.4)	N	Rehospitalization during the first 30 days of home health predicted value	Predicted value for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_ROLLUP	MSR_547_DNMNTR_NUM	NUMBER (10.0)	N	Emergency department use without hospital readmission during first 30 days of home health denominator	Denominator for the emergency department use without hospital readmission during first 30 days	
OBQIC_CLMS_ROLLUP	MSR_547_OBSRVD_VAL	NUMBER (7.4)	N	Emergency department use without hospital readmission during first 30 days of home health observed value	Observed value for the emergency department use without hospital readmission during first 30	
OBQIC_CLMS_ROLLUP	MSR_547_PRDCTD_VAL	NUMBER (7.4)	N	Emergency department use without hospital readmission during first 30 days of home health predicted value	Predicted value for the emergency department use without hospital readmission during first 30	
OBQIC_CLMS_ROLLUP	MSR_554_DNMNTR_NUM	NUMBER (10.0)	N	Denominator value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Denominator value for the Potentially Preventable 30-Day Post-Discharge	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_ROLLUP	MSR_554_OBSRVD_VAL	NUMBER (7.4)	N	Observed value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Observed value for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_ROLLUP	MSR_554_PRDCTD_VAL	NUMBER (7.4)	N	Predicted value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Predicted value for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_ROLLUP	MSR_555_DNMNTR_NUM	NUMBER (10.0)	N	Denominator value for the Discharge to Community measure	Denominator value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP	MSR_555_OBSRVD_VAL	NUMBER (7.4)	N	Observed value for the Discharge to Community measure	Observed value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP	MSR_555_PRDCTD_VAL	NUMBER (7.4)	N	Predicted value for the Discharge to Community measure	Predicted value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP	STATE_CD	VARCHAR2 (2)	Y	State Code	Two character state postal abbreviation	
OBQIC_CLMS_ROLLUP	TRGT_MO_DT	DATE (7)	Y	Target Month	Month during which the claims episodes began	
OBQIC_CLMS_ROLLUP_H HC	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For state rollup rows, this	
OBQIC_CLMS_ROLLUP_H HC	MSR_544_DNMNTR_NUM	NUMBER (10.0)	N	Emergency department w/out hospitalization denominator	Denominator for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_544_OBSRVD_VAL	NUMBER (7.4)	N	Emergency department w/out hospitalization observed value	Observed value for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_544_PRDCTD_VAL	NUMBER (7.4)	N	Emergency department w/out hospitalization predicted value	Predicted value for the emergency department without hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_545_DNMNTR_NUM	NUMBER (10.0)	N	Acute care hospitalization denominator	Denominator for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_545_OBSRVD_VAL	NUMBER (7.4)	N	Acute care hospitalization observed value	Observed value for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_545_PRDCTD_VAL	NUMBER (7.4)	N	Acute care hospitalization predicted value	Predicted value for the acute care hospitalization measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_546_DNMNTR_NUM	NUMBER (10.0)	N	Rehospitalization during the first 30 days of home health denominator	Denominator for the rehospitalization during the first 30 days of home health measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_ROLLUP_H HC	MSR_546_OBSRVD_VAL	NUMBER (7.4)	N	Rehospitalization during the first 30 days of home health observed value	Observed value for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_546_PRDCTD_VAL	NUMBER (7.4)	N	Rehospitalization during the first 30 days of home health predicted value	Predicted value for the rehospitalization during the first 30 days of home health measure	
OBQIC_CLMS_ROLLUP_H HC	MSR_547_DNMNTR_NUM	NUMBER (10.0)	N	Emergency department use without hospital readmission during first 30 days of home health denominator	Denominator for the emergency department use without hospital readmission during first 30 days	
OBQIC_CLMS_ROLLUP_H HC	MSR_547_OBSRVD_VAL	NUMBER (7.4)	N	Emergency department use without hospital readmission during first 30 days of home health observed value	Observed value for the emergency department use without hospital readmission during first 30	
OBQIC_CLMS_ROLLUP_H HC	MSR_547_PRDCTD_VAL	NUMBER (7.4)	N	Emergency department use without hospital readmission during first 30 days of home health predicted value	Predicted value for the emergency department use without hospital readmission during first 30	
OBQIC_CLMS_ROLLUP_H HC	MSR_554_DNMNTR_NUM	NUMBER (10.0)	N	Denominator value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Denominator value for the Potentially Preventable 30-Day Post-Discharge	
OBQIC_CLMS_ROLLUP_H HC	MSR_554_OBSRVD_VAL	NUMBER (7.4)	N	Observed value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Observed value for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_ROLLUP_H HC	MSR_554_PRDCTD_VAL	NUMBER (7.4)	N	Predicted value for the Potentially Preventable 30-Day Post-Discharge Readmission measure	Predicted value for the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_CLMS_ROLLUP_H HC	MSR_555_DNMNTR_NUM	NUMBER (10.0)	N	Denominator value for the Discharge to Community measure	Denominator value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP_H HC	MSR_555_OBSRVD_VAL	NUMBER (7.4)	N	Observed value for the Discharge to Community measure	Observed value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP_H HC	MSR_555_PRDCTD_VAL	NUMBER (7.4)	N	Predicted value for the Discharge to Community measure	Predicted value for the Discharge to Community measure.	
OBQIC_CLMS_ROLLUP_H HC	STATE_CD	VARCHAR2 (2)	Y	State Code	Two character state postal abbreviation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CLMS_ROLLUP_H HC	TRGT_MO_DT	DATE (7)	Y	Target Month	Month during which the claims episodes began	
OBQIC_CMIX_RPT_DTL	ACTL_CRNT_END_DT	DATE (7)	N	Actual Current End Time Stamp	The actual latest end of care date during the current report period for the episodes used in	
OBQIC_CMIX_RPT_DTL	ACTL_CRNT_STRT_DT	DATE (7)	N	Actual Current Start Time Stamp	The actual earliest end of care date during the current report period for the episodes used in	
OBQIC_CMIX_RPT_DTL	ACTL_PRIOR_END_DT	DATE (7)	N	Prior End Time Stamp	The actual latest end of care date during the prior report period for the episodes used in	
OBQIC_CMIX_RPT_DTL	ACTL_PRIOR_STRT_DT	DATE (7)	N	Prior Start Time Stamp	The actual earliest end of care date during the prior report period for the episodes used in	
OBQIC_CMIX_RPT_DTL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID of the branch represented by this row's data.	
OBQIC_CMIX_RPT_DTL	CRNT_EPSD_CNT	NUMBER (6.0)	N	Current Episode count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	
OBQIC_CMIX_RPT_DTL	CRNT_VAL	NUMBER (6.2)	N	Current Value	Value for the OBQIC measure.	
OBQIC_CMIX_RPT_DTL	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_CMIX_RPT_DTL	PRIOR_EPSD_CNT	NUMBER (6.0)	N	Prior Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQIC_CMIX_RPT_DTL	PRIOR_SGNFCNC	NUMBER (5.4)	N	Prior Significance	The probability that the difference between the current value and the previous value are	
OBQIC_CMIX_RPT_DTL	PRIOR_VAL	NUMBER (6.2)	N	Prior Value	The value for the prior period for the OBQIC measure.	
OBQIC_CMIX_RPT_DTL	RFRNC_SGNFCNC	NUMBER (5.4)	N	Reference Significance	The probability that the difference between the current value and the reference value are	
OBQIC_CMIX_RPT_DTL	RFRNC_VAL	NUMBER (6.2)	N	Reference Value	The calculated reference value for the OBQIC measure.	
OBQIC_CMIX_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_CMIX_RPT_RQST	CMPLT_TS	DATE (7)	N			
OBQIC_CMIX_RPT_RQST	END_MO_DT	DATE (7)	N			
OBQIC_CMIX_RPT_RQST	FAC_INTRNL_ID	NUMBER (10.0)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_RPT_RQST	MSR_507_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_508_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_509_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_510_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_511_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_512_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_513_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_514_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_515_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_516_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_517_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_518_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_519_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_520_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_521_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_522_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_523_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_524_RQST_SW	NUMBER (1.0)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_RPT_RQST	MSR_525_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_526_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_527_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_528_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_529_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_530_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_531_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_532_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_533_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_534_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_535_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_536_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_537_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_538_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_539_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_540_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_542_RQST_SW	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	MSR_543_RQST_SW	NUMBER (1.0)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_RPT_RQST	RPT_SQNC_NUM	NUMBER (10.0)	Y			
OBQIC_CMIX_RPT_RQST	RPT_STUS_CD	NUMBER (1.0)	N			
OBQIC_CMIX_RPT_RQST	RQST_TS	DATE (7)	N			
OBQIC_CMIX_RPT_RQST	RQST_USER_TXT	VARCHAR2 (20)	N			
OBQIC_CMIX_RPT_RQST	STATE_CD	VARCHAR2 (2)	N			
OBQIC_CMIX_RPT_RQST	STRT_MO_DT	DATE (7)	N			
OBQIC_CMIX_SMRY_RPT	ACHVD_NUM	NUMBER (5.2)	N	Percentage of episodes that achieved the outcome	Percentage of episodes that achieved the outcome.	
OBQIC_CMIX_SMRY_RPT	MSR_DESC	VARCHAR2 (50)	N	Measure Description	Measure Description	
OBQIC_CMIX_SMRY_RPT	MSR_GRP_TXT	VARCHAR2 (50)	N	Case Mix Category Description	Case Mix Category Description	
OBQIC_CMIX_SMRY_RPT	MSR_SRT_NUM	NUMBER (3.0)	N	Measure Sort Identifier	Measure Sort Identifier	OBQIC_MSR_MSTR
OBQIC_CMIX_SMRY_RPT	NOT_ACHVD_NUM	NUMBER (5.2)	N	Percentage of episodes that did not achieve the outcome	Percentage of episodes that did not achieve the outcome.	
OBQIC_CMIX_SMRY_RPT	OUTCM_MSR_ID	NUMBER (3.0)	N	Measure number	Measure number	OBQIC_MSR_MSTR
OBQIC_CMIX_SMRY_RPT	PTNT_CNT	NUMBER (5.0)	N	Total number of patients	Total number of patients	
OBQIC_CMIX_SMRY_RPT	RPT_SQNC_NUM	NUMBER (10.0)	N	Report request identification number	Report request identification number	
OBQIC_CMIX_SMRY_RPT	TRGRD_CNT	NUMBER (5.0)	N	Number of episodes that triggered the outcome measure	Number of episodes that triggered the outcome measure	
OBQIC_CMIX_TLY_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	The branch ID at the end of care for the episode of care. For national, regional, state and agency	
OBQIC_CMIX_TLY_RPT_DTL	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_201_VAL	VARCHAR2 (3)	N	Patient History, Demographics, Age (years)	The value of the Demographics: Age measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_202_VAL	VARCHAR2 (1)	N	Patient History, Demographics, Gender: Female	The value of the Demographics: Gender - Female measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_203_VAL	VARCHAR2 (1)	N	Patient History, Demographics, Race: Black	The value of the Demographics: Race - Black measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_204_VAL	VARCHAR2 (1)	N	Patient History, Demographics, Race: White	The value of the Demographics: Race - White measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_205_VAL	VARCHAR2 (1)	N	Patient History, Demographics, Race: Other	The value of the Demographics: Race - Other measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_206_VAL	VARCHAR2 (1)	N	Patient History, Payment Source, Any Medicare	The value of the Payment Source: Any Medicare measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_207_VAL	VARCHAR2 (1)	N	Patient History, Payment Source, Any Medicaid	The value of the Payment Source: Any Medicaid measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_208_VAL	VARCHAR2 (1)	N	Patient History, Payment Source, Any HMO	The value of the Payment Source: Any HMO measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_209_VAL	VARCHAR2 (1)	N	Patient History, Payment Source, Medicare HMO	The value of the Payment Source: Medicare HMO measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_210_VAL	VARCHAR2 (1)	N	Patient History, Payment Source, Other	The value of the Payment Source: Other measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_211_VAL	VARCHAR2 (1)	N	Patient History, Episode Start, Episode timing: Early	The value of the Episode Start: Episode Timing - Early measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_212_VAL	VARCHAR2 (1)	N	Patient History, Episode Start, Episode timing: Late	The value of the Episode Start: Episode Timing - Late measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_213_VAL	VARCHAR2 (1)	N	Patient History, Episode Start, Episode timing: Unknown	The value of the Episode Start: Episode Timing - Unknown measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_214_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term nursing facility	The value of the Inpatient Discharge / Medical Regimen Change: Long-term Nursing Facility	
OBQIC_CMIX_TLY_RPT_DTL	MSR_215_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Skilled nursing facility	The value of the Inpatient Discharge / Medical Regimen Change: Skilled Nursing Facility	
OBQIC_CMIX_TLY_RPT_DTL	MSR_216_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Short-stay acute hospital	The value of the Inpatient Discharge / Medical Regimen Change: Short-Stay Acute Hospital	
OBQIC_CMIX_TLY_RPT_DTL	MSR_217_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term care hospital	The value of the Inpatient Discharge / Medical Regimen Change: Long-Term Care Hospital	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_218_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Inpatient rehab hospital/unit	The value of the Inpatient Discharge / Medical Regimen Change: Inpatient Rehab Hospital/Unit	
OBQIC_CMIX_TLY_RPT_DTL	MSR_219_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Psychiatric hospital/unit	The value of the Inpatient Discharge / Medical Regimen Change: Psychiatric Hospital/Unit	
OBQIC_CMIX_TLY_RPT_DTL	MSR_220_VAL	VARCHAR2 (1)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Medical Regimen Change	The value of the Inpatient Discharge / Medical Regimen Change: Medical Regimen Change	
OBQIC_CMIX_TLY_RPT_DTL	MSR_221_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Urinary incontinence	The value of the Prior Condition: Urinary Incontinence measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_222_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Indwelling/suprapubic catheter	The value of the Prior Condition: Indwelling/Suprapubic catheter measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_223_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Intractable pain	The value of the Prior Condition: Intractable Pain measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_224_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Impaired decision-making	The value of the Prior Condition: Impaired Decision-Making measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_225_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Disruptive/Inappropriate behavior	The value of the Prior Condition: Disruptive/Inappropriate Behavior measure for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_226_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, Memory loss	The value of the Prior Condition: Memory Loss measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_227_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, None listed	The value of the Prior Condition: None Listed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_228_VAL	VARCHAR2 (1)	N	Patient History, Prior Conditions, No inpatient discharge / No medical regimen change	The value of the Prior Condition: No Inpatient Discharge / No Medical Regimen Change	
OBQIC_CMIX_TLY_RPT_DTL	MSR_229_VAL	VARCHAR2 (1)	N	Patient History, Therapies, IV/infusion therapy	The value of the Therapies: IV/Infusion Therapy measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_230_VAL	VARCHAR2 (1)	N	Patient History, Therapies, Parenteral nutrition	The value of the Therapies: Parenteral Nutrition measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_231_VAL	VARCHAR2 (1)	N	Patient History, Therapies, Enteral nutrition	The value of the Therapies: Enteral Nutrition measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_232_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, Recent decline mental/emotional/behavioral	The value of the Hospitalization Risks: Recent Decline Mental/Emotional/Behavioral measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_233_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, Multiple hospitalizations	The value of the Hospitalization Risks: Multiple Hospitalizations measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_234_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, History of falls	The value of the Hospitalization Risks: History Of Falls measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_235_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, 5 or more medications	The value of the Hospitalization Risks: 5 Or More Medications measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_236_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, Frailty factors	The value of the Hospitalization Risks: Frailty Factors measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_237_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, Other	The value of the Hospitalization Risks: Other measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_238_VAL	VARCHAR2 (1)	N	General Health Status, Hospitalization Risks, None	The value of the Hospitalization Risks: None measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_239_VAL	VARCHAR2 (1)	N	General Health Status, Overall Status, Overall Status	The value of the Overall Status: Overall Status measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_240_VAL	VARCHAR2 (1)	N	General Health Status, Overall Status, Unknown / Unclear	The value of the Overall Status: Unknown / Unclear measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_241_VAL	VARCHAR2 (1)	N	General Health Status, Other Risk Factors, Smoking	The value of the Other Risk Factors: Smoking measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_242_VAL	VARCHAR2 (1)	N	General Health Status, Other Risk Factors, Obesity	The value of the Other Risk Factors: Obesity measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_243_VAL	VARCHAR2 (1)	N	General Health Status, Other Risk Factors, Alcohol dependency	The value of the Other Risk Factors: Alcohol Dependency measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_244_VAL	VARCHAR2 (1)	N	General Health Status, Other Risk Factors, Drug dependency	The value of the Other Risk Factors: Drug Dependency measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_245_VAL	VARCHAR2 (1)	N	General Health Status, Other Risk Factors, None	The value of the Other Risk Factors: None measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_246_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Current Situation, Lives alone	The value of the Current Situation: Lives Alone measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_247_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Current Situation, Lives with others	The value of the Current Situation: Lives With Others measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_248_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Current Situation, Lives in congregate situation	The value of the Current Situation: Lives In Congregate Situation measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_249_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Availability, Around the clock	The value of the Availability: Around The Clock measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_250_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Availability, Regular daytime	The value of the Availability: Regular Daytime measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_251_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Availability, Regular nighttime	The value of the Availability: Regular Nighttime measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_252_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Availability, Occasional	The value of the Availability: Occasional measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_253_VAL	VARCHAR2 (1)	N	Living Arrangement / Assistance, Availability, None	The value of the Availability: None measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_254_VAL	VARCHAR2 (1)	N	Care Management, ADLs, None needed	The value of the ADLs: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_255_VAL	VARCHAR2 (1)	N	Care Management, ADLs, Caregiver currently provides	The value of the ADLs: Caregiver Currently Provides measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_256_VAL	VARCHAR2 (1)	N	Care Management, ADLs, Caregiver training needed	The value of the ADLs: Caregiver Training Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_257_VAL	VARCHAR2 (1)	N	Care Management, ADLs, Uncertain / Unlikely to be provided	The value of the ADLs: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_258_VAL	VARCHAR2 (1)	N	Care Management, ADLs, Needed, but not available	The value of the ADLs: Needed, But Not Available measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_259_VAL	VARCHAR2 (1)	N	Care Management, IADLs, None needed	The value of the IADLs: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_260_VAL	VARCHAR2 (1)	N	Care Management, IADLs, Caregiver provides	The value of the IADLs: Caregiver Currently Provides measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_261_VAL	VARCHAR2 (1)	N	Care Management, IADLs, Caregiver training needed	The value of the IADLs: Caregiver Training Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_262_VAL	VARCHAR2 (1)	N	Care Management, IADLs, Uncertain / Unlikely to be provided	The value of the IADLs: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_263_VAL	VARCHAR2 (1)	N	Care Management, IADLs, Needed, but not available	The value of the IADLs: Needed, But Not Available measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_264_VAL	VARCHAR2 (1)	N	Care Management, IADLs, Frequency of ADL / IADL, 1-5 scale	The value of the IADLs: Frequency of ADL / IADL measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_265_VAL	VARCHAR2 (1)	N	Care Management, Medication Administration, None needed	The value of the Medication Administration: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_266_VAL	VARCHAR2 (1)	N	Care Management, Medication Administration, Caregiver provides	The value of the Medication Administration: Caregiver Currently Provides measure for the provides	
OBQIC_CMIX_TLY_RPT_DTL	MSR_267_VAL	VARCHAR2 (1)	N	Care Management, Medication Administration, Caregiver training needed	The value of the Medication Administration: Caregiver Training Needed measure for the training needed	
OBQIC_CMIX_TLY_RPT_DTL	MSR_268_VAL	VARCHAR2 (1)	N	Care Management, Medication Administration, Uncertain / Unlikely to be provided	The value of the Medication Administration: Uncertain / Unlikely To Be Provided measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_269_VAL	VARCHAR2 (1)	N	Care Management, Medication Administration, Needed, but not available	The value of the Medication Administration: Needed, But Not Available measure for the available	
OBQIC_CMIX_TLY_RPT_DTL	MSR_270_VAL	VARCHAR2 (1)	N	Care Management Medical Procedures, None needed	The value of the Medical Procedures: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_271_VAL	VARCHAR2 (1)	N	Care Management, Medical Procedures, Caregiver provides	The value of the Medical Procedures: Caregiver Currently Provides measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_272_VAL	VARCHAR2 (1)	N	Care Management, Medical Procedures, Caregiver training needed	The value of the Medical Procedures: Caregiver Training Needed measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_273_VAL	VARCHAR2 (1)	N	Care Management, Medical Procedures, Uncertain / Unlikely to be provided	The value of the Medical Procedures: Uncertain / Unlikely To Be Provided measure for the to be provided	
OBQIC_CMIX_TLY_RPT_DTL	MSR_274_VAL	VARCHAR2 (1)	N	Care Management, Medical Procedures, Needed, but not available	The value of the Medical Procedures: Needed, But Not Available measure for the episode of available	
OBQIC_CMIX_TLY_RPT_DTL	MSR_275_VAL	VARCHAR2 (1)	N	Care Management, Management of Equipment, None needed	The value of the Management of Equipment: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_276_VAL	VARCHAR2 (1)	N	Care Management, Management of Equipment, Caregiver provides	The value of the Management of Equipment: Caregiver Currently Provides measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_277_VAL	VARCHAR2 (1)	N	Care Management, Management of Equipment, Caregiver training needed	The value of the Management of Equipment: Caregiver Training Needed measure for the needed	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_278_VAL	VARCHAR2 (1)	N	Care Management, Management of Equipment, Uncertain / Unlikely to be provided	The value of the Management of Equipment: Uncertain / Unlikely To Be Provided measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_279_VAL	VARCHAR2 (1)	N	Care Management, Management of Equipment, Needed, but not available	The value of the Management of Equipment: Needed, But Not Available measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_280_VAL	VARCHAR2 (1)	N	Care Management, Supervision / Safety, None needed	The value of the Supervision / Safety: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_281_VAL	VARCHAR2 (1)	N	Care Management, Supervision / Safety, Caregiver provides	The value of the Supervision / Safety: Caregiver Currently Provides measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_282_VAL	VARCHAR2 (1)	N	Care Management, Supervision / Safety, Caregiver training needed	The value of the Supervision / Safety: Caregiver Training Needed measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_283_VAL	VARCHAR2 (1)	N	Care Management, Supervision / Safety, Uncertain / Unlikely to be provided	The value of the Supervision / Safety: Uncertain / Unlikely To Be Provided measure for the provided	
OBQIC_CMIX_TLY_RPT_DTL	MSR_284_VAL	VARCHAR2 (1)	N	Care Management, Supervision / Safety, Needed, but not available	The value of the Supervision / Safety: Needed, But Not Available measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_285_VAL	VARCHAR2 (1)	N	Care Management, Advocacy, None needed	The value of the Advocacy: None Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_286_VAL	VARCHAR2 (1)	N	Care Management, Advocacy, Caregiver provides	The value of the Advocacy: Caregiver Currently Provides measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_287_VAL	VARCHAR2 (1)	N	Care Management, Advocacy, Caregiver training needed	The value of the Advocacy: Caregiver Training Needed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_288_VAL	VARCHAR2 (1)	N	Care Management, Advocacy, Uncertain / Unlikely to be provided	The value of the Advocacy: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_289_VAL	VARCHAR2 (1)	N	Care Management, Advocacy, Needed, but not available	The value of the Advocacy: Needed, But Not Available measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_290_VAL	VARCHAR2 (1)	N	Sensory Status, Sensory Status, Vision impairment, 0-2 scale	The value of the Sensory Status: Vision Impairment measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_291_VAL	VARCHAR2 (1)	N	Sensory Status, Sensory Status, Hearing Impairment, 0-2 scale	The value of the Sensory Status: Hearing Impairment measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_292_VAL	VARCHAR2 (1)	N	Sensory Status, Sensory Status, Verbal content understanding, 0-3 scale	The value of the Sensory Status: Verbal Content Understanding measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_293_VAL	VARCHAR2 (1)	N	Sensory Status, Sensory Status, Speech / language, 0-5 scale	The value of the Sensory Status: Speech / Language measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_294_VAL	VARCHAR2 (1)	N	Sensory Status, Pain Frequency, Pain interfering with activity, 0-4 scale	The value of the Sensory Status: Pain Interfering With Activity measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_295_VAL	VARCHAR2 (1)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer risk	The value of the Pressure Ulcers: Pressure Ulcer Risk measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_296_VAL	VARCHAR2 (1)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer present	The value of the Pressure Ulcers: Pressure Ulcer Present measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_297_VAL	VARCHAR2 (3)	N	Integumentary Status, Pressure Ulcers, Stage II pressure ulcer count	The value of the Pressure Ulcers: Stage II Pressure Ulcer Count measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_298_VAL	VARCHAR2 (3)	N	Integumentary Status, Pressure Ulcers, Stage III pressure ulcer count	The value of the Pressure Ulcers: Stage III Pressure Ulcer Count measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_299_VAL	VARCHAR2 (3)	N	Integumentary Status, Pressure Ulcers, Stage IV pressure ulcer count	The value of the Pressure Ulcers: Stage IV Pressure Ulcer Count measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_300_VAL	VARCHAR2 (3)	N	Integumentary Status, Pressure Ulcers, Unstageable pressure ulcer count	The value of the Pressure Ulcers: Unstageable Pressure Ulcer Count measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_301_VAL	VARCHAR2 (1)	N	Integumentary Status, Pressure Ulcers, Status most problematic pressure ulcer, 0-3 scale	The value of the Pressure Ulcers: Status Most Problematic Pressure Ulcer measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_302_VAL	VARCHAR2 (1)	N	Integumentary Status, Pressure Ulcers, Stage I pressure ulcer count, 0-4 scale	The value of the Pressure Ulcers: Stage I Pressure Ulcer Count measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_303_VAL	VARCHAR2 (1)	N	Integumentary Status, Pressure Ulcers, Stage most problematic pressure ulcer, 1-4 scale	The value of the Pressure Ulcers: Stage Most Problematic Pressure Ulcer measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_304_VAL	VARCHAR2 (1)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer indicator	The value of the Stasis Ulcers: Stasis Ulcer Indicator measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_305_VAL	VARCHAR2 (1)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer count, 1-4 scale	The value of the Stasis Ulcers: Stasis Ulcer Count measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_306_VAL	VARCHAR2 (1)	N	Integumentary Status, Stasis Ulcers, Status most problematic stasis, 0-3 scale	The value of the Stasis Ulcers: Status Most Problematic Stasis measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_307_VAL	VARCHAR2 (1)	N	Integumentary Status, Surgical Wounds, Surgical wound indicator	The value of the Surgical Wounds: Surgical Wound Indicator measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_308_VAL	VARCHAR2 (1)	N	Integumentary Status, Surgical Wounds, Status most problematic surgical wound, 0-3 scale	The value of the Surgical Wounds: Status Most Problematic Surgical Wound measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_309_VAL	VARCHAR2 (1)	N	Integumentary Status, Other, Skin lesion with intervention	The value of the Other: Skin Lesion With Intervention measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_310_VAL	VARCHAR2 (1)	N	Physiological Status, Respiratory, Dyspnea, 0-4 scale	The value of the Respiratory: Dyspnea measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_311_VAL	VARCHAR2 (1)	N	Physiological Status, Respiratory, Oxygen treatment	The value of the Respiratory: Oxygen Treatment measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_312_VAL	VARCHAR2 (1)	N	Physiological Status, Respiratory, Ventilator treatment	The value of the Respiratory: Ventilator Treatment measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_313_VAL	VARCHAR2 (1)	N	Physiological Status, Respiratory, CPAP / BPAP therapy	The value of the Respiratory: CPAP / BPAP Therapy measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_314_VAL	VARCHAR2 (1)	N	Physiological Status, Elimination Status, Urinary Tract Infection	The value of the Elimination Status: Urinary Tract Infection measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_315_VAL	VARCHAR2 (1)	N	Physiological Status, Elimination Status, Urinary incont/catheter	The value of the Elimination Status: Urinary Incontinence/Catheter measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_316_VAL	VARCHAR2 (1)	N	Physiological Status, Elimination Status, Urinary incontinence frequency, 0-4 scale	The value of the Elimination Status: Urinary Incontinence Frequency measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_317_VAL	VARCHAR2 (1)	N	Physiological Status, Elimination Status, Bowel incontinence, 0-5 scale	The value of the Elimination Status: Bowel Incontinence measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_318_VAL	VARCHAR2 (1)	N	Physiological Status, Elimination Status, Bowel ostomy	The value of the Elimination Status: Bowel Ostomy measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_319_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Cognition, Cognitive deficit, 0-4 scale	The value of the Cognition: Cognitive Deficit measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_320_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Cognition, Confusion frequency, 0-4 scale	The value of the Cognition: Confusion Frequency measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_321_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Emotional, Anxiety level, 0-3 scale	The value of the Emotional: Anxiety Level measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_322_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Emotional, Depression indicator	The value of the Emotional: Depression Indicator measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_323_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Interest / Pleasure, 0-3 scale	The value of the Emotional: PHQ-2: Interest / Pleasure measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_324_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Down / Depressed, 0-3 scale	The value of the Emotional: PHQ-2: PHQ-2: Down / Depressed measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_325_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Memory deficit	The value of the Behavioral: Memory Deficit measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_326_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Impaired decision-making	The value of the Behavioral: Impaired Decision-Making measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_327_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Verbal disruption	The value of the Behavioral: Verbal Disruption measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_328_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Physical aggression	The value of the Behavioral: Physical Aggression measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_329_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Disruptive / Inappropriate behavior	The value of the Behavioral: Disruptive / Inappropriate Behavior measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_330_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Delusional, hallucinatory, etc	The value of the Behavioral: Delusional, Hallucinatory, Etc. measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_331_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, None demonstrated	The value of the Behavioral: None Demonstrated measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_332_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Freq Behavioral Problems, 0-5 scale	The value of the Behavioral: Frequency of Behavioral Problems measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_333_VAL	VARCHAR2 (1)	N	Neuro / Emotional / Behavioral, Behavioral, Psychiatric nursing	The value of the Behavioral: Psychiatric Nursing measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_334_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Grooming, 0-3 scale	The value of the SOC / ROC Status: Grooming measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_335_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Dress upper body, 0-3 scale	The value of the SOC / ROC Status: Dress Upper Body measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_336_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Dress lower body, 0-3 scale	The value of the SOC / ROC Status: Dress Lower Body measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_337_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Bathing, 0-6 scale	The value of the SOC / ROC Status: Bathing measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_338_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Toilet Transfer, 0-4 scale	The value of the SOC / ROC Status: Toilet Transfer measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_339_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Toileting Hygiene, 0-3 scale	The value of the SOC / ROC Status: Toileting Hygiene measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_340_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Bed Transferring, 0-5 scale	The value of the SOC / ROC Status: Bed Transferring measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_341_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Ambulation, 0-6 scale	The value of the SOC / ROC Status: Ambulation measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_342_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Eating, 0-5 scale	The value of the SOC / ROC Status: Eating measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_343_VAL	VARCHAR2 (1)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior self-care, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Self-Care measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_344_VAL	VARCHAR2 (1)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior ambulation, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Ambulation measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_345_VAL	VARCHAR2 (1)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior transfer, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Transfer measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_346_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, IADLs, Light meal prep, 0-2 scale	The value of the IADLs: Light Meal Prep measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_347_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, IADLs, Phone use, 0-5 scale	The value of the IADLs: Phone Use measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_348_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, IADLs, Prior Household, 0-2 scale	The value of the IADLs: Prior Household measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_349_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Falls Risk, At risk of falls	The value of the Falls Risk: At Risk Of Falls measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_350_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Drug regimen: problem found	The value of the Medication Status: Drug Regimen - Problem Found measure for the problem found	
OBQIC_CMIX_TLY_RPT_DTL	MSR_351_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Management of oral medications, 0-3 scale	The value of the Medication Status: Management Of Oral Medications measure for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_352_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Management of oral medications: NA	The value of the Medication Status: Management Of Oral Medications - NA measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_353_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Management of injected medications, 0-3 scale	The value of the Medication Status: Management Of Injected Medications measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_354_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Management of Injected medications: NA	The value of the Medication Status: Management Of Injected Medications - NA	
OBQIC_CMIX_TLY_RPT_DTL	MSR_355_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications, 0-2 scale	The value of the Medication Status: Prior Management Of Oral Medications measure for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_356_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications: NA	The value of the Medication Status: Prior Management Of Oral Medications - NA measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_357_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications, 0-2 scale	The value of the Medication Status: Prior Management Of Injected Medications measure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_358_VAL	VARCHAR2 (1)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications: NA	The value of the Medication Status: Prior Management Of Injected Medications - NA	
OBQIC_CMIX_TLY_RPT_DTL	MSR_359_VAL	VARCHAR2 (3)	N	Therapy / Plan Of Care, Therapy Visits, # Therapy visits indicated	The value of the Medication Status: Therapy Visits: # Therapy Visits Indicated measure for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_360_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Orthopedic	The value of the Acute Conditions: Orthopedic measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_361_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Neurologic	The value of the Acute Conditions: Neurologic measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_362_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Open wound/lesions	The value of the Acute Conditions: Open Wound/Lesions measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_363_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Cardiac/peripheral vascular	The value of the Acute Conditions: Cardiac/Peripheral Vascular measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_364_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Pulmonary	The value of the Acute Conditions: Pulmonary measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_365_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Diabetes mellitus	The value of the Acute Conditions: Diabetes Mellitus measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_366_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Gastrointestinal disorder	The value of the Acute Conditions: Gastrointestinal Disorder measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_367_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Contagious/communicable	The value of the Acute Conditions: Contagious/Communicable measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_368_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Urinary incont/catheter	The value of the Acute Conditions: Urinary Incontinence/Catheter measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_369_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Mental/emotional	The value of the Acute Conditions: Mental/Emotional measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_370_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Oxygen therapy	The value of the Acute Conditions: Oxygen Therapy measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_371_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, IV/infusion therapy	The value of the Acute Conditions: IV/Infusion therapy measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_372_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Enteral/parenteral nutrition	The value of the Acute Conditions: Enteral/Parenteral Nutrition measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_373_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Acute Conditions, Ventilator	The value of the Acute Conditions: Ventilator measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_374_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in living skills	The value of the Chronic Conditions: Dependence In Living Skills measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_375_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in personal care	The value of the Chronic Conditions: Dependence In Personal Care measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_376_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Impaired ambulation/mobility	The value of the Chronic Conditions: Impaired Ambulation/Mobility measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_377_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Urinary incontence/catheter	The value of the Chronic Conditions: Urinary Incontinence/Catheter measure for the episode	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_378_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in medication administration	The value of the Chronic Conditions: Dependence In Medication Administration	
OBQIC_CMIX_TLY_RPT_DTL	MSR_379_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Chronic pain	The value of the Chronic Conditions: Chronic Pain measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_380_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Cognitive/mental/behavioral	The value of the Chronic Conditions: Cognitive/Mental/Behavioral measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_381_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Chronic Conditions, Chronic patient with caregiver	The value of the Chronic Conditions: Chronic Patient With Caregiver measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_382_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Infections/parasitic diseases	The value of the Home Care Diagnosis: Infections/Parasitic Diseases measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_383_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Neoplasms	The value of the Home Care Diagnosis: Neoplasms measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_384_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Endocrine/nutrit/metabolic	The value of the Home Care Diagnosis: Endocrine/Nutrit./Metabolic measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_385_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Blood diseases	The value of the Home Care Diagnosis: Blood Diseases measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_386_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Mental diseases	The value of the Home Care Diagnosis: Mental Diseases measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_387_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Nervous system diseases	The value of the Home Care Diagnosis: Nervous Systems Diseases measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_388_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Circulatory system diseases	The value of the Home Care Diagnosis: Circulatory System Diseases measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_389_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Respiratory system diseases	The value of the Home Care Diagnosis: Respiratory System Diseases measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_390_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Digestive system diseases	The value of the Home Care Diagnosis: Digestive System Diseases measure for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_391_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Genitourinary system diseases	The value of the Home Care Diagnosis: Genitourinary System Diseases measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_392_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Pregnancy	The value of the Home Care Diagnosis: Pregnancy Problems measure for the episode of problems	
OBQIC_CMIX_TLY_RPT_DTL	MSR_393_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Skin/subcutaneous diseases	The value of the Home Care Diagnosis: Skin/Subcutaneous diseases measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_394_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Musculoskeletal sys Diseases	The value of the Home Care Diagnosis: Musculoskeletal System Diseases measure for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_395_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Congenital anomalies	The value of the Home Care Diagnosis: Congenital Anomalies measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_396_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Ill-defined	The value of the Home Care Diagnosis: Ill-Defined Conditions measure for the episode of conditions	
OBQIC_CMIX_TLY_RPT_DTL	MSR_397_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Fractures	The value of the Home Care Diagnosis: Fractures measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_398_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Intracranial injury	The value of the Home Care Diagnosis: Intracranial Injury measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_399_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Other injury	The value of the Home Care Diagnosis: Other Injury measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_400_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnosis, Adverse reactions and complications	The value of the Home Care Diagnosis: Adverse reactions and complications measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_401_VAL	VARCHAR2 (4)	N	Patient Discharge Information, Length of Stay, LOS until discharge (in days)	The value of the Length of Stay: LOS Until Discharge measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_402_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Length of Stay, LOS from 1 to 30 days	The value of the Length of Stay: LOS From 1 To 30 days measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_403_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Length of Stay, LOS from 31 to 60	The value of the Length of Stay: LOS From 31 To 60 days measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_404_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Length of Stay, LOS from 61 to 120 days	The value of the Length of Stay: LOS From 61 To 120 days measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_405_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Length of Stay, LOS from 121 to 180 days	The value of the Length of Stay: LOS From 121 To 180 days measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_406_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Length of Stay, LOS more than 180 days	The value of the Length of Stay: LOS More Than 180 Days measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_407_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Improper medications	The value of the Reason for Emergent Care: Improper Medications measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_408_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Injury from fall	The value of the Reason for Emergent Care: Injury From Fall measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_409_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Respiratory infection	The value of the Reason for Emergent Care: Respiratory Infection measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_410_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Other respiratory	The value of the Reason for Emergent Care: Other Respiratory measure for the episode of respiratory	
OBQIC_CMIX_TLY_RPT_DTL	MSR_411_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Heart failure	The value of the Reason for Emergent Care: Heart Failure measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_412_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Cardiac dysrhythmia	The value of the Reason for Emergent Care: Cardiac Dysrhythmia measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_413_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Myocardial infarction	The value of the Reason for Emergent Care: Myocardial Infarction measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_414_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Other heart disease	The value of the Reason for Emergent Care: Other Heart Disease measure for the episode of heart disease	
OBQIC_CMIX_TLY_RPT_DTL	MSR_415_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Stroke (CVA) or TIA	The value of the Reason for Emergent Care: Stroke (CVA) or TIA measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_416_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Hypo/Hyperglycemia	The value of the Reason for Emergent Care: Hypo/Hyperglycemia measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_417_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, GI bleeding, obstruction, etc	The value of the Reason for Emergent Care: GI Bleeding, Obstruction, Etc measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_418_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Dehydration, malnutrition	The value of the Reason for Emergent Care: Dehydration, Malnutrition measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_419_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Urinary tract infection	The value of the Reason for Emergent Care: Urinary Tract Infection measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_420_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, IV catheter-related infection	The value of the Reason for Emergent Care: IV Catheter-Related Infection measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_421_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Wound infection	The value of the Reason for Emergent Care: Wound Infection measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_422_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Uncontrolled pain	The value of the Reason for Emergent Care: Uncontrolled Pain measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_423_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Acute mental/behav Problems	The value of the Reason for Emergent Care: Acute Mental/Behavioral Problems measure for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_424_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Deep vein thrombosis	The value of the Reason for Emergent Care: Deep Vein Thrombosis measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_425_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, Other	The value of the Reason for Emergent Care: Other measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_426_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Emergent Care, No emergent care	The value of the Reason for Emergent Care: No Emergent Care measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_427_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Improper medications	The value of the Reason for Hospitalization: Improper Medications measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_428_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Injury from fall	The value of the Reason for Hospitalization: Injury From Fall measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_429_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Respiratory infection	The value of the Reason for Hospitalization: Respiratory infection measure for the episode of	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_430_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Other	The value of the Reason for Hospitalization: Other Respiratory measure for the episode of respiratory	
OBQIC_CMIX_TLY_RPT_DTL	MSR_431_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Heart	The value of the Reason for Hospitalization: Heart Failure measure for the episode of care. failure	
OBQIC_CMIX_TLY_RPT_DTL	MSR_432_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Cardiac dysrhythmia	The value of the Reason for Hospitalization: Cardiac Dysrhythmia measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_433_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Myocardial infarction	The value of the Reason for Hospitalization: Myocardial Infarction measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_434_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Other	The value of the Reason for Hospitalization: Other Heart Disease measure for the episode of heart disease	
OBQIC_CMIX_TLY_RPT_DTL	MSR_435_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Stroke (CVA) or TIA	The value of the Reason for Hospitalization: Stroke (CVA) or TIA measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_436_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Hypo/Hyperglycemia	The value of the Reason for Hospitalization: Hypo/Hyperglycemia measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_437_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, GI bleeding, obstruction, etc	The value of the Reason for Hospitalization: GI bleeding, Obstruction, Etc. measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_438_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Dehydration, malnutrition	The value of the Reason for Hospitalization: Dehydration, Malnutrition measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_439_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Urinary tract infection	The value of the Reason for Hospitalization: Urinary Tract Infection measure for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_440_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, IV catheter-related infection	The value of the Reason for Hospitalization: IV Catheter-Related Infection measure for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_441_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Wound infection	The value of the Reason for Hospitalization: Wound Infection measure for the episode of	
OBQIC_CMIX_TLY_RPT_DTL	MSR_442_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Uncontrolled pain	The value of the Reason for Hospitalization: Uncontrolled Pain measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_443_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Acute mental/behavior Problem	The value of the Reason for Hospitalization: Acute Mental/Behavioral Problem measure for mental/behav Problem	
OBQIC_CMIX_TLY_RPT_DTL	MSR_444_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Deep vein thrombosis	The value of the Reason for Hospitalization: Deep Vein Thrombosis measure for the episode vein thrombosis	
OBQIC_CMIX_TLY_RPT_DTL	MSR_445_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Scheduled visit	The value of the Reason for Hospitalization: Scheduled Visit measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_446_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, Other	The value of the Reason for Hospitalization: Other measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_447_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Reason for Hospitalization, No hospitalization	The value of the Reason for Hospitalization: No Hospitalization measure for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_557_VAL	VARCHAR2 (1)	N	General Health Status, BMI, Low Body Mass Index	Indicates whether the Low Body Mass Index (BMI) attribute is present for the patient for the	
OBQIC_CMIX_TLY_RPT_DTL	MSR_558_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Active Diagnoses, Diabetes Mellitus	Indicates whether the Diabetes Mellitus attribute is present for the patient for the given report	
OBQIC_CMIX_TLY_RPT_DTL	MSR_559_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Active Diagnoses, Peripheral vascular disease or peripheral arterial disease	Indicates whether the Peripheral vascular disease or peripheral arterial disease attribute is	
OBQIC_CMIX_TLY_RPT_DTL	MSR_560_VAL	VARCHAR2 (1)	N	Activities of Daily Living, SOC / ROC Status, Mobility, 01-06 scale	Indicates whether the Mobility attribute scale is present for the patient for the given report	
OBQIC_CMIX_TLY_RPT_DTL	MSR_565_VAL	VARCHAR2 (2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Non-remove dsg count	Indicates if the Unstageable PU: Non-remove. dsg. count (#) measure is present for the patient Non-remove dsg count	
OBQIC_CMIX_TLY_RPT_DTL	MSR_566_VAL	VARCHAR2 (2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Slough/eschar count	Indicates if the Unstageable PU: Slough/eschar count (#) measure is present for the patient for Slough/eschar count	
OBQIC_CMIX_TLY_RPT_DTL	MSR_567_VAL	VARCHAR2 (2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Deep tissue inj count	Indicates if the Unstageable PU: Deep tissue inj. count (#) measure is present for the patient for Deep tissue inj count	
OBQIC_CMIX_TLY_RPT_DTL	MSR_568_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Self Care, 1-3 scale	Indicates if the Prior Self Care (1-3) measure is present for the patient for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_569_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Functioning: Everyday Activities, (Ambulation), 1-3 scale	Indicates if the Prior Indoor Mobility (Ambulation) (1-3) measure is present for the Prior Indoor Mobility (Ambulation), 1-3 scale	
OBQIC_CMIX_TLY_RPT_DTL	MSR_570_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Stairs, 1-3 scale	Indicates if the Prior Stairs (1-3) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_571_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Functional Cognition, 1-3 scale	Indicates if the Prior Functional Cognition (1-3) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_572_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Manual wheelchair	Indicates if the Prior Manual wheelchair (%) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_573_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Motorized wheelchair/scooter	Indicates if the Prior Motorized wheelchair/scooter (%) measure is present for	
OBQIC_CMIX_TLY_RPT_DTL	MSR_574_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Mechanical lift	Indicates if the Prior Mechanical lift (%) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_575_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Walker	Indicates if the Prior Walker (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_576_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Orthotics/Prosthetics	Indicates if the Prior Orthotics/Prosthetics (%) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_577_VAL	VARCHAR2 (1)	N	Functional Abilities, Prior Device Use, Prior Device: None	Indicates if the Prior Device: None (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_578_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Eating, 1-6 scale	Indicates if the Eating (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_581_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Oral Hygiene, 1-6 scale	Indicates if the Oral Hygiene (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_584_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Toileting Hygiene, 1-6 scale	Indicates if the Toileting Hygiene (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_587_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Shower/bathe self, 1-6 scale	Indicates if the Shower/bathe self (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_590_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Upper body dressing, 1-6 scale	Indicates if the Upper body dressing (1-6) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_593_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Lower body dressing, 1-6 scale	Indicates if the Lower body dressing (1-6) measure is present for the patient for the episode	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_596_VAL	VARCHAR2 (1)	N	Functional Abilities, Self Care, Putting on/taking off footwear, 1-6 scale	Indicates if the Putting on/taking off footwear (1-6) measure is present for the patient for the 6 scale	
OBQIC_CMIX_TLY_RPT_DTL	MSR_599_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Roll left and right, 1-6 scale	Indicates if the Roll left and right (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_602_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Sit to lying, 1-6 scale	Indicates if the Sit to lying (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_605_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Lying to sitting on side of bed, 1-6 scale	Indicates if the Lying to sitting on side of bed (1-6) measure is present for the patient for the 6 scale	
OBQIC_CMIX_TLY_RPT_DTL	MSR_608_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Sit to stand, 1-6 scale	Indicates if the Sit to stand (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_611_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Chair/bed to chair transfer, 1-6 scale	Indicates if the Chair/bed to chair transfer (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_614_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Toilet transfer, 1-6 scale	Indicates if the Toilet transfer (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_617_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Car transfer, 1-6 scale	Indicates if the Car transfer (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_620_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Walk 10 feet, 1-6 scale	Indicates if the Walk 10 feet (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_623_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns, 1-6 scale	Indicates if the Walk 50 feet w 2 turns (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_626_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Walk 150 feet, 1-6 scale	Indicates if the Walk 150 feet (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_629_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces, 1-6 scale	Indicates if the Walk 10 feet uneven surfaces (1-6) measure is present for the patient for the 6 scale	
OBQIC_CMIX_TLY_RPT_DTL	MSR_632_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, 1 step (curb), 1-6 scale	Indicates if the 1 step (curb) (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_635_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, 4 steps, 1-6 scale	Indicates if the 4 steps (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_638_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, 12 steps, 1-6 scale	Indicates if the 12 steps (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_641_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Picking up object, 1-6 scale	Indicates if the Picking up object (1-6) measure is present for the patient for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	MSR_644_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Wheelchair or scooter	Indicates if the Wheelchair or scooter (%) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_645_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns, 1-6 scale	Indicates if the Wheel 50 feet w 2 turns (1-6) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_648_VAL	VARCHAR2 (1)	N	Functional Abilities, Mobility, Wheel 150 feet, 1-6 scale	Indicates if the Wheel 150 feet (1-6) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_651_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Falls, Any falls since SOC/ROC	Indicates if the Any falls since SOC/ROC (%) measure is present for the patient for the episode	
OBQIC_CMIX_TLY_RPT_DTL	MSR_652_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Falls, Falls with no injury	Indicates if the Falls with no injury (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_653_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Falls, Falls with injury (except major)	Indicates if the Falls with injury (except major) (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_654_VAL	VARCHAR2 (1)	N	Patient Discharge Information, Falls, Falls with major injury	Indicates if the Falls with major injury (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_655_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the eye	Indicates if the Diseases of the eye (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_656_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the ear	Indicates if the Diseases of the ear (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_657_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, Symptoms, signs, abnormal findings	Indicates if the Symptoms, signs, abnormal findings (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_658_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, Injury, poisoning, other external causes	Indicates if the Injury, poisoning, other external causes (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_659_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, External causes of morbidity	Indicates if the External causes of morbidity (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	MSR_660_VAL	VARCHAR2 (1)	N	Patient Diagnostic Information, Home Care Diagnoses, Influences of health status	Indicates if the Influences of health status (%) measure is present for the patient for the episode of care.	
OBQIC_CMIX_TLY_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_CMIX_TLY_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	Start of Care Branch ID. For national, regional, state and agency totals, value will be 'ALL'. For	
OBQIC_EPSD	END_ASMT_INTRNL_ID	NUMBER (22)	N	End of Care Assessment Internal ID	The assessment internal ID for the end of care assessment associated to the episode of care.	
OBQIC_EPSD	END_EFCTV_DT	DATE (8)	N	End of Care Effective Date	The end of care effective date for the episode of care.	
OBQIC_EPSD	END_RFA	VARCHAR2 (2)	N	End of Care RFA	The end of care RFA for the episode of care.	
OBQIC_EPSD	EOC_BRNCH_ID	VARCHAR2 (10)	N	End of Care Branch ID	The branch ID at the end of care for the episode of care.	
OBQIC_EPSD	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care.	
OBQIC_EPSD	EPSD_STUS_CD	NUMBER (2.0)	N	Episode Status Code	The status code for the episode of care.	OBQIC_EPSD_STUS_CD
OBQIC_EPSD	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The facility internal identification code for the episode of care.	
OBQIC_EPSD	PTNT_1ST_NAME	VARCHAR2 (24)	N	Patient First Name	The patient's first name associated to the episode of care.	
OBQIC_EPSD	PTNT_DOB_DT	DATE (8)	N	Patient Date Of Birth	The patient's date of birth associated to the episode of care.	
OBQIC_EPSD	PTNT_GNDR	VARCHAR2 (1)	N	Patient Gender	The patient's gender associated to the episode of care.	
OBQIC_EPSD	PTNT_ID	VARCHAR2 (40)	N	Patient ID	The patient's ID associated to the episode of care.	
OBQIC_EPSD	PTNT_LAST_NAME	VARCHAR2 (36)	N	Patient Last Name	The patient's last name associated to the episode of care.	
OBQIC_EPSD	PTNT_SSN	VARCHAR2 (18)	N	Patient SSN	The patient's SSN associated to the episode of care.	
OBQIC_EPSD	RGN_CD	VARCHAR2 (2)	N	Region Code	The regional location of the Agency for the episode of care.	
OBQIC_EPSD	RSDNT_ID	NUMBER (10.0)	N	Resident ID	The unique identifier for the resident associated to the episode of care.	
OBQIC_EPSD	SHRT_EPSD_SW	VARCHAR2 (1)	N	Short Episode Switch	Indicates if the episode was a short episode.	
OBQIC_EPSD	SOC_BRNCH_ID	VARCHAR2 (10)	N	Start of Care Branch ID	The branch ID at the start of care for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_EPSD	STATE_CD	VARCHAR2 (2)	N	State Code	The State location of the Agency for the episode of care.	STATES
OBQIC_EPSD	STRT_ASMT_INTRNL_ID	NUMBER (22)	N	Start of Care Assessment Internal ID	The assessment internal ID for the start of care assessment for the episode of care.	
OBQIC_EPSD	STRT_EFCTV_DT	DATE (8)	N	Start of Care Effective Date	The start of care effective date for the episode of care.	
OBQIC_EPSD	STRT_RFA	VARCHAR2 (2)	N	Start of Care RFA	The start of care RFA for this episode of care.	
OBQIC_EPSD	TRGT_MO_DT	DATE (8)	N	Target Month	The end month of the data period for the episode of care.	
OBQIC_FREQ_MSTR	CTGRY_ID	NUMBER (5.0)	Y	Category ID	The unique category identifier.	
OBQIC_FREQ_MSTR	CTGRY_LABEL_TXT	VARCHAR2 (40)	N	Category Label Text	The name of the category.	
OBQIC_FREQ_MSTR	END_VAL	NUMBER (4.0)	N	End Value	Highest value for the frequency category	
OBQIC_FREQ_MSTR	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_FREQ_MSTR	STRT_VAL	NUMBER (4.0)	N	Start Value	Lowest value for the frequency category	
OBQIC_MSR_MSTR	ACTV_SW	VARCHAR2 (1)	N	Active Switch	Switch indicating whether the measure is currently calculated for reporting.	
OBQIC_MSR_MSTR	MSR_CTGRY_CD	NUMBER (1.0)	N	Measure Category Code	Code value indicating the type of report the measure is part of. Current values are 1 = Case	OBQIC_MSR_CTGRY_CD
OBQIC_MSR_MSTR	MSR_DESC	VARCHAR2 (200)	N	Measure Description	The name of the OBQIC measure as it displays on the report.	
OBQIC_MSR_MSTR	MSR_GRP_TXT	VARCHAR2 (100)	N	Measure Group Text	The name of the group that contains the measure.	
OBQIC_MSR_MSTR	MSR_HDR_TXT	VARCHAR2 (100)	N	Measure Header Text	The name of the sub-category within the group that contains the measure.	
OBQIC_MSR_MSTR	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_MSR_MSTR	MSR_NAME	VARCHAR2 (40)	N	Measure Name	The database name of the OBQIC measure.	
OBQIC_MSR_MSTR	MSR_TYPE_CD	VARCHAR2 (1)	N	Measure Type Code	The value indicating whether the measure is ordinal ("O") or dichotomous ("D").	OBQIC_MSR_TYPE_CD

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_MSTR	PBLC_RPTG_SW	VARCHAR2 (1)	N	Public Reporting Indicator	Indicates if the measure is publicly reported.	
OBQIC_MSR_MSTR	RISK_ADJSTD_SW	VARCHAR2 (1)	N	Risk Adjusted Indicator	Indicates if the measure has a risk-adjusted rate.	
OBQIC_MSR_MSTR	RISK_ADJSTMT_FTNT_SW	VARCHAR2 (1)	N	Risk Adjustment Footnote Indicator	Indicates measure had risk adjustment but risk models are weak.	
OBQIC_MSR_MSTR	RPT_MSR_CTGRY_CD	NUMBER (1.0)	N	Report Measure Category Code	Code value indicating the type of report in which the measure is located.	
OBQIC_MSR_MSTR	SORT_ORDER	NUMBER (3.0)	N	Sort Order	The value used to sort measure groupings on reports.	
OBQIC_MSR_VAL	EOC_DT	DATE (8)	N	End of Care Date	The end of care date.	
OBQIC_MSR_VAL	EPSD_ID	NUMBER (10.0)	Y	Episode ID	The unique identifier for the episode of care.	
OBQIC_MSR_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The facility internal identification code.	
OBQIC_MSR_VAL	MSR_201_VAL	NUMBER (3.0)	N	Patient History, Demographics, Age (years)	The value of the Demographics: Age measure for the episode of care.	
OBQIC_MSR_VAL	MSR_202_VAL	NUMBER (1.0)	N	Patient History, Demographics, Gender: Female	The value of the Demographics: Gender - Female measure for the episode of care.	
OBQIC_MSR_VAL	MSR_203_VAL	NUMBER (1.0)	N	Patient History, Demographics, Race: Black	The value of the Demographics: Race - Black measure for the episode of care.	
OBQIC_MSR_VAL	MSR_204_VAL	NUMBER (1.0)	N	Patient History, Demographics, Race: White	The value of the Demographics: Race - White measure for the episode of care.	
OBQIC_MSR_VAL	MSR_205_VAL	NUMBER (1.0)	N	Patient History, Demographics, Race: Other	The value of the Demographics: Race - Other measure for the episode of care.	
OBQIC_MSR_VAL	MSR_206_VAL	NUMBER (1.0)	N	Patient History, Payment Source, Any Medicare	The value of the Payment Source: Any Medicare measure for the episode of care.	
OBQIC_MSR_VAL	MSR_207_VAL	NUMBER (1.0)	N	Patient History, Payment Source, Any Medicaid	The value of the Payment Source: Any Medicaid measure for the episode of care.	
OBQIC_MSR_VAL	MSR_208_VAL	NUMBER (1.0)	N	Patient History, Payment Source, Any HMO	The value of the Payment Source: Any HMO measure for the episode of care.	
OBQIC_MSR_VAL	MSR_209_VAL	NUMBER (1.0)	N	Patient History, Payment Source, Medicare HMO	The value of the Payment Source: Medicare HMO measure for the episode of care.	
OBQIC_MSR_VAL	MSR_210_VAL	NUMBER (1.0)	N	Patient History, Payment Source, Other	The value of the Payment Source: Other measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_211_VAL	NUMBER (1.0)	N	Patient History, Episode Start, Episode timing: Early	The value of the Episode Start: Episode Timing - Early measure for the episode of care.	
OBQIC_MSR_VAL	MSR_212_VAL	NUMBER (1.0)	N	Patient History, Episode Start, Episode timing: Late	The value of the Episode Start: Episode Timing - Late measure for the episode of care.	
OBQIC_MSR_VAL	MSR_213_VAL	NUMBER (1.0)	N	Patient History, Episode Start, Episode timing: Unknown	The value of the Episode Start: Episode Timing - Unknown measure for the episode of care.	
OBQIC_MSR_VAL	MSR_214_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term nursing facility	The value of the Inpatient Discharge / Medical Regimen Change: Long-term Nursing Facility	
OBQIC_MSR_VAL	MSR_215_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Skilled nursing facility	The value of the Inpatient Discharge / Medical Regimen Change: Skilled Nursing Facility	
OBQIC_MSR_VAL	MSR_216_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Short-stay acute hospital	The value of the Inpatient Discharge / Medical Regimen Change: Short-Stay Acute Hospital	
OBQIC_MSR_VAL	MSR_217_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term care hospital	The value of the Inpatient Discharge / Medical Regimen Change: Long-Term Care Hospital	
OBQIC_MSR_VAL	MSR_218_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Inpatient rehab hospital/unit	The value of the Inpatient Discharge / Medical Regimen Change: Inpatient Rehab Hospital/Unit	
OBQIC_MSR_VAL	MSR_219_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Psychiatric hospital/unit	The value of the Inpatient Discharge / Medical Regimen Change: Psychiatric Hospital/Unit	
OBQIC_MSR_VAL	MSR_220_VAL	NUMBER (1.0)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Medical Regimen Change	The value of the Inpatient Discharge / Medical Regimen Change: Medical Regimen Change	
OBQIC_MSR_VAL	MSR_221_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Urinary incontinence	The value of the Prior Condition: Urinary Incontinence measure for the episode of care.	
OBQIC_MSR_VAL	MSR_222_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Indwelling/suprapubic catheter	The value of the Prior Condition: Indwelling/Suprapubic catheter measure for the	
OBQIC_MSR_VAL	MSR_223_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Intractable pain	The value of the Prior Condition: Intractable Pain measure for the episode of care.	
OBQIC_MSR_VAL	MSR_224_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Impaired decision-making	The value of the Prior Condition: Impaired Decision-Making measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_225_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Disruptive/Inappropriate behavior	The value of the Prior Condition: Disruptive/Inappropriate Behavior measure for	
OBQIC_MSR_VAL	MSR_226_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, Memory loss	The value of the Prior Condition: Memory Loss measure for the episode of care.	
OBQIC_MSR_VAL	MSR_227_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, None listed	The value of the Prior Condition: None Listed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_228_VAL	NUMBER (1.0)	N	Patient History, Prior Conditions, No inpatient discharge / No medical regimen change	The value of the Prior Condition: No Inpatient Discharge / No Medical Regimen Change	
OBQIC_MSR_VAL	MSR_229_VAL	NUMBER (1.0)	N	Patient History, Therapies, IV/infusion therapy	The value of the Therapies: IV/Infusion Therapy measure for the episode of care.	
OBQIC_MSR_VAL	MSR_230_VAL	NUMBER (1.0)	N	Patient History, Therapies, Parenteral nutrition	The value of the Therapies: Parenteral Nutrition measure for the episode of care.	
OBQIC_MSR_VAL	MSR_231_VAL	NUMBER (1.0)	N	Patient History, Therapies, Enteral nutrition	The value of the Therapies: Enteral Nutrition measure for the episode of care.	
OBQIC_MSR_VAL	MSR_232_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, Recent decline mental/emotional/behavioral	The value of the Hospitalization Risks: Recent Decline Mental/Emotional/Behavioral measure	
OBQIC_MSR_VAL	MSR_233_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, Multiple hospitalizations	The value of the Hospitalization Risks: Multiple Hospitalizations measure for the episode of care.	
OBQIC_MSR_VAL	MSR_234_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, History of falls	The value of the Hospitalization Risks: History Of Falls measure for the episode of care.	
OBQIC_MSR_VAL	MSR_235_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, 5 or more medications	The value of the Hospitalization Risks: 5 Or More Medications measure for the episode of	
OBQIC_MSR_VAL	MSR_236_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, Frailty factors	The value of the Hospitalization Risks: Frailty Factors measure for the episode of care.	
OBQIC_MSR_VAL	MSR_237_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, Other	The value of the Hospitalization Risks: Other measure for the episode of care.	
OBQIC_MSR_VAL	MSR_238_VAL	NUMBER (1.0)	N	General Health Status, Hospitalization Risks, None	The value of the Hospitalization Risks: None measure for the episode of care.	
OBQIC_MSR_VAL	MSR_239_VAL	NUMBER (1.0)	N	General Health Status, Overall Status, Overall Status	The value of the Overall Status: Overall Status measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_240_VAL	NUMBER (1.0)	N	General Health Status, Overall Status, Unknown / Unclear	The value of the Overall Status: Unknown / Unclear measure for the episode of care.	
OBQIC_MSR_VAL	MSR_241_VAL	NUMBER (1.0)	N	General Health Status, Other Risk Factors, Smoking	The value of the Other Risk Factors: Smoking measure for the episode of care.	
OBQIC_MSR_VAL	MSR_242_VAL	NUMBER (1.0)	N	General Health Status, Other Risk Factors, Obesity	The value of the Other Risk Factors: Obesity measure for the episode of care.	
OBQIC_MSR_VAL	MSR_243_VAL	NUMBER (1.0)	N	General Health Status, Other Risk Factors, Alcohol dependency	The value of the Other Risk Factors: Alcohol Dependency measure for the episode of care.	
OBQIC_MSR_VAL	MSR_244_VAL	NUMBER (1.0)	N	General Health Status, Other Risk Factors, Drug dependency	The value of the Other Risk Factors: Drug Dependency measure for the episode of care.	
OBQIC_MSR_VAL	MSR_245_VAL	NUMBER (1.0)	N	General Health Status, Other Risk Factors, None	The value of the Other Risk Factors: None measure for the episode of care.	
OBQIC_MSR_VAL	MSR_246_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Current Situation, Lives alone	The value of the Current Situation: Lives Alone measure for the episode of care.	
OBQIC_MSR_VAL	MSR_247_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Current Situation, Lives with others	The value of the Current Situation: Lives With Others measure for the episode of care.	
OBQIC_MSR_VAL	MSR_248_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Current Situation, Lives in congregate situation	The value of the Current Situation: Lives In Congregate Situation measure for the episode of care.	
OBQIC_MSR_VAL	MSR_249_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Availability, Around the clock	The value of the Availability: Around The Clock measure for the episode of care.	
OBQIC_MSR_VAL	MSR_250_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Availability, Regular daytime	The value of the Availability: Regular Daytime measure for the episode of care.	
OBQIC_MSR_VAL	MSR_251_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Availability, Regular nighttime	The value of the Availability: Regular Nighttime measure for the episode of care.	
OBQIC_MSR_VAL	MSR_252_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Availability, Occasional	The value of the Availability: Occasional measure for the episode of care.	
OBQIC_MSR_VAL	MSR_253_VAL	NUMBER (1.0)	N	Living Arrangement / Assistance, Availability, None	The value of the Availability: None measure for the episode of care.	
OBQIC_MSR_VAL	MSR_254_VAL	NUMBER (1.0)	N	Care Management, ADLs, None needed	The value of the ADLs: None Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_255_VAL	NUMBER (1.0)	N	Care Management, ADLs, Caregiver currently provides	The value of the ADLs: Caregiver Currently Provides measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_256_VAL	NUMBER (1.0)	N	Care Management, ADLs, Caregiver training needed	The value of the ADLs: Caregiver Training Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_257_VAL	NUMBER (1.0)	N	Care Management, ADLs, Uncertain / Unlikely to be provided	The value of the ADLs: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_MSR_VAL	MSR_258_VAL	NUMBER (1.0)	N	Care Management, ADLs, Needed, but not available	The value of the ADLs: Needed, But Not Available measure for the episode of care.	
OBQIC_MSR_VAL	MSR_259_VAL	NUMBER (1.0)	N	Care Management, IADLs, None needed	The value of the IADLs: None Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_260_VAL	NUMBER (1.0)	N	Care Management, IADLs, Caregiver provides	The value of the IADLs: Caregiver Currently Provides measure for the episode of care.	
OBQIC_MSR_VAL	MSR_261_VAL	NUMBER (1.0)	N	Care Management, IADLs, Caregiver training needed	The value of the IADLs: Caregiver Training Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_262_VAL	NUMBER (1.0)	N	Care Management, IADLs, Uncertain / Unlikely to be provided	The value of the IADLs: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_MSR_VAL	MSR_263_VAL	NUMBER (1.0)	N	Care Management, IADLs, Needed, but not available	The value of the IADLs: Needed, But Not Available measure for the episode of care.	
OBQIC_MSR_VAL	MSR_264_VAL	NUMBER (1.0)	N	Care Management, IADLs, Frequency of ADL / IADL, 1-5 scale	The value of the IADLs: Frequency of ADL / IADL measure for the episode of care.	
OBQIC_MSR_VAL	MSR_265_VAL	NUMBER (1.0)	N	Care Management, Medication Administration, None needed	The value of the Medication Administration: None Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_266_VAL	NUMBER (1.0)	N	Care Management, Medication Administration, Caregiver provides	The value of the Medication Administration: Caregiver Currently Provides measure for the episode of care.	
OBQIC_MSR_VAL	MSR_267_VAL	NUMBER (1.0)	N	Care Management, Medication Administration, Caregiver training needed	The value of the Medication Administration: Caregiver Training Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_268_VAL	NUMBER (1.0)	N	Care Management, Medication Administration, Uncertain / Unlikely to be provided	The value of the Medication Administration: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_MSR_VAL	MSR_269_VAL	NUMBER (1.0)	N	Care Management, Medication Administration, Needed, but not available	The value of the Medication Administration: Needed, But Not Available measure for the episode of care.	
OBQIC_MSR_VAL	MSR_270_VAL	NUMBER (1.0)	N	Care Management Medical Procedures, None needed	The value of the Medical Procedures: None Needed measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_271_VAL	NUMBER (1.0)	N	Care Management, Medical Procedures, Caregiver provides	The value of the Medical Procedures: Caregiver Currently Provides measure for the episode of	
OBQIC_MSR_VAL	MSR_272_VAL	NUMBER (1.0)	N	Care Management, Medical Procedures, Caregiver training needed	The value of the Medical Procedures: Caregiver Training Needed measure for the episode of	
OBQIC_MSR_VAL	MSR_273_VAL	NUMBER (1.0)	N	Care Management, Medical Procedures, Uncertain / Unlikely to be provided	The value of the Medical Procedures: Uncertain / Unlikely To Be Provided measure for the	
OBQIC_MSR_VAL	MSR_274_VAL	NUMBER (1.0)	N	Care Management, Medical Procedures, Needed, but not available	The value of the Medical Procedures: Needed, But Not Available measure for the episode of	
OBQIC_MSR_VAL	MSR_275_VAL	NUMBER (1.0)	N	Care Management, Management of Equipment, None needed	The value of the Management of Equipment: None Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_276_VAL	NUMBER (1.0)	N	Care Management, Management of Equipment, Caregiver provides	The value of the Management of Equipment: Caregiver Currently Provides measure for the	
OBQIC_MSR_VAL	MSR_277_VAL	NUMBER (1.0)	N	Care Management, Management of Equipment, Caregiver training needed	The value of the Management of Equipment: Caregiver Training Needed measure for the	
OBQIC_MSR_VAL	MSR_278_VAL	NUMBER (1.0)	N	Care Management, Management of Equipment, Uncertain / Unlikely to be provided	The value of the Management of Equipment: Uncertain / Unlikely To Be Provided measure	
OBQIC_MSR_VAL	MSR_279_VAL	NUMBER (1.0)	N	Care Management, Management of Equipment, Needed, but not available	The value of the Management of Equipment: Needed, But Not Available measure for the	
OBQIC_MSR_VAL	MSR_280_VAL	NUMBER (1.0)	N	Care Management, Supervision / Safety, None needed	The value of the Supervision / Safety: None Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_281_VAL	NUMBER (1.0)	N	Care Management, Supervision / Safety, Caregiver provides	The value of the Supervision / Safety: Caregiver Currently Provides measure for the episode of	
OBQIC_MSR_VAL	MSR_282_VAL	NUMBER (1.0)	N	Care Management, Supervision / Safety, Caregiver training needed	The value of the Supervision / Safety: Caregiver Training Needed measure for the episode of	
OBQIC_MSR_VAL	MSR_283_VAL	NUMBER (1.0)	N	Care Management, Supervision / Safety, Uncertain / Unlikely to be provided	The value of the Supervision / Safety: Uncertain / Unlikely To Be Provided measure for the	
OBQIC_MSR_VAL	MSR_284_VAL	NUMBER (1.0)	N	Care Management, Supervision / Safety, Needed, but not available	The value of the Supervision / Safety: Needed, But Not Available measure for the episode of	
OBQIC_MSR_VAL	MSR_285_VAL	NUMBER (1.0)	N	Care Management, Advocacy, None needed	The value of the Advocacy: None Needed measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_286_VAL	NUMBER (1.0)	N	Care Management, Advocacy, Caregiver provides	The value of the Advocacy: Caregiver Currently Provides measure for the episode of care.	
OBQIC_MSR_VAL	MSR_287_VAL	NUMBER (1.0)	N	Care Management, Advocacy, Caregiver training needed	The value of the Advocacy: Caregiver Training Needed measure for the episode of care.	
OBQIC_MSR_VAL	MSR_288_VAL	NUMBER (1.0)	N	Care Management, Advocacy, Uncertain / Unlikely to be provided	The value of the Advocacy: Uncertain / Unlikely To Be Provided measure for the episode of care.	
OBQIC_MSR_VAL	MSR_289_VAL	NUMBER (1.0)	N	Care Management, Advocacy, Needed, but not available	The value of the Advocacy: Needed, But Not Available measure for the episode of care.	
OBQIC_MSR_VAL	MSR_290_VAL	NUMBER (1.0)	N	Sensory Status, Sensory Status, Vision impairment, 0-2 scale	The value of the Sensory Status: Vision Impairment measure for the episode of care.	
OBQIC_MSR_VAL	MSR_291_VAL	NUMBER (1.0)	N	Sensory Status, Sensory Status, Hearing Impairment, 0-2 scale	The value of the Sensory Status: Hearing Impairment measure for the episode of care.	
OBQIC_MSR_VAL	MSR_292_VAL	NUMBER (1.0)	N	Sensory Status, Sensory Status, Verbal content understanding, 0-3 scale	The value of the Sensory Status: Verbal Content Understanding measure for the episode of care.	
OBQIC_MSR_VAL	MSR_293_VAL	NUMBER (1.0)	N	Sensory Status, Sensory Status, Speech / language, 0-5 scale	The value of the Sensory Status: Speech / Language measure for the episode of care.	
OBQIC_MSR_VAL	MSR_294_VAL	NUMBER (1.0)	N	Sensory Status, Pain Frequency, Pain interfering with activity, 0-4 scale	The value of the Sensory Status: Pain Interfering With Activity measure for the episode of care.	
OBQIC_MSR_VAL	MSR_295_VAL	NUMBER (1.0)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer risk	The value of the Pressure Ulcers: Pressure Ulcer Risk measure for the episode of care.	
OBQIC_MSR_VAL	MSR_296_VAL	NUMBER (1.0)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer present	The value of the Pressure Ulcers: Pressure Ulcer Present measure for the episode of care.	
OBQIC_MSR_VAL	MSR_297_VAL	NUMBER (3.0)	N	Integumentary Status, Pressure Ulcers, Stage II pressure ulcer count	The value of the Pressure Ulcers: Stage II Pressure Ulcer Count measure for the episode of care.	
OBQIC_MSR_VAL	MSR_298_VAL	NUMBER (3.0)	N	Integumentary Status, Pressure Ulcers, Stage III pressure ulcer count	The value of the Pressure Ulcers: Stage III Pressure Ulcer Count measure for the episode of care.	
OBQIC_MSR_VAL	MSR_299_VAL	NUMBER (3.0)	N	Integumentary Status, Pressure Ulcers, Stage IV pressure ulcer count	The value of the Pressure Ulcers: Stage IV Pressure Ulcer Count measure for the episode of care.	
OBQIC_MSR_VAL	MSR_300_VAL	NUMBER (3.0)	N	Integumentary Status, Pressure Ulcers, Unstageable pressure ulcer count	The value of the Pressure Ulcers: Unstageable Pressure Ulcer Count measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_301_VAL	NUMBER (1.0)	N	Integumentary Status, Pressure Ulcers, Status most problematic pressure ulcer, 0-3 scale	The value of the Pressure Ulcers: Status Most Problematic Pressure Ulcer measure for the	
OBQIC_MSR_VAL	MSR_302_VAL	NUMBER (1.0)	N	Integumentary Status, Pressure Ulcers, Stage I pressure ulcer count, 0-4 scale	The value of the Pressure Ulcers: Stage I Pressure Ulcer Count measure for the episode of	
OBQIC_MSR_VAL	MSR_303_VAL	NUMBER (1.0)	N	Integumentary Status, Pressure Ulcers, Stage most problematic pressure ulcer, 1-4 scale	The value of the Pressure Ulcers: Stage Most Problematic Pressure Ulcer measure for the	
OBQIC_MSR_VAL	MSR_304_VAL	NUMBER (1.0)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer indicator	The value of the Stasis Ulcers: Stasis Ulcer Indicator measure for the episode of care.	
OBQIC_MSR_VAL	MSR_305_VAL	NUMBER (1.0)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer count, 1-4 scale	The value of the Stasis Ulcers: Stasis Ulcer Count measure for the episode of care.	
OBQIC_MSR_VAL	MSR_306_VAL	NUMBER (1.0)	N	Integumentary Status, Stasis Ulcers, Status most problematic stasis, 0-3 scale	The value of the Stasis Ulcers: Status Most Problematic Stasis measure for the episode of	
OBQIC_MSR_VAL	MSR_307_VAL	NUMBER (1.0)	N	Integumentary Status, Surgical Wounds, Surgical wound indicator	The value of the Surgical Wounds: Surgical Wound Indicator measure for the episode of	
OBQIC_MSR_VAL	MSR_308_VAL	NUMBER (1.0)	N	Integumentary Status, Surgical Wounds, Status most problematic surgical wound, 0-3 scale	The value of the Surgical Wounds: Status Most Problematic Surgical Wound measure for the	
OBQIC_MSR_VAL	MSR_309_VAL	NUMBER (1.0)	N	Integumentary Status, Other, Skin lesion with intervention	The value of the Other: Skin Lesion With Intervention measure for the episode of care.	
OBQIC_MSR_VAL	MSR_310_VAL	NUMBER (1.0)	N	Physiological Status, Respiratory, Dyspnea, 0-4 scale	The value of the Respiratory: Dyspnea measure for the episode of care.	
OBQIC_MSR_VAL	MSR_311_VAL	NUMBER (1.0)	N	Physiological Status, Respiratory, Oxygen treatment	The value of the Respiratory: Oxygen Treatment measure for the episode of care.	
OBQIC_MSR_VAL	MSR_312_VAL	NUMBER (1.0)	N	Physiological Status, Respiratory, Ventilator treatment	The value of the Respiratory: Ventilator Treatment measure for the episode of care.	
OBQIC_MSR_VAL	MSR_313_VAL	NUMBER (1.0)	N	Physiological Status, Respiratory, CPAP / BPAP therapy	The value of the Respiratory: CPAP / BPAP Therapy measure for the episode of care.	
OBQIC_MSR_VAL	MSR_314_VAL	NUMBER (1.0)	N	Physiological Status, Elimination Status, Urinary Tract Infection	The value of the Elimination Status: Urinary Tract Infection measure for the episode of care.	
OBQIC_MSR_VAL	MSR_315_VAL	NUMBER (1.0)	N	Physiological Status, Elimination Status, Urinary incont/catheter	The value of the Elimination Status: Urinary Incontinence/Catheter measure for the episode	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_316_VAL	NUMBER (1.0)	N	Physiological Status, Elimination Status, Urinary incontinence	The value of the Elimination Status: Urinary Incontinence Frequency measure for the episode frequency, 0-4 scale	
OBQIC_MSR_VAL	MSR_317_VAL	NUMBER (1.0)	N	Physiological Status, Elimination Status, Bowel incontinence, 0-5	The value of the Elimination Status: Bowel Incontinence measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_318_VAL	NUMBER (1.0)	N	Physiological Status, Elimination Status, Bowel ostomy	The value of the Elimination Status: Bowel Ostomy measure for the episode of care.	
OBQIC_MSR_VAL	MSR_319_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Cognition, Cognitive deficit, 0-4	The value of the Cognition: Cognitive Deficit measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_320_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Cognition, Confusion frequency, 0-4	The value of the Cognition: Confusion Frequency measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_321_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Emotional, Anxiety level, 0-3	The value of the Emotional: Anxiety Level measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_322_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Emotional, Depression indicator	The value of the Emotional: Depression Indicator measure for the episode of care.	
OBQIC_MSR_VAL	MSR_323_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Interest / Pleasure, 0-3	The value of the Emotional: PHQ-2: Interest / Pleasure measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_324_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Down / Depressed, 0-3	The value of the Emotional: PHQ-2: PHQ-2: Down / Depressed measure for the episode of care. scale	
OBQIC_MSR_VAL	MSR_325_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Memory deficit	The value of the Behavioral: Memory Deficit measure for the episode of care.	
OBQIC_MSR_VAL	MSR_326_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Impaired decision-making	The value of the Behavioral: Impaired Decision-Making measure for the episode of care.	
OBQIC_MSR_VAL	MSR_327_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Verbal disruption	The value of the Behavioral: Verbal Disruption measure for the episode of care.	
OBQIC_MSR_VAL	MSR_328_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Physical aggression	The value of the Behavioral: Physical Aggression measure for the episode of care.	
OBQIC_MSR_VAL	MSR_329_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Disruptive / Inappropriate behavior	The value of the Behavioral: Disruptive / Inappropriate Behavior measure for the episode	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_330_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Delusional, hallucinatory, etc	The value of the Behavioral: Delusional, Hallucinatory, Etc. measure for the episode of	
OBQIC_MSR_VAL	MSR_331_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, None demonstrated	The value of the Behavioral: None Demonstrated measure for the episode of care.	
OBQIC_MSR_VAL	MSR_332_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Freq Behavioral	The value of the Behavioral: Frequency of Behavioral Problems measure for the episode of	
OBQIC_MSR_VAL	MSR_333_VAL	NUMBER (1.0)	N	Neuro / Emotional / Behavioral, Behavioral, Psychiatric nursing	The value of the Behavioral: Psychiatric Nursing measure for the episode of care.	
OBQIC_MSR_VAL	MSR_334_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Grooming, 0-3 scale	The value of the SOC / ROC Status: Grooming measure for the episode of care.	
OBQIC_MSR_VAL	MSR_335_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Dress upper body, 0-3 scale	The value of the SOC / ROC Status: Dress Upper Body measure for the episode of care.	
OBQIC_MSR_VAL	MSR_336_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Dress lower body, 0-3 scale	The value of the SOC / ROC Status: Dress Lower Body measure for the episode of care.	
OBQIC_MSR_VAL	MSR_337_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Bathing, 0-6 scale	The value of the SOC / ROC Status: Bathing measure for the episode of care.	
OBQIC_MSR_VAL	MSR_338_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Toilet Transfer, 0-4 scale	The value of the SOC / ROC Status: Toilet Transfer measure for the episode of care.	
OBQIC_MSR_VAL	MSR_339_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Toileting Hygiene, 0-3 scale	The value of the SOC / ROC Status: Toileting Hygiene measure for the episode of care.	
OBQIC_MSR_VAL	MSR_340_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Bed Transferring, 0-5 scale	The value of the SOC / ROC Status: Bed Transferring measure for the episode of care.	
OBQIC_MSR_VAL	MSR_341_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Ambulation, 0-6 scale	The value of the SOC / ROC Status: Ambulation measure for the episode of care.	
OBQIC_MSR_VAL	MSR_342_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Eating, 0-5 scale	The value of the SOC / ROC Status: Eating measure for the episode of care.	
OBQIC_MSR_VAL	MSR_343_VAL	NUMBER (1.0)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior self-care, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Self-Care measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_344_VAL	NUMBER (1.0)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior ambulation, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Ambulation measure for the episode of	
OBQIC_MSR_VAL	MSR_345_VAL	NUMBER (1.0)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior transfer, 0-2 scale	The value of the Status Prior To SOC/ROC: Prior Transfer measure for the episode of care.	
OBQIC_MSR_VAL	MSR_346_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, IADLs, Light meal prep, 0-2 scale	The value of the IADLs: Light Meal Prep measure for the episode of care.	
OBQIC_MSR_VAL	MSR_347_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, IADLs, Phone use, 0-5 scale	The value of the IADLs: Phone Use measure for the episode of care.	
OBQIC_MSR_VAL	MSR_348_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, IADLs, Prior Household, 0-2 scale	The value of the IADLs: Prior Household measure for the episode of care.	
OBQIC_MSR_VAL	MSR_349_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Falls Risk, At risk of falls	The value of the Falls Risk: At Risk Of Falls measure for the episode of care.	
OBQIC_MSR_VAL	MSR_350_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Drug regimen: problem found	The value of the Medication Status: Drug Regimen - Problem Found measure for the	
OBQIC_MSR_VAL	MSR_351_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Management of oral medications, 0-3 scale	The value of the Medication Status: Management Of Oral Medications measure for	
OBQIC_MSR_VAL	MSR_352_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Management of oral medications: NA	The value of the Medication Status: Management Of Oral Medications - NA measure	
OBQIC_MSR_VAL	MSR_353_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Management of injected medications, 0-3 scale	The value of the Medication Status: Management Of Injected Medications measure	
OBQIC_MSR_VAL	MSR_354_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Management of Injected medications: NA	The value of the Medication Status: Management Of Injected Medications - NA	
OBQIC_MSR_VAL	MSR_355_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications, 0-2 scale	The value of the Medication Status: Prior Management Of Oral Medications measure for	
OBQIC_MSR_VAL	MSR_356_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications: NA	The value of the Medication Status: Prior Management Of Oral Medications - NA measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_357_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications, 0-2 scale	The value of the Medication Status: Prior Management Of Injected Medications measure	
OBQIC_MSR_VAL	MSR_358_VAL	NUMBER (1.0)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications: NA	The value of the Medication Status: Prior Management Of Injected Medications - NA	
OBQIC_MSR_VAL	MSR_359_VAL	NUMBER (3.0)	N	Therapy / Plan Of Care, Therapy Visits, # Therapy visits indicated	The value of the Medication Status: Therapy Visits: # Therapy Visits Indicated measure for	
OBQIC_MSR_VAL	MSR_360_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Orthopedic	The value of the Acute Conditions: Orthopedic measure for the episode of care.	
OBQIC_MSR_VAL	MSR_361_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Neurologic	The value of the Acute Conditions: Neurologic measure for the episode of care.	
OBQIC_MSR_VAL	MSR_362_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Open wound/lesions	The value of the Acute Conditions: Open Wound/Lesions measure for the episode of care.	
OBQIC_MSR_VAL	MSR_363_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Cardiac/peripheral vascular	The value of the Acute Conditions: Cardiac/Peripheral Vascular measure for the	
OBQIC_MSR_VAL	MSR_364_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Pulmonary	The value of the Acute Conditions: Pulmonary measure for the episode of care.	
OBQIC_MSR_VAL	MSR_365_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Diabetes mellitus	The value of the Acute Conditions: Diabetes Mellitus measure for the episode of care.	
OBQIC_MSR_VAL	MSR_366_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Gastrointestinal disorder	The value of the Acute Conditions: Gastrointestinal Disorder measure for the	
OBQIC_MSR_VAL	MSR_367_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Contagious/communicable	The value of the Acute Conditions: Contagious/Communicable measure for the	
OBQIC_MSR_VAL	MSR_368_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Urinary incont/catheter	The value of the Acute Conditions: Urinary Incontinence/Catheter measure for the episode	
OBQIC_MSR_VAL	MSR_369_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Mental/emotional	The value of the Acute Conditions: Mental/Emotional measure for the episode of	
OBQIC_MSR_VAL	MSR_370_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Oxygen therapy	The value of the Acute Conditions: Oxygen Therapy measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_371_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, IV/infusion therapy	The value of the Acute Conditions: IV/Infusion therapy measure for the episode of care.	
OBQIC_MSR_VAL	MSR_372_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Enteral/parenteral nutrition	The value of the Acute Conditions: Enteral/Parenteral Nutrition measure for the	
OBQIC_MSR_VAL	MSR_373_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Acute Conditions, Ventilator	The value of the Acute Conditions: Ventilator measure for the episode of care.	
OBQIC_MSR_VAL	MSR_374_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in living skills	The value of the Chronic Conditions: Dependence In Living Skills measure for the	
OBQIC_MSR_VAL	MSR_375_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in personal care	The value of the Chronic Conditions: Dependence In Personal Care measure for the	
OBQIC_MSR_VAL	MSR_376_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Impaired ambulation/mobility	The value of the Chronic Conditions: Impaired Ambulation/Mobility measure for the episode of	
OBQIC_MSR_VAL	MSR_377_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Urinary incontinence/catheter	The value of the Chronic Conditions: Urinary Incontinence/Catheter measure for the episode	
OBQIC_MSR_VAL	MSR_378_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in medication administration	The value of the Chronic Conditions: Dependence In Medication Administration	
OBQIC_MSR_VAL	MSR_379_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Chronic pain	The value of the Chronic Conditions: Chronic Pain measure for the episode of care.	
OBQIC_MSR_VAL	MSR_380_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Cognitive/mental/behavioral	The value of the Chronic Conditions: Cognitive/Mental/Behavioral measure for the	
OBQIC_MSR_VAL	MSR_381_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Chronic Conditions, Chronic patient with caregiver	The value of the Chronic Conditions: Chronic Patient With Caregiver measure for the episode	
OBQIC_MSR_VAL	MSR_382_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Infections/parasitic diseases	The value of the Home Care Diagnosis: Infections/Parasitic Diseases measure for the	
OBQIC_MSR_VAL	MSR_383_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Neoplasms	The value of the Home Care Diagnosis: Neoplasms measure for the episode of care.	
OBQIC_MSR_VAL	MSR_384_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Endocrine/nutrit/metabolic	The value of the Home Care Diagnosis: Endocrine/Nutrit./Metabolic measure for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_385_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Blood diseases	The value of the Home Care Diagnosis: Blood Diseases measure for the episode of care.	
OBQIC_MSR_VAL	MSR_386_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Mental diseases	The value of the Home Care Diagnosis: Mental Diseases measure for the episode of care.	
OBQIC_MSR_VAL	MSR_387_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Nervous system diseases	The value of the Home Care Diagnosis: Nervous Systems Diseases measure for the episode of	
OBQIC_MSR_VAL	MSR_388_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Circulatory system diseases	The value of the Home Care Diagnosis: Circulatory System Diseases measure for the	
OBQIC_MSR_VAL	MSR_389_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Respiratory system diseases	The value of the Home Care Diagnosis: Respiratory System Diseases measure for the	
OBQIC_MSR_VAL	MSR_390_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Digestive system diseases	The value of the Home Care Diagnosis: Digestive System Diseases measure for the	
OBQIC_MSR_VAL	MSR_391_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Genitourinary system diseases	The value of the Home Care Diagnosis: Genitourinary System Diseases measure for the	
OBQIC_MSR_VAL	MSR_392_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Pregnancy	The value of the Home Care Diagnosis: Pregnancy Problems measure for the episode of problems	
OBQIC_MSR_VAL	MSR_393_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Skin/subcutaneous diseases	The value of the Home Care Diagnosis: Skin/Subcutaneous diseases measure for the	
OBQIC_MSR_VAL	MSR_394_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Musculoskeletal sys Diseases	The value of the Home Care Diagnosis: Musculoskeletal System Diseases measure for	
OBQIC_MSR_VAL	MSR_395_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Congenital anomalies	The value of the Home Care Diagnosis: Congenital Anomalies measure for the episode	
OBQIC_MSR_VAL	MSR_396_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Ill-defined	The value of the Home Care Diagnosis: Ill-Defined Conditions measure for the episode of conditions	
OBQIC_MSR_VAL	MSR_397_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Fractures	The value of the Home Care Diagnosis: Fractures measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_398_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Intracranial injury	The value of the Home Care Diagnosis: Intracranial Injury measure for the episode of	
OBQIC_MSR_VAL	MSR_399_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Other injury	The value of the Home Care Diagnosis: Other Injury measure for the episode of care.	
OBQIC_MSR_VAL	MSR_400_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnosis, Adverse reactions and complications	The value of the Home Care Diagnosis: Adverse reactions and complications measure for the	
OBQIC_MSR_VAL	MSR_401_VAL	NUMBER (4.0)	N	Patient Discharge Information, Length of Stay, LOS until discharge (in days)	The value of the Length of Stay: LOS Until Discharge measure for the episode of care.	
OBQIC_MSR_VAL	MSR_402_VAL	NUMBER (1.0)	N	Patient Discharge Information, Length of Stay, LOS from 1 to 30 days	The value of the Length of Stay: LOS From 1 To 30 days measure for the episode of care.	
OBQIC_MSR_VAL	MSR_403_VAL	NUMBER (1.0)	N	Patient Discharge Information, Length of Stay, LOS from 31 to 60	The value of the Length of Stay: LOS From 31 To 60 days measure for the episode of care.	
OBQIC_MSR_VAL	MSR_404_VAL	NUMBER (1.0)	N	Patient Discharge Information, Length of Stay, LOS from 61 to 120 days	The value of the Length of Stay: LOS From 61 To 120 days measure for the episode of care.	
OBQIC_MSR_VAL	MSR_405_VAL	NUMBER (1.0)	N	Patient Discharge Information, Length of Stay, LOS from 121 to 180 days	The value of the Length of Stay: LOS From 121 To 180 days measure for the episode of care.	
OBQIC_MSR_VAL	MSR_406_VAL	NUMBER (1.0)	N	Patient Discharge Information, Length of Stay, LOS more than 180 days	The value of the Length of Stay: LOS More Than 180 Days measure for the episode of care.	
OBQIC_MSR_VAL	MSR_407_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Improper medications	The value of the Reason for Emergent Care: Improper Medications measure for the episode	
OBQIC_MSR_VAL	MSR_408_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Injury from fall	The value of the Reason for Emergent Care: Injury From Fall measure for the episode of	
OBQIC_MSR_VAL	MSR_409_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Respiratory infection	The value of the Reason for Emergent Care: Respiratory Infection measure for the episode of	
OBQIC_MSR_VAL	MSR_410_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Other respiratory	The value of the Reason for Emergent Care: Other Respiratory measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_411_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Heart failure	The value of the Reason for Emergent Care: Heart Failure measure for the episode of care.	
OBQIC_MSR_VAL	MSR_412_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Cardiac dysrhythmia	The value of the Reason for Emergent Care: Cardiac Dysrhythmia measure for the episode of	
OBQIC_MSR_VAL	MSR_413_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Myocardial infarction	The value of the Reason for Emergent Care: Myocardial Infarction measure for the episode	
OBQIC_MSR_VAL	MSR_414_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Other heart disease	The value of the Reason for Emergent Care: Other Heart Disease measure for the episode of	
OBQIC_MSR_VAL	MSR_415_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Stroke (CVA) or TIA	The value of the Reason for Emergent Care: Stroke (CVA) or TIA measure for the episode of	
OBQIC_MSR_VAL	MSR_416_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Hypo/Hyperglycemia	The value of the Reason for Emergent Care: Hypo/Hyperglycemia measure for the episode of	
OBQIC_MSR_VAL	MSR_417_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, GI bleeding, obstruction, etc	The value of the Reason for Emergent Care: GI Bleeding, Obstruction, Etc measure for the	
OBQIC_MSR_VAL	MSR_418_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Dehydration, malnutrition	The value of the Reason for Emergent Care: Dehydration, Malnutrition measure for the	
OBQIC_MSR_VAL	MSR_419_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Urinary tract infection	The value of the Reason for Emergent Care: Urinary Tract Infection measure for the episode	
OBQIC_MSR_VAL	MSR_420_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, IV catheter-related infection	The value of the Reason for Emergent Care: IV Catheter-Related Infection measure for the	
OBQIC_MSR_VAL	MSR_421_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Wound infection	The value of the Reason for Emergent Care: Wound Infection measure for the episode of	
OBQIC_MSR_VAL	MSR_422_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Uncontrolled pain	The value of the Reason for Emergent Care: Uncontrolled Pain measure for the episode of	
OBQIC_MSR_VAL	MSR_423_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Acute mental/behav Problems	The value of the Reason for Emergent Care: Acute Mental/Behavioral Problems measure for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_424_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Deep vein thrombosis	The value of the Reason for Emergent Care: Deep Vein Thrombosis measure for the episode	
OBQIC_MSR_VAL	MSR_425_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, Other	The value of the Reason for Emergent Care: Other measure for the episode of care.	
OBQIC_MSR_VAL	MSR_426_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Emergent Care, No emergent care	The value of the Reason for Emergent Care: No Emergent Care measure for the episode of care.	
OBQIC_MSR_VAL	MSR_427_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Improper medications	The value of the Reason for Hospitalization: Improper Medications measure for the episode	
OBQIC_MSR_VAL	MSR_428_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Injury from fall	The value of the Reason for Hospitalization: Injury From Fall measure for the episode of	
OBQIC_MSR_VAL	MSR_429_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Respiratory infection	The value of the Reason for Hospitalization: Respiratory infection measure for the episode of	
OBQIC_MSR_VAL	MSR_430_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Other respiratory	The value of the Reason for Hospitalization: Other Respiratory measure for the episode of respiratory	
OBQIC_MSR_VAL	MSR_431_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Heart failure	The value of the Reason for Hospitalization: Heart Failure measure for the episode of care.	
OBQIC_MSR_VAL	MSR_432_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Cardiac dysrhythmia	The value of the Reason for Hospitalization: Cardiac Dysrhythmia measure for the episode of	
OBQIC_MSR_VAL	MSR_433_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Myocardial infarction	The value of the Reason for Hospitalization: Myocardial Infarction measure for the episode	
OBQIC_MSR_VAL	MSR_434_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Other heart disease	The value of the Reason for Hospitalization: Other Heart Disease measure for the episode of heart disease	
OBQIC_MSR_VAL	MSR_435_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Stroke (CVA) or TIA	The value of the Reason for Hospitalization: Stroke (CVA) or TIA measure for the episode of	
OBQIC_MSR_VAL	MSR_436_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Hypo/Hyperglycemia	The value of the Reason for Hospitalization: Hypo/Hyperglycemia measure for the episode of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_437_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, GI bleeding, obstruction, etc	The value of the Reason for Hospitalization: GI bleeding, Obstruction, Etc. measure for the	
OBQIC_MSR_VAL	MSR_438_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Dehydration, malnutrition	The value of the Reason for Hospitalization: Dehydration, Malnutrition measure for the	
OBQIC_MSR_VAL	MSR_439_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Urinary tract infection	The value of the Reason for Hospitalization: Urinary Tract Infection measure for the episode	
OBQIC_MSR_VAL	MSR_440_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, IV catheter-related infection	The value of the Reason for Hospitalization: IV Catheter-Related Infection measure for the	
OBQIC_MSR_VAL	MSR_441_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Wound infection	The value of the Reason for Hospitalization: Wound Infection measure for the episode of	
OBQIC_MSR_VAL	MSR_442_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Uncontrolled pain	The value of the Reason for Hospitalization: Uncontrolled Pain measure for the episode of	
OBQIC_MSR_VAL	MSR_443_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Acute mental/behavior Problem	The value of the Reason for Hospitalization: Acute Mental/Behavioral Problem measure for mental/behav Problem	
OBQIC_MSR_VAL	MSR_444_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Deep vein thrombosis	The value of the Reason for Hospitalization: Deep Vein Thrombosis measure for the episode	
OBQIC_MSR_VAL	MSR_445_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Scheduled visit	The value of the Reason for Hospitalization: Scheduled Visit measure for the episode of care.	
OBQIC_MSR_VAL	MSR_446_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, Other	The value of the Reason for Hospitalization: Other measure for the episode of care.	
OBQIC_MSR_VAL	MSR_447_VAL	NUMBER (1.0)	N	Patient Discharge Information, Reason for Hospitalization, No hospitalization	The value of the Reason for Hospitalization: No Hospitalization measure for the episode of care.	
OBQIC_MSR_VAL	MSR_448_VAL	NUMBER (1.0)	N	Process Quality Measures: Timely Care, Timely Initiation of Care Measure	The value of the Timely Care: Timely Initiation Of Care measure for the episode of care.	
OBQIC_MSR_VAL	MSR_449_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Coordination, Physician Notification Guidelines Established Measure	The value of the Care Coordination: Physician Notification Guidelines Established measure for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_450_VAL	NUMBER (1.0)	N	Process Quality Measures: Assessment, Depression Assessment Conducted Measure	The value of the Assessment: Depression Assessment Conducted measure for the episode	
OBQIC_MSR_VAL	MSR_451_VAL	NUMBER (1.0)	N	Process Quality Measures: Assessment, Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The value of the Assessment: Multifactor Fall Risk Assessment Conducted For All Patients	
OBQIC_MSR_VAL	MSR_452_VAL	NUMBER (1.0)	N	Process Quality Measures: Assessment, Pain Assessment Conducted Measure	The value of the Assessment: Pain Assessment Conducted measure for the episode of care.	
OBQIC_MSR_VAL	MSR_453_VAL	NUMBER (1.0)	N	Process Quality Measures: Assessment, Pressure Ulcer Risk Assessment Conducted Measure	The value of the Assessment: Pressure Ulcer Risk Assessment Conducted measure for the	
OBQIC_MSR_VAL	MSR_454_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Depression Interventions in Plan of Care Measure	The value of the Care Planning: Depression Interventions in Plan of Care measure for the	
OBQIC_MSR_VAL	MSR_455_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Diabetic Foot Care And Patient Education In Plan of Care Measure	The value of the Care Planning: Diabetic Foot Care And Patient Education In Plan of Care	
OBQIC_MSR_VAL	MSR_456_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Falls Prevention Steps In Plan Of Care Measure	The value of the Care Planning: Falls Prevention Steps In Plan Of Care measure for the episode of	
OBQIC_MSR_VAL	MSR_457_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Pain Interventions In Plan Of Care Measure	The value of the Care Planning: Pain Interventions In Plan Of Care measure for the	
OBQIC_MSR_VAL	MSR_458_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Pressure Ulcer Prevention In Plan Of Care Measure	The value of the Care Planning: Pressure Ulcer Prevention In Plan Of Care measure for the	
OBQIC_MSR_VAL	MSR_459_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Planning, Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care Measure	The value of the Care Planning: Pressure Ulcer Treatment Based On Principles Of Moist Wound	
OBQIC_MSR_VAL	MSR_460_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During Short Term Episodes Of Care Measure	The value of the Care Plan Implementation: Depression Interventions Implemented During	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_461_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During Long Term Episodes Of Care Measure	The value of the Care Plan Implementation: Depression Interventions Implemented During	
OBQIC_MSR_VAL	MSR_462_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Depression Interventions Implemented During	
OBQIC_MSR_VAL	MSR_463_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During Short Term Episodes Of Care Measure	The value of the Care Plan Implementation: Diabetic Foot Care And Patient/Caregiver	
OBQIC_MSR_VAL	MSR_464_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During Long Term Episodes Of Care Measure	The value of the Care Plan Implementation: Diabetic Foot Care And Patient/Caregiver	
OBQIC_MSR_VAL	MSR_465_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Diabetic Foot Care And Patient/Caregiver	
OBQIC_MSR_VAL	MSR_466_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During Short Term Episodes Of Care Measure	The value of the Care Plan Implementation: Heart Failure Symptoms Addressed During	
OBQIC_MSR_VAL	MSR_467_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During Long Term Episodes Of Care Measure	The value of the Care Plan Implementation: Heart Failure Symptoms Addressed During	
OBQIC_MSR_VAL	MSR_468_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During All Episodes Of Care Measure	The value of the Care Plan Implementation: Heart Failure Symptoms Addressed During All	
OBQIC_MSR_VAL	MSR_469_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Pain	The value of the Care Plan Implementation: Pain Interventions Implemented During Short Term	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Interventions Implemented During Short Term Episodes Of Care Measure		
OBQIC_MSR_VAL	MSR_470_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During Long Term Episodes Of Care Measure	The value of the Care Plan Implementation: Pain Interventions Implemented During Long Term	
OBQIC_MSR_VAL	MSR_471_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Pain Interventions Implemented During All Episodes	
OBQIC_MSR_VAL	MSR_472_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Short Term Episodes Of Care Measure	The value of the Care Plan Implementation: Treatment of Pressure Ulcers Based on	
OBQIC_MSR_VAL	MSR_473_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Long Term Episodes Of Care Measure	The value of the Care Plan Implementation: Treatment of Pressure Ulcers Based on	
OBQIC_MSR_VAL	MSR_474_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Treatment of Pressure Ulcers Based on	
OBQIC_MSR_VAL	MSR_475_VAL	NUMBER (1.0)	N	Process Quality Measures: Education, Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode Measure	The value of the Education: Drug Education On High Risk Medications Provided To	
OBQIC_MSR_VAL	MSR_476_VAL	NUMBER (1.0)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During Short Term Episodes of Care Measure	The value of the Education: Drug Education On All Medications Provided To Patient/Caregiver	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_477_VAL	NUMBER (1.0)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During Long Term Episodes of Care Measure	The value of the Education: Drug Education On All Medications Provided To Patient/Caregiver	
OBQIC_MSR_VAL	MSR_478_VAL	NUMBER (1.0)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care Measure	The value of the Education: Drug Education On All Medications Provided To Patient/Caregiver	
OBQIC_MSR_VAL	MSR_479_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For Short Term Episodes Of Care Measure	The value of the Prevention: Falls Prevention Steps Implemented For Short Term Episodes Of	
OBQIC_MSR_VAL	MSR_480_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For Long Term Episodes Of Care Measure	The value of the Prevention: Falls Prevention Steps Implemented For Long Term Episodes Of	
OBQIC_MSR_VAL	MSR_481_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For All Episodes Of Care Measure	The value of the Prevention: Falls Prevention Steps Implemented All Episodes Of Care	
OBQIC_MSR_VAL	MSR_482_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Influenza Immunization Received For Current Flu Season Measure	The value of the Prevention: Influenza Immunization Received For Current Flu Season	
OBQIC_MSR_VAL	MSR_483_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Influenza Immunization Offered And Refused For Current Flu Season Measure	The value of the Prevention: Influenza Immunization Offered And Refused For Current	
OBQIC_MSR_VAL	MSR_484_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Influenza Immunization Contraindicated Measure	The value of the Prevention: Influenza Immunization Contraindicated measure for the	
OBQIC_MSR_VAL	MSR_485_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Ever Received Measure	The value of the Prevention: Pneumococcal Vaccine Ever Received measure for the episode	
OBQIC_MSR_VAL	MSR_486_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Offered And Refused Measure	The value of the Prevention: Pneumococcal Vaccine Offered And Refused measure for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_487_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Contraindicated Measure	The value of the Prevention: Pneumococcal Vaccine Contraindicated measure for the	
OBQIC_MSR_VAL	MSR_488_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode Measure	The value of the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_MSR_VAL	MSR_489_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During Short Term Episodes Of Care Measure	The value of the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_MSR_VAL	MSR_490_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During Long Term Episodes Of Care Measure	The value of the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_MSR_VAL	MSR_491_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During All Episodes Of Care Measure	The value of the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_MSR_VAL	MSR_492_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During Short Term Episodes of Care Measure	The value of the Prevention: Pressure Ulcer Prevention Implemented During Short Term	
OBQIC_MSR_VAL	MSR_493_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During Long Term Episodes of Care Measure	The value of the Prevention: Pressure Ulcer Prevention Implemented During Long Term	
OBQIC_MSR_VAL	MSR_494_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During All Episodes of Care Measure	The value of the Prevention: Pressure Ulcer Prevention Implemented During All Episodes of	
OBQIC_MSR_VAL	MSR_549_VAL	NUMBER (1.0)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Assessed and Addressed	The value of the Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms	
OBQIC_MSR_VAL	MSR_553_VAL	NUMBER (1.0)	N	Process Quality Measures: Prevention, Drug Regimen Review Conducted with Follow-	The value of the Prevention: Drug Regimen Review Conducted with Follow-Up for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Up for Identified Issues Measure		
OBQIC_MSR_VAL	MSR_557_VAL	NUMBER (1.0)	N	General Health Status, Body Mass Index, Low Body Mass Index	The value of the Body Mass Index: Low Body Mass Index measure for the episode of care.	
OBQIC_MSR_VAL	MSR_558_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Active Diagnoses, Diabetes Mellitus	The value of the Active Diagnoses: Diabetes Mellitus measure for the episode of care.	
OBQIC_MSR_VAL	MSR_559_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Active Diagnoses, Peripheral vascular disease or peripheral arterial disease	The value of the Active Diagnoses: Peripheral vascular disease or peripheral arterial disease	
OBQIC_MSR_VAL	MSR_560_VAL	NUMBER (1.0)	N	Activities of Daily Living, SOC / ROC Status, Mobility, 01-06 scale	The value of the SOC/ROC Status: Mobility measure for the episode of care.	
OBQIC_MSR_VAL	MSR_565_VAL	NUMBER (2.0)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Non-remove dsg count	The value of the Unstageable PU: Non-remove dsg. count (#) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_566_VAL	NUMBER (2.0)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Slough/eschar count	The value of the Unstageable PU: Slough/eschar count (#) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_567_VAL	NUMBER (2.0)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Deep tissue inj count	The value of the Unstageable PU: Deep tissue inj. count (#) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_568_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Self Care, 1-3 scale	The value of the Prior Self Care (1-3) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_569_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Indoor Mobility (Ambulation), 1-3 scale	The value of the Prior Indoor Mobility (Ambulation) (1-3) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_570_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Stairs, 1-3 scale	The value of the Prior Stairs (1-3) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_571_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Functional Cognition, 1-3 scale	The value of the Prior Functional Cognition (1-3) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_572_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Manual wheelchair	The value of the Prior Manual wheelchair (%) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_573_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Motorized wheelchair/scooter	The value of the Prior Motorized wheelchair/scooter (%) measure for the episode	
OBQIC_MSR_VAL	MSR_574_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Mechanical lift	The value of the Prior Mechanical lift (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_575_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Walker	The value of the Prior Walker (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_576_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Orthotics/Prosthetics	The value of the Prior Orthotics/Prosthetics (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_577_VAL	NUMBER (1.0)	N	Functional Abilities, Prior Device Use, Prior Device: None	The value of the Prior Device: None (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_578_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Eating, 1-6 scale	The value of the Eating (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_579_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Eating (Not Attempted)	The value of the Eating (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_580_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Eating (Dash)	The value of the Eating (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_581_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Oral Hygiene, 1-6 scale	The value of the Oral Hygiene (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_582_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Oral Hygiene (Not Attempted)	The value of the Oral Hygiene (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_583_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Oral Hygiene (Dash)	The value of the Oral Hygiene (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_584_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Toileting Hygiene, 1-6 scale	The value of the Toileting Hygiene (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_585_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Toileting Hygiene (Not Attempted)	The value of the Toileting Hygiene (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_586_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Toileting Hygiene (Dash)	The value of the Toileting Hygiene (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_587_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Shower/bathe self, 1-6 scale	The value of the Shower/bathe self (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_588_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Shower/bathe self (Not Attempted)	The value of the Shower/bathe self (Not Attempted) (%) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_589_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Shower/bathe self (Dash)	The value of the Shower/bathe self (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_590_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Upper body dressing, 1-6 scale	The value of the Upper body dressing (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_591_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Upper body dressing (Not Attempted)	The value of the Upper body dressing (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_592_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Upper body dressing (Dash)	The value of the Upper body dressing (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_593_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Lower body dressing, 1-6 scale	The value of the Lower body dressing (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_594_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Lower body dressing (Not Attempted)	The value of the Lower body dressing (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_595_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Lower body dressing (Dash)	The value of the Lower body dressing (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_596_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Putting on/taking off footwear, 1-6 scale	The value of the Putting on/taking off footwear (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_597_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Putting on/taking off footwear (Not Attempted)	The value of the Putting on/taking off footwear (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_598_VAL	NUMBER (1.0)	N	Functional Abilities, Self Care, Putting on/taking off footwear (Dash)	The value of the Putting on/taking off footwear (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_599_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Roll left and right, 1-6 scale	The value of the Roll left and right (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_600_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Roll left and right (Not Attempted)	The value of the Roll left and right (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_601_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Roll left and right (Dash)	The value of the Roll left and right (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_602_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to lying, 1-6 scale	The value of the Sit to lying (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_603_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to lying (Not Attempted)	The value of the Sit to lying (Not Attempted) (%) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_604_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to lying (Dash)	The value of the Sit to lying (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_605_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Lying to sitting on side of bed, 1-6 scale	The value of the Lying to sitting on side of bed (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_606_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Lying to sitting on side of bed (Not Attempted)	The value of the Lying to sitting on side of bed (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_607_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Lying to sitting on side of bed (Dash)	The value of the Lying to sitting on side of bed (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_608_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to stand, 1-6 scale	The value of the Sit to stand (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_609_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to stand (Not Attempted)	The value of the Sit to stand (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_610_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Sit to stand (Dash)	The value of the Sit to stand (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_611_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Chair/bed to chair transfer, 1-6 scale	The value of the Chair/bed to chair transfer (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_612_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Chair/bed to chair transfer (Not Attempted)	The value of the Chair/bed to chair transfer (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_613_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Chair/bed to chair transfer (Dash)	The value of the Chair/bed to chair transfer (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_614_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Toilet transfer, 1-6 scale	The value of the Toilet transfer (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_615_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Toilet transfer (Not Attempted)	The value of the Toilet transfer (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_616_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Toilet transfer (Dash)	The value of the Toilet transfer (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_617_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Car transfer, 1-6 scale	The value of the Car transfer (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_618_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Car transfer (Not Attempted)	The value of the Car transfer (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_619_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Car transfer (Dash)	The value of the Car transfer (Dash) (%) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_620_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet, 1-6 scale	The value of the Walk 10 feet (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_621_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet (Not Attempted)	The value of the Walk 10 feet (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_622_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet (Dash)	The value of the Walk 10 feet (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_623_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns, 1-6 scale	The value of the Walk 50 feet w 2 turns (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_624_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns (Not Attempted)	The value of the Walk 50 feet w 2 turns (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_625_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns (Dash)	The value of the Walk 50 feet w 2 turns (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_626_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 150 feet, 1-6 scale	The value of the Walk 150 feet (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_627_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 150 feet (Not Attempted)	The value of the Walk 150 feet (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_628_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 150 feet (Dash)	The value of the Walk 150 feet (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_629_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces, 1-6 scale	The value of the Walk 10 feet uneven surfaces (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_630_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces (Not Attempted)	The value of the Walk 10 feet uneven surfaces (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_631_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces (Dash)	The value of the Walk 10 feet uneven surfaces (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_632_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 1 step (curb), 1-6 scale	The value of the 1 step (curb) (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_633_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 1 step (curb) (Not Attempted)	The value of the 1 step (curb) (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_634_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 1 step (curb) (Dash)	The value of the 1 step (curb) (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_635_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 4 steps, 1-6 scale	The value of the 4 steps (1-6) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_636_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 4 steps (Not Attempted)	The value of the 4 steps (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_637_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 4 steps (Dash)	The value of the 4 steps (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_638_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 12 steps, 1-6 scale	The value of the 12 steps (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_639_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 12 steps (Not Attempted)	The value of the 12 steps (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_640_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, 12 steps (Dash)	The value of the 12 steps (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_641_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Picking up object, 1-6 scale	The value of the Picking up object (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_642_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Picking up object (Not Attempted)	The value of the Picking up object (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_643_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Picking up object (Dash)	The value of the Picking up object (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_644_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheelchair or scooter	The value of the Wheelchair or scooter (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_645_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns, 1-6 scale	The value of the Wheel 50 feet w 2 turns (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_646_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns (Not Attempted)	The value of the Wheel 50 feet w 2 turns (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_647_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns (Dash)	The value of the Wheel 50 feet w 2 turns (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_648_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 150 feet, 1-6 scale	The value of the Wheel 150 feet (1-6) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_649_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 150 feet (Not Attempted)	The value of the Wheel 150 feet (Not Attempted) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_650_VAL	NUMBER (1.0)	N	Functional Abilities, Mobility, Wheel 150 feet (Dash)	The value of the Wheel 150 feet (Dash) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_651_VAL	NUMBER (1.0)	N	Patient Discharge Information, Falls, Any falls since SOC/ROC	The value of the Any falls since SOC/ROC (%) measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_MSR_VAL	MSR_652_VAL	NUMBER (1.0)	N	Patient Discharge Information, Falls, Falls with no injury	The value of the Falls with no injury (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_653_VAL	NUMBER (1.0)	N	Patient Discharge Information, Falls, Falls with injury (except major)	The value of the Falls with injury (except major) (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_654_VAL	NUMBER (1.0)	N	Patient Discharge Information, Falls, Falls with major injury	The value of the Falls with major injury (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_655_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the eye	The value of the Diseases of the eye (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_656_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the ear	The value of the Diseases of the ear (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_657_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, Symptoms, signs, abnormal findings	The value of the Symptoms, signs, abnormal findings (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_658_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, Injury, poisoning, other external causes	The value of the Injury, poisoning, other external causes (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_659_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, External causes of morbidity	The value of the External causes of morbidity (%) measure for the episode of care.	
OBQIC_MSR_VAL	MSR_660_VAL	NUMBER (1.0)	N	Patient Diagnostic Information, Home Care Diagnoses, Influences of health status	The value of the Influences of health status (%) measure for the episode of care.	
OBQIC_MSR_VAL	SOC_DT	DATE (8)	N	Start of Care Date	The start of care date.	
OBQIC_MSR_VAL	STATE_CD	VARCHAR2 (2)	N	State Code	The State location of the Agency.	STATES
OBQIC_OUTCM_RPT_DTL	ACTL_CLMS_CRNT_END_DT	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_CLMS_CRNT_STRT_DT	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_CLMS_PRIOR_END_DT	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_CLMS_PRIOR_STRT_DT	DATE (7)	N			

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_RPT_DTL	ACTL_CRNT_END_DT	DATE (8)	N	Actual Current End Date	The actual latest end of care date during the current report period for the episodes used in	
OBQIC_OUTCM_RPT_DTL	ACTL_CRNT_END_DT_2	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_CRNT_STRT_DT	DATE (8)	N	Actual Current Start Date	The actual earliest end of care date during the current report period for the episodes used in	
OBQIC_OUTCM_RPT_DTL	ACTL_CRNT_STRT_DT_2	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_PRIOR_END_DT	DATE (8)	N	Actual Prior End Date	The actual latest end of care date during the prior report period for the episodes used in	
OBQIC_OUTCM_RPT_DTL	ACTL_PRIOR_END_DT_2	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	ACTL_PRIOR_STRT_DT	DATE (8)	N	Actual Prior Start Date	The actual earliest end of care date during the prior report period for the episodes used in	
OBQIC_OUTCM_RPT_DTL	ACTL_PRIOR_STRT_DT_2	DATE (7)	N			
OBQIC_OUTCM_RPT_DTL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	For parent branches, value will be 'PARENT'. For branches, column will contain branch ID.	
OBQIC_OUTCM_RPT_DTL	CRNT_CLMS_EPSD_CNT	NUMBER (10.0)	N	Current claims episode count	Episode count for claims based measures for the current report period	
OBQIC_OUTCM_RPT_DTL	CRNT_EPSD_CNT	NUMBER (10.0)	N	Current Episode Count	A count of the episodes used in calculating the requested current values.	
OBQIC_OUTCM_RPT_DTL	CRNT_ERO_EPSD_CNT	NUMBER (10.0)	N	ERO Current Episode Count	A count of the end result outcome episodes used in calculating the requested current values.	
OBQIC_OUTCM_RPT_DTL	CRNT_MSR_EPSD_CNT	NUMBER (10.0)	N	Current ERO Episode Count	The count is for the branch represented by BRNCH_ID and for the measure represented by	
OBQIC_OUTCM_RPT_DTL	CRNT_VAL	NUMBER (5.2)	N	Current Value	Value for the OBQIC measure for the current period.	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_ADJSTD	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Risk Adjusted Spending, Agency	The average risk-adjusted spending amount for the Agency for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_ADJSTD_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Risk Adjusted Spending, National	The average risk-adjusted spending amount nationally for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_ASCTD_PD	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Spending During Associated Services Period, Agency	The average spending during the associated services period for the Agency for the Claims-	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_ASCD_PD_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Spending During Associated Services Period, National	The average spending during the associated services period nationally for the Claims-Based	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_TOT	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Total Spending During Episode, Agency	The average total spending during episode for the Agency for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_TOT_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Total Spending During Episode, National	The average total spending amount nationally for the Claims-Based Measure, Medicare	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_TX	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Spending During Treatment Period, Agency	The average spending during the treatment period for the Agency for the Claims-Based	
OBQIC_OUTCM_RPT_DTL	MSPB_AVG_SPND_TX_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Average Spending During Treatment Period, National	The average spending during the treatment period nationally for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_MEDN_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - National Median	The national median amount for the Claims-Based Measure, Medicare Spending Per	
OBQIC_OUTCM_RPT_DTL	MSPB_NUM	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Number of Episodes, Agency	The number of observed eligible episodes for the Agency for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_NUM_NATL	NUMBER (8.0)	N	Medicare Spending Per Beneficiary - Number of Episodes, National	The number of observed eligible episodes nationally for the Claims-Based Measure,	
OBQIC_OUTCM_RPT_DTL	MSPB_SCRE	NUMBER (3.2)	N	Medicare Spending Per Beneficiary - MSPB PAC Score, Agency	The Agency's Medicare Spending Per Beneficiary (MSPB) PAC Score, which is the	
OBQIC_OUTCM_RPT_DTL	MSPB_SCRE_NATL	NUMBER (3.2)	N	Medicare Spending Per Beneficiary - US Average MSPB Score	The U.S. Average Medicare Spending Per Beneficiary (MSPB) Score, which is the	
OBQIC_OUTCM_RPT_DTL	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_OUTCM_RPT_DTL	PRIOR_CLMS_EPSD_CNT	NUMBER (10.0)	N	Prior claims episode count	Episode count for claims based measures for the prior report period	
OBQIC_OUTCM_RPT_DTL	PRIOR_EPSD_CNT	NUMBER (10.0)	N	Prior Episode Count	A count of the episodes used in calculating the requested prior period values.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_RPT_DTL	PRIOR_ERO_EPSD_CNT	NUMBER (10.0)	N	Prior ERO Episode Count	A count of the end result outcome episodes used in calculating the requested prior values.	
OBQIC_OUTCM_RPT_DTL	PRIOR_MSR_EPSD_CNT	NUMBER (10.0)	N	Prior Measure Episode Count	The count is for the branch represented by BRNCH_ID and for the measure represented by	
OBQIC_OUTCM_RPT_DTL	PRIOR_SGNFCNC	NUMBER (5.4)	N	Prior Significance	Significance value for statistical test between current and prior percent triggering.	
OBQIC_OUTCM_RPT_DTL	PRIOR_VAL	NUMBER (5.2)	N	Prior Value	The value for the prior period for the OBQIC measure.	
OBQIC_OUTCM_RPT_DTL	RA_MSR_EPSD_CNT	NUMBER (10.0)	N	Home Health Agency Home Health Compare Risk Adjusted Episode Count	The number of cases in the Home Health Compare risk adjusted group for the measure for	
OBQIC_OUTCM_RPT_DTL	RA_SGNFCNC	NUMBER (5.4)	N	Home Health Agency Home Health Compare Risk Adjusted Significance	Statistical significance in the difference between the agency HHC RA value and the national Significance	
OBQIC_OUTCM_RPT_DTL	RA_VAL	NUMBER (5.2)	N		The Home Health Compare risk adjusted performance for the measure for the current	
OBQIC_OUTCM_RPT_DTL	RFRNC_MSR_EPSD_CNT	NUMBER (10.0)	N	Reference Measure Episode Count	The count is for the number of cases in the reference group for the measure represented by	
OBQIC_OUTCM_RPT_DTL	RFRNC_SGNFCNC	NUMBER (5.4)	N	Reference Significance	Significance value for statistical test between current percent triggering for HHA and current	
OBQIC_OUTCM_RPT_DTL	RFRNC_VAL	NUMBER (5.2)	N	Reference Value	The calculated reference value for the OBQIC measure.	
OBQIC_OUTCM_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_OUTCM_TLY_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	The branch ID at the end of care for the episode of care.	
OBQIC_OUTCM_TLY_RPT_DTL	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care.	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_495_VAL	VARCHAR2 (1)	N	Potentially Avoidable Event Outcomes, Emergent Care for Injury Caused by Fall	Indicates whether the Emergent Care for Injury Caused by Fall measure is activated for the	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_496_VAL	VARCHAR2 (1)	N	Potentially Avoidable Event Outcomes, Emergent Care for Wound Infections, Deteriorating Wound Status	Indicates whether the Emergent Care for Wound Infections, Deteriorating Wound Status measure	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_507_VAL	VARCHAR2 (1)	N	Improvement in Grooming	The unique identifier for OBQIC Outcome Measure; Improvement in Grooming	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_TLY_RPT_DTL	MSR_508_VAL	VARCHAR2 (1)	N	Stabilization in Grooming	The unique identifier for OBQIC Outcome Measure; Stabilization in Grooming	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_509_VAL	VARCHAR2 (1)	N	Improvement in Upper Body Dressing	The unique identifier for OBQIC Outcome Measure; Improvement in Upper Body Dressing	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_510_VAL	VARCHAR2 (1)	N	Improvement in Lower Body Dressing	The unique identifier for OBQIC Outcome Measure; Improvement in Lower Body Dressing	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_511_VAL	VARCHAR2 (1)	N	Improvement in Bathing	The unique identifier for OBQIC Outcome Measure; Improvement in Bathing	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_512_VAL	VARCHAR2 (1)	N	Stabilization in Bathing	The unique identifier for OBQIC Outcome Measure; Stabilization in Bathing	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_513_VAL	VARCHAR2 (1)	N	Improvement in Toilet Transferring	The unique identifier for OBQIC Outcome Measure; Improvement in Toilet Transferring	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_514_VAL	VARCHAR2 (1)	N	Stabilization in Toilet Transferring	The unique identifier for OBQIC Outcome Measure; Stabilization in Toilet Transferring	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_515_VAL	VARCHAR2 (1)	N	Improvement in Toileting Hygiene	The unique identifier for OBQIC Outcome Measure; Improvement in Toilet Hygiene	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_516_VAL	VARCHAR2 (1)	N	Stabilization in Toileting Hygiene	The unique identifier for OBQIC Outcome Measure; Stabilization in Toilet Hygiene	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_517_VAL	VARCHAR2 (1)	N	Improvement in Bed Transferring	The unique identifier for OBQIC Outcome Measure; Improvement in Bed Transferring	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_518_VAL	VARCHAR2 (1)	N	Stabilization in Bed Transferring	The unique identifier for OBQIC Outcome Measure; Stabilization in Bed Transferring	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_519_VAL	VARCHAR2 (1)	N	Improvement in Ambulation/Locomotion	The unique identifier for OBQIC Outcome Measure; Improvement in	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_520_VAL	VARCHAR2 (1)	N	Improvement in Eating	The unique identifier for OBQIC Outcome Measure; Improvement in Eating	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_521_VAL	VARCHAR2 (1)	N	Improvement in Light Meal Preparation	The unique identifier for OBQIC Outcome Measure; Improvement in Light Meal	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_522_VAL	VARCHAR2 (1)	N	Stabilization in Light Meal Preparation	The unique identifier for OBQIC Outcome Measure; Stabilization in Light Meal	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_523_VAL	VARCHAR2 (1)	N	Improvement in Phone Use	The unique identifier for OBQIC Outcome Measure; Improvement in Using Phone	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_524_VAL	VARCHAR2 (1)	N	Stabilization in Phone Use	The unique identifier for OBQIC Outcome Measure; Stabilization in Using Phone	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_TLY_RPT_DTL	MSR_525_VAL	VARCHAR2 (1)	N	Improvement in Management of Oral Medications	The unique identifier for OBQIC Outcome Measure; Improvement in Management of Oral	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_526_VAL	VARCHAR2 (1)	N	Stabilization in Management of Oral Medications	The unique identifier for OBQIC Outcome Measure; Stabilization in Management of Oral	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_527_VAL	VARCHAR2 (1)	N	Improvement in Dyspnea	The unique identifier for OBQIC Outcome Measure; Improvement in Dyspnea	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_528_VAL	VARCHAR2 (1)	N	Improvement in Pain Interfering with Activity	The unique identifier for OBQIC Outcome Measure; Improvement in Pain Interfering with	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_529_VAL	VARCHAR2 (1)	N	Improvement in Speech and Language	The unique identifier for OBQIC Outcome Measure; Improvement in Speech and Language	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_530_VAL	VARCHAR2 (1)	N	Stabilization in Speech and Language	The unique identifier for OBQIC Outcome Measure; Stabilization in Speech and Language	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_531_VAL	VARCHAR2 (1)	N	Improvement in Status of Surgical Wounds	The unique identifier for OBQIC Outcome Measure; Improvement in Status of Surgical	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_532_VAL	VARCHAR2 (1)	N	Improvement in Urinary Tract Infection	The unique identifier for OBQIC Outcome Measure; Improvement in Urinary Tract	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_533_VAL	VARCHAR2 (1)	N	Improvement in Urinary Incontinence	The unique identifier for OBQIC Outcome Measure; Improvement in Urinary Incontinence	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_534_VAL	VARCHAR2 (1)	N	Improvement in Bowel Incontinence	The unique identifier for OBQIC Outcome Measure; Improvement in Bowel Incontinence	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_535_VAL	VARCHAR2 (1)	N	Improvement in Confusion Frequency	The unique identifier for OBQIC Outcome Measure; Improvement in Confusion Frequency	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_536_VAL	VARCHAR2 (1)	N	Stabilization in Cognitive Functioning	The unique identifier for OBQIC Outcome Measure; Stabilization in Cognitive Functioning	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_537_VAL	VARCHAR2 (1)	N	Improvement in Anxiety Level	The unique identifier for OBQIC Outcome Measure; Improvement in Anxiety Level	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_538_VAL	VARCHAR2 (1)	N	Stabilization in Anxiety Level	The unique identifier for OBQIC Outcome Measure; Stabilization in Anxiety Level	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_539_VAL	VARCHAR2 (1)	N	Improvement in Behavior Problem Frequency	The unique identifier for OBQIC Outcome Measure; Improvement in Problem Behavior	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_540_VAL	VARCHAR2 (1)	N	Emergency Department w/ Hospitalization	The unique identifier for OBQIC Outcome Measure; Emergency Department w/	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_541_VAL	VARCHAR2 (1)	N	Emergency Department w/o Hospitalization	The unique identifier for OBQIC Outcome Measure; Emergency Department w/o	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_OUTCM_TLY_RPT_DTL	MSR_542_VAL	VARCHAR2 (1)	N	Discharged to Community	The unique identifier for OBQIC Outcome Measure; Discharged to Community	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_543_VAL	VARCHAR2 (1)	N	Acute Care Hospitalization	The unique identifier for OBQIC Outcome Measure; Acute Care Hospitalization	
OBQIC_OUTCM_TLY_RPT_DTL	MSR_552_VAL	VARCHAR2 (1)	N	Health Status Outcomes, Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	Indicates whether the Percent of Residents or Patients with Pressure Ulcers that are New or	
OBQIC_OUTCM_TLY_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_OUTCM_TLY_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	The branch ID at the start of care for the episode of care.	
OBQIC_PAE_PTNT_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	The branch ID at the end of care for the episode of care.	
OBQIC_PAE_PTNT_RPT_DTL	EPSD_CNT	NUMBER (10.0)	N	Episode Count	The number of episodes used in the calculation of the measure value.	
OBQIC_PAE_PTNT_RPT_DTL	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care.	
OBQIC_PAE_PTNT_RPT_DTL	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_PAE_PTNT_RPT_DTL	RFRNC_VAL	NUMBER (5.2)	N	Reference Value	The calculated reference value for the OBQIC measure.	
OBQIC_PAE_PTNT_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_PAE_PTNT_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	The branch ID at the start of care for the episode of care.	
OBQIC_PAE_RPT_DTL	ACTL_CRNT_END_DT	DATE (8)	N	Actual Current End Date	The actual latest end of care date during the current report period for the episodes used in	
OBQIC_PAE_RPT_DTL	ACTL_CRNT_STRT_DT	DATE (8)	N	Actual Current Start Date	The actual earliest end of care date during the current report period for the episodes used in	
OBQIC_PAE_RPT_DTL	ACTL_PRIOR_END_DT	DATE (8)	N	Actual Prior End Date	The actual latest end of care date during the prior report period for the episodes used in	
OBQIC_PAE_RPT_DTL	ACTL_PRIOR_STRT_DT	DATE (8)	N	Actual Prior Start Date	The actual earliest end of care date during the prior report period for the episodes used in	
OBQIC_PAE_RPT_DTL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	For parent branches, value will be 'PARENT'. For branches, column will contain branch ID.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PAE_RPT_DTL	CRNT_EPSD_CNT	NUMBER (10.0)	N	Current Episode Count	A count of the episodes used in calculating the requested current values.	
OBQIC_PAE_RPT_DTL	CRNT_MSR_EPSD_CNT	NUMBER (10.0)	N	Current Measure Episode Count	The count is for the branch represented by BRNCH_ID and for the measure represented by	
OBQIC_PAE_RPT_DTL	CRNT_VAL	NUMBER (5.2)	N	Current Value	Value for the OBQIC measure for the current period.	
OBQIC_PAE_RPT_DTL	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_PAE_RPT_DTL	PRIOR_EPSD_CNT	NUMBER (10.0)	N	Prior Episode Count	A count of the episodes used in calculating the requested prior period values.	
OBQIC_PAE_RPT_DTL	PRIOR_MSR_EPSD_CNT	NUMBER (10.0)	N	Prior Measure Episode Count	The count is for the branch represented by BRNCH_ID and for the measure represented by	
OBQIC_PAE_RPT_DTL	PRIOR_SGNFCNC	NUMBER (5.4)	N	Prior Significance	Significance value for statistical test between current and prior percent triggering.	
OBQIC_PAE_RPT_DTL	PRIOR_VAL	NUMBER (5.2)	N	Prior Value	The value for the prior period for the OBQIC measure.	
OBQIC_PAE_RPT_DTL	RFRNC_MSR_EPSD_CNT	NUMBER (10.0)	N	Reference Measure Episode Count	The count is for the number of cases in the reference group for the measure represented by	
OBQIC_PAE_RPT_DTL	RFRNC_SGNFCNC	NUMBER (5.4)	N	Reference Significance	Significance value for statistical test between current percent triggering for HHA and current	
OBQIC_PAE_RPT_DTL	RFRNC_VAL	NUMBER (5.2)	N	Reference Value	The calculated reference value for the OBQIC measure.	
OBQIC_PAE_RPT_DTL	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_PBLC_RPTG_MSR_MSTR	CLMS_SW	VARCHAR2 (1)	N	Claims-based switch	Switch to identify if the measure is a claims-based measure.	
OBQIC_PBLC_RPTG_MSR_MSTR	DATE_RNG_MO_CNT	NUMBER (3.0)	N	Date range month count	Number of months in the date range used for this measure.	
OBQIC_PBLC_RPTG_MSR_MSTR	MSR_DESC_TXT	VARCHAR2 (200)	N	Measure description text	Long description of the measure; matches description used on the public reporting web	
OBQIC_PBLC_RPTG_MSR_MSTR	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_PBLC_RPTG_MSR_MSTR	MSR_TAG_TXT	VARCHAR2 (40)	N	Measure tag text	Tag used for this measure in the XML files generated for public reporting.	
OBQIC_PBLC_RPTG_MSR_MSTR	OTPT_SW	VARCHAR2 (1)	N	Output switch	Switch to indicate whether or not the measure is included in the public reporting XML files.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	END_MO_DT	DATE (7)	Y	PPR/DTC end month	First day of the end month for the reporting period for the PPR and DTC measures.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	Facility internal identification code. This along with the state code identifies a unique facility. If	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_DNMTRTR	NUMBER (22)	N	Potentially Preventable 30-Day Post-Discharge Readmission denominator	Denominator value of the Potentially Preventable 30-Day Post-Discharge	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_NMRTR	NUMBER (22)	N	Potentially Preventable 30-Day Post-Discharge Readmission numerator	Numerator value of the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_RATE	NUMBER (7.4)	N	Potentially Preventable 30-Day Post-Discharge Readmission measure value	Numerical value of the Potentially Preventable 30-Day Post-Discharge Readmission measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_RSK_ADJ	NUMBER (7.4)	N	Potentially Preventable 30-Day Post-Discharge Readmission RSRR	Risk-Standardized Readmission Rate of the Potentially Preventable 30-Day Post-Discharge	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_RSK_ADJ_LWR	NUMBER (7.4)	N	Potentially Preventable 30-Day Post-Discharge Readmission lower bound RSRR	Lower bound of the 95% confidence interval on the Risk Adjusted Rate of the Potentially	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_RSK_ADJ_UPR	NUMBER (7.4)	N	Potentially Preventable 30-Day Post-Discharge Readmission upper bound RSRR	Upper bound of the 95% confidence interval on the Risk Adjusted Rate of the Potentially	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_554_VAL_TXT	VARCHAR2 (30)	N	Potentially Preventable 30-Day Post-Discharge Readmission Compared to National Average	Comparison of the agency value to the national value for the Potentially Preventable 30-Day	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_DNMTRTR	NUMBER (22)	N	Discharge to Community denominator	Denominator value for the Discharge to Community measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_NMRTR	NUMBER (22)	N	Discharge to Community numerator	Numerator value for the Discharge to Community measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_RATE	NUMBER (7.4)	N	Discharge to Community measure value	Numerical value of the Discharge to Community measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_RSK_ADJ	NUMBER (7.4)	N	Discharge to Community RSDTCR	Risk-Standardized Rate of the Discharge to Community measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_RSK_ADJ_LWR	NUMBER (7.4)	N	Discharge to Community lower bound RSDTCR	Lower bound of the 95% confidence interval on the Risk Adjusted Rate of the Discharge to	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_RSK_ADJ_UPR	NUMBER (7.4)	N	Discharge to Community upper bound RSDTCR	Upper bound of the 95% confidence interval on the Risk Adjusted Rate of the Discharge to	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	MSR_555_VAL_TXT	VARCHAR2 (30)	N	Discharge to Community Compared to National Average	Comparison of the agency value to the national value for the Discharge to Community measure.	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	PRVDR_NUM	VARCHAR2 (10)	Y	Provider Number	Six or ten position identification number that is assigned to a certified provider. This is the CMS	
OBQIC_PPR_DTC_LVL_M SR_VAL_HHC	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character abbreviation code of the state where the provider is located.	STATES
OBQIC_PROC_MSTR	PROC_STUS_CD	NUMBER (2.0)	N	Process Status Code	The status of the process. 0 - Completed successfully; 1 - Running episode calculations; 2	OBQIC_PROC_STUS_CD
OBQIC_PROC_MSTR	RUN_DT	DATE (8)	N	Run Date	The run date for the calculations.	
OBQIC_PROC_MSTR	TRGT_MO_DT	DATE (8)	Y	Target Month Date	The end month of the data period.	
OBQIC_PROC_RPT_DTL	ACTL_CRNT_END_DT	DATE (7)	N	Actual Current End Date	The actual latest end of care date during the current report period for the episodes used in	
OBQIC_PROC_RPT_DTL	ACTL_CRNT_STRT_DT	DATE (7)	N	Actual Current Start Date	The actual earliest end of care date during the current report period for the episodes used in	
OBQIC_PROC_RPT_DTL	ACTL_PRIOR_END_DT	DATE (7)	N	Actual Prior End Date	The actual latest end of care date during the prior report period for the episodes used in	
OBQIC_PROC_RPT_DTL	ACTL_PRIOR_STRT_DT	DATE (7)	N	Actual Prior Start Date	The actual earliest end of care date during the prior report period for the episodes used in	
OBQIC_PROC_RPT_DTL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID of the branch represented by this row's data.	
OBQIC_PROC_RPT_DTL	CRNT_EPSD_CNT	NUMBER (6.0)	N	Current Episode Count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	
OBQIC_PROC_RPT_DTL	CRNT_MSR_EPSD_CNT	NUMBER (10.0)	N	Current Measure Episode Count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	
OBQIC_PROC_RPT_DTL	CRNT_VAL	NUMBER (5.2)	N	Current Value	Value for the OBQIC measure.	
OBQIC_PROC_RPT_DTL	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_PROC_RPT_DTL	PRIOR_EPSD_CNT	NUMBER (6.0)	N	Prior Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQIC_PROC_RPT_DTL	PRIOR_MSR_EPSD_CNT	NUMBER (10.0)	N	Prior Measure Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQIC_PROC_RPT_DTL	PRIOR_SGNFCNC	NUMBER (5.4)	N	Prior Significance	Significance value for statistical test between current and prior percent triggering.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PROC_RPT_DTL	PRIOR_VAL	NUMBER (5.2)	N	Prior Value	The value for the prior period for the OBQIC measure.	
OBQIC_PROC_RPT_DTL	RFRNC_MSR_EPSD_CNT	NUMBER (10.0)	N	Reference Measure Episode Count	Current number of cases in the reference group.	
OBQIC_PROC_RPT_DTL	RFRNC_SGNFCNC	NUMBER (5.4)	N	Reference Significance	Significance value for statistical test between current percent triggering for HHA and current	
OBQIC_PROC_RPT_DTL	RFRNC_VAL	NUMBER (5.2)	N	Reference Value	The calculated reference value for the OBQIC measure.	
OBQIC_PROC_RPT_DTL	RPT_SEQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_PROC_TLY_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	The branch ID at the end of care for the episode of care.	
OBQIC_PROC_TLY_RPT_DTL	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care	
OBQIC_PROC_TLY_RPT_DTL	MSR_448_VAL	VARCHAR2 (1)	N	Timely Initiation of Care	Value of Timely Initiation of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_449_VAL	VARCHAR2 (1)	N	Physician Notification Guidelines Established	Value of Physician Notification Guidelines Established measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_450_VAL	VARCHAR2 (1)	N	Depression Assessment Conducted	Value of Depression Assessment Conducted measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_451_VAL	VARCHAR2 (1)	N	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Value of Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	
OBQIC_PROC_TLY_RPT_DTL	MSR_452_VAL	VARCHAR2 (1)	N	Pain Assessment Conducted	Value of Pain Assessment Conducted measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_453_VAL	VARCHAR2 (1)	N	Pressure Ulcer Risk Assessment Conducted	Value of Pressure Ulcer Risk Assessment Conducted measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_454_VAL	VARCHAR2 (1)	N	Depression Interventions In Plan Of Care	Value of Depression Interventions In Plan Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_455_VAL	VARCHAR2 (1)	N	Diabetic Foot Care And Patient Education In Plan Of Care	Value of Diabetic Foot Care And Patient Education In Plan Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_456_VAL	VARCHAR2 (1)	N	Falls Prevention Steps In Plan Of Care	Value of Falls Prevention Steps In Plan Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_457_VAL	VARCHAR2 (1)	N	Pain Interventions In Plan Of Care	Value of Pain Interventions In Plan Of Care measure.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PROC_TLY_RPT_DTL	MSR_458_VAL	VARCHAR2 (1)	N	Pressure Ulcer Prevention In Plan Of Care	Value of Pressure Ulcer Prevention In Plan Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_459_VAL	VARCHAR2 (1)	N	Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care	Value of Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_462_VAL	VARCHAR2 (1)	N	Depression Interventions Implemented During All Episodes Of Care	Value of Depression Interventions Implemented During All Episodes Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_465_VAL	VARCHAR2 (1)	N	Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care	Value of Diabetic Foot Care And Patient/Caregiver Education Implemented	
OBQIC_PROC_TLY_RPT_DTL	MSR_468_VAL	VARCHAR2 (1)	N	Heart Failure Symptoms Addressed During All Episodes Of Care	Value of Heart Failure Symptoms Addressed During All Episodes Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_471_VAL	VARCHAR2 (1)	N	Pain Interventions Implemented During All Episodes Of Care	Value of Pain Interventions Implemented During All Episodes Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_474_VAL	VARCHAR2 (1)	N	Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During All Episodes Of Care	Value of Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing	
OBQIC_PROC_TLY_RPT_DTL	MSR_475_VAL	VARCHAR2 (1)	N	Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode	Value of Drug Education On High Risk Medications Provided To Patient/Caregiver At	
OBQIC_PROC_TLY_RPT_DTL	MSR_478_VAL	VARCHAR2 (1)	N	Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care	Value of Drug Education On All Medications Provided To Patient/Caregiver During All	
OBQIC_PROC_TLY_RPT_DTL	MSR_481_VAL	VARCHAR2 (1)	N	Falls Prevention Steps Implemented For All Episodes Of Care	Value of Falls Prevention Steps Implemented For All Episodes Of Care measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_482_VAL	VARCHAR2 (1)	N	Influenza Immunization Received For Current Flu Season	Value of Influenza Immunization Received For Current Flu Season measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_483_VAL	VARCHAR2 (1)	N	Influenza Immunization Offered And Refused For Current Flu Season	Value of Influenza Immunization Offered And Refused For Current Flu Season measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_484_VAL	VARCHAR2 (1)	N	Influenza Immunization Contraindicated	Value of Influenza Immunization Contraindicated measure.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_PROC_TLY_RPT_DTL	MSR_485_VAL	VARCHAR2 (1)	N	Pneumococcal Vaccine Ever Received	Value of Pneumococcal Vaccine Ever Received measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_486_VAL	VARCHAR2 (1)	N	Pneumococcal Vaccine Offered And Refused	Value of Pneumococcal Vaccine Offered And Refused measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_487_VAL	VARCHAR2 (1)	N	Pneumococcal Vaccine Contraindicated	Value of Pneumococcal Vaccine Contraindicated measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_488_VAL	VARCHAR2 (1)	N	Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode	Value of Potential Medication Issues Identified And Timely Physician Contact At Start Of	
OBQIC_PROC_TLY_RPT_DTL	MSR_491_VAL	VARCHAR2 (1)	N	Potential Medication Issues Identified And Timely Physician Contact During All Episodes Of Care	Value of Potential Medication Issues Identified And Timely Physician Contact During All	
OBQIC_PROC_TLY_RPT_DTL	MSR_494_VAL	VARCHAR2 (1)	N	Pressure Ulcer Prevention Implemented During All Episodes Of Care	Value of Pressure Ulcer Prevention Implemented During All Episodes Of Care	
OBQIC_PROC_TLY_RPT_DTL	MSR_549_VAL	VARCHAR2 (1)	N	Heart Failure Symptoms Assessed and Addressed	Value of Heart Failure Symptoms Assessed and Addressed measure.	
OBQIC_PROC_TLY_RPT_DTL	MSR_553_VAL	VARCHAR2 (1)	N	Process Quality Measures, Prevention, Drug Regimen Review Conducted with Follow-Up for Identified Issues	Indicates whether the Drug Regimen Review Conducted with Follow-Up for Identified Issues	
OBQIC_PROC_TLY_RPT_DTL	RPT_SEQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_PROC_TLY_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	The branch ID at the start of care for the episode of care.	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_554_DNMNTR_NUM	NUMBER (5.0)	N	Potentially preventable 30-day post-discharge readmission denominator	Potentially Preventable 30-Day Post-Discharge Readmission Denominator	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_554_END_DT	DATE (7)	N	Potentially preventable 30-day post-discharge Target End Date	Potentially preventable 30-day post-discharge Target End Date	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_554_NMRTR_NUM	NUMBER (5.0)	N	Potentially preventable 30-day post-discharge readmission numerator	Potentially preventable 30-day post-discharge readmission numerator	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_554_PRDCTD_VAL	NUMBER (10.9)	N	Potentially preventable 30-day post-discharge readmission predicted rate	Potentially preventable 30-day post-discharge readmission predicted rate	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_554_STRT_DT	DATE (7)	N	Potentially preventable 30-day post-discharge Target Begin Date	Potentially preventable 30-day post-discharge Target Begin Date	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_555_DNMNTR_NUM	NUMBER (5.0)	N	Discharge to community denominator	Discharge to community denominator	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_555_END_DT	DATE (7)	N	Discharge to community Target End Date	Discharge to community Target End Date	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_555_NMRTR_NUM	NUMBER (5.0)	N	Discharge to community numerator	Discharge to community numerator	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_555_PRDCTD_VAL	NUMBER (10.9)	N	Discharge to community predicted rate	Discharge to community predicted rate	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	MSR_555_STRT_DT	DATE (7)	N	Discharge to community Target Begin Date	Discharge to community Target Begin Date	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	PRVDR_NUM	VARCHAR2 (10)	N	CCN	A six or ten position identification number that is assigned to a certified provider	
OBQIC_QW_PPR_DTC_MS R_VAL_VW	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character state postal abbreviation	
OBQIC_QW_PPR_DTC_RO LLUP_VW	DTC_END_DT	DATE (7)	N	Discharge to community Target End Date	Discharge to community Target End Date	
OBQIC_QW_PPR_DTC_RO LLUP_VW	DTC_STRT_DT	DATE (8)	N	Discharge to community Target Begin Date	Discharge to community Target Begin Date	
OBQIC_QW_PPR_DTC_RO LLUP_VW	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state	
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_554_DNMNTR_NUM	NUMBER (10.0)	N	Potentially preventable 30-day post-discharge readmission denominator	Potentially preventable 30-day post-discharge readmission denominator	
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_554_OBSRVD_VAL	NUMBER (7.4)	N	Potentially preventable 30-day post-discharge readmission observed percent	Potentially preventable 30-day post-discharge readmission observed rate	
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_554_PRDCTD_VAL	NUMBER (7.4)	N	Potentially preventable 30-day post-discharge readmission predicted percent	Potentially preventable 30-day post-discharge readmission predicted rate	
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_555_DNMNTR_NUM	NUMBER (10.0)	N	Discharge to community denominator	Discharge to Community Denominator	
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_555_OBSRVD_VAL	NUMBER (7.4)	N	Discharge to community observed percent	Discharge to community observed rate	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_QW_PPR_DTC_RO LLUP_VW	MSR_555_PRDCTD_VAL	NUMBER (7.4)	N	Discharge to community predicted percent	Discharge to community predicted rate	
OBQIC_QW_PPR_DTC_RO LLUP_VW	PPR_END_DT	DATE (7)	N	Potentially preventable 30-day post-discharge Target End Date	Potentially preventable 30-day post-discharge Target End Date	
OBQIC_QW_PPR_DTC_RO LLUP_VW	PPR_STRT_DT	DATE (8)	N	Potentially preventable 30-day post-discharge Target Begin Date	Potentially preventable 30-day post-discharge Target Start Date	
OBQIC_QW_PPR_DTC_RO LLUP_VW	STATE_CD	VARCHAR2 (2)	N	State Code	Two-character state postal abbreviation	
OBQIC_RFRNC_EPSD_CN T	END_MO_DT	DATE (8)	Y	End Month Date	The end month for the national reference episodes of care count.	
OBQIC_RFRNC_EPSD_CN T	EPSD_CNT	NUMBER (10.0)	N	Episode Count	The count of the national reference episodes of care.	
OBQIC_RFRNC_EPSD_CN T	ERO_EPSD_CNT	NUMBER (10.0)	N	ERO Episode Count	The national episode count for complete episodes of care that ended in a Discharge to the	
OBQIC_RFRNC_EPSD_CN T	INCMPLT_EPSD_CNT	NUMBER (10.0)	N	Incomplete Episode Count	The count of the national reference episodes of care which were incomplete.	
OBQIC_RFRNC_EPSD_CN T	STRT_MO_DT	DATE (8)	Y	Start Month Date	The start month for the national reference episodes of care count.	
OBQIC_RFRNC_FREQ	CTGRY_FREQ_CNT	NUMBER (10.0)	N	Category Frequency Count	This is a count of how many episodes had a measure value that matched the range for the	
OBQIC_RFRNC_FREQ	CTGRY_ID	NUMBER (5.0)	Y	Category ID	The unique category identifier.	
OBQIC_RFRNC_FREQ	END_MO_DT	DATE (8)	Y	End Month Date	The end month for the national reference frequencies for use in calculating the statistical	
OBQIC_RFRNC_FREQ	MSR_ID	NUMBER (5.0)	Y	Measure ID	The unique OBQIC measure identifier. Corresponds to the measure identifier in the	
OBQIC_RFRNC_FREQ	STRT_MO_DT	DATE (8)	Y	Start Month Date	The start month for the national reference frequencies for use in calculating the statistical	
OBQIC_RISK_ADJSTD_MS R_VAL	EOC_DT	DATE (8)	N	End of Care Date	The end of care date.	
OBQIC_RISK_ADJSTD_MS R_VAL	EPSD_ID	NUMBER (10.0)	Y	Episode Identifier	The unique identifier for the episode of care.	
OBQIC_RISK_ADJSTD_MS R_VAL	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The facility internal identification code.	
OBQIC_RISK_ADJSTD_MS R_VAL	MODEL_NUM	NUMBER (3.0)	Y	Model Number	Risk-adjustment model number: 0 = observed value, positive value = predicted value.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_495_VAL	NUMBER (7.6)	N	Emergent Care for Injury Caused by Fall	The value of Emergent Care for Injury Caused by Fall observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_496_VAL	NUMBER (7.6)	N	Emergent Care for Wound Infections, Deteriorating Wound Status	The value of Emergent Care for Wound Infections, Deteriorating Wound Status observed	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_497_VAL	NUMBER (7.6)	N	Emergent Care for Improper Medication Administration, Medication Side Effects	The value of Emergent Care for Improper Medication Administration, Medication Side	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_498_VAL	NUMBER (7.6)	N	Emergent Care for Hypo/Hyperglycemia	The value of Emergent Care for Hypo/Hyperglycemia observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_499_VAL	NUMBER (7.6)	N	Development of Urinary Tract infection	The value of Development of Urinary Tract infection observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_500_VAL	NUMBER (7.6)	N	Increase in Number of Pressure Ulcers	The value of Increase in Number of Pressure Ulcers observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_501_VAL	NUMBER (7.6)	N	Substantial Decline in 3 or More Activities of Daily Living	The value of Substantial Decline in 3 or More Activities of Daily Living observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_502_VAL	NUMBER (7.6)	N	Substantial Decline in Management of Oral Medications	The value of Substantial Decline in Management of Oral Medications observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_503_VAL	NUMBER (7.6)	N	Discharged to the Community Needing Wound Care or Medication Assistance	The value of Discharged to the Community Needing Wound Care or Medication Assistance	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_504_VAL	NUMBER (7.6)	N	Discharged to the Community Needing Toileting Assistance	The value of Discharged to the Community Needing Toileting Assistance observed or	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_505_VAL	NUMBER (7.6)	N	Discharged to the Community with Behavioral Problems	The value of Discharged to the Community with Behavioral Problems observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_506_VAL	NUMBER (7.6)	N	Discharged to the Community with an Unhealed Stage II Pressure Ulcer	The value of Discharged to the Community with an Unhealed Stage II Pressure Ulcer observed or	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_507_VAL	NUMBER (7.6)	N	Improvement in Grooming	The value of Improvement in Grooming observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_508_VAL	NUMBER (7.6)	N	Stabilization in Grooming	The value of Stabilization in Grooming observed or predicted depending on MODEL_NUM.	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_509_VAL	NUMBER (7.6)	N	Improvement in Upper Body Dressing	The value of Improvement in Upper Body Dressing observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_510_VAL	NUMBER (7.6)	N	Improvement in Lower Body Dressing	The value of Improvement in Lower Body Dressing observed or predicted depending on	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_511_VAL	NUMBER (7.6)	N	Improvement in Bathing	The value of Improvement in Bathing observed or predicted depending on MODEL_NUM.	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_512_VAL	NUMBER (7.6)	N	Stabilization in Bathing	The value of Stabilization in Bathing observed or predicted depending on MODEL_NUM.	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_513_VAL	NUMBER (7.6)	N	Improvement in Toilet Transferring	The value of Improvement in Toilet Transferring observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_514_VAL	NUMBER (7.6)	N	Stabilization in Toilet Transferring	The value of Stabilization in Toilet Transferring observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_515_VAL	NUMBER (7.6)	N	Improvement in Toileting Hygiene	The value of Improvement in Toileting Hygiene observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_516_VAL	NUMBER (7.6)	N	Stabilization in Toileting Hygiene	The value of Stabilization in Toileting Hygiene observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_517_VAL	NUMBER (7.6)	N	Improvement in Bed Transferring	The value of Improvement in Bed Transferring observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_518_VAL	NUMBER (7.6)	N	Stabilization in Bed Transferring	The value of Stabilization in Bed Transferring observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_519_VAL	NUMBER (7.6)	N	Improvement in Ambulation/Locomotion	The value of Improvement in Ambulation/Locomotion observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_520_VAL	NUMBER (7.6)	N	Improvement in Eating	The value of Improvement in Eating observed or predicted depending on MODEL_NUM.	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_521_VAL	NUMBER (7.6)	N	Improvement in Light Meal Preparation	The value of Improvement in Light Meal Preparation observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_522_VAL	NUMBER (7.6)	N	Stabilization in Light Meal Preparation	The value of Stabilization in Light Meal Preparation observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_523_VAL	NUMBER (7.6)	N	Improvement in Phone Use	The value of Improvement in Phone Use observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_524_VAL	NUMBER (7.6)	N	Stabilization in Phone Use	The value of Stabilization in Phone Use observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_525_VAL	NUMBER (7.6)	N	Improvement in Management of Oral Medications	The value of Improvement in Management of Oral Medications observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_526_VAL	NUMBER (7.6)	N	Stabilization in Management of Oral Medications	The value of Stabilization in Management of Oral Medications observed or predicted	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_527_VAL	NUMBER (7.6)	N	Improvement in Dyspnea	The value of Improvement in Dyspnea observed or predicted depending on MODEL_NUM.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_528_VAL	NUMBER (7.6)	N	Improvement in Pain Interfering with Activity	The value of Improvement in Pain Interfering with Activity observed or predicted depending	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_529_VAL	NUMBER (7.6)	N	Improvement in Speech and Language	The value of Improvement in Speech and Language observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_530_VAL	NUMBER (7.6)	N	Stabilization in Speech and Language	The value of Stabilization in Speech and Language observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_531_VAL	NUMBER (7.6)	N	Improvement in Status of Surgical Wounds	The value of Improvement in Status of Surgical Wounds observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_532_VAL	NUMBER (7.6)	N	Improvement in Urinary Tract Infection	The value of Improvement in Urinary Tract Infection observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_533_VAL	NUMBER (7.6)	N	Improvement in Urinary Incontinence	The value of Improvement in Urinary Incontinence observed or predicted depending	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_534_VAL	NUMBER (7.6)	N	Improvement in Bowel Incontinence	The value of Improvement in Bowel Incontinence observed or predicted depending	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_535_VAL	NUMBER (7.6)	N	Improvement in Confusion Frequency	The value of Improvement in Confusion Frequency observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_536_VAL	NUMBER (7.6)	N	Stabilization in Cognitive Functioning	The value of Stabilization in Cognitive Functioning observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_537_VAL	NUMBER (7.6)	N	Improvement in Anxiety Level	The value of Improvement in Anxiety Level observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_538_VAL	NUMBER (7.6)	N	Stabilization in Anxiety Level	The value of Stabilization in Anxiety Level observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_539_VAL	NUMBER (7.6)	N	Improvement in Behavior Problem Frequency	The value of Improvement in Behavior Problem Frequency observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_540_VAL	NUMBER (7.6)	N	Emergency Department w/ Hospitalization	The value of Emergency Department w/ Hospitalization observed or predicted depending	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_541_VAL	NUMBER (7.6)	N	Emergency Department w/o Hospitalization	The value of Emergency Department w/o Hospitalization observed or predicted depending	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_542_VAL	NUMBER (7.6)	N	Discharged to Community	The value of Discharged to Community observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_543_VAL	NUMBER (7.6)	N	Acute Care Hospitalization	The value of Acute Care Hospitalization observed or predicted depending on	
OBQIC_RISK_ADJSTD_MS R_VAL	MSR_552_VAL	NUMBER (7.6)	N	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The risk-adjusted measure value for the Percent of Residents or Patients with Pressure Ulcers	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_MS R_VAL	SOC_DT	DATE (8)	N	Start of Care Date	The start of care date.	
OBQIC_RISK_ADJSTD_MS R_VAL	STATE_CD	VARCHAR2 (2)	N	State Code	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	STATES
OBQIC_RISK_ADJSTD_PC TL	MSR_507_PCT	NUMBER (5.2)	N	Improvement in Grooming Percent	Risk-adjusted rate required for percentile threshold for Improvement in Grooming	
OBQIC_RISK_ADJSTD_PC TL	MSR_508_PCT	NUMBER (5.2)	N	Stabilization in Grooming Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Grooming	
OBQIC_RISK_ADJSTD_PC TL	MSR_509_PCT	NUMBER (5.2)	N	Improvement in Upper Body Dressing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Upper Body	
OBQIC_RISK_ADJSTD_PC TL	MSR_510_PCT	NUMBER (5.2)	N	Improvement in Lower Body Dressing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Lower Body	
OBQIC_RISK_ADJSTD_PC TL	MSR_511_PCT	NUMBER (5.2)	N	Improvement in Bathing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Bathing	
OBQIC_RISK_ADJSTD_PC TL	MSR_512_PCT	NUMBER (5.2)	N	Stabilization in Bathing Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Bathing	
OBQIC_RISK_ADJSTD_PC TL	MSR_513_PCT	NUMBER (5.2)	N	Improvement in Toilet Transferring Percent	Risk-adjusted rate required for percentile threshold for Improvement in Toilet	
OBQIC_RISK_ADJSTD_PC TL	MSR_514_PCT	NUMBER (5.2)	N	Stabilization in Toilet Transferring Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Toilet Transferring	
OBQIC_RISK_ADJSTD_PC TL	MSR_515_PCT	NUMBER (5.2)	N	Improvement in Toileting Hygiene Percent	Risk-adjusted rate required for percentile threshold for Improvement in Toileting Hygiene	
OBQIC_RISK_ADJSTD_PC TL	MSR_516_PCT	NUMBER (5.2)	N	Stabilization in Toileting Hygiene Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Toileting Hygiene	
OBQIC_RISK_ADJSTD_PC TL	MSR_517_PCT	NUMBER (5.2)	N	Improvement in Bed Transferring Percent	Risk-adjusted rate required for percentile threshold for Improvement in Bed Transferring	
OBQIC_RISK_ADJSTD_PC TL	MSR_518_PCT	NUMBER (5.2)	N	Stabilization in Bed Transferring Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Bed Transferring	
OBQIC_RISK_ADJSTD_PC TL	MSR_519_PCT	NUMBER (5.2)	N	Improvement in Ambulation/Locomotion Percent	Risk-adjusted rate required for percentile threshold for Improvement in	
OBQIC_RISK_ADJSTD_PC TL	MSR_520_PCT	NUMBER (5.2)	N	Improvement in Eating Percent	Risk-adjusted rate required for percentile threshold for Improvement in Eating	
OBQIC_RISK_ADJSTD_PC TL	MSR_521_PCT	NUMBER (5.2)	N	Improvement in Light Meal Preparation Percent	Risk-adjusted rate required for percentile threshold for Improvement in Light Meal	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_PC TL	MSR_522_PCT	NUMBER (5.2)	N	Stabilization in Light Meal Preparation Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Light Meal	
OBQIC_RISK_ADJSTD_PC TL	MSR_523_PCT	NUMBER (5.2)	N	Improvement in Phone Use Percent	Risk-adjusted rate required for percentile threshold for Improvement in Phone Use	
OBQIC_RISK_ADJSTD_PC TL	MSR_524_PCT	NUMBER (5.2)	N	Stabilization in Phone Use Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Phone Use	
OBQIC_RISK_ADJSTD_PC TL	MSR_525_PCT	NUMBER (5.2)	N	Improvement in Management of Oral Medications Percent	Risk-adjusted rate required for percentile threshold for Improvement in Management of	
OBQIC_RISK_ADJSTD_PC TL	MSR_526_PCT	NUMBER (5.2)	N	Stabilization in Management of Oral Medications Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Management of	
OBQIC_RISK_ADJSTD_PC TL	MSR_527_PCT	NUMBER (5.2)	N	Improvement in Dyspnea Percent	Risk-adjusted rate required for percentile threshold for Improvement in Dyspnea	
OBQIC_RISK_ADJSTD_PC TL	MSR_528_PCT	NUMBER (5.2)	N	Improvement in Pain Interfering with Activity Percent	Risk-adjusted rate required for percentile threshold for Improvement in Pain Interfering	
OBQIC_RISK_ADJSTD_PC TL	MSR_529_PCT	NUMBER (5.2)	N	Improvement in Speech and Language Percent	Risk-adjusted rate required for percentile threshold for Improvement in Speech and	
OBQIC_RISK_ADJSTD_PC TL	MSR_530_PCT	NUMBER (5.2)	N	Stabilization in Speech and Language Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Speech and	
OBQIC_RISK_ADJSTD_PC TL	MSR_531_PCT	NUMBER (5.2)	N	Improvement in Status of Surgical Wounds Percent	Risk-adjusted rate required for percentile threshold for Improvement in Status of Surgical	
OBQIC_RISK_ADJSTD_PC TL	MSR_532_PCT	NUMBER (5.2)	N	Improvement in Urinary Tract Infection Percent	Risk-adjusted rate required for percentile threshold for Improvement in Urinary Tract	
OBQIC_RISK_ADJSTD_PC TL	MSR_533_PCT	NUMBER (5.2)	N	Improvement in Urinary Incontinence Percent	Risk-adjusted rate required for percentile threshold for Improvement in Urinary	
OBQIC_RISK_ADJSTD_PC TL	MSR_534_PCT	NUMBER (5.2)	N	Improvement in Bowel Incontinence Percent	Risk-adjusted rate required for percentile threshold for Improvement in Bowel	
OBQIC_RISK_ADJSTD_PC TL	MSR_535_PCT	NUMBER (5.2)	N	Improvement in Confusion Frequency Percent	Risk-adjusted rate required for percentile threshold for Improvement in Confusion	
OBQIC_RISK_ADJSTD_PC TL	MSR_536_PCT	NUMBER (5.2)	N	Stabilization in Cognitive Functioning Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Cognitive	
OBQIC_RISK_ADJSTD_PC TL	MSR_537_PCT	NUMBER (5.2)	N	Improvement in Anxiety Level Percent	Risk-adjusted rate required for percentile threshold for Improvement in Anxiety Level	
OBQIC_RISK_ADJSTD_PC TL	MSR_538_PCT	NUMBER (5.2)	N	Stabilization in Anxiety Level Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Anxiety Level	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_PC TL	MSR_539_PCT	NUMBER (5.2)	N	Improvement in Behavior Problem Frequency Percent	Risk-adjusted rate required for percentile threshold for Improvement in Behavior Problem	
OBQIC_RISK_ADJSTD_PC TL	MSR_540_PCT	NUMBER (5.2)	N	Emergency Department w/ Hospitalization Percent	Risk-adjusted rate required for percentile threshold for Emergency Department w/	
OBQIC_RISK_ADJSTD_PC TL	MSR_542_PCT	NUMBER (5.2)	N	Discharged to Community Percent	Risk-adjusted rate required for percentile threshold for Discharged to Community	
OBQIC_RISK_ADJSTD_PC TL	MSR_543_PCT	NUMBER (5.2)	N	Acute Care Hospitalization Percent	Risk-adjusted rate required for percentile threshold for Acute Care Hospitalization	
OBQIC_RISK_ADJSTD_PC TL	MSR_552_PCT	NUMBER (5.2)	N	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened Percentile	Risk-adjusted rate required for percentile threshold for Percent of Residents or Patients	
OBQIC_RISK_ADJSTD_PC TL	PCTL_PCT	NUMBER (3.0)	Y	Percentile	Percentile	
OBQIC_RISK_ADJSTD_PC TL	STATE_CD	VARCHAR2 (2)	Y	State Code	State Code	STATES
OBQIC_RISK_ADJSTD_PC TL	TRGT_MO_DT	DATE (8)	Y	Target Month	Target Month	
OBQIC_RISK_ADJSTD_RO LLUP	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	For parent branches, value will be 'PARENT'. For branches, column will contain branch ID.	
OBQIC_RISK_ADJSTD_RO LLUP	EPSD_CNT	NUMBER (10.0)	N	Episode Count	The number of episodes used in the calculation of the measure values.	
OBQIC_RISK_ADJSTD_RO LLUP	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code. This along with the state code identifies a unique	
OBQIC_RISK_ADJSTD_RO LLUP	MODEL_NUM	NUMBER (3.0)	Y	Model Number	Risk-adjustment model number: 0 = observed value, negative value = predicted value, positive	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_495_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergent Care for Injury Caused by Fall	The number of episodes used in calculating the Emergent Care for Injury Caused by Fall	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_495_VAL	NUMBER (6.2)	N	Emergent Care for Injury Caused by Fall	The average value of the Emergent Care for Injury Caused by Fall measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_496_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergent Care for Wound Infections, Deteriorating Wound Status	The number of episodes used in calculating the Emergent Care for Wound Infections,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_496_VAL	NUMBER (6.2)	N	Emergent Care for Wound Infections, Deteriorating Wound Status	The average value of the Emergent Care for Wound Infections, Deteriorating Wound Status	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_497_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergent Care for Improper Medication Administration, Medication Side Effects	The number of episodes used in calculating the Emergent Care for Improper Medication	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_497_VAL	NUMBER (6.2)	N	Emergent Care for Improper Medication Administration, Medication Side Effects	The average value of the Emergent Care for Improper Medication Administration,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_498_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergent Care for Hypo/Hyperglycemia	The number of episodes used in calculating the Emergent Care for Hypo/Hyperglycemia	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_498_VAL	NUMBER (6.2)	N	Emergent Care for Hypo/Hyperglycemia	The average value of the Emergent Care for Hypo/Hyperglycemia measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_499_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Increase in Number of Pressure Ulcers	The number of episodes used in calculating the Development of Urinary Tract infection measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_499_VAL	NUMBER (6.2)	N	Development of Urinary Tract infection	The average value of the Development of Urinary Tract infection measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_500_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Development of Urinary Tract infection	The number of episodes used in calculating the Increase in Number of Pressure Ulcers measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_500_VAL	NUMBER (6.2)	N	Increase in Number of Pressure Ulcers	The average value of the Increase in Number of Pressure Ulcers measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_501_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Substantial Decline in Management of Oral Medications	The number of episodes used in calculating the Substantial Decline in 3 or More Activities of	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_501_VAL	NUMBER (6.2)	N	Substantial Decline in 3 or More Activities of Daily Living	The average value of the Substantial Decline in 3 or More Activities of Daily Living measure for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_502_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Substantial Decline in 3 or More Activities of	The number of episodes used in calculating the Substantial Decline in Management of Oral Daily Living	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_502_VAL	NUMBER (6.2)	N	Substantial Decline in Management of Oral Medications	The average value of the Substantial Decline in Management of Oral Medications measure for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_503_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Discharged to the Community Needing Wound Care or Medication Assistance	The number of episodes used in calculating the Discharged to the Community Needing Wound	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_503_VAL	NUMBER (6.2)	N	Discharged to the Community Needing Wound Care or Medication Assistance	The average value of the Discharged to the Community Needing Wound Care or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_504_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Discharged to the Community Needing Toileting Assistance	The number of episodes used in calculating the Discharged to the Community Needing	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_504_VAL	NUMBER (6.2)	N	Discharged to the Community Needing Toileting Assistance	The average value of the Discharged to the Community Needing Toileting Assistance	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_505_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Discharged to the Community with Behavioral Problems	The number of episodes used in calculating the Discharged to the Community with Behavioral Problems	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_505_VAL	NUMBER (6.2)	N	Discharged to the Community with Behavioral Problems	The average value of the Discharged to the Community with Behavioral Problems measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_506_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Discharged to the Community with an Unhealed Stage II Pressure Ulcer	The number of episodes used in calculating the Discharged to the Community with an Unhealed Stage II Pressure Ulcer	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_506_VAL	NUMBER (6.2)	N	Discharged to the Community with an Unhealed Stage II Pressure Ulcer	The average value of the Discharged to the Community with an Unhealed Stage II Pressure Ulcer	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_507_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Grooming	The number of episodes used in calculating the Improvement in Grooming measure value for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_507_VAL	NUMBER (6.2)	N	Improvement in Grooming	The average value of the Improvement in Grooming measure for the agency, state, region	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_508_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Grooming	The number of episodes used in calculating the Stabilization in Grooming measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_508_VAL	NUMBER (6.2)	N	Stabilization in Grooming	The average value of the Stabilization in Grooming by Fall measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_509_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Upper Body Dressing	The number of episodes used in calculating the Improvement in Upper Body Dressing measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_509_VAL	NUMBER (6.2)	N	Improvement in Upper Body Dressing	The average value of the Improvement in Upper Body Dressing measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_510_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Lower Body Dressing	The number of episodes used in calculating the Improvement in Lower Body Dressing measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_510_VAL	NUMBER (6.2)	N	Improvement in Lower Body Dressing	The average value of the Improvement in Lower Body Dressing measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_511_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Bathing	The number of episodes used in calculating the Improvement in Bathing measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_511_VAL	NUMBER (6.2)	N	Improvement in Bathing	The average value of the Improvement in Bathing measure for the agency, state, region or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_512_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Bathing	The number of episodes used in calculating the Stabilization in Bathing measure value for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_512_VAL	NUMBER (6.2)	N	Stabilization in Bathing	The average value of the Stabilization in Bathing measure for the agency, state, region or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_513_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Toilet Transferring	The number of episodes used in calculating the Improvement in Toilet Transferring measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_513_VAL	NUMBER (6.2)	N	Improvement in Toilet Transferring	The average value of the Improvement in Toilet Transferring measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_514_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Toilet Transferring	The number of episodes used in calculating the Stabilization in Toilet Transferring measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_514_VAL	NUMBER (6.2)	N	Stabilization in Toilet Transferring	The average value of the Stabilization in Toilet Transferring measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_515_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Toileting Hygiene	The number of episodes used in calculating the Improvement in Toileting Hygiene measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_515_VAL	NUMBER (6.2)	N	Improvement in Toileting Hygiene	The average value of the Improvement in Toileting Hygiene measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_516_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Toileting Hygiene	The number of episodes used in calculating the Stabilization in Toileting Hygiene measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_516_VAL	NUMBER (6.2)	N	Stabilization in Toileting Hygiene	The average value of the Stabilization in Toileting Hygiene measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_517_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Bed Transferring	The number of episodes used in calculating the Improvement in Bed Transferring measure value	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_517_VAL	NUMBER (6.2)	N	Improvement in Bed Transferring	The average value of the Improvement in Bed Transferring measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_518_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Bed Transferring	The number of episodes used in calculating the Stabilization in Bed Transferring measure value	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_518_VAL	NUMBER (6.2)	N	Stabilization in Bed Transferring	The average value of the Stabilization in Bed Transferring measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_519_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Ambulation/Locomotion	The number of episodes used in calculating the Improvement in Ambulation/Locomotion	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_519_VAL	NUMBER (6.2)	N	Improvement in Ambulation/Locomotion	The average value of the Improvement in Ambulation/Locomotion measure for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_520_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Eating	The number of episodes used in calculating the Improvement in Eating measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_520_VAL	NUMBER (6.2)	N	Improvement in Eating	The average value of the Improvement in Eating measure for the agency, state, region or nation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_521_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Light Meal Preparation	The number of episodes used in calculating the Improvement in Light Meal Preparation measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_521_VAL	NUMBER (6.2)	N	Improvement in Light Meal Preparation	The average value of the Improvement in Light Meal Preparation measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_522_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Light Meal Preparation	The number of episodes used in calculating the Stabilization in Light Meal Preparation measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_522_VAL	NUMBER (6.2)	N	Stabilization in Light Meal Preparation	The average value of the Stabilization in Light Meal Preparation measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_523_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Phone Use	The number of episodes used in calculating the Improvement in Phone Use measure value for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_523_VAL	NUMBER (6.2)	N	Improvement in Phone Use	The average value of the Improvement in Phone Use measure for the agency, state, region or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_524_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Phone Use	The number of episodes used in calculating the Stabilization in Phone Use measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_524_VAL	NUMBER (6.2)	N	Stabilization in Phone Use	The average value of the Stabilization in Phone Use measure for the agency, state, region or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_525_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Management of Oral Medications	The number of episodes used in calculating the Improvement in Management of Oral	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_525_VAL	NUMBER (6.2)	N	Improvement in Management of Oral Medications	The average value of the Improvement in Management of Oral Medications measure for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_526_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Management of Oral Medications	The number of episodes used in calculating the Stabilization in Management of Oral	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_526_VAL	NUMBER (6.2)	N	Stabilization in Management of Oral Medications	The average value of the Stabilization in Management of Oral Medications measure for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_527_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Dyspnea	The number of episodes used in calculating the Improvement in Dyspnea measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_527_VAL	NUMBER (6.2)	N	Improvement in Dyspnea	The average value of the Improvement in Dyspnea measure for the agency, state, region or	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_528_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Pain Interfering with Activity	The number of episodes used in calculating the Improvement in Pain Interfering with Activity	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_528_VAL	NUMBER (6.2)	N	Improvement in Pain Interfering with Activity	The average value of the Improvement in Pain Interfering with Activity measure for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_529_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Speech and Language	The number of episodes used in calculating the Improvement in Speech and Language measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_529_VAL	NUMBER (6.2)	N	Improvement in Speech and Language	The average value of the Improvement in Speech and Language measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_530_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Speech and Language	The number of episodes used in calculating the Stabilization in Speech and Language measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_530_VAL	NUMBER (6.2)	N	Stabilization in Speech and Language	The average value of the Stabilization in Speech and Language measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_531_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Status of Surgical Wounds	The number of episodes used in calculating the Improvement in Status of Surgical Wounds	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_531_VAL	NUMBER (6.2)	N	Improvement in Status of Surgical Wounds	The average value of the Improvement in Status of Surgical Wounds measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_532_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Urinary Tract Infection	The number of episodes used in calculating the Improvement in Urinary Tract Infection measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_532_VAL	NUMBER (6.2)	N	Improvement in Urinary Tract Infection	The average value of the Improvement in Urinary Tract Infection measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_533_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Urinary Incontinence	The number of episodes used in calculating the Improvement in Urinary Incontinence measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_533_VAL	NUMBER (6.2)	N	Improvement in Urinary Incontinence	The average value of the Improvement in Urinary Incontinence measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_534_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Bowel Incontinence	The number of episodes used in calculating the Improvement in Bowel Incontinence measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_534_VAL	NUMBER (6.2)	N	Improvement in Bowel Incontinence	The average value of the Improvement in Bowel Incontinence measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_535_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Confusion Frequency	The number of episodes used in calculating the Improvement in Confusion Frequency measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_535_VAL	NUMBER (6.2)	N	Improvement in Confusion Frequency	The average value of the Improvement in Confusion Frequency measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_536_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Cognitive Functioning	The number of episodes used in calculating the Stabilization in Cognitive Functioning measure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_536_VAL	NUMBER (6.2)	N	Stabilization in Cognitive Functioning	The average value of the Stabilization in Cognitive Functioning measure for the agency,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_537_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Anxiety Level	The number of episodes used in calculating the Improvement in Anxiety Level measure value	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_537_VAL	NUMBER (6.2)	N	Improvement in Anxiety Level	The average value of the Improvement in Anxiety Level measure for the agency, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RISK_ADJSTD_RO LLUP	MSR_538_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Stabilization in Anxiety Level	The number of episodes used in calculating the Stabilization in Anxiety Level measure value for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_538_VAL	NUMBER (6.2)	N	Stabilization in Anxiety Level	The average value of the Stabilization in Anxiety Level measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_539_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Improvement in Behavior Problem Frequency	The number of episodes used in calculating the Improvement in Behavior Problem Frequency	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_539_VAL	NUMBER (6.2)	N	Improvement in Behavior Problem Frequency	The average value of the Improvement in Behavior Problem Frequency measure for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_540_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergency Department w/ Hospitalization	The number of episodes used in calculating the Emergency Department w/ Hospitalization	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_540_VAL	NUMBER (6.2)	N	Emergency Department w/ Hospitalization	The average value of the Emergency Department w/ Hospitalization measure for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_541_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Emergency Department w/o Hospitalization	The number of episodes used in calculating the Emergency Department w/o Hospitalization	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_541_VAL	NUMBER (6.2)	N	Emergency Department w/o Hospitalization	The average value of the Emergency Department w/o Hospitalization measure for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_542_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Discharged to Community	The number of episodes used in calculating the Discharged to Community measure value for the	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_542_VAL	NUMBER (6.2)	N	Discharged to Community	The average value of the Discharged to Community measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_543_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Acute Care Hospitalization	The number of episodes used in calculating the Acute Care Hospitalization measure value for	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_543_VAL	NUMBER (6.2)	N	Acute Care Hospitalization	The average value of the Acute Care Hospitalization measure for the agency, state,	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_552_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The number of episodes used in calculating the Percent of Residents or Patients with Pressure	
OBQIC_RISK_ADJSTD_RO LLUP	MSR_552_VAL	NUMBER (6.2)	N	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	The average value of the Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	
OBQIC_RISK_ADJSTD_RO LLUP	STATE_CD	VARCHAR2 (2)	Y	State Code	This field holds the two-character state abbreviation for the report request.	
OBQIC_RISK_ADJSTD_RO LLUP	TRGT_MO_DT	DATE (8)	Y	Target Month	The end month of the data period for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID. For national, regional, state and agency totals, value will be 'ALL'. For parent	
OBQIC_ROLLUP	EPSD_CNT	NUMBER (10.0)	N	Episode Count	The number of episodes used in the calculation of the measure values.	
OBQIC_ROLLUP	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The facility internal identification code. This along with the state code identifies a unique	
OBQIC_ROLLUP	MSR_201_VAL	NUMBER (6.2)	N	Patient History, Demographics, Age (years)	The average value for the Demographics: Age measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_202_VAL	NUMBER (6.2)	N	Patient History, Demographics, Gender: Female	The average value for the Demographics: Gender - Female measure for the facility, state,	
OBQIC_ROLLUP	MSR_203_VAL	NUMBER (6.2)	N	Patient History, Demographics, Race: Black	The average value for the Demographics: Race - Black measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_204_VAL	NUMBER (6.2)	N	Patient History, Demographics, Race: White	The average value for the Demographics: Race - White measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_205_VAL	NUMBER (6.2)	N	Patient History, Demographics, Race: Other	The average value for the Demographics: Race - Other measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_206_VAL	NUMBER (6.2)	N	Patient History, Payment Source, Any Medicare	The average value for the Payment Source: Any Medicare measure for the facility, state, region	
OBQIC_ROLLUP	MSR_207_VAL	NUMBER (6.2)	N	Patient History, Payment Source, Any Medicaid	The average value for the Payment Source: Any Medicaid measure for the facility, state, region	
OBQIC_ROLLUP	MSR_208_VAL	NUMBER (6.2)	N	Patient History, Payment Source, Any HMO	The average value for the Payment Source: Any HMO measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_209_VAL	NUMBER (6.2)	N	Patient History, Payment Source, Medicare HMO	The average value for the Payment Source: Medicare HMO measure for the facility, state,	
OBQIC_ROLLUP	MSR_210_VAL	NUMBER (6.2)	N	Patient History, Payment Source, Other	The average value for the Payment Source: Other measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_211_VAL	NUMBER (6.2)	N	Patient History, Episode Start, Episode timing: Early	The average value for the Episode Start: Episode Timing - Early measure for the facility, state,	
OBQIC_ROLLUP	MSR_212_VAL	NUMBER (6.2)	N	Patient History, Episode Start, Episode timing: Late	The average value for the Episode Start: Episode Timing - Late measure for the facility, state,	
OBQIC_ROLLUP	MSR_213_VAL	NUMBER (6.2)	N	Patient History, Episode Start, Episode timing: Unknown	The average value for the Episode Start: Episode Timing - Unknown measure for the facility,	
OBQIC_ROLLUP	MSR_214_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term nursing facility	The average value for the Inpatient Discharge / Medical Regimen Change: Long-Term Nursing facility	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_215_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Skilled nursing facility	The average value for the Inpatient Discharge / Medical Regimen Change: Skilled Nursing	
OBQIC_ROLLUP	MSR_216_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Short-stay acute hospital	The average value for the Inpatient Discharge / Medical Regimen Change: Short-Stay Acute	
OBQIC_ROLLUP	MSR_217_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Long-term care hospital	The average value for the Inpatient Discharge / Medical Regimen Change: Long-Term Care	
OBQIC_ROLLUP	MSR_218_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Inpatient rehab hospital/unit	The average value for the Inpatient Discharge / Medical Regimen Change: Inpatient Rehab	
OBQIC_ROLLUP	MSR_219_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Psychiatric hospital/unit	The average value for the Inpatient Discharge / Medical Regimen Change: Psychiatric	
OBQIC_ROLLUP	MSR_220_VAL	NUMBER (6.2)	N	Patient History, Inpatient Discharge / Medical Regimen Change, Medical Regimen Change	The average value for the Inpatient Discharge / Medical Regimen Change: Medical Regimen	
OBQIC_ROLLUP	MSR_221_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Urinary incontinence	The average value for the Prior Conditions: Urinary Incontinence measure for the facility,	
OBQIC_ROLLUP	MSR_222_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Indwelling/suprapubic catheter	The average value for the Prior Conditions: Indwelling/Suprapubic Catheter measure for the	
OBQIC_ROLLUP	MSR_223_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Intractable pain	The average value for the Prior Conditions: Intractable Pain measure for the facility, state,	
OBQIC_ROLLUP	MSR_224_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Impaired decision-making	The average value for the Prior Conditions: Impaired Decision-Making measure for the	
OBQIC_ROLLUP	MSR_225_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Disruptive/Inappropriate behavior	The average value for the Prior Conditions: Disruptive/Inappropriate Behavior measure for	
OBQIC_ROLLUP	MSR_226_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, Memory loss	The average value for the Prior Conditions: Memory Loss measure for the facility, state,	
OBQIC_ROLLUP	MSR_227_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, None listed	The average value for the Prior Conditions: None Listed measure for the facility, state,	
OBQIC_ROLLUP	MSR_228_VAL	NUMBER (6.2)	N	Patient History, Prior Conditions, No inpatient discharge / No medical regimen change	The average value for the Prior Conditions: No Inpatient Discharge / No Medical Regimen	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_229_VAL	NUMBER (6.2)	N	Patient History, Therapies, IV/infusion therapy	The average value for the Therapies: IV/Infusion Therapy measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_230_VAL	NUMBER (6.2)	N	Patient History, Therapies, Parenteral nutrition	The average value for the Therapies: Parenteral Nutrition measure for the facility, state, region	
OBQIC_ROLLUP	MSR_231_VAL	NUMBER (6.2)	N	Patient History, Therapies, Enteral nutrition	The average value for the Therapies: Enteral Nutrition measure for the facility, state, region	
OBQIC_ROLLUP	MSR_232_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, Recent decline mental/emotional/behavioral	The average value for the Hospitalization Risks: Recent Decline Mental/Emotional/Behavioral	
OBQIC_ROLLUP	MSR_233_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, Multiple hospitalizations	The average value for the Hospitalization Risks: Multiple Hospitalizations measure for the	
OBQIC_ROLLUP	MSR_234_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, History of falls	The average value for the Hospitalization Risks: History Of Falls measure for the facility, state,	
OBQIC_ROLLUP	MSR_235_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, 5 or more medications	The average value for the Hospitalization Risks: 5 Or More Medications measure for the facility,	
OBQIC_ROLLUP	MSR_236_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, Frailty factors	The average value for the Hospitalization Risks: Frailty Factors measure for the facility, state,	
OBQIC_ROLLUP	MSR_237_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, Other	The average value for the Hospitalization Risks: Other measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_238_VAL	NUMBER (6.2)	N	General Health Status, Hospitalization Risks, None	The average value for the Hospitalization Risks: None measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_239_VAL	NUMBER (6.2)	N	General Health Status, Overall Status, Overall Status	The average value for the Overall Status: Overall Status measure for the facility, state,	
OBQIC_ROLLUP	MSR_240_VAL	NUMBER (6.2)	N	General Health Status, Overall Status, Unknown / Unclear	The average value for the Overall Status: Unknown / Unclear measure for the facility,	
OBQIC_ROLLUP	MSR_241_VAL	NUMBER (6.2)	N	General Health Status, Other Risk Factors, Smoking	The average value for the Other Risk Factors: Smoking measure for the facility, state, region	
OBQIC_ROLLUP	MSR_242_VAL	NUMBER (6.2)	N	General Health Status, Other Risk Factors, Obesity	The average value for the Other Risk Factors: Obesity measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_243_VAL	NUMBER (6.2)	N	General Health Status, Other Risk Factors, Alcohol dependency	The average value for the Other Risk Factors: Alcohol Dependency measure for the facility,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_244_VAL	NUMBER (6.2)	N	General Health Status, Other Risk Factors, Drug dependency	The average value for the Other Risk Factors: Drug Dependency measure for the facility, state,	
OBQIC_ROLLUP	MSR_245_VAL	NUMBER (6.2)	N	General Health Status, Other Risk Factors, None	The average value for the Other Risk Factors: None measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_246_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Current Situation, Lives alone	The average value for the Current Situation: Lives alone measure for the facility, state, region	
OBQIC_ROLLUP	MSR_247_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Current Situation, Lives with others	The average value for the Current Situation: Lives With Others measure for the facility, state,	
OBQIC_ROLLUP	MSR_248_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Current Situation, Lives in congregate situation	The average value for the Current Situation: Lives In Congregate Situation measure for the	
OBQIC_ROLLUP	MSR_249_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Availability, Around the clock	The average value for the Availability: Around The Clock measure for the facility, state, region	
OBQIC_ROLLUP	MSR_250_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Availability, Regular daytime	The average value for the Availability: Regular Daytime measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_251_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Availability, Regular nighttime	The average value for the Availability: Regular Nighttime measure for the facility, state, region	
OBQIC_ROLLUP	MSR_252_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Availability, Occasional	The average value for the Availability: Occasional measure for the facility, state, region	
OBQIC_ROLLUP	MSR_253_VAL	NUMBER (6.2)	N	Living Arrangement / Assistance, Availability, None	The average value for the Availability: None measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_254_VAL	NUMBER (6.2)	N	Care Management, ADLs, None needed	The average value for the ADLs: None Needed measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_255_VAL	NUMBER (6.2)	N	Care Management, ADLs, Caregiver currently provides	The average value for the ADLs: Caregiver Currently Provides measure for the facility,	
OBQIC_ROLLUP	MSR_256_VAL	NUMBER (6.2)	N	Care Management, ADLs, Caregiver training needed	The average value for the ADLs: Caregiver Training Needed measure for the facility, state,	
OBQIC_ROLLUP	MSR_257_VAL	NUMBER (6.2)	N	Care Management, ADLs, Uncertain / Unlikely to be provided	The average value for the ADLs: Uncertain / Unlikely To Be Provided measure for the	
OBQIC_ROLLUP	MSR_258_VAL	NUMBER (6.2)	N	Care Management, ADLs, Needed, but not available	The average value for the ADLs: Needed, But Not Available measure for the facility, state,	
OBQIC_ROLLUP	MSR_259_VAL	NUMBER (6.2)	N	Care Management, IADLs, None needed	The average value for the IADLs: None Needed measure for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_260_VAL	NUMBER (6.2)	N	Care Management, IADLs, Caregiver currently provides	The average value for the IADLs: Caregiver Currently Provides measure for the facility,	
OBQIC_ROLLUP	MSR_261_VAL	NUMBER (6.2)	N	Care Management, IADLs, Caregiver training needed	The average value for the IADLs: Caregiver Training Needed measure for the facility, state,	
OBQIC_ROLLUP	MSR_262_VAL	NUMBER (6.2)	N	Care Management, IADLs, Uncertain / Unlikely to be provided	The average value for the IADLs: Uncertain / Unlikely To Be Provided measure for the	
OBQIC_ROLLUP	MSR_263_VAL	NUMBER (6.2)	N	Care Management, IADLs, Needed, but not available	The average value for the IADLs: Needed, But Not Available measure for the facility, state,	
OBQIC_ROLLUP	MSR_264_VAL	NUMBER (6.2)	N	Care Management, IADLs, Frequency of ADL / IADL, 1-5 scale	The average value for the IADLs: Frequency of ADL / IADL measure for the facility, state,	
OBQIC_ROLLUP	MSR_265_VAL	NUMBER (6.2)	N	Care Management, Medication Administration, None needed	The average value for the Medication Administration: None Needed measure for the	
OBQIC_ROLLUP	MSR_266_VAL	NUMBER (6.2)	N	Care Management, Medication Administration, Caregiver currently provides	The average value for the Medication Administration: Caregiver Currently Provides	
OBQIC_ROLLUP	MSR_267_VAL	NUMBER (6.2)	N	Care Management, Medication Administration, Caregiver training needed	The average value for the Medication Administration: Caregiver Training Needed	
OBQIC_ROLLUP	MSR_268_VAL	NUMBER (6.2)	N	Care Management, Medication Administration, Uncertain / Unlikely to be provided	The average value for the Medication Administration: Uncertain / Unlikely To Be	
OBQIC_ROLLUP	MSR_269_VAL	NUMBER (6.2)	N	Care Management, Medication Administration, Needed, but not available	The average value for the Medication Administration: Needed, But Not Available	
OBQIC_ROLLUP	MSR_270_VAL	NUMBER (6.2)	N	Care Management Medical Procedures, None needed	The average value for the Medical Procedures: None Needed measure for the facility, state,	
OBQIC_ROLLUP	MSR_271_VAL	NUMBER (6.2)	N	Care Management, Medical Procedures, Caregiver currently provides	The average value for the Medical Procedures: Caregiver Currently Provides measure for the	
OBQIC_ROLLUP	MSR_272_VAL	NUMBER (6.2)	N	Care Management, Medical Procedures, Caregiver training needed	The average value for the Medical Procedures: Caregiver Training Needed measure for the	
OBQIC_ROLLUP	MSR_273_VAL	NUMBER (6.2)	N	Care Management, Medical Procedures, Uncertain / Unlikely to be provided	The average value for the Medical Procedures: Uncertain / Unlikely To Be Provided measure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_274_VAL	NUMBER (6.2)	N	Care Management, Medical Procedures, Needed, but not available	The average value for the Medical Procedures: Needed, But Not Available measure for the	
OBQIC_ROLLUP	MSR_275_VAL	NUMBER (6.2)	N	Care Management, Management of Equipment, None needed	The average value for the Management of Equipment: None Needed measure for the	
OBQIC_ROLLUP	MSR_276_VAL	NUMBER (6.2)	N	Care Management, Management of Equipment, Caregiver currently provides	The average value for the Management of Equipment: Caregiver Currently Provides	
OBQIC_ROLLUP	MSR_277_VAL	NUMBER (6.2)	N	Care Management, Management of Equipment, Caregiver training needed	The average value for the Management of Equipment: Caregiver Training Needed measure	
OBQIC_ROLLUP	MSR_278_VAL	NUMBER (6.2)	N	Care Management, Management of Equipment, Uncertain / Unlikely to be provided	The average value for the Management of Equipment: Uncertain / Unlikely To Be	
OBQIC_ROLLUP	MSR_279_VAL	NUMBER (6.2)	N	Care Management, Management of Equipment, Needed, but not available	The average value for the Management of Equipment: Needed, But Not Available measure	
OBQIC_ROLLUP	MSR_280_VAL	NUMBER (6.2)	N	Care Management, Supervision / Safety, None needed	The average value for the Supervision / Safety: None Needed measure for the facility, state,	
OBQIC_ROLLUP	MSR_281_VAL	NUMBER (6.2)	N	Care Management, Supervision / Safety, Caregiver currently provides	The average value for the Supervision / Safety: Caregiver Currently Provides measure for the	
OBQIC_ROLLUP	MSR_282_VAL	NUMBER (6.2)	N	Care Management, Supervision / Safety, Caregiver training needed	The average value for the Supervision / Safety: Caregiver Training Needed measure for the	
OBQIC_ROLLUP	MSR_283_VAL	NUMBER (6.2)	N	Care Management, Supervision / Safety, Uncertain / Unlikely to be provided	The average value for the Supervision / Safety: Uncertain / Unlikely To Be Provided measure	
OBQIC_ROLLUP	MSR_284_VAL	NUMBER (6.2)	N	Care Management, Supervision / Safety, Needed, but not available	The average value for the Supervision / Safety: Needed, But Not Available measure for the	
OBQIC_ROLLUP	MSR_285_VAL	NUMBER (6.2)	N	Care Management, Advocacy, None needed	The average value for the Advocacy: None Needed measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_286_VAL	NUMBER (6.2)	N	Care Management, Advocacy, Caregiver currently provides	The average value for the Advocacy: Caregiver Currently Provides measure for the facility,	
OBQIC_ROLLUP	MSR_287_VAL	NUMBER (6.2)	N	Care Management, Advocacy, Caregiver training needed	The average value for the Advocacy: Caregiver Training Needed measure for the facility, state,	
OBQIC_ROLLUP	MSR_288_VAL	NUMBER (6.2)	N	Care Management, Advocacy, Uncertain / Unlikely to be provided	The average value for the Advocacy: Uncertain / Unlikely To Be Provided measure for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_289_VAL	NUMBER (6.2)	N	Care Management, Advocacy, Needed, but not available	The average value for the Advocacy: Needed, But Not Available measure for the facility, state,	
OBQIC_ROLLUP	MSR_290_VAL	NUMBER (6.2)	N	Sensory Status, Sensory Status, Vision impairment, 0-2 scale	The average value for the Sensory Status: Vision Impairment measure for the facility, state, region	
OBQIC_ROLLUP	MSR_291_VAL	NUMBER (6.2)	N	Sensory Status, Sensory Status, Hearing Impairment, 0-2 scale	The average value for the Sensory Status: Hearing Impairment measure for the facility,	
OBQIC_ROLLUP	MSR_292_VAL	NUMBER (6.2)	N	Sensory Status, Sensory Status, Verbal content understanding, 0-3 scale	The average value for the Sensory Status: Verbal Content Understanding measure for the	
OBQIC_ROLLUP	MSR_293_VAL	NUMBER (6.2)	N	Sensory Status, Sensory Status, Speech / language, 0-5 scale	The average value for the Sensory Status: Speech / Language measure for the facility,	
OBQIC_ROLLUP	MSR_294_VAL	NUMBER (6.2)	N	Sensory Status, Pain interfering with activity, 0-4 scale	The average value for the Sensory Status: Pain Interfering With Activity measure for the	
OBQIC_ROLLUP	MSR_295_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer risk	The average value for the Pressure Ulcers: Pressure Ulcer Risk measure for the facility,	
OBQIC_ROLLUP	MSR_296_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Pressure ulcer present	The average value for the Pressure Ulcers: Pressure Ulcer Present measure for the facility,	
OBQIC_ROLLUP	MSR_297_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Stage II pressure ulcer count	The average value for the Pressure Ulcers: Stage II Pressure Ulcer Count measure for the facility,	
OBQIC_ROLLUP	MSR_298_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Stage III pressure ulcer count	The average value for the Pressure Ulcers: Stage III Pressure Ulcer Count measure for the facility,	
OBQIC_ROLLUP	MSR_299_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Stage IV pressure ulcer count	The average value for the Pressure Ulcers: Stage IV Pressure Ulcer Count measure for the	
OBQIC_ROLLUP	MSR_300_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Unstageable pressure ulcer count	The average value for the Pressure Ulcers: Unstageable Pressure Ulcer Count measure for	
OBQIC_ROLLUP	MSR_301_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Status most problematic pressure ulcer, 0-3 scale	The average value for the Pressure Ulcers: Status Most Problematic Pressure Ulcer measure	
OBQIC_ROLLUP	MSR_302_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Stage I pressure ulcer count, 0-4 scale	The average value for the Pressure Ulcers: Stage I Pressure Ulcer Count measure for the facility,	
OBQIC_ROLLUP	MSR_303_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers, Stage most problematic pressure ulcer, 1-4 scale	The average value for the Pressure Ulcers: Stage Most Problematic Pressure Ulcer measure for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_304_VAL	NUMBER (6.2)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer indicator	The average value for the Stasis Ulcers: Stasis Ulcer Indicator measure for the facility, state,	
OBQIC_ROLLUP	MSR_305_VAL	NUMBER (6.2)	N	Integumentary Status, Stasis Ulcers, Stasis ulcer count, 1-4 scale	The average value for the Stasis Ulcers: Stasis Ulcer Count measure for the facility, state,	
OBQIC_ROLLUP	MSR_306_VAL	NUMBER (6.2)	N	Integumentary Status, Stasis Ulcers, Status most problematic stasis, 0-3 scale	The average value for the Stasis Ulcers: Status Most Problematic Stasis measure for the facility,	
OBQIC_ROLLUP	MSR_307_VAL	NUMBER (6.2)	N	Integumentary Status, Surgical Wounds, Surgical wound indicator	The average value for the Stasis Ulcers: Surgical wound indicator measure for the facility, state,	
OBQIC_ROLLUP	MSR_308_VAL	NUMBER (6.2)	N	Integumentary Status, Surgical Wounds, Status most problematic surgical wound, 0-3 scale	The average value for the Stasis Ulcers: Status Most Problematic Surgical Wound measure for the facility,	
OBQIC_ROLLUP	MSR_309_VAL	NUMBER (6.2)	N	Integumentary Status, Other, Skin lesion with intervention	The average value for the Other: Skin Lesion With Intervention measure for the facility, state,	
OBQIC_ROLLUP	MSR_310_VAL	NUMBER (6.2)	N	Physiological Status, Respiratory, Dyspnea, 0-4 scale	The average value for the Respiratory: Dyspnea measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_311_VAL	NUMBER (6.2)	N	Physiological Status, Respiratory, Oxygen treatment	The average value for the Respiratory: Oxygen Treatment measure for the facility, state, region	
OBQIC_ROLLUP	MSR_312_VAL	NUMBER (6.2)	N	Physiological Status, Respiratory, Ventilator treatment	The average value for the Respiratory: Ventilator Treatment measure for the facility,	
OBQIC_ROLLUP	MSR_313_VAL	NUMBER (6.2)	N	Physiological Status, Respiratory, CPAP / BPAP therapy	The average value for the Respiratory: CPAP / BPAP Therapy measure for the facility, state,	
OBQIC_ROLLUP	MSR_314_VAL	NUMBER (6.2)	N	Physiological Status, Elimination Status, Urinary Tract Infection	The average value for the Elimination Status: Urinary Tract Infection measure for the facility,	
OBQIC_ROLLUP	MSR_315_VAL	NUMBER (6.2)	N	Physiological Status, Elimination Status, Urinary incont/catheter	The average value for the Elimination Status: Urinary Incont./Catheter measure for the	
OBQIC_ROLLUP	MSR_316_VAL	NUMBER (6.2)	N	Physiological Status, Elimination Status, Urinary incontinence	The average value for the Elimination Status: Urinary Incontinence Frequency measure for the frequency, 0-4 scale	
OBQIC_ROLLUP	MSR_317_VAL	NUMBER (6.2)	N	Physiological Status, Elimination Status, Bowel incontinence, 0-5 scale	The average value for the Elimination Status: Bowel Incontinence measure for the facility, scale	
OBQIC_ROLLUP	MSR_318_VAL	NUMBER (6.2)	N	Physiological Status, Elimination Status, Bowel ostomy	The average value for the Elimination Status: Bowel Ostomy measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_319_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Cognition, Cognitive deficit, 0-4 scale	The average value for the Cognition: Cognitive Deficit measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_320_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Cognition, Confusion frequency, 0-4 scale	The average value for the Cognition: Confusion Frequency measure for the facility, state, region	
OBQIC_ROLLUP	MSR_321_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Emotional, Anxiety level, 0-3 scale	The average value for the Emotional: Anxiety Level measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_322_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Emotional, Depression indicator	The average value for the Emotional: Depression Indicator measure for the facility,	
OBQIC_ROLLUP	MSR_323_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Interest / Pleasure, 0-3 scale	The average value for the Emotional: PHQ-2: Interest / Pleasure measure for the facility, state,	
OBQIC_ROLLUP	MSR_324_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Emotional, PHQ-2: Down / Depressed, 0-3 scale	The average value for the Emotional: PHQ-2: Down / Depressed measure for the facility, state,	
OBQIC_ROLLUP	MSR_325_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Memory deficit	The average value for the Behavioral: Memory Deficit measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_326_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Impaired decision-making	The average value for the Behavioral: Impaired Decision-Making measure for the facility, state,	
OBQIC_ROLLUP	MSR_327_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Verbal disruption	The average value for the Behavioral: Verbal Disruption measure for the facility, state, region	
OBQIC_ROLLUP	MSR_328_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Physical aggression	The average value for the Behavioral: Physical Aggression measure for the facility, state, region	
OBQIC_ROLLUP	MSR_329_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Disruptive / Inappropriate behavior	The average value for the Behavioral: Disruptive / Inappropriate Behavior measure for the	
OBQIC_ROLLUP	MSR_330_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Delusional, hallucinatory, etc	The average value for the Behavioral: Delusional, Hallucinatory, Etc. measure for the	
OBQIC_ROLLUP	MSR_331_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, None demonstrated	The average value for the Behavioral: None Demonstrated measure for the facility, state,	
OBQIC_ROLLUP	MSR_332_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Frequency of behavioral problems, 0-5 scale	The average value for the Behavioral: Frequency Of Behavioral Problems measure for the facility,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_333_VAL	NUMBER (6.2)	N	Neuro / Emotional / Behavioral, Behavioral, Psychiatric nursing	The average value for the Behavioral: Psychiatric Nursing measure for the facility,	
OBQIC_ROLLUP	MSR_334_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Grooming, 0-3 scale	The average value for the SOC / ROC Status: Grooming measure for the facility, state, region	
OBQIC_ROLLUP	MSR_335_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Dress upper body, 0-3 scale	The average value for the SOC / ROC Status: Dress Upper Body measure for the facility, state,	
OBQIC_ROLLUP	MSR_336_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Dress lower body, 0-3 scale	The average value for the SOC / ROC Status: Dress Lower Body measure for the facility,	
OBQIC_ROLLUP	MSR_337_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Bathing, 0-6 scale	The average value for the SOC / ROC Status: Bathing measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_338_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Toilet Transfer, 0-4 scale	The average value for the SOC / ROC Status: Toilet Transfer measure for the facility, state, scale	
OBQIC_ROLLUP	MSR_339_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Toileting Hygiene, 0-3 scale	The average value for the SOC / ROC Status: Toileting Hygiene measure for the facility, state,	
OBQIC_ROLLUP	MSR_340_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Bed Transferring, 0-5 scale	The average value for the SOC / ROC Status: Bed Transferring measure for the facility, state,	
OBQIC_ROLLUP	MSR_341_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Ambulation, 0-6 scale	The average value for the SOC / ROC Status: Ambulation measure for the facility, state, scale	
OBQIC_ROLLUP	MSR_342_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Eating, 0-5 scale	The average value for the SOC / ROC Status: Eating measure for the facility, state, region or	
OBQIC_ROLLUP	MSR_343_VAL	NUMBER (6.2)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior self-care, 0-2 scale	The average value for the Status Prior To SOC/ROC: Prior Self-Care measure for the	
OBQIC_ROLLUP	MSR_344_VAL	NUMBER (6.2)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior ambulation, 0-2 scale	The average value for the Status Prior To SOC/ROC: Prior Ambulation measure for the	
OBQIC_ROLLUP	MSR_345_VAL	NUMBER (6.2)	N	Activities of Daily Living, Status Prior to SOC/ROC, Prior transfer, 0-2 scale	The average value for the Status Prior To SOC/ROC: Prior Transfer measure for the	
OBQIC_ROLLUP	MSR_346_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, IADLs, Light meal prep, 0-2 scale	The average value for the IADLs: Light Meal Prep measure for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_347_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, IADLs, Phone use, 0-5 scale	The average value for the IADLs: Phone Use measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_348_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, IADLs, Prior Household, 0-2 scale	The average value for the IADLs: Prior Household Use measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_349_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Falls Risk, At risk for falls	The average value for the Falls Risk: At Risk For Falls measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_350_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Drug regimen: problem found	The average value for the Medication Status: Drug Regimen - Problem Found measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_351_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Management of oral medications, 0-3 scale	The average value for the Medication Status: Management of Oral Medications measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_352_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Management of oral medications: NA	The average value for the Medication Status: Management of Oral Medications - NA measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_353_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Management of injected medications, 0-3 scale	The average value for the Medication Status: Management of Injected Medications measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_354_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Management of injected medications: NA	The average value for the Medication Status: Management of Injected Medications - NA measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_355_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications, 0-2 scale	The average value for the Medication Status: Prior Management of Oral Medications measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_356_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Prior management of oral medications: NA	The average value for the Medication Status: Prior Management of Oral Medications - NA measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_357_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications, 0-2 scale	The average value for the Medication Status: Prior Management of Injected Medications measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_358_VAL	NUMBER (6.2)	N	IADLs, Medications, Other, Medication Status, Prior management of injected medications: NA	The average value for the Medication Status: Prior Management of Injected Medications - NA measure for the facility, state, region or the	
OBQIC_ROLLUP	MSR_359_VAL	NUMBER (6.2)	N	Therapy / Plan Of Care, Therapy Visits, # Therapy visits indicated	The average value for the Therapy Visits: # Therapy visits indicated measure for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_360_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Orthopedic	The average value for the Acute Conditions: Orthopedic measure for the facility, state, region	
OBQIC_ROLLUP	MSR_361_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Neurologic	The average value for the Acute Conditions: Neurologic measure for the facility, state, region	
OBQIC_ROLLUP	MSR_362_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Open wound/lesions	The average value for the Acute Conditions: Open Wound/Lesions measure for the facility, state, region	
OBQIC_ROLLUP	MSR_363_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Cardiac/peripheral vascular	The average value for the Acute Conditions: Cardiac/Peripheral Vascular measure for the facility, state, region	
OBQIC_ROLLUP	MSR_364_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Pulmonary	The average value for the Acute Conditions: Pulmonary measure for the facility, state, region	
OBQIC_ROLLUP	MSR_365_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Diabetes mellitus	The average value for the Acute Conditions: Diabetes Mellitus measure for the facility, state, region	
OBQIC_ROLLUP	MSR_366_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Gastrointestinal disorder	The average value for the Acute Conditions: Gastrointestinal Disorder measure for the facility, state, region	
OBQIC_ROLLUP	MSR_367_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Contagious/communicable	The average value for the Acute Conditions: Contagious/Communicable measure for the facility, state, region	
OBQIC_ROLLUP	MSR_368_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Urinary incont/catheter	The average value for the Acute Conditions: Urinary Incont./Catheter measure for the facility, state, region	
OBQIC_ROLLUP	MSR_369_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Mental/emotional	The average value for the Acute Conditions: Mental/Emotional measure for the facility, state, region	
OBQIC_ROLLUP	MSR_370_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Oxygen therapy	The average value for the Acute Conditions: Oxygen Therapy measure for the facility, state, region	
OBQIC_ROLLUP	MSR_371_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, IV/infusion therapy	The average value for the Acute Conditions: IV/Infusion Therapy measure for the facility, state, region	
OBQIC_ROLLUP	MSR_372_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Enteral/parenteral nutrition	The average value for the Acute Conditions: Enteral/Parenteral Therapy measure for the facility, state, region	
OBQIC_ROLLUP	MSR_373_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Acute Conditions, Ventilator	The average value for the Acute Conditions: Ventilator measure for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_374_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in living skills	The average value for the Chronic Conditions: Dependence In Living Skills measure for the	
OBQIC_ROLLUP	MSR_375_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in personal care	The average value for the Chronic Conditions: Dependence In Personal Care measure for the	
OBQIC_ROLLUP	MSR_376_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Impaired ambulation/mobility	The average value for the Chronic Conditions: Impaired Ambulation/Mobility measure for the	
OBQIC_ROLLUP	MSR_377_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Urinary incontinence/catheter	The average value for the Chronic Conditions: Urinary Incontinence/Catheter measure for the	
OBQIC_ROLLUP	MSR_378_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Dependence in medication administration	The average value for the Chronic Conditions: Dependence In Medication Administration	
OBQIC_ROLLUP	MSR_379_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Chronic pain	The average value for the Chronic Conditions: Chronic Pain measure for the facility, state,	
OBQIC_ROLLUP	MSR_380_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Cognitive/mental/behavioral	The average value for the Chronic Conditions: Cognitive/Mental/Behavioral measure for the	
OBQIC_ROLLUP	MSR_381_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Chronic Conditions, Chronic patient with caregiver	The average value for the Chronic Conditions: Chronic Patient With Caregiver measure for the	
OBQIC_ROLLUP	MSR_382_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Infections/parasitic diseases	The average value for the Home Care Diagnosis: Infections/Parasitic Diseases measure for the	
OBQIC_ROLLUP	MSR_383_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Neoplasms	The average value for the Home Care Diagnosis: Neoplasms measure for the facility, state, region	
OBQIC_ROLLUP	MSR_384_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Endocrine/nutrit/metabolic	The average value for the Home Care Diagnosis: Endocrine/Nutrit./Metabolic measure for the	
OBQIC_ROLLUP	MSR_385_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Blood diseases	The average value for the Home Care Diagnosis: Blood Diseases measure for the facility, state,	
OBQIC_ROLLUP	MSR_386_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Mental diseases	The average value for the Home Care Diagnosis: Mental Diseases measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_387_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Nervous system diseases	The average value for the Home Care Diagnosis: Nervous System Diseases measure for the	
OBQIC_ROLLUP	MSR_388_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Circulatory system diseases	The average value for the Home Care Diagnosis: Circulatory System Diseases measure for the	
OBQIC_ROLLUP	MSR_389_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Respiratory system diseases	The average value for the Home Care Diagnosis: Respiratory System Diseases measure for the	
OBQIC_ROLLUP	MSR_390_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Digestive system diseases	The average value for the Home Care Diagnosis: Digestive System Diseases measure for the	
OBQIC_ROLLUP	MSR_391_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Genitourinary system diseases	The average value for the Home Care Diagnosis: Genitourinary System Diseases measure for the	
OBQIC_ROLLUP	MSR_392_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Pregnancy problems	The average value for the Home Care Diagnosis: Pregnancy Problems measure for the facility, problems	
OBQIC_ROLLUP	MSR_393_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Skin/subcutaneous diseases	The average value for the Home Care Diagnosis: Skin/Subcutaneous Diseases measure for the	
OBQIC_ROLLUP	MSR_394_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Musculoskeletal sys Diseases	The average value for the Home Care Diagnosis: Musculoskeletal System Diseases measure for	
OBQIC_ROLLUP	MSR_395_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Congenital anomalies	The average value for the Home Care Diagnosis: Congenital Anomalies measure for the facility,	
OBQIC_ROLLUP	MSR_396_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Ill-defined Ill-Defined Conditions	The average value for the Home Care Diagnosis: Ill-Defined Conditions measure for the facility, conditions	
OBQIC_ROLLUP	MSR_397_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Fractures	The average value for the Home Care Diagnosis: Fractures measure for the facility, state, region	
OBQIC_ROLLUP	MSR_398_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Intracranial injury	The average value for the Home Care Diagnosis: Intracranial Injury measure for the facility, state,	
OBQIC_ROLLUP	MSR_399_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Other injury	The average value for the Home Care Diagnosis: Other Injury measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_400_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnosis, Adverse reactions and complications	The average value for the Home Care Diagnosis: Adverse reactions and complications measure	
OBQIC_ROLLUP	MSR_401_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS until discharge (in days)	The average value for the Length Of Stay: LOS Until Discharge measure for the facility, state,	
OBQIC_ROLLUP	MSR_402_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS from 1 to 30 days	The average value for the Length Of Stay: LOS From 1 To 30 Days measure for the facility,	
OBQIC_ROLLUP	MSR_403_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS from 31 to 60	The average value for the Length Of Stay: LOS From 31 To 60 Days measure for the facility,	
OBQIC_ROLLUP	MSR_404_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS from 61 to 120 days	The average value for the Length Of Stay: LOS From 61 To 120 Days measure for the facility,	
OBQIC_ROLLUP	MSR_405_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS from 121 to 180 days	The average value for the Length Of Stay: LOS From 121 To 180 Days measure for the facility,	
OBQIC_ROLLUP	MSR_406_VAL	NUMBER (6.2)	N	Patient Discharge Information, Length of Stay, LOS more than 180 days	The average value for the Length Of Stay: LOS More Than 180 Days measure for the facility,	
OBQIC_ROLLUP	MSR_407_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Improper medications	The average value for the Reason for Emergent Care: Improper Medications measure for the	
OBQIC_ROLLUP	MSR_408_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Injury from fall	The average value for the Reason for Emergent Care: Injury From Fall measure for the facility,	
OBQIC_ROLLUP	MSR_409_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Respiratory infection	The average value for the Reason for Emergent Care: Respiratory Infection measure for the	
OBQIC_ROLLUP	MSR_410_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Other respiratory	The average value for the Reason for Emergent Care: Other Respiratory measure for the facility,	
OBQIC_ROLLUP	MSR_411_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Heart failure	The average value for the Reason for Emergent Care: Heart Failure measure for the facility,	
OBQIC_ROLLUP	MSR_412_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Cardiac dysrhythmia	The average value for the Reason for Emergent Care: Cardiac Dysrhythmia measure for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_413_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Myocardial infarction	The average value for the Reason for Emergent Care: Myocardial Infarction measure for the	
OBQIC_ROLLUP	MSR_414_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Other heart disease	The average value for the Reason for Emergent Care: Other Heart Disease measure for the	
OBQIC_ROLLUP	MSR_415_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Stroke (CVA) or TIA	The average value for the Reason for Emergent Care: Stroke (CVA) or TIA measure for the	
OBQIC_ROLLUP	MSR_416_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Hypo/Hyperglycemia	The average value for the Reason for Emergent Care: Hypo/Hyperglycemia measure for the	
OBQIC_ROLLUP	MSR_417_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, GI bleeding, obstruction, etc	The average value for the Reason for Emergent Care: GI Bleeding, Obstruction, Etc. measure	
OBQIC_ROLLUP	MSR_418_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Dehydration, malnutrition	The average value for the Reason for Emergent Care: Dehydration/Malnutrition measure for the	
OBQIC_ROLLUP	MSR_419_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Urinary tract infection	The average value for the Reason for Emergent Care: Urinary Tract Infection measure for the	
OBQIC_ROLLUP	MSR_420_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, IV catheter-related infection	The average value for the Reason for Emergent Care: IV Catheter-Related Infection measure for	
OBQIC_ROLLUP	MSR_421_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Wound infection	The average value for the Reason for Emergent Care: Wound Infection measure for the facility,	
OBQIC_ROLLUP	MSR_422_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Uncontrolled pain	The average value for the Reason for Emergent Care: Uncontrolled Pain measure for the facility,	
OBQIC_ROLLUP	MSR_423_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Acute mental/behav problems	The average value for the Reason for Emergent Care: Acute Mental/Behavioral Problems	
OBQIC_ROLLUP	MSR_424_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Deep vein thrombosis	The average value for the Reason for Emergent Care: Deep Vein Thrombosis measure for the	
OBQIC_ROLLUP	MSR_425_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, Other	The average value for the Reason for Emergent Care: Other measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_426_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Emergent Care, No emergent care	The average value for the Reason for Emergent Care: No Emergent Care measure for the	
OBQIC_ROLLUP	MSR_427_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Improper medications	The average value for the Reason for Hospitalization: Improper Medication measure	
OBQIC_ROLLUP	MSR_428_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Injury from fall	The average value for the Reason for Hospitalization: Injury From Fall measure for	
OBQIC_ROLLUP	MSR_429_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Respiratory infection	The average value for the Reason for Hospitalization: Respiratory Infection measure	
OBQIC_ROLLUP	MSR_430_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Other respiratory	The average value for the Reason for Hospitalization: Other Respiratory measure for respiratory	
OBQIC_ROLLUP	MSR_431_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Heart failure	The average value for the Reason for Hospitalization: Heart Failure measure for the failure	
OBQIC_ROLLUP	MSR_432_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Cardiac dysrhythmia	The average value for the Reason for Hospitalization: Cardiac Dysrhythmia measure	
OBQIC_ROLLUP	MSR_433_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Myocardial infarction	The average value for the Reason for Hospitalization: Myocardial Infarction measure	
OBQIC_ROLLUP	MSR_434_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Other heart disease	The average value for the Reason for Hospitalization: Other Heart Disease measure heart disease	
OBQIC_ROLLUP	MSR_435_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Stroke (CVA) or TIA	The average value for the Reason for Hospitalization: Stroke (CVA) or TIA measure	
OBQIC_ROLLUP	MSR_436_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Hypo/Hyperglycemia	The average value for the Reason for Hospitalization: Hypo/Hyperglycemia measure	
OBQIC_ROLLUP	MSR_437_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, GI bleeding, obstruction, etc	The average value for the Reason for Hospitalization: GI Bleeding, Obstruction, Etc.	
OBQIC_ROLLUP	MSR_438_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Dehydration, malnutrition	The average value for the Reason for Hospitalization: Dehydration / Malnutrition	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_439_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Urinary tract infection	The average value for the Reason for Hospitalization: Urinary Tract Infection measure	
OBQIC_ROLLUP	MSR_440_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, IV catheter-related infection	The average value for the Reason for Hospitalization: IV Catheter-Related Infection	
OBQIC_ROLLUP	MSR_441_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Wound infection	The average value for the Reason for Hospitalization: Wound Infection measure for	
OBQIC_ROLLUP	MSR_442_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Uncontrolled pain	The average value for the Reason for Hospitalization: Uncontrolled Pain measure for	
OBQIC_ROLLUP	MSR_443_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Acute mental/behav Problem	The average value for the Reason for Hospitalization: Acute Mental/Behav. Problem	
OBQIC_ROLLUP	MSR_444_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Deep vein thrombosis	The average value for the Reason for Hospitalization: Deep Vein Thrombosis measure	
OBQIC_ROLLUP	MSR_445_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Scheduled visit	The average value for the Reason for Hospitalization: Scheduled Visit measure for the	
OBQIC_ROLLUP	MSR_446_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, Other	The average value for the Reason for Hospitalization: Other measure for the facility,	
OBQIC_ROLLUP	MSR_447_VAL	NUMBER (6.2)	N	Patient Discharge Information, Reason for Hospitalization, No hospitalization	The average value for the Reason for Hospitalization: No Hospitalization measure for	
OBQIC_ROLLUP	MSR_448_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Timely Initiation of Care Measure	The number of episodes used in calculating the Timely Care: Timely Initiation of Care measure	
OBQIC_ROLLUP	MSR_448_VAL	NUMBER (6.2)	N	Process Quality Measures: Timely Care, Timely Initiation of Care Measure	The average value for the Timely Care: Timely Initiation of Care measure for the facility, state,	
OBQIC_ROLLUP	MSR_449_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Physician Notification Guidelines Established Measure	The number of episodes used in calculating the Care Coordination: Physician Notification	
OBQIC_ROLLUP	MSR_449_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Coordination, Physician Notification Guidelines Established Measure	The average value for the Care Coordination: Physician Notification Guidelines Established	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_450_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Assessment Conducted Measure	The number of episodes used in calculating the Assessment: Depression Assessment Conducted	
OBQIC_ROLLUP	MSR_450_VAL	NUMBER (6.2)	N	Process Quality Measures: Assessment, Depression Assessment Conducted Measure	The average value for the Assessment: Depression Assessment Conducted measure for	
OBQIC_ROLLUP	MSR_451_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The number of episodes used in calculating the Assessment: Multifactor Fall Risk Assessment	
OBQIC_ROLLUP	MSR_451_VAL	NUMBER (6.2)	N	Process Quality Measures: Assessment, Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The average value for the Assessment: Multifactor Fall Risk Assessment Conducted	
OBQIC_ROLLUP	MSR_452_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pain Assessment Conducted Measure	The number of episodes used in calculating the Assessment: Pain Assessment Conducted	
OBQIC_ROLLUP	MSR_452_VAL	NUMBER (6.2)	N	Process Quality Measures: Assessment, Pain Assessment Conducted Measure	The average value for the Assessment: Pain Assessment Conducted measure for the facility,	
OBQIC_ROLLUP	MSR_453_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Risk Assessment Conducted Measure	The number of episodes used in calculating the Assessment: Pressure Ulcer Risk Assessment	
OBQIC_ROLLUP	MSR_453_VAL	NUMBER (6.2)	N	Process Quality Measures: Assessment, Pressure Ulcer Risk Assessment Conducted Measure	The average value for the Assessment: Pressure Ulcer Risk Assessment Conducted measure for	
OBQIC_ROLLUP	MSR_454_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Interventions in Plan of Care Measure	The number of episodes used in calculating the Care Planning: Depression Interventions in Plan	
OBQIC_ROLLUP	MSR_454_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Depression Interventions in Plan of Care Measure	The average value for the Care Planning: Depression Interventions in Plan of Care	
OBQIC_ROLLUP	MSR_455_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Diabetic Foot Care And Patient Education In Plan of Care Measure	The number of episodes used in calculating the Care Planning: Diabetic Foot Care And Patient	
OBQIC_ROLLUP	MSR_455_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Diabetic Foot Care And Patient Education In Plan of Care Measure	The average value for the Care Planning: Diabetic Foot Care And Patient Education In	
OBQIC_ROLLUP	MSR_456_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Falls Prevention Steps In Plan Of Care Measure	The number of episodes used in calculating the Care Planning: Falls Prevention Steps In Plan Of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_456_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Falls Prevention Steps In Plan Of Care Measure	The average value for the Care Planning: Falls Prevention Steps In Plan Of Care measure for	
OBQIC_ROLLUP	MSR_457_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pain Interventions In Plan Of Care Measure	The number of episodes used in calculating the Care Planning: Pain Interventions In Plan Of	
OBQIC_ROLLUP	MSR_457_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Pain Interventions In Plan Of Care Measure	The average value for the Care Planning: Pain Interventions In Plan Of Care measure for the	
OBQIC_ROLLUP	MSR_458_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Prevention In Plan Of Care Measure	The number of episodes used in calculating the Care Planning: Pressure Ulcer Prevention In	
OBQIC_ROLLUP	MSR_458_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Pressure Ulcer Prevention In Plan Of Care Measure	The average value for the Care Planning: Pressure Ulcer Prevention In Plan Of Care	
OBQIC_ROLLUP	MSR_459_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care Measure	The number of episodes used in calculating the Care Planning: Pressure Ulcer Treatment Based	
OBQIC_ROLLUP	MSR_459_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Planning, Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care Measure	The average value for the Care Planning: Pressure Ulcer Treatment Based On Principles	
OBQIC_ROLLUP	MSR_460_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Interventions Implemented During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Depression	
OBQIC_ROLLUP	MSR_460_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During Short Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Depression Interventions	
OBQIC_ROLLUP	MSR_461_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Interventions Implemented During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Depression	
OBQIC_ROLLUP	MSR_461_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During Long Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Depression Interventions	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_462_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Depression Interventions Implemented During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Depression	
OBQIC_ROLLUP	MSR_462_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Depression Interventions Implemented During All Episodes Of Care Measure	The average value for the Care Plan Implementation: Depression Interventions	
OBQIC_ROLLUP	MSR_463_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Diabetic Foot Care And Patient/Caregiver Education Implemented During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Diabetic Foot Care	
OBQIC_ROLLUP	MSR_463_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During Short Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Diabetic Foot Care And	
OBQIC_ROLLUP	MSR_464_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Diabetic Foot Care And Patient/Caregiver Education Implemented During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Diabetic Foot Care	
OBQIC_ROLLUP	MSR_464_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During Long Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Diabetic Foot Care And	
OBQIC_ROLLUP	MSR_465_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Diabetic Foot Care	
OBQIC_ROLLUP	MSR_465_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The average value for the Care Plan Implementation: Diabetic Foot Care And	
OBQIC_ROLLUP	MSR_466_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Heart Failure Symptoms Addressed During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Heart Failure	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_466_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During Short Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Heart Failure Symptoms	
OBQIC_ROLLUP	MSR_467_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Heart Failure Symptoms Addressed During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Heart Failure	
OBQIC_ROLLUP	MSR_467_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During Long Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Heart Failure Symptoms	
OBQIC_ROLLUP	MSR_468_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Heart Failure Symptoms Addressed During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Heart Failure	
OBQIC_ROLLUP	MSR_468_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During All Episodes Of Care Measure	The average value for the Care Plan Implementation: Heart Failure Symptoms	
OBQIC_ROLLUP	MSR_469_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pain Interventions Implemented During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Pain Interventions	
OBQIC_ROLLUP	MSR_469_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During Short Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Pain Interventions	
OBQIC_ROLLUP	MSR_470_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pain Interventions Implemented During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Pain Interventions	
OBQIC_ROLLUP	MSR_470_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During Long Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Pain Interventions	
OBQIC_ROLLUP	MSR_471_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pain Interventions Implemented During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Pain Interventions	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_471_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During All Episodes Of Care Measure	The average value for the Care Plan Implementation: Pain Interventions	
OBQIC_ROLLUP	MSR_472_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Treatment of	
OBQIC_ROLLUP	MSR_472_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Short Term Episodes Of Care Measure	The average value for the Care Plan Implementation: Treatment of Pressure Ulcers	
OBQIC_ROLLUP	MSR_473_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Treatment of	
OBQIC_ROLLUP	MSR_473_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During Long Term Episodes Of Care	The average value for the Care Plan Implementation: Treatment of Pressure Ulcers	
OBQIC_ROLLUP	MSR_474_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During All Episodes Of Care Measure	The number of episodes used in calculating the Care Plan Implementation: Treatment of	
OBQIC_ROLLUP	MSR_474_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented During All Episodes Of Care	The average value for the Care Plan Implementation: Treatment of Pressure Ulcers	
OBQIC_ROLLUP	MSR_475_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode Measure	The number of episodes used in calculating the Education: Drug Education On High Risk	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_475_VAL	NUMBER (6.2)	N	Process Quality Measures: Education, Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode Measure	The average value for the Education: Drug Education On High Risk Medications Provided	
OBQIC_ROLLUP	MSR_476_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Education On All Medications Provided To Patient/Caregiver During Short Term Episodes of Care Measure	The number of episodes used in calculating the Education: Drug Education On All Medications	
OBQIC_ROLLUP	MSR_476_VAL	NUMBER (6.2)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During Short Term Episodes of Care Measure	The average value for the Education: Drug Education On All Medications Provided To	
OBQIC_ROLLUP	MSR_477_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Education On All Medications Provided To Patient/Caregiver During Long Term Episodes of Care Measure	The number of episodes used in calculating the Education: Drug Education On All Medications	
OBQIC_ROLLUP	MSR_477_VAL	NUMBER (6.2)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During Long Term Episodes of Care	The average value for the Education: Drug Education On All Medications Provided To	
OBQIC_ROLLUP	MSR_478_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care Measure	The number of episodes used in calculating the Education: Drug Education On All Medications	
OBQIC_ROLLUP	MSR_478_VAL	NUMBER (6.2)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care	The average value for the Education: Drug Education On All Medications Provided To	
OBQIC_ROLLUP	MSR_479_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Falls Prevention Steps Implemented For Short Term Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Falls Prevention Steps Implemented	
OBQIC_ROLLUP	MSR_479_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For Short Term Episodes Of Care Measure	The average value for the Prevention: Falls Prevention Steps Implemented For Short Term	
OBQIC_ROLLUP	MSR_480_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Falls Prevention Steps Implemented For Long Term Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Falls Prevention Steps Implemented	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_480_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For Long Term Episodes Of Care Measure	The average value for the Prevention: Falls Prevention Steps Implemented For Long Term	
OBQIC_ROLLUP	MSR_481_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Falls Prevention Steps Implemented For All Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Falls Prevention Steps Implemented	
OBQIC_ROLLUP	MSR_481_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Falls Prevention Steps Implemented For All Episodes Of Care Measure	The average value for the Prevention: Falls Prevention Steps Implemented For All Episodes	
OBQIC_ROLLUP	MSR_482_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Influenza Immunization Received For Current Flu Season Measure	The number of episodes used in calculating the Prevention: Influenza Immunization Received	
OBQIC_ROLLUP	MSR_482_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Influenza Immunization Received For Current Flu Season Measure	The average value for the Prevention: Influenza Immunization Received For Current Flu Season	
OBQIC_ROLLUP	MSR_483_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Influenza Immunization Offered And Refused For Current Flu Season Measure	The number of episodes used in calculating the Prevention: Influenza Immunization Offered	
OBQIC_ROLLUP	MSR_483_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Influenza Immunization Offered And Refused For Current Flu Season Measure	The average value for the Prevention: Influenza Immunization Offered And Refused For Current	
OBQIC_ROLLUP	MSR_484_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Influenza Immunization Contraindicated Measure	The number of episodes used in calculating the Prevention: Influenza Immunization	
OBQIC_ROLLUP	MSR_484_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Influenza Immunization Contraindicated Measure	The average value for the Prevention: Influenza Immunization Contraindicated measure for the	
OBQIC_ROLLUP	MSR_485_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pneumococcal Vaccine Ever Received Measure	The number of episodes used in calculating the Prevention: Pneumococcal Vaccine Ever	
OBQIC_ROLLUP	MSR_485_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Ever Received Measure	The average value for the Prevention: Pneumococcal Vaccine Ever Received measure	
OBQIC_ROLLUP	MSR_486_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pneumococcal Vaccine Offered And Refused Measure	The number of episodes used in calculating the Prevention: Pneumococcal Vaccine Offered And	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_486_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Offered And Refused Measure	The average value for the Prevention: Pneumococcal Vaccine Offered And Refused	
OBQIC_ROLLUP	MSR_487_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pneumococcal Vaccine Contraindicated Measure	The number of episodes used in calculating the Prevention: Pneumococcal Vaccine	
OBQIC_ROLLUP	MSR_487_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Contraindicated Measure	The average value for the Prevention: Pneumococcal Vaccine Contraindicated measure	
OBQIC_ROLLUP	MSR_488_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode Measure	The number of episodes used in calculating the Prevention: Potential Medication Issues	
OBQIC_ROLLUP	MSR_488_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode Measure	The average value for the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_ROLLUP	MSR_489_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Potential Medication Issues Identified And Timely Physician Contact During Short Term Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Potential Medication Issues	
OBQIC_ROLLUP	MSR_489_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During Short Term Episodes Of Care Measure	The average value for the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_ROLLUP	MSR_490_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Potential Medication Issues Identified And Timely Physician Contact During Long Term Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Potential Medication Issues	
OBQIC_ROLLUP	MSR_490_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During Long Term Episodes Of Care Measure	The average value for the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_ROLLUP	MSR_491_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Potential Medication Issues Identified And Timely Physician Contact During All Episodes Of Care Measure	The number of episodes used in calculating the Prevention: Potential Medication Issues	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_491_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Potential Medication Issues Identified And Timely Physician Contact During All Episodes Of Care	The average value for the Prevention: Potential Medication Issues Identified And Timely	
OBQIC_ROLLUP	MSR_492_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Prevention Implemented During Short Term Episodes of Care Measure	The number of episodes used in calculating the Prevention: Pressure Ulcer Prevention	
OBQIC_ROLLUP	MSR_492_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During Short Term Episodes of Care Measure	The average value for the Prevention: Pressure Ulcer Prevention Implemented During Short	
OBQIC_ROLLUP	MSR_493_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Prevention Implemented During Long Term Episodes of Care Measure	The number of episodes used in calculating the Prevention: Pressure Ulcer Prevention	
OBQIC_ROLLUP	MSR_493_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During Long Term Episodes of Care Measure	The average value for the Prevention: Pressure Ulcer Prevention Implemented During Long	
OBQIC_ROLLUP	MSR_494_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Pressure Ulcer Prevention Implemented During All Episodes of Care Measure	The number of episodes used in calculating the Prevention: Pressure Ulcer Prevention	
OBQIC_ROLLUP	MSR_494_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During All Episodes of Care Measure	The average value for the Prevention: Pressure Ulcer Prevention Implemented During All	
OBQIC_ROLLUP	MSR_549_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Heart Failure Symptoms Assessed and Addressed Measure	The number of episodes used in calculating the Process Quality Measures: Care Plan	
OBQIC_ROLLUP	MSR_549_VAL	NUMBER (6.2)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Assessed and Addressed Measure	The average value of the Process Quality Measures: Care Plan Implementation, Heart	
OBQIC_ROLLUP	MSR_553_EPSD_CNT	NUMBER (7.0)	N	Episode Count - Drug Regimen Review Conducted with Follow-Up for Identified Issues Measure	The number of episodes used in calculating the Drug Regimen Review Conducted with Follow-	
OBQIC_ROLLUP	MSR_553_VAL	NUMBER (6.2)	N	Process Quality Measures: Prevention, Drug Regimen Review Conducted with Follow-	The average value for the Prevention: Drug Regimen Review Conducted with Follow-Up for	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Up for Identified Issues Measure		
OBQIC_ROLLUP	MSR_557_VAL	NUMBER (6.2)	N	General Health Status, Body Mass Index, Low Body Mass Index	The average value of the Body Mass Index: Low Body Mass Index measure for the facility, state,	
OBQIC_ROLLUP	MSR_558_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Active Diagnoses, Diabetes Mellitus	The average value of the Active Diagnoses: Diabetes Mellitus measure for the facility, state,	
OBQIC_ROLLUP	MSR_559_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Active Diagnoses, Peripheral vascular disease or peripheral arterial disease	The average value of the Active Diagnoses: Peripheral vascular disease or peripheral arterial	
OBQIC_ROLLUP	MSR_560_VAL	NUMBER (6.2)	N	Activities of Daily Living, SOC / ROC Status, Mobility, 01-06	The average value of the SOC/ROC Status: Mobility measure for the facility, state, region, scale	
OBQIC_ROLLUP	MSR_565_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Non-remove. dsq. count (#)	The average value of the Unstageable PU: Non-remove. dsq. count (#) measure for the facility,	
OBQIC_ROLLUP	MSR_566_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Slough/eschar count	The average value of the Unstageable PU: Slough/eschar count (#) measure for the facility,	
OBQIC_ROLLUP	MSR_567_VAL	NUMBER (6.2)	N	Integumentary Status, Pressure Ulcers/Injuries, Unstageable PU: Deep tissue inj. count (#)	The average value of the Unstageable PU: Deep tissue inj. count (#) measure for the facility,	
OBQIC_ROLLUP	MSR_568_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Self Care, 1-3 scale	The average value of the Prior Self Care (1-3) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_569_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Indoor Mobility (Ambulation), 1-3 scale	The average value of the Prior Indoor Mobility (Ambulation) (1-3) measure for the facility,	
OBQIC_ROLLUP	MSR_570_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Stairs, 1-3 scale	The average value of the Prior Stairs (1-3) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_571_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Functioning: Everyday Activities, Prior Functional Cognition, 1-3 scale	The average value of the Prior Functional Cognition (1-3) measure for the facility, state,	
OBQIC_ROLLUP	MSR_572_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Manual wheelchair	The average value of the Prior Manual wheelchair (%) measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_573_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Motorized wheelchair/scooter	The average value of the Prior Motorized wheelchair/scooter (%) measure for the facility,	
OBQIC_ROLLUP	MSR_574_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Mechanical lift	The average value of the Prior Mechanical lift (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_575_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Walker	The average value of the Prior Walker (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_576_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Orthotics/Prosthetics	The average value of the Prior Orthotics/Prosthetics (%) measure for the	
OBQIC_ROLLUP	MSR_577_VAL	NUMBER (6.2)	N	Functional Abilities, Prior Device Use, Prior Device: None	The average value of the Prior Device: None (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_578_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Eating, 1-6 scale	The average value of the Eating (1-6) measure for the facility, state, region, or the nation for the	
OBQIC_ROLLUP	MSR_579_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Eating (Not Attempted)	The average value of the Eating (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_580_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Eating (Dash)	The average value of the Eating (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_581_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Oral Hygiene, 1-6 scale	The average value of the Oral Hygiene (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_582_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Oral Hygiene (Not Attempted)	The average value of the Oral Hygiene (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_583_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Oral Hygiene (Dash)	The average value of the Oral Hygiene (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_584_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Toileting Hygiene, 1-6 scale	The average value of the Toileting Hygiene (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_585_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Toileting Hygiene (Not Attempted)	The average value of the Toileting Hygiene (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_586_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Toileting Hygiene (Dash)	The average value of the Toileting Hygiene (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_587_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Shower/bathe self, 1-6 scale	The average value of the Shower/bathe self (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_588_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Shower/bathe self (Not Attempted)	The average value of the Shower/bathe self (Not Attempted) (%) measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_589_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Shower/bathe self (Dash)	The average value of the Shower/bathe self (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_590_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Upper body dressing, 1-6 scale	The average value of the Upper body dressing (1-6) measure for the facility, state, region, or	
OBQIC_ROLLUP	MSR_591_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Upper body dressing (Not Attempted)	The average value of the Upper body dressing (Not Attempted) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_592_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Upper body dressing (Dash)	The average value of the Upper body dressing (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_593_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Lower body dressing, 1-6 scale	The average value of the Lower body dressing (1-6) measure for the facility, state, region, or	
OBQIC_ROLLUP	MSR_594_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Lower body dressing (Not Attempted)	The average value of the Lower body dressing (Not Attempted) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_595_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Lower body dressing (Dash)	The average value of the Lower body dressing (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_596_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Putting on/taking off footwear, 1-6 scale	The average value of the Putting on/taking off footwear (1-6) measure for the facility, state,	
OBQIC_ROLLUP	MSR_597_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Putting on/taking off footwear (Not Attempted)	The average value of the Putting on/taking off footwear (Not Attempted) (%) measure for the	
OBQIC_ROLLUP	MSR_598_VAL	NUMBER (6.2)	N	Functional Abilities, Self Care, Putting on/taking off footwear (Dash)	The average value of the Putting on/taking off footwear (Dash) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_599_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Roll left and right, 1-6 scale	The average value of the Roll left and right (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_600_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Roll left and right (Not Attempted)	The average value of the Roll left and right (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_601_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Roll left and right (Dash)	The average value of the Roll left and right (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_602_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to lying, 1-6 scale	The average value of the Sit to lying (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_603_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to lying (Not Attempted)	The average value of the Sit to lying (Not Attempted) (%) measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_604_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to lying (Dash)	The average value of the Sit to lying (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_605_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Lying to sitting on side of bed, 1-6 scale	The average value of the Lying to sitting on side of bed (1-6) measure for the facility, state,	
OBQIC_ROLLUP	MSR_606_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Lying to sitting on side of bed (Not Attempted)	The average value of the Lying to sitting on side of bed (Not Attempted) (%) measure for the	
OBQIC_ROLLUP	MSR_607_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Lying to sitting on side of bed (Dash)	The average value of the Lying to sitting on side of bed (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_608_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to stand, 1-6 scale	The average value of the Sit to stand (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_609_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to stand (Not Attempted)	The average value of the Sit to stand (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_610_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Sit to stand (Dash)	The average value of the Sit to stand (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_611_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Chair/bed to chair transfer, 1-6 scale	The average value of the Chair/bed to chair transfer (1-6) measure for the facility, state,	
OBQIC_ROLLUP	MSR_612_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Chair/bed to chair transfer (Not Attempted)	The average value of the Chair/bed to chair transfer (Not Attempted) (%) measure for the	
OBQIC_ROLLUP	MSR_613_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Chair/bed to chair transfer (Dash)	The average value of the Chair/bed to chair transfer (Dash) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_614_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Toilet transfer, 1-6 scale	The average value of the Toilet transfer (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_615_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Toilet transfer (Not Attempted)	The average value of the Toilet transfer (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_616_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Toilet transfer (Dash)	The average value of the Toilet transfer (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_617_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Car transfer, 1-6 scale	The average value of the Car transfer (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_618_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Car transfer (Not Attempted)	The average value of the Car transfer (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_619_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Car transfer (Dash)	The average value of the Car transfer (Dash) (%) measure for the facility, state, region, or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_620_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet, 1-6 scale	The average value of the Walk 10 feet (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_621_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet (Not Attempted)	The average value of the Walk 10 feet (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_622_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet (Dash)	The average value of the Walk 10 feet (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_623_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns, 1-6 scale	The average value of the Walk 50 feet w 2 turns (1-6) measure for the facility, state, region, or	
OBQIC_ROLLUP	MSR_624_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns (Not Attempted)	The average value of the Walk 50 feet w 2 turns (Not Attempted) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_625_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 50 feet w 2 turns (Dash)	The average value of the Walk 50 feet w 2 turns (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_626_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 150 feet, 1-6 scale	The average value of the Walk 150 feet (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_627_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 150 feet (Not Attempted)	The average value of the Walk 150 feet (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_628_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 150 feet (Dash)	The average value of the Walk 150 feet (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_629_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces, 1-6 scale	The average value of the Walk 10 feet uneven surfaces (1-6) measure for the facility, state,	
OBQIC_ROLLUP	MSR_630_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces (Not Attempted)	The average value of the Walk 10 feet uneven surfaces (Not Attempted) (%) measure for the	
OBQIC_ROLLUP	MSR_631_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Walk 10 feet uneven surfaces (Dash)	The average value of the Walk 10 feet uneven surfaces (Dash) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_632_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 1 step (curb), 1-6 scale	The average value of the 1 step (curb) (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_633_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 1 step (curb) (Not Attempted)	The average value of the 1 step (curb) (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_634_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 1 step (curb) (Dash)	The average value of the 1 step (curb) (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_635_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 4 steps, 1-6 scale	The average value of the 4 steps (1-6) measure for the facility, state, region, or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_636_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 4 steps (Not Attempted)	The average value of the 4 steps (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_637_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 4 steps (Dash)	The average value of the 4 steps (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_638_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 12 steps, 1-6 scale	The average value of the 12 steps (1-6) measure for the facility, state, region, or the nation for the	
OBQIC_ROLLUP	MSR_639_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 12 steps (Not Attempted)	The average value of the 12 steps (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_640_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, 12 steps (Dash)	The average value of the 12 steps (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_641_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Picking up object, 1-6 scale	The average value of the Picking up object (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_642_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Picking up object (Not Attempted)	The average value of the Picking up object (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_643_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Picking up object (Dash)	The average value of the Picking up object (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_644_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheelchair or scooter	The average value of the Wheelchair or scooter (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_645_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns, 1-6 scale	The average value of the Wheel 50 feet w 2 turns (1-6) measure for the facility, state, region,	
OBQIC_ROLLUP	MSR_646_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns (Not Attempted)	The average value of the Wheel 50 feet w 2 turns (Not Attempted) (%) measure for the	
OBQIC_ROLLUP	MSR_647_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 50 feet w 2 turns (Dash)	The average value of the Wheel 50 feet w 2 turns (Dash) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_648_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 150 feet, 1-6 scale	The average value of the Wheel 150 feet (1-6) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_649_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 150 feet (Not Attempted)	The average value of the Wheel 150 feet (Not Attempted) (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_650_VAL	NUMBER (6.2)	N	Functional Abilities, Mobility, Wheel 150 feet (Dash)	The average value of the Wheel 150 feet (Dash) (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_651_VAL	NUMBER (6.2)	N	Patient Discharge Information, Falls, Any falls since SOC/ROC	The average value of the Any falls since SOC/ROC (%) measure for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_ROLLUP	MSR_652_VAL	NUMBER (6.2)	N	Patient Discharge Information, Falls, Falls with no injury	The average value of the Falls with no injury (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_653_VAL	NUMBER (6.2)	N	Patient Discharge Information, Falls, Falls with injury (except major)	The average value of the Falls with injury (except major) (%) measure for the facility,	
OBQIC_ROLLUP	MSR_654_VAL	NUMBER (6.2)	N	Patient Discharge Information, Falls, Falls with major injury	The average value of the Falls with major injury (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_655_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the eye	The average value of the Diseases of the eye (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_656_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, Diseases of the ear	The average value of the Diseases of the ear (%) measure for the facility, state, region, or the	
OBQIC_ROLLUP	MSR_657_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, Symptoms, signs, abnormal findings	The average value of the Symptoms, signs, abnormal findings (%) measure for the facility,	
OBQIC_ROLLUP	MSR_658_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, Injury, poisoning, other external causes	The average value of the Injury, poisoning, other external causes (%) measure for the facility,	
OBQIC_ROLLUP	MSR_659_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, External causes of morbidity	The average value of the External causes of morbidity (%) measure for the facility, state,	
OBQIC_ROLLUP	MSR_660_VAL	NUMBER (6.2)	N	Patient Diagnostic Information, Home Care Diagnoses, Influences of health status	The average value of the Influences of health status (%) measure for the facility, state, region,	
OBQIC_ROLLUP	STATE_CD	VARCHAR2 (2)	Y	State Code	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
OBQIC_ROLLUP	TRGT_MO_DT	DATE (8)	Y	Target Month	The end month of the data period.	
OBQIC_RPT_MSR	CREAT_DT	DATE (8)	N	Date Created	Date Created	
OBQIC_RPT_MSR	CREAT_USER_ID	VARCHAR2 (30)	N	Created By User ID	Created By User ID	
OBQIC_RPT_MSR	RPT_MSR_DESC	VARCHAR2 (100)	N	Report measure ID	Report measure identifier	
OBQIC_RPT_MSR	RPT_MSR_ID	NUMBER (2.0)	Y	Report measure description	Report measure description	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RPT_MSR	UPDT_DT	DATE (8)	N	Date Updated	Date Updated	
OBQIC_RPT_MSR	UPDT_USER_ID	VARCHAR2 (30)	N	Updated By	Updated By	
OBQIC_RPT_RQST	ACTL_CRNT_END_MO_DT	DATE (8)	N	Actual Current End Month Date	The end month for the actual current period for the requested report.	
OBQIC_RPT_RQST	ACTL_CRNT_STRT_MO_DT	DATE (8)	N	Actual Current Start Month Date	The start month for the actual current period for the requested report.	
OBQIC_RPT_RQST	ACTL_PRIOR_END_MO_DT	DATE (8)	N	Actual Prior End Month Date	The end month for the actual prior period for the requested report.	
OBQIC_RPT_RQST	ACTL_PRIOR_STRT_MO_DT	DATE (8)	N	Actual Prior Start Month Date	The start month for the actual prior period for the requested report.	
OBQIC_RPT_RQST	BRNCH_RPT_SW	NUMBER (1.0)	N	Branch Report Switch	Switch to indicate if the report was requested as a branch report.	
OBQIC_RPT_RQST	CLMS_RFRNC_EPSD_CNT	NUMBER (10.0)	N	Claims reference episode count	Claims based measure episode count for the reference sample for the report.	
OBQIC_RPT_RQST	CMPLTN_TS	DATE (7)	N	Completion Time Stamp	The time stamp of the report's completion.	
OBQIC_RPT_RQST	CRNT_CLMS_END_MO_DT	DATE (7)	N	Current claims end month date	The end month for the current period for claims based measures for the report	
OBQIC_RPT_RQST	CRNT_CLMS_STRT_MO_DT	DATE (7)	N	Current claims start month date	The start month for the current period for claims based measures for the report	
OBQIC_RPT_RQST	CRNT_END_MO_DT	DATE (8)	N	Current End Month Date	The end month for the current period for the requested report.	
OBQIC_RPT_RQST	CRNT_EPSD_CNT	NUMBER (10.0)	N	Current Episode Count	A count of the episodes used in calculating the requested current values.	
OBQIC_RPT_RQST	CRNT_STRT_MO_DT	DATE (8)	N	Current Start Month Date	The start month for the current period for the requested report.	
OBQIC_RPT_RQST	ERO_RFRNC_EPSD_CNT	NUMBER (10.0)	N	ERO Referenced Count	End result episode count for the reference sample. End Result Outcome (measures), are	
OBQIC_RPT_RQST	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The facility internal identification code for the report request.	
OBQIC_RPT_RQST	PRIOR_CLMS_END_MO_DT	DATE (7)	N	Prior claims end month date	The end month for the prior period for claims based measures for the report	
OBQIC_RPT_RQST	PRIOR_CLMS_STRT_MO_DT	DATE (7)	N	Prior claims start month date	The start month for the prior period for claims based measures for the report	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_RPT_RQST	PRIOR_END_MO_DT	DATE (8)	N	Prior End Month Date	The end month for the prior period for the requested report.	
OBQIC_RPT_RQST	PRIOR_EPSD_CNT	NUMBER (10.0)	N	Prior Episode Count	A count of the episodes used in calculating the requested prior period values.	
OBQIC_RPT_RQST	PRIOR_STRT_MO_DT	DATE (8)	N	Prior Start Month Date	The start month for the prior period for the requested report.	
OBQIC_RPT_RQST	RFRNC_EPSD_CNT	NUMBER (10.0)	N	Reference Episode Count	A count of the episodes used in calculating the national reference values.	
OBQIC_RPT_RQST	RPT_SQNC_NUM	NUMBER (10.0)	Y	Report Sequence Number	This is the unique number assigned to each report request that's used to tie the report request	
OBQIC_RPT_RQST	RPT_STUS_CD	NUMBER (2.0)	N	Report Status Code	The requested report's status code. 0 - Completed Successfully; 1 - Requested; 2 -	OBQIC_RPT_STUS_CD
OBQIC_RPT_RQST	RPT_TYPE_CD	NUMBER (2.0)	N	Report Type Code	A code indicating the type of report: "R" for Detail Report, "S"ummary, "E"xtract or "P"AD	OBQIC_RPT_TYPE_CD
OBQIC_RPT_RQST	RQST_TS	DATE (7)	N	Request Time Stamp	The time stamp of the report request.	
OBQIC_RPT_RQST	RQST_USER_ID	VARCHAR2 (20)	N	Request User ID	The User ID of the report requestor.	
OBQIC_RPT_RQST	STATE_CD	VARCHAR2 (2)	N	State Code	This field holds the two-character state abbreviation for the report request.	STATES
OBQIC_STAR_RATG_DAT A	END_MO_DT	DATE (7)	Y	End month date	First day of the last month of the target period of the data.	
OBQIC_STAR_RATG_DAT A	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility internal ID	This column contains the facility internal id for the HHA facility.	
OBQIC_STAR_RATG_DAT A	MSR_448_VAL	NUMBER (5.2)	N	Process Quality Measures: Timely Care, Timely Initiation of Care Measure	The value of the Timely Care: Timely Initiation Of Care measure for the episode of care.	
OBQIC_STAR_RATG_DAT A	MSR_450_VAL	NUMBER (5.2)	N	Process Quality Measures: Assessment, Depression Assessment Conducted Measure	The value of the Assessment: Depression Assessment Conducted measure for the episode	
OBQIC_STAR_RATG_DAT A	MSR_451_VAL	NUMBER (5.2)	N	Process Quality Measures: Assessment, Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	The value of the Assessment: Multifactor Fall Risk Assessment Conducted For All Patients	
OBQIC_STAR_RATG_DAT A	MSR_452_VAL	NUMBER (5.2)	N	Process Quality Measures: Assessment, Pain Assessment Conducted Measure	The value of the Assessment: Pain Assessment Conducted measure for the episode of care.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_STAR_RATG_DAT A	MSR_453_VAL	NUMBER (5.2)	N	Process Quality Measures: Assessment, Pressure Ulcer Risk Assessment Conducted Measure	The value of the Assessment: Pressure Ulcer Risk Assessment Conducted measure for the	
OBQIC_STAR_RATG_DAT A	MSR_458_VAL	NUMBER (5.2)	N	Process Quality Measures: Care Planning, Pressure Ulcer Prevention In Plan Of Care Measure	The value of the Care Planning: Pressure Ulcer Prevention In Plan Of Care measure for the	
OBQIC_STAR_RATG_DAT A	MSR_465_VAL	NUMBER (5.2)	N	Process Quality Measures: Care Plan Implementation, Diabetic Foot Care And Patient/Caregiver Education Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Diabetic Foot Care And Patient/Caregiver	
OBQIC_STAR_RATG_DAT A	MSR_468_VAL	NUMBER (5.2)	N	Process Quality Measures: Care Plan Implementation, Heart Failure Symptoms Addressed During All Episodes Of Care Measure	The value of the Care Plan Implementation: Heart Failure Symptoms Addressed During All	
OBQIC_STAR_RATG_DAT A	MSR_471_VAL	NUMBER (5.2)	N	Process Quality Measures: Care Plan Implementation, Pain Interventions Implemented During All Episodes Of Care Measure	The value of the Care Plan Implementation: Pain Interventions Implemented During All Episodes	
OBQIC_STAR_RATG_DAT A	MSR_478_VAL	NUMBER (5.2)	N	Process Quality Measures: Education, Drug Education On All Medications Provided To Patient/Caregiver During All Episodes of Care Measure	The value of the Education: Drug Education On All Medications Provided To Patient/Caregiver	
OBQIC_STAR_RATG_DAT A	MSR_482_VAL	NUMBER (5.2)	N	Process Quality Measures: Prevention, Influenza Immunization Received For Current Flu Season Measure	The value of the Prevention: Influenza Immunization Received For Current Flu Season	
OBQIC_STAR_RATG_DAT A	MSR_485_VAL	NUMBER (5.2)	N	Process Quality Measures: Prevention, Pneumococcal Vaccine Ever Received Measure	The value of the Prevention: Pneumococcal Vaccine Ever Received measure for the episode	
OBQIC_STAR_RATG_DAT A	MSR_494_VAL	NUMBER (5.2)	N	Process Quality Measures: Prevention, Pressure Ulcer Prevention Implemented During All Episodes of Care Measure	The value of the Prevention: Pressure Ulcer Prevention Implemented During All Episodes of	
OBQIC_STAR_RATG_DAT A	MSR_511_VAL	NUMBER (5.2)	N	Improvement in Bathing	The value of Improvement in Bathing observed or predicted depending on MODEL_NUM.	
OBQIC_STAR_RATG_DAT A	MSR_517_VAL	NUMBER (5.2)	N	Improvement in Bed Transferring	The value of Improvement in Bed Transferring observed or predicted depending on	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQIC_STAR_RATG_DATA	MSR_519_VAL	NUMBER (5.2)	N	Improvement in Ambulation/Locomotion	The value of Improvement in Ambulation/Locomotion observed or predicted	
OBQIC_STAR_RATG_DATA	MSR_525_VAL	NUMBER (5.2)	N	Improvement in Management of Oral Medications	The value of Improvement in Management of Oral Medications observed or predicted	
OBQIC_STAR_RATG_DATA	MSR_527_VAL	NUMBER (5.2)	N	Improvement in Dyspnea	The value of Improvement in Dyspnea observed or predicted depending on MODEL_NUM.	
OBQIC_STAR_RATG_DATA	MSR_528_VAL	NUMBER (5.2)	N	Improvement in Pain Interfering with Activity	The value of Improvement in Pain Interfering with Activity observed or predicted depending	
OBQIC_STAR_RATG_DATA	MSR_531_VAL	NUMBER (5.2)	N	Improvement in Status of Surgical Wounds	The value of Improvement in Status of Surgical Wounds observed or predicted depending on	
OBQIC_STAR_RATG_DATA	MSR_544_VAL	NUMBER (5.2)	N	Emergency department w/out hospitalization value	The value of the emergency department without hospitalization measure	
OBQIC_STAR_RATG_DATA	MSR_545_VAL	NUMBER (5.2)	N	Acute care hospitalization value	The value for the acute care hospitalization measure	
OBQIC_STAR_RATG_DATA	MSR_552_VAL	NUMBER (5.2)	N	Outcome Measures: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened Measure	The value of the Percent of Residents or Patients with Pressure Ulcers that are New or Worsened	
OBQIC_STAR_RATG_DATA	MSR_553_VAL	NUMBER (5.2)	N	Process Quality Measures: Drug Regimen Review Conducted with Follow-Up for Identified Issues Measure	The value of the Drug Regimen Review Conducted with Follow-Up for Identified Issues	
OBQIC_STAR_RATG_DATA	PRVDR_NUM	VARCHAR2 (10)	N	Provider number	A six or ten position identification number that is assigned to a certified provider.	
OBQIC_STAR_RATG_DATA	RATG_VAL	NUMBER (4.1)	N	Rating value	Star rating for the agency/ state/ nation.	
OBQIC_STAR_RATG_DATA	STATE_CD	VARCHAR2 (2)	Y	State code	State code (inc. 'US' for national totals)	NATL_GEOGRPHC_VW
OBQI_ACCESS	FAC_INT_ID	NUMBER (10.0)	Y	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
OBQI_ACCESS	LAST_ACCESS_DT	DATE (8)	N	Last Access Date	Date and time the facility last accessed the OBQI reports.	
OBQI_ACCESS	LAST_OBQI_ACCESS_DT	DATE (7)	N			
OBQI_ACCESS	STATE_ID	VARCHAR2 (2)	Y	State ID	This field holds the two-digit state abbreviation, two-digit CMS region code or 'US' for national	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ADV_EVENTS	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_ADV_EVENTS	HHA_INTERNAL_ID	NUMBER (10.0)	Y	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
OBQI_ADV_EVENTS	MEASURE_ID	NUMBER (5.0)	Y	Measre Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_ADV_EVENTS	STATE_CD	VARCHAR2 (2)	Y	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_ADV_EVENTS	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_AEO_PT_LIST	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	Branch ID from end of care assessment of the episode.	
OBQI_AEO_PT_LIST	EPISODE_CNT	NUMBER (10.0)	N	Episode Count	The total number of non-MISSING values for this adverse event for the national reference	
OBQI_AEO_PT_LIST	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_AEO_PT_LIST	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_AEO_PT_LIST	REF_INCID	NUMBER (5.2)	N	Reference Data Incident Percentage	The percent triggered for this adverse event for the reference group.	
OBQI_AEO_PT_LIST	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_AEO_PT_LIST	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	Branch ID from start of care assessment of the episode.	
OBQI_AEO_RPT_DETAIL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID of the branch represented by this row's data.	
OBQI_AEO_RPT_DETAIL	CRNT_END_TS	DATE (7)	N	Current End Timestamp	Latest month with data during the current reporting period for the branch represented by	
OBQI_AEO_RPT_DETAIL	CRNT_EPSD_CNT	NUMBER (6.0)	N	Current Episode Count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	
OBQI_AEO_RPT_DETAIL	CRNT_STRT_TS	DATE (7)	N	Current Start Timestamp	Earliest month with data during the current reporting period for the branch represented by	
OBQI_AEO_RPT_DETAIL	CURRENT_TOTAL	NUMBER (10.0)	N	Current Number of Cases in HHA	Current number of cases in HHA.	
OBQI_AEO_RPT_DETAIL	CURRENT_TRIGGER	NUMBER (5.2)	N	Current Number of Cases Triggering in HHA	Current number of cases triggering in HHA.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_AEO_RPT_DETAIL	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_AEO_RPT_DETAIL	PRIOR_END_TS	DATE (7)	N	Prior End Timestamp	Latest month with data during the prior reporting period for the branch represented by	
OBQI_AEO_RPT_DETAIL	PRIOR_EPSD_CNT	NUMBER (6.0)	N	Prior Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQI_AEO_RPT_DETAIL	PRIOR_SIGNIF	NUMBER (5.4)	N	Current vs Prior Significance Value	Significance value for statistical test between current and prior percent triggering.	
OBQI_AEO_RPT_DETAIL	PRIOR_STRT_TS	DATE (7)	N	Prior Start Timestamp	Earliest month with data during the prior reporting period for the branch represented by	
OBQI_AEO_RPT_DETAIL	PRIOR_TOTAL	NUMBER (10.0)	N	Prior Number of Cases in HHA	Prior number of cases in HHA.	
OBQI_AEO_RPT_DETAIL	PRIOR_TRIGGER	NUMBER (5.2)	N	Prior Number of Cases Triggering in HHA	Prior number of cases triggering in HHA.	
OBQI_AEO_RPT_DETAIL	REF_SIGNIF	NUMBER (5.4)	N	Current vs Reference Significance Value	Significance value for statistical test between current percent triggering for HHA and current	
OBQI_AEO_RPT_DETAIL	REF_TOTAL	NUMBER (10.0)	N	Current Number of Cases in Reference Group	Current number of cases in the reference group.	
OBQI_AEO_RPT_DETAIL	REF_TRIGGER	NUMBER (5.2)	N	Current Number of Cases Triggering in Reference Group	Current number of cases triggering in the reference group.	
OBQI_AEO_RPT_DETAIL	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_BRIEFG_BOOK_MIS C_MSR	ADMT_HOSP_CNT	NUMBER (9.0)	N	Admit Hospital Count	Number of hospital admissions for the facility, state, region or the nation for the given month.	
OBQI_BRIEFG_BOOK_MIS C_MSR	ADMT_NH_CNT	NUMBER (9.0)	N	Admit Nursing Home Count	Number of nursing home admissions for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS C_MSR	ADMT_REHAB_CNT	NUMBER (9.0)	N	Admit Rehab Count	Number of rehab admissions for the facility, state, region or the nation for the given month.	
OBQI_BRIEFG_BOOK_MIS C_MSR	AGE_18_49_CNT	NUMBER (9.0)	N	Age 18 thru 49 Count	Number of patients age 18 thru 49 for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS C_MSR	AGE_50_75_CNT	NUMBER (9.0)	N	Age 50 thru 75 Count	Number of patients age 50 thru 75 for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS C_MSR	AGE_76_PLUS_CNT	NUMBER (9.0)	N	Age 76 and Over Count	Number of patients age 76 and over for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS C_MSR	BD_TWICE_WEEK_CNT	NUMBER (9.0)	N	Behavior Disorder Twice Per Week Count	Number of patients with behavior problems more than twice a week for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_BRIEFG_BOOK_MIS_C_MSR	BWL_INCNTNT_CNT	NUMBER (9.0)	N	Bowel Incontinent Count	Total number of patients with bowel incontinence (0-5 scale) for the facility, state,	
OBQI_BRIEFG_BOOK_MIS_C_MSR	BWL_OSTMY_CNT	NUMBER (9.0)	N	Bowel Ostomy Count	Number of patients with bowel ostomy for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	CLNCL_CHF_HRT_FAILR_CNT	NUMBER (9.0)	N	Clinical Congestive Heart Failure Count	Number of patients who received emergent care at the end of care for cardiac-related problems.	
OBQI_BRIEFG_BOOK_MIS_C_MSR	COG_FUNCTION_CNT	NUMBER (9.0)	N	Cognitive Function Count	Number of patients with cognitive function problems for the facility, state, region or the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	DYSPNEA_MOD_EXRTION_CNT	NUMBER (9.0)	N	Dyspnea Moderate Exertion Count	Number of patients with dyspnea with moderate exertion for the facility, state, region or the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	DYSPNEA_WLKING_CNT	NUMBER (9.0)	N	Dyspnea Walking Count	Number of patients with dyspnea while walking for the facility, state, region or the nation for the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	ENTRL_THRPY_CNT	NUMBER (9.0)	N	Enteral Therapy Count	Number of patients with enteral therapy for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	FAC_INTRNL_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	FEML_GNDR_CNT	NUMBER (9.0)	N	Female Gender Count	Number of female patients for the facility, state, region or the nation for the given month.	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_CHF_HRT_FAILR_CNT	NUMBER (9.0)	N	Hospitalization Congestive Heart Failure Count	Number of patients with hospitalization for CHF, heart failure for the facility, state, region	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_HYPGLYCM_DBT_S_CNT	NUMBER (9.0)	N	Hospitalization Hypoglycemia Diabetes Count	Number of patients with hospitalization for hypoglycemia or diabetes for the facility, state,	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_IMPRPR_MDCTN_CNT	NUMBER (9.0)	N	Hospitalization Improper Medication Count	Number of patients with hospitalization for improper medication for the facility, state,	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_IV_CTHTR_INFCTN_CNT	NUMBER (9.0)	N	Hospitalization IV Catheter Infection Count	Number of patients with hospitalization for IV catheter infection for the facility, state, region or	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_TOT_CNT	NUMBER (9.0)	N	Total Hospitalization Count	Number of patients who were hospitalized at the end of care for emergent care for any reason.	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_UTI_CNT	NUMBER (9.0)	N	Hospitalization UTI Count	Number of patients with hospitalization for urinary tract infection for the facility, state,	
OBQI_BRIEFG_BOOK_MIS_C_MSR	HOSPZTN_WND_INFCTN_CNT	NUMBER (9.0)	N	Hospitalization Wound Infection Count	Number of patients with hospitalization for wound infection for the facility, state, region or	
OBQI_BRIEFG_BOOK_MIS_C_MSR	INTRVNS_THRPY_CNT	NUMBER (9.0)	N	Intravenous Therapy Count	Number of patients with intravenous therapy for the facility, state, region or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_BRIEFG_BOOK_MIS_C_MSR	MALE_GNDR_CNT	NUMBER (9.0)	N	Male Gender Count	Number of male patients for the facility, state, region or the nation for the given month.	
OBQI_BRIEFG_BOOK_MIS_C_MSR	MENTL_EMTNL_CNT	NUMBER (9.0)	N	Mental Emotional Count	Number of patients with mental emotional problems for the facility, state, region or the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	MISC_CTHTR_INFCTN_CNT	NUMBER (9.0)	N	Miscellaneous Catheter Infection Count	Number of patients who were hospitalized at the end of care due to an IV or catheter-related	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PAIN_CNSTNT_CNT	NUMBER (9.0)	N	Pain Constant Count	Number of patients with constant pain for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PAIN_DAILY_CNT	NUMBER (9.0)	N	Pain Daily Count	Number of patients with daily pain for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PRNTRL_THRPHY_CNT	NUMBER (9.0)	N	Parenteral Therapy Count	Number of patients with parenteral therapy for the facility, state, region or the nation for the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PRSR_ULCR_CNT	NUMBER (9.0)	N	Pressure Ulcer Count	Number of patients with pressure ulcers for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PRSR_ULCR_STG_2_4_CNT	NUMBER (9.0)	N	Pressure Ulcer Stage 2-4 Count	Number of patients with pressure ulcers stages 2 - 4 for the facility, state, region or the nation for	
OBQI_BRIEFG_BOOK_MIS_C_MSR	PRSR_ULCR_STG_3_4_CNT	NUMBER (9.0)	N	Pressure Ulcer Stage 3-4 Count	Number of patients with pressure ulcers stages 3 - 4 for the facility, state, region or the nation for	
OBQI_BRIEFG_BOOK_MIS_C_MSR	RGMN_CHG_CNT	NUMBER (9.0)	N	Regimen Change Count	Number of patients with regimen change for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	SRGCL_WND_NOT_HEALG_CNT	NUMBER (9.0)	N	Surgical Wound Not Healing Count	Number of patients with surgical wound not healing for the facility, state, region or the nation	
OBQI_BRIEFG_BOOK_MIS_C_MSR	STATE_CD	VARCHAR2 (2)	Y	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	CSP_STATE_CD
OBQI_BRIEFG_BOOK_MIS_C_MSR	STS_ULCR_NOT_HEALG_CNT	NUMBER (9.0)	N	Status Ulcer Not Healing Count	Number of patients with ulcer not healing for the facility, state, region or the nation for the given	
OBQI_BRIEFG_BOOK_MIS_C_MSR	TRGT_MO_DT	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_BRIEFG_BOOK_MIS_C_MSR	URNRY_CTHTR_CNT	NUMBER (9.0)	N	Urinary Catheter Count	Total number of patients with urinary catheter for the facility, state, region or the nation for the	
OBQI_BRIEFG_BOOK_MIS_C_MSR	URNRY_INCNTNT_CNT	NUMBER (9.0)	N	Urinary Incontinent Count	Total number of patients with urinary incontinence for the facility, state, region or the	
OBQI_CMIX_MEASURE_V_ALUES	END_EFF_DT	DATE (8)	N	End Effective Date	End effective date.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_CMIX_MEASURE_V ALUES	HHA_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
OBQI_CMIX_MEASURE_V ALUES	HHA_STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	STATES
OBQI_CMIX_MEASURE_V ALUES	MEAS_100_VALUE	NUMBER (1.0)	N	Chronic Conditions:Dependence in living skills	Chronic conditions: dependence in living skills. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_101_VALUE	NUMBER (1.0)	N	Chronic Conditions:Dependence in personal care	Chronic conditions: dependence in personal care. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_102_VALUE	NUMBER (1.0)	N	Chronic Conditions:Impaired ambulation/mobility	Chronic conditions: impaired ambulation/mobility. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_103_VALUE	NUMBER (1.0)	N	Chronic Conditions:Eating disability	Chronic conditions: eating disability. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_104_VALUE	NUMBER (1.0)	N	Chronic Conditions:Urinary incontinence/catheter	Chronic conditions: urinary incontinence/catheter. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_105_VALUE	NUMBER (1.0)	N	Chronic Conditions:Dependence in med Administration	Chronic conditions: dependence in administrating medicine(s). 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_106_VALUE	NUMBER (1.0)	N	Chronic Conditions:Chronic pain	Chronic conditions: chronic pain. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_107_VALUE	NUMBER (1.0)	N	Chronic Conditions:Cognitive/mental/beh	Chronic conditions: cognitive/mental/behavioral. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_108_VALUE	NUMBER (1.0)	N	Chronic Conditions:Chronic pt With caregiver	Chronic conditions: chronic physical therapy with caregiver. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_109_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Infectious/parasitic	Home care diagnoses: infectious/parasitic diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_110_VALUE	NUMBER (1.0)	N	Payment Source: Any third party	Payment source: any third party. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_111_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Neoplasms	Home care diagnoses: neoplasms. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_112_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Endocrine/nutrit/meta	Home care diagnoses: endocrine/nutritive/metabolic. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_112_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Blood diseases	Home care diagnoses: blood diseases. 1 = Yes, 0 = No.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_113_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Mental diseases	Home care diagnoses: mental diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_114_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Nervous system diseases	Home care diagnoses: nervous system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_115_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Circulatory system	Home care diagnoses: circulatory system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_116_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Respiratory system	Home care diagnoses: respiratory system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_117_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Digestive system diseases	Home care diagnoses: digestive system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_118_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Genitourinary sys	Home care diagnoses: genitourinary system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_119_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Pregnancy problems	Home care diagnoses: pregnancy problems. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_11_VALUE	NUMBER (1.0)	N	Current Residence: Own home	Current residence: own home. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_120_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Skin/subcutaneous	Home care diagnoses: skin/subcutaneous diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_121_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Musculoskeletal sys	Home care diagnoses: musculoskeletal system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_122_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Congenital anomalies	Home care diagnoses: congenital anomalies. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_123_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Ill-defined conditions	Home care diagnoses: ill-defined conditions. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_124_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Fractures	Home care diagnoses: fractures. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_125_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Intracranial injury	Home care diagnoses: intracranial injury. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_126_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Other injury	Home care diagnoses: other injury. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_127_VALUE	NUMBER (1.0)	N	Home Care Diagnoses:Iatrogenic conditions	Home care diagnoses: iatrogenic conditions. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_128_VALUE	NUMBER (4.0)	N	Length Of Stay: LOS Until Discharge In Days	Length of stay: LOS until discharge (in days).	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_129_VALUE	NUMBER (1.0)	N	Length of Stay: LOS from 1 to 31 days	Length of stay: LOS from 1 to 31 days. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_12_VALUE	NUMBER (1.0)	N	Current Residence: Family member home	Current residence: family member home. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_130_VALUE	NUMBER (1.0)	N	Length of Stay: LOS from 32 to 62 days	Length of stay: LOS from 32 to 62 days. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_131_VALUE	NUMBER (1.0)	N	Length of Stay: LOS from 63 to 124 days	Length of stay: LOS from 63 to 124 days. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_132_VALUE	NUMBER (1.0)	N	Length of Stay: LOS more than 124 days	Length of stay: LOS more than 124 days. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_133_VALUE	NUMBER (1.0)	N	Adverse Events:Emergent Care For Injury Caused By Fall Or Accident At Home	Adverse events: emergent care for injury caused by fall or accident at home. 1 = Yes, 0 = No,	
OBQI_CMIX_MEASURE_V ALUES	MEAS_134_VALUE	NUMBER (1.0)	N	Adverse Events:Emergent Care For Wound Infections, Deteriorating Wound Status	Adverse events: emergent care for wound infections, deteriorating wound status. 1 = Yes,	
OBQI_CMIX_MEASURE_V ALUES	MEAS_135_VALUE	NUMBER (1.0)	N	Adverse Events:Emergent Care For Improper Medication Administration, Medication Side Effects	Adverse events: Emergent care for improper medication administration, medication side	
OBQI_CMIX_MEASURE_V ALUES	MEAS_136_VALUE	NUMBER (1.0)	N	Adverse Events:Emergent Care For Hypo/Hyperglycemia	Adverse events: emergent care for hypo/hyperglycemia. 1 = Yes, 0 = No, Null =	
OBQI_CMIX_MEASURE_V ALUES	MEAS_137_VALUE	NUMBER (1.0)	N	Adverse Events:Development Of Urinary Tract Infection	Adverse events: development of urinary tract infection. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_138_VALUE	NUMBER (1.0)	N	Adverse Events:Increase In Number Of Pressure Ulcers	Adverse events: increase in number of pressure ulcers. 1= Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_139_VALUE	NUMBER (1.0)	N	Adverse Events:Substantial Decline In 3 Or More Activities Of Daily Living	Adverse events: substantial decline in 3 or more activities of daily living. 1 = Yes, 0 = No, Null =	
OBQI_CMIX_MEASURE_V ALUES	MEAS_13_VALUE	NUMBER (1.0)	N	Current Living Situation: Lives alone	Current living situation: lives alone. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_140_VALUE	NUMBER (1.0)	N	Adverse Events:Substantial Decline In Management Of Oral Medications	Adverse events: substantial decline in management of oral medications. 1 = Yes, 0 =	
OBQI_CMIX_MEASURE_V ALUES	MEAS_141_VALUE	NUMBER (1.0)	N	Adverse Events:Unexpected Nursing Home Admission	Adverse events: unexpected nursing home admission. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_142_VALUE	NUMBER (1.0)	N	Adverse Events:Discharged To The Community Needing Wound Care Or Medication Assistance	Adverse events: discharged to the community needing wound care or medication assistance. 1	
OBQI_CMIX_MEASURE_V ALUES	MEAS_143_VALUE	NUMBER (1.0)	N	Adverse Events:Discharged To The Community Needing Toileting Assistance	Adverse events: discharged to the community needing toileting assistance. 1 = Yes, 0 = No,	
OBQI_CMIX_MEASURE_V ALUES	MEAS_144_VALUE	NUMBER (1.0)	N	Adverse Events:Discharged To The Community With Behavioral Problems	Adverse events: discharged to the community with behavioral problems. 1 = Yes, 0 = No, Null	
OBQI_CMIX_MEASURE_V ALUES	MEAS_145_VALUE	NUMBER (1.0)	N	Adverse Events:Unexpected Death	Adverse events: unexpected death. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_14_VALUE	NUMBER (1.0)	N	Current Living Situation: With family member	Current living situation: with family member. 1 = Yes, 0 = No.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_15_VALUE	NUMBER (1.0)	N	Current Living Situation: With friend	Current living situation: with friend. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_16_VALUE	NUMBER (1.0)	N	Current Living Situation: With paid help	Current living situation: with paid help. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_17_VALUE	NUMBER (1.0)	N	Assisting Persons: Person Residing In Home	Assisting persons: person residing in home. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_18_VALUE	NUMBER (1.0)	N	Assisting Persons: Person Residing Outside Home	Assisting persons: person residing outside home. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_19_VALUE	NUMBER (1.0)	N	Assisting Persons: Paid Help	Assisting persons: paid help. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_1_VALUE	NUMBER (3.0)	N	Age	Age in years.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_20_VALUE	NUMBER (1.0)	N	Primary Caregiver:Spouse/significant	Primary caregiver: spouse/significant other. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_21_VALUE	NUMBER (1.0)	N	Primary Caregiver:Daughter/son	Primary caregiver: daughter/son. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_22_VALUE	NUMBER (1.0)	N	Primary Caregiver:Paid help	Primary caregiver: paid help. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_23_VALUE	NUMBER (1.0)	N	Primary Caregiver:No one person	Primary caregiver: no one person. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_24_VALUE	NUMBER (1.0)	N	Primary Caregiver Assistance: Frequency of assist, 0-6 scale	Primary caregiver assistance: frequency of assistance, 0-6 scale.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_25_VALUE	NUMBER (1.0)	N	Inpatient DC w/in 14 Days of SOC/ROC:From hospital	Inpatient discharge within 14 days of SOC/ROC: from hospital. 1 = Yes, 0 = No, Null	
OBQI_CMIX_MEASURE_V ALUES	MEAS_26_VALUE	NUMBER (1.0)	N	Inpatient DC w/in 14 Days of SOC/ROC:From rehab facility	Inpatient discharge within 14 days of SOC/ROC: from rehabilitation facility. 1 = Yes,	
OBQI_CMIX_MEASURE_V ALUES	MEAS_27_VALUE	NUMBER (1.0)	N	Inpatient DC w/in 14 Days of SOC/ROC:From nursing home	Inpatient discharge within 14 days of SOC/ROC: from nursing home. 1= Yes, 0 = No,	
OBQI_CMIX_MEASURE_V ALUES	MEAS_28_VALUE	NUMBER (1.0)	N	Medical Reg Change w/in 14 Days of SOC/ROC:Medical regiment change	Medical regimen change within 14 days of SOC/ROC: medical regimen change. 1 = Yes, 0	
OBQI_CMIX_MEASURE_V ALUES	MEAS_29_VALUE	NUMBER (1.0)	N	Prognoses: Moderate Recovery Prognosis	Prognoses: moderate recovery prognosis. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_2_VALUE	NUMBER (1.0)	N	Gender:Female	Gender: female. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_30_VALUE	NUMBER (1.0)	N	Prognoses: Good Rehab Prognosis	Prognosis: good rehabilitation prognosis. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_31_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Grooming, 0-3 scale	ADL disabilities at SOC/ROC: grooming, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_32_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Dress upper body, 0-3	ADL disabilities at SOC/ROC: dress upper body, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_33_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Dress lower body, 0-3	ADL disabilities at SOC/ROC: dress lower body, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_34_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Bathing, 0-5 scale	ADL disabilities at SOC/ROC: bathing, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_35_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Toileting, 0-4 scale	ADL disabilities at SOC/ROC: toileting, 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_36_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Transferring, 0-5 scale	ADL disabilities at SOC/ROC: transferring, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_37_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Ambulation, 0-5 scale	ADL disabilities at SOC/ROC: ambulation, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_38_VALUE	NUMBER (1.0)	N	ADL Disabilities at SOC/ROC:Eating, 0-5 scale	ADL disabilities at SOC/ROC: eating, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_39_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Grooming, 0-3 scale	ADL status prior to SOC/ROC: grooming, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_3_VALUE	NUMBER (1.0)	N	Race:Black	Race: Black. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_40_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Dress upper body, 0-3	ADL status prior to SOC/ROC: dress upper body, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_41_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Dress lower body, 0-3	ADL status prior to SOC/ROC: dress lower body, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_42_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Bathing, 0-5 scale	ADL status prior to SOC/ROC: bathing, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_43_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Toileting, 0-4 scale	ADL status prior to SOC/ROC: toileting, 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_44_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Transferring, 0-5 scale	ADL status prior to SOC/ROC: transferring, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_45_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Ambulation, 0-5 scale	ADL status prior to SOC/ROC: ambulation, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_46_VALUE	NUMBER (1.0)	N	ADL Status Prior to SOC/ROC:Eating, 0-5 scale	ADL status prior to SOC/ROC: eating, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_47_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Light meal prep, 0-2	IADL disabilities at SOC/ROC: light meal preparation, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_48_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Transportation, 0-2	IADL disabilities at SOC/ROC: transportation, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_49_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Laundry, 0-2 scale	IADL disabilities at SOC/ROC: laundry, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_4_VALUE	NUMBER (1.0)	N	Race:White	Race: White. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_50_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Housekeeping, 0-4	IADL disabilities at SOC/ROC: housekeeping; 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_51_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Shopping, 0-3 scale	IADL disabilities at SOC/ROC: shopping; 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_52_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Phone use, 0-5 scale	IADL disabilities at SOC/ROC: phone use; 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_53_VALUE	NUMBER (1.0)	N	IADL Disabilities at SOC/ROC:Management Oral Medications, 0-2 scale	IADL disabilities at SOC/ROC: management of oral medications; 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_54_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Light meal prep, 0-2	IADL status prior to SOC/ROC: light meal preparation, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_55_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Transportation, 0-2	IADL status prior to SOC/ROC: transportation, 0-2 scale.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_56_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Laundry, 0-2 scale	IADL status prior to SOC/ROC: laundry, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_57_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Housekeeping, 0-4	IADL status prior to SOC/ROC: housekeeping, 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_58_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Shopping, 0-3 scale	IADL status prior to SOC/ROC: shopping, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_59_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Phone use, 0-5 scale	IADL status prior to SOC/ROC: phone use, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_5_VALUE	NUMBER (1.0)	N	Race:Other	Race: other. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_60_VALUE	NUMBER (1.0)	N	IADL Status Prior to SOC/ROC:Management Oral Medications, 0-2 scale	IADL status prior to SOC/ROC: Management of oral medications, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_61_VALUE	NUMBER (1.0)	N	Respiratory Status: Dyspnea, 0-4 scale	Respiratory status: dyspnea, 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_62_VALUE	NUMBER (1.0)	N	Therapies Received at Home:IV/infusion Therapy	Therapies received at home: IV/infusion therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_63_VALUE	NUMBER (1.0)	N	Therapies Received at Home:Parenteral Nutrition	Therapies received at home: parenteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_64_VALUE	NUMBER (1.0)	N	Therapies Received at Home:Enteral Nutrition	Therapies received at home: enteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_65_VALUE	NUMBER (1.0)	N	Sensory Status:Vision impairment, 0-2 scale	Sensory status: vision impairment, 0-2 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_66_VALUE	NUMBER (1.0)	N	Sensory Status:Hearing impairment, 0-4 scale	Sensory status: hearing impairment, 0-4 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_67_VALUE	NUMBER (1.0)	N	Sensory Status:Speech/language, 0-5 scale	Sensory status: speech/language, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_68_VALUE	NUMBER (1.0)	N	Pain: Pain Interfering W/activ, 0- 3 scale	Pain: pain interfering with activities, 0-3 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_69_VALUE	NUMBER (1.0)	N	Pain: Intractable Pain	Pain: intractable pain. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_6_VALUE	NUMBER (1.0)	N	Payment Source: Any Medicare	Payment source: any Medicare. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_70_VALUE	NUMBER (1.0)	N	Neuro/Emotional/Behavioral Status:Moderate cognitive disability	Neuro/emotional/behavioral status: moderate cognitive disability. 1 = Yes, 0 = No, Null = No disability	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_71_VALUE	NUMBER (1.0)	N	Neuro/Emotional/Behavioral Status:Severe confusion disability	Neuro/emotional/behavioral status: severe confusion disability. 1 = Yes, 0 = No, Null = No	
OBQI_CMIX_MEASURE_V ALUES	MEAS_72_VALUE	NUMBER (1.0)	N	Neuro/Emotional/Behavioral Status:Severe anxiety level	Neuro/emotional/behavioral status: severe anxiety level. 1 = Yes, 0 =No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_73_VALUE	NUMBER (1.0)	N	Neuro/Emotional/Behavioral Status:Behavior problems more than twice a week	Neuro/emotional/behavioral status: behavior problems more than twice a week. 1 = Yes, 0 =	
OBQI_CMIX_MEASURE_V ALUES	MEAS_74_VALUE	NUMBER (1.0)	N	Integumentary Status:Presence of wound/Lesion	Integumentary status: presence of wound/lesion. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_75_VALUE	NUMBER (1.0)	N	Integumentary Status:Stasis Ulcers Present	Integumentary status: stasis ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_76_VALUE	NUMBER (1.0)	N	Integumentary Status:Surgical Wounds Present	Integumentary status: surgical wound(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_77_VALUE	NUMBER (1.0)	N	Integumentary Status:Pressure Ulcers Present	Integumentary status: pressure ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_78_VALUE	NUMBER (1.0)	N	Integumentary Status:Stage 2-4 Ulcers Present	Integumentary status: stage 2-4 ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_79_VALUE	NUMBER (1.0)	N	Integumentary Status:Stage 3-4 Ulcers Present	Integumentary status: stage 3-4 ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_7_VALUE	NUMBER (1.0)	N	Payment Source: Any Medicaid	Payment source: any Medicaid. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_80_VALUE	NUMBER (1.0)	N	Elimination Status:UTI within past 14 days	Elimination status: UTI within past 14 days. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_81_VALUE	NUMBER (1.0)	N	Elimination Status:Urinary incont/catheter present	Elimination status: urinary incontinence/catheter present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_82_VALUE	NUMBER (1.0)	N	Elimination Status:Incontinent day and night	Elimination status: incontinent day and night. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_83_VALUE	NUMBER (1.0)	N	Elimination Status:Urinary catheter	Elimination status: urinary catheter. 1 =Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_84_VALUE	NUMBER (1.0)	N	Elimination Status:Bowel incont, 0-5 scale	Elimination status: bowel incontinence, 0-5 scale.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_85_VALUE	NUMBER (1.0)	N	Acute Conditions:Orthopedic	Acute conditions: orthopedic. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_86_VALUE	NUMBER (1.0)	N	Acute Conditions:Neurologic	Acute conditions: neurologic. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_V ALUES	MEAS_87_VALUE	NUMBER (1.0)	N	Acute Conditions:Open Wounds/Lesions	Acute conditions: open wounds. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_88_VALUE	NUMBER (1.0)	N	Acute Conditions:Terminal Condition	Acute conditions: terminal condition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_89_VALUE	NUMBER (1.0)	N	Acute Conditions:Cardiac/Peripheral	Acute conditions: cardiac/peripheral vascular. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_8_VALUE	NUMBER (1.0)	N	Payment Source: Any HMO	Payment source: any HMO. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_90_VALUE	NUMBER (1.0)	N	Acute Conditions:Pulmonary	Acute conditions: pulmonary. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_91_VALUE	NUMBER (1.0)	N	Acute Conditions:Diabetes Mellitus	Acute conditions: diabetes mellitus. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_92_VALUE	NUMBER (1.0)	N	Acute Conditions:Gastrointestinal Disorder	Acute conditions: gastrointestinal disorder. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_93_VALUE	NUMBER (1.0)	N	Acute Conditions:Contagious/Communi	Acute conditions: contagious/communicable. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_94_VALUE	NUMBER (1.0)	N	Acute Conditions:Urinary Incontinence/Catheter	Acute conditions: urinary incontinence/catheter. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_95_VALUE	NUMBER (1.0)	N	Acute Conditions:Mental/Emotional	Acute conditions: mental/emotional. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_96_VALUE	NUMBER (1.0)	N	Acute Conditions:Oxygen Therapy	Acute conditions: oxygen therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_97_VALUE	NUMBER (1.0)	N	Acute Conditions:IV/Infusion Therapy	Acute conditions: IV/infusion therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_98_VALUE	NUMBER (1.0)	N	Acute Conditions:Enteral/Parenteral	Acute conditions: enteral/parenteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_99_VALUE	NUMBER (1.0)	N	Acute Conditions:Ventilator	Acute conditions: ventilator. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	MEAS_9_VALUE	NUMBER (1.0)	N	Payment Source: Medicare HMO	Payment source: Medicare HMO. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_MEASURE_V ALUES	START_EFF_DT	DATE (8)	N	Start Effective Date	Start effective date.	
OBQI_CMIX_MEASURE_V ALUES	VALID_OBQI	NUMBER (1.0)	N	Valid OBQI Episode	Valid OBQI episode.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_MEASURE_VALID_OBQM ALUES	VALID_OBQM	NUMBER (1.0)	N	Valid OBQM Episode	Valid OBQM episode.	
OBQI_CMIX_RISK_ADJUST_BRNCH_ID D_ROLLUPS	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID. For national, regional, state and agency totals, value will be 'ALL'. For parent	
OBQI_CMIX_RISK_ADJUST_EPISODE_CNT D_ROLLUPS	EPISODE_CNT	NUMBER (7.0)	N	Number Of Episodes Processed	Total number of episodes processed for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_FAC_INT_ID D_ROLLUPS	FAC_INT_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
OBQI_CMIX_RISK_ADJUST_MEAS_100_EP_CNT D_ROLLUPS	MEAS_100_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In Living	Total number of episodes with data for chronic conditions: dependence in living skills for the	
OBQI_CMIX_RISK_ADJUST_MEAS_100_MEAN D_ROLLUPS	MEAS_100_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In Living	Percent chronic conditions: dependence in living skills for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_MEAS_101_EP_CNT D_ROLLUPS	MEAS_101_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In	Total number of episodes with data for chronic conditions: dependence in personal care for the	
OBQI_CMIX_RISK_ADJUST_MEAS_101_MEAN D_ROLLUPS	MEAS_101_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In	Percent chronic conditions: dependence in personal care for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_MEAS_102_EP_CNT D_ROLLUPS	MEAS_102_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Impaired Ambulation/Mobility	Total number of episodes with data for chronic conditions: impaired ambulation/mobility for the	
OBQI_CMIX_RISK_ADJUST_MEAS_102_MEAN D_ROLLUPS	MEAS_102_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Impaired	Percent Chronic conditions: impaired ambulation/mobility for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_MEAS_103_EP_CNT D_ROLLUPS	MEAS_103_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Eating Disability	Total number of episodes with data for chronic conditions: eating disability for the facility,	
OBQI_CMIX_RISK_ADJUST_MEAS_103_MEAN D_ROLLUPS	MEAS_103_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Eating Disability	Percent chronic conditions: eating disability for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_MEAS_104_EP_CNT D_ROLLUPS	MEAS_104_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Urinary Incontinence/Catheter	Total number of episodes with data for chronic conditions: urinary incontinence/catheter for the	
OBQI_CMIX_RISK_ADJUST_MEAS_104_MEAN D_ROLLUPS	MEAS_104_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Urinary	Percent chronic conditions: urinary incontinence/catheter for the facility, state,	
OBQI_CMIX_RISK_ADJUST_MEAS_105_EP_CNT D_ROLLUPS	MEAS_105_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In Medical Administration	Total number of episodes with data for chronic conditions: dependence in medical	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_105_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In Medical Administration	Percent chronic conditions: dependence in medical administration for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_106_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Chronic Pain	Total number of episodes with data for chronic conditions: chronic pain for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_106_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Chronic Pain	Percent chronic conditions: chronic pain for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_107_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Cognitive/Mental/Beh	Total number of episodes with data for chronic conditions: cognitive/mental/behavioral for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_107_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Cognitive/Mental/Beh	Percent chronic conditions: cognitive/mental/behavioral for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_108_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Chronic Physical Therapy With Caregiver	Total number of episodes with data for chronic conditions: chronic physical therapy with	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_108_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Chronic Physical Therapy With Caregiver	Percent chronic conditions: chronic physical therapy with caregiver for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_109_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Infectious/Parasitic	Total number of episodes with data for home care diagnoses: infectious/parasitic diseases for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_109_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Infectious/Parasitic	Percent home care diagnoses: infectious/parasitic diseases for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_10_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Third Party	Total number of episodes with data for payment source: any third party for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_10_MEAN	NUMBER (6.2)	N	Payment Source: Any Third Party Percent	Percent payment source: any third party for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_110_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Neoplasms	Total number of episodes with data for home care diagnoses: neoplasms for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_110_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Neoplasms	Percent home care diagnoses: neoplasms for the facility, state, region for the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_111_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Endocrine/Nutrit/Meta	Total number of episodes with data for home care diagnoses: endocrine/nutritive/metabolic	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_111_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Endocrine/Nutrit/Meta	Percent home care diagnoses: endocrine/nutritive/metabolic for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_112_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Blood Diseases	Total number of episodes with data for home care diagnoses: blood diseases for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_112_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Blood Diseases	Percent home care diagnoses: blood diseases for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_113_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Mental Diseases	Total number of episodes with data for home care diagnoses: mental diseases for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_113_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Mental Diseases	Percent home care diagnoses: mental diseases for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_114_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Nervous System	Total number of episodes with data for home care diagnoses: nervous system diseases for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_114_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Nervous System	Percent home care diagnoses: nervous system diseases for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_115_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Circulatory System	Total number of episodes with data for home care diagnoses: circulatory system diseases for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_115_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Circulatory System	Percent home care diagnoses: circulatory system diseases for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_116_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Respiratory System	Total number of episodes with data for home care diagnoses: respiratory system diseases for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_116_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Respiratory System	Percent home care diagnoses: respiratory system diseases for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_117_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Digestive System	Total number of episodes with data for home care diagnoses: digestive system diseases for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_117_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Digestive System	Percent home care diagnoses: digestive system diseases for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_118_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Genitourinary System	Total number of episodes with data for home care diagnoses: genitourinary system diseases	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_118_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Genitourinary System	Percent home care diagnoses: genitourinary system diseases for the facility, state, region or	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_119_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Pregnancy Problems	Total number of episodes with data for home care diagnoses: pregnancy problems for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_119_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Pregnancy Problems	Percent home care diagnoses: pregnancy problems for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_11_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Residence: Own Home	Total number of episodes with data for current residence: own home for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_11_MEAN	NUMBER (6.2)	N	Percent Current Residence: Own Home	Percent current residence: own home for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_120_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Skin/Subcutaneous	Total number of episodes with data for home care diagnoses: skin/subcutaneous diseases for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_120_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Skin/Subcutaneous	Percent home care diagnoses: skin/subcutaneous diseases for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_121_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Musculoskeletal	Total number of episodes with data for home care diagnoses: musculoskeletal system diseases	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_121_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Musculoskeletal	Percent home care diagnoses: musculoskeletal system diseases for the facility, state, region or	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_122_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Congenital Anomalies	Total number of episodes with data for home care diagnoses: congenital anomalies for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_122_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Congenital Anomalies	Percent home care diagnoses: congenital anomalies for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_123_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Ill-Defined Conditions	Total number of episodes with data for home care diagnoses: ill-defined conditions for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_123_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Ill-Defined Conditions	Percent home care diagnoses: ill-defined conditions for the facility, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_124_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Fractures	Total number of episodes with data for home care diagnoses: fractures for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_124_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Fractures	Percent home care diagnoses: fractures for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_125_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Intracranial Injury	Total number of episodes with data for home care diagnoses: intracranial injury for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_125_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Intracranial Injury	Percent home care diagnoses: intracranial injury for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_126_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Other Injury	Total number of episodes with data for home care diagnoses: other injury for the facility, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_126_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Other Injury	Percent home care diagnoses: other injury for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_127_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Iatrogenic Conditions	Total number of episodes with data for home care diagnoses: iatrogenic conditions for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_127_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Iatrogenic Conditions	Percent home care diagnoses: iatrogenic conditions for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_128_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS Until Discharge In Days	Total number of episodes with data for length of stay until discharge (average in days) for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_128_MEAN	NUMBER (6.2)	N	Average Length Of Stay:LOS Until Discharge In Days	Average length of stay until discharge (average in days) for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_129_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 1 To 31 Days	Total number of episodes with data for length of stay from 1 to 31 days for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_129_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 1 To 31 Days	Percent length of stay from 1 to 31 days for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_12_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Residence: Family Member Home	Total number of episodes with data for current residence: family member home for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_12_MEAN	NUMBER (6.2)	N	Percent Current Residence: Family Member Home	Percent current residence: family member home for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_130_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 32 To 62 Days	Total number of episodes with data for length of stay from 32 to 62 days for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_130_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 32 To 62 Days	Percent length of stay from 32 to 62 days for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_131_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 63 To 124 Days	Total number of episodes with data for length of stay from 63 to 124 days for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_131_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 63 To 124 Days	Percent length of stay from 63 to 124 days for the facility, state, region or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_132_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS More Than 124 Days	Total number of episodes with data for length of stay more than 124 days for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_132_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS More Than 124 Days	Percent length of stay more than 124 days for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_13_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: Lives Alone	Total number of episodes with data for current living situation: lives alone for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_13_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: Lives Alone	Percent current living situation: lives alone for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_14_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Family Member	Total number of episodes with data for current living situation: with family member for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_14_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Family Member	Percent current living situation: with family member for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_15_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Friend	Total number of episodes with data for current living situation: with friend for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_15_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Friend	Percent current living situation: with friend for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_16_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Paid Help	Total number of episodes with data for current living situation: with paid help for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_16_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Paid Help	Percent current living situation: with paid help for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_17_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Person Residing In Home	Total number of episodes with data for assisting persons: person residing in the home for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_17_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Person Residing In Home	Percent assisting persons: person residing in the home for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_18_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Person Residing Outside Home	Total number of episodes with data for assisting persons: person residing outside the home for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_18_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Person Residing Outside Home	Percent assisting persons: person residing outside the home for the facility, state, region or	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_19_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Paid Help	Total number of episodes with data for assisting persons: paid help for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_19_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Paid Help	Percent assisting persons: paid help for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_1_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Age	Total number of episodes with data for age for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_1_MEAN	NUMBER (6.2)	N	Average Age	Average age for the facility, state, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_20_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Rimary Caregiver:Spouse/Significant	Total number of episodes with data for primary caregiver: spouse/significant other for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_20_MEAN	NUMBER (6.2)	N	Primary Caregiver:Spouse/Significant	Percent primary caregiver: spouse/significant other for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_21_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:Daughter/Son	Total number of episodes with data for primary caregiver: daughter/son for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_21_MEAN	NUMBER (6.2)	N	Primary Caregiver:Daughter/Son Percent	Percent primary caregiver: daughter/son for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_22_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:Paid Help	Total number of episodes with data for primary caregiver: paid help for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_22_MEAN	NUMBER (6.2)	N	Primary Caregiver:Paid Help Percent	Percent primary caregiver: paid help for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_23_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:No One Person	Total number of episodes with data for primary caregiver: no one person for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_23_MEAN	NUMBER (6.2)	N	Primary Caregiver:No One Person Percent	Percent primary caregiver: no one person for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_24_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver Assistance: Frequency Of Assistance, 0-6 Scale	Total number of episodes with data for primary caregiver assistance: frequency of assistance (0-	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_24_MEAN	NUMBER (6.2)	N	Average Primary Caregiver Assistance: Frequency Of Assistance, 0-6 Scale	Average primary caregiver assistance: frequency of assistance (0-6 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_25_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Hospital	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from hospital	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_25_MEAN	NUMBER (6.2)	N	Percent Inpatient DC Within 14 Days Of SOC/ROC:From Hospital	Percent inpatient discharged within 14 days of SOC/ROC: from hospital for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_26_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Rehab Facility	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_26_MEAN	NUMBER (6.2)	N	Percent Inpatient De Within 14 Days Of SOC/ROC:From Rehab Facility	Percent inpatient discharged within 14 days of SOC/ROC: from rehabilitation facility for the facility	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_27_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Nursing Home	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from nursing	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_27_MEAN	NUMBER (6.2)	N	Percent Inpatient De Within 14 Days Of SOC/ROC:From Nursing Home	Percent inpatient discharged within 14 days of SOC/ROC: from nursing home for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_28_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Medical Reg Change Within 14 Days Of SOC/ROC:Medical Regiment Change	Total number of episodes with data for medical regimen change within 14 days of SOC/ROC:	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_28_MEAN	NUMBER (6.2)	N	Percent Medical Reg Change Within 14 Days Of SOC/ROC:Medical Regiment	Percent medical regimen change within 14 days of SOC/ROC: medical regimen change for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_29_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Prognoses: Moderate Recovery Prognosis	Total number of episodes with data for prognoses: moderate recovery prognosis for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_29_MEAN	NUMBER (6.2)	N	Prognoses: Moderate Recovery Prognosis Percent	Percent prognoses: moderate recovery prognosis for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_2_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Female	Total number of episodes with data for gender: female for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_2_MEAN	NUMBER (6.2)	N	Percent Female	Percent gender: female for the facility, state, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_30_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Prognoses: Good Rehab Prognosis	Total number of episodes with data for prognoses: good rehabilitation prognosis for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_30_MEAN	NUMBER (6.2)	N	Prognoses: Good Rehab Prognosis Percent	Percent prognoses: good rehabilitation prognosis for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_31_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Grooming, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: grooming (0-3 scale)	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_31_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Grooming, 0-3 scale	Average ADL disabilities at SOC/ROC: grooming (0-3 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_32_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Dress Upper Body, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: dress upper body (0-3	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_32_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Dress Upper Body, 0-3 Scale)	Average ADL disabilities at SOC/ROC: dress upper body (0-3 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_33_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Dress Lower Body, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: dress lower body (0-3	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_33_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Dress Lower Body, 0-3 Scale)	Average ADL disabilities at SOC/ROC: dress lower body (0-3 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_34_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Bathing, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: bathing (0-5 scale) for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_34_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Bathing, 0-5 Scale	Average ADL disabilities at SOC/ROC: bathing (0-5 scale) for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_35_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Toileting, 0-4 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: toileting (0-4 scale) for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_35_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Toileting, 0-4 scale	Average ADL disabilities at SOC/ROC: toileting (0-4 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_36_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Transferring, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: transferring (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_36_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Transferring, 0-5 scale	Average ADL disabilities at SOC/ROC: transferring (0-5 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_37_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Ambulation, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: ambulation (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_37_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Ambulation, 0-5 Scale	Average ADL disabilities at SOC/ROC: ambulation (0-5 scale) for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_38_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Eating, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: eating (0-5 scale) for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_38_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Eating, 0-5 Scale)	Average ADL disabilities at SOC/ROC: eating (0-5 scale) for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_39_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Grooming, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: grooming (0-3	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_39_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Grooming, 0-3 scale	Average ADL disabilities prior to SOC/ROC: grooming (0-3 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_3_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:Black	Total number of episodes with data for race: Black for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_3_MEAN	NUMBER (6.2)	N	Percent Race:Black	Percent race: Black for the facility, state, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_40_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Dress Upper Body, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: dress upper body	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_40_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Dress upper body, 0-3 scale	Average ADL disabilities prior to SOC/ROC: dress upper body (0-3 scale) for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_41_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Dress Lower Body, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: dress lower body	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_41_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Dress lower body, 0-3 scale	Average ADL disabilities prior to SOC/ROC: dress lower body (0-3 scale) for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_42_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Bathing, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: bathing (0-5	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_42_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Bathing, 0-5 scale	Average ADL disabilities prior to SOC/ROC: bathing (0-5 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_43_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Toileting, 0-4 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: toileting (0-4	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_43_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Toileting, 0-4 scale	Average ADL disabilities prior to SOC/ROC: toileting (0-4 scale) for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_44_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Transferring, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: transferring (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_44_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Transferring, 0-5 scale	Average ADL disabilities prior to SOC/ROC: transferring (0-5 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_45_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Ambulation, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: ambulation (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_45_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Ambulation, 0-5 scale	Average ADL disabilities prior to SOC/ROC: ambulation (0-5 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_46_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Eating, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: eating (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_46_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Eating, 0-5 scale	Average ADL disabilities prior to SOC/ROC: eating (0-5 scale) for the facility, state, region or	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_47_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Light Meal Prep, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: light meal preparation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_47_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Light meal prep, 0-2 scale	Average IADL disabilities at SOC/ROC: light meal preparation (0-2 scale) for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_48_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Transportation, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: transportation (0-2 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_48_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Transportation, 0-2 scale	Average IADL disabilities at SOC/ROC: transportation (0-2 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_49_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Laundry, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: laundry (0-32 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_49_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Laundry, 0-2 scale	Average IADL disabilities at SOC/ROC: laundry (0-32 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_4_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:White	Total number of episodes with data for race: White for the facility, state, region or the nation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_4_MEAN	NUMBER (6.2)	N	Percent Race:White	Percent race: White for the facility, state, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_50_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Housekeeping, 0-4 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: housekeeping (0-4 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_50_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Housekeeping, 0-4 scale	Average IADL disabilities at SOC/ROC: housekeeping(0-4 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_51_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Shopping, 0-3 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: shopping (0-3 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_51_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Shopping, 0-3 scale	Average IADL disabilities at SOC/ROC: shopping (0-3 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_52_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Phone Use, 0-5 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: phone use (0-5 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_52_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Phone use, 0-5 scale	Average IADL disabilities at SOC/ROC: phone use (0-5 scale) for the facility, state, region or	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_53_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Management Oral Medications, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: management of oral medications (0-2 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_53_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Management Oral Medications, 0-2 scale	Average IADL disabilities at SOC/ROC: management of oral meds (0-2 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_54_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Light Meal Prep, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: light meal preparation (0-2 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_54_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Light meal prep, 0-2 scale	Average IADL disabilities prior to SOC/ROC: light meal preparation (0-2 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_55_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Transportation, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: transportation (0-2 scale)	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_55_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Transportation, 0-2 scale	Average IADL disabilities prior to SOC/ROC: transportation (0-2 scale) for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_56_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Laundry, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: laundry (0-32	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_56_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Laundry, 0-2 scale	Average IADL disabilities prior to SOC/ROC: laundry (0-32 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_57_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Housekeeping, 0-4 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: housekeeping(0-	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_57_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Housekeeping, 0-4 scale	Average IADL disabilities prior to SOC/ROC: housekeeping (0-4 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_58_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Shopping, 0-3 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: shopping (0-3	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_58_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Shopping, 0-3 scale	Average IADL disabilities prior to SOC/ROC: shopping (0-3 scale) for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_59_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Phone Use, 0-5 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: phone use (0-5	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_59_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Phone use, 0-5 scale	Average IADL disabilities prior to SOC/ROC: phone use (0-5 scale) for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_5_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:Other	Total number of episodes with data for race: other for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_5_MEAN	NUMBER (6.2)	N	Percent Race:Other	Percent race: other for the facility, state, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_60_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Management Oral Medications, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: management of	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_60_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Management Oral Medications, 0-2 scale	Average IADL disabilities prior to SOC/ROC: managment of oral medications (0-2 scale) for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_61_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Respiratory Status: Dyspnea, 0-4 Scale	Total number of episodes with data for respiratory status: dyspnea (0-4 scale) for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_61_MEAN	NUMBER (6.2)	N	Average Respiratory Status: Dyspnea, 0-4 Scale	Average respiratory status: dyspnea (0-4 scale) for the facility, state, region or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_62_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:IV/Infusion Therapy	Total number of episodes with data for therapies received at home: IV/infusion therapy for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_62_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:IV/Infusion Therapy	Percent therapies received at home: IV/infusion therapy for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_63_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:Parenteral Nutrition	Total number of episodes with data for therapies received at home: parenteral nutrition for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_63_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:Parenteral Nutrition	Percent therapies received at home: parenteral nutrition for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_64_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:Enteral Nutrition	Total number of episodes with data for therapies received at home: enteral nutrition for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_64_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:Enteral Nutrition	Percent therapies received at home: enteral nutrition for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_65_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Vision Impairment, 0-2 Scale	Total number of episodes with data for sensory status: vision impairment (0-2 scale) for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_65_MEAN	NUMBER (6.2)	N	Average Sensory Status:Vision Impairment, 0-2 Scale	Average sensory status: vision impairment (0-2 scale) for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_66_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Hearing Impairment, 0-4 Scale	Total number of episodes with data for sensory status: hearing impairment (0-4 scale) for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_66_MEAN	NUMBER (6.2)	N	Average Sensory Status:Hearing Impairment, 0-4 Scale	Average sensory status: hearing impairment (0-4 scale) for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_67_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Speech/Language, 0-5	Total number of episodes with data for sensory status: speech/language (0-5 scale) for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_67_MEAN	NUMBER (6.2)	N	Average Sensory Status:Speech/Language, 0-5	Average sensory status: speech/language (0-5 scale) for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_68_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Pain: Pain Interfering With Activity, 0-3 Scale	Total number of episodes with data for pain: pain interfering with activities (0-3 scale) for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_68_MEAN	NUMBER (6.2)	N	Average Pain: Pain Interfering W/activ, 0-3 scale	Average pain: pain interfering with activities (0-3 scale) for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_69_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Pain: Intractable Pain	Total number of episodes with data for pain: intractable pain for the facility, state, region or	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_69_MEAN	NUMBER (6.2)	N	Pain: Intractable Pain Percent	% Pain:Intractable pain for the facility, state, region or the nation for the given month	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_6_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Medicare	Total number of episodes with data for payment source: any Medicare for the facility, region or Medicare	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_6_MEAN	NUMBER (6.2)	N	Payment Source: Any Medicare Percent	Percent payment source: any Medicare for the facility, region or the nation for the given month.	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_70_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Moderate Cognitive Disability	Total number of episodes with data for Neuro/emotional/behavioral status: moderate	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_70_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Moderate Cognitive Disability	Percent neuro/emotional/behavioral status: moderate cognitive disability for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_71_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Severe Confusion Disability	Total number of episodes with data for Neuro/emotional/behavioral status: severe	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_71_MEAN	NUMBER (6.2)	N	Neuro/Emotional/Behavioral Status:Severe Confusion Disability Percent	Percent neuro/emotional/behavioral status: severe confusion disability for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_72_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Severe Anxiety Level	Total number of episodes with data for neuro/emotional/behavioral status: severe	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_72_MEAN	NUMBER (6.2)	N	Neuro/Emotional/Behavioral Status:Severe Anxiety Level Percent	Percent neuro/emotional/behavioral status: severe anxiety level for the facility, state, region	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_73_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Behavior Problems More Than Twice A Week	Total number of episodes with data for neuro/emotional/behavioral status: behavioral	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_73_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Behavior Problems More Than Twice A Week	Percent neuro/emotional/behavioral status: behavioral problems more than twice a week for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_74_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Presence Of	Total number of episodes with data for integumentary status: presence of wound/lesion	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_74_MEAN	NUMBER (6.2)	N	Percent Integumentary Status:Presence Of	Percent integumentary status: presence of wound/lesion for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_75_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stasis Ulcers Present	Total number of episodes with data for integumentary status: stasis ulcer(s) present for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_75_MEAN	NUMBER (6.2)	N	Integumentary Status:Stasis Ulcers Present Percent	Percent integumentary status: stasis ulcer(s) present for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_76_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Surgical Wounds Present	Total number of episodes with data for integumentary status: surgical wound(s) present	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_76_MEAN	NUMBER (6.2)	N	Integumentary Status:Surgical Wounds Present Percent	Percent integumentary status: surgical wound(s) present for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_77_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Pressure Ulcers Present	Total number of episodes with data for integumentary status: pressure ulcer(s) present	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_77_MEAN	NUMBER (6.2)	N	Integumentary Status:Pressure Ulcers Present Percent	Percent integumentary status: pressure ulcer(s) present for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_78_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stage 2-4 Ulcers Present	Total number of episodes with data for integumentary status: stage 2-4 ulcer(s) present	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_78_MEAN	NUMBER (6.2)	N	Integumentary Status:Stage 2-4 Ulcers Present Percent	Percent integumentary status: stage 2-4 ulcer(s) present for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_79_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stage 3-4 Ulcers Present	Total number of episodes with data for integumentary status: stage 3-4 ulcer(s) present	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_79_MEAN	NUMBER (6.2)	N	Integumentary Status:Stage 3-4 Ulcers Present Percent	Percent integumentary status: stage 3-4 ulcer(s) present for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_7_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Medicaid	Total number of episodes with data for payment source: any Medicaid for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_7_MEAN	NUMBER (6.2)	N	Payment Source: Any Medicaid Percent	Percent payment source: any Medicaid for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_80_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:UTI Within Past 14 Days	Total number of episodes with data for elimination status: UTI within the past 14 days	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_80_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Uti Within Past 14 Days	Percent elimination status: UTI within the past 14 days for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_81_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Urinary Incontinence/Catheter Present	Total number of episodes with data for elimination status: urinary incontinence/catheter	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_81_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Urinary Incontinence/Catheter Present	Percent elimination status: urinary incontinence/catheter present for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_82_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Incontinent Day And	Total number of episodes with data for elimination status: incontinent day and night for	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_82_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Incontinent Day And	Percent elimination status: incontinent day and night for the facility, state, region or the nation	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_83_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Urinary Catheter	Total number of episodes with data for elimination status: urinary catheter for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_83_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Urinary Catheter	Percent elimination status: urinary catheter for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_84_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Bowel Incontinence, 0-5 Scale	Total number of episodes with data for elimination status: bowel incontinence (0-5	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_84_MEAN	NUMBER (6.2)	N	Average Elimination Status:Bowel incont, 0-5 scale	Average elimination status: bowel incontinence (0-5 scale) for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_85_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Orthopedic	Total number of episodes with data for acute conditions: orthopedic for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_85_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Orthopedic	Percent acute conditions: orthopedic for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_86_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Neurologic	Total number of episodes with data for acute conditions: neurologic for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_86_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Neurologic	Percent acute conditions: neurologic for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_87_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Open Wounds/Lesions	Total number of episodes with data for acute conditions: open wounds/lesions for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_87_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Open Wounds/Lesions	Percent acute conditions: open wounds/lesions for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_88_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Terminal Condition	Total number of episodes with data for acute conditions: terminal condition for the facility,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_88_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Terminal Condition	Percent acute conditions: terminal condition for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_89_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Cardiac/Peripheral	Total number of episodes with data for acute conditions: cardiac/peripheral vascular for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_89_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Cardiac/Peripheral	Percent acute conditions: cardiac/peripheral vascular for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_8_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any HMO	Total number of episodes with data for payment source: any HMO for the facility, state, region or	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_8_MEAN	NUMBER (6.2)	N	Payment Source: Any HMO Percent	Percent payment source: any HMO for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_90_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Pulmonary	Total number of episodes with data for acute conditions: pulmonary for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_90_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Pulmonary	Percent acute conditions: pulmonary for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_91_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Diabetes Mellitus	Total number of episodes with data for acute conditions: diabetes mellitus for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_91_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Diabetes Mellitus	Percent acute conditions: diabetes mellitus for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_92_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Gastrointestinal	Total number of episodes with data for acute conditions: gastrointestinal disorder for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_92_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Gastrointestinal	Percent acute conditions: gastrointestinal disorder for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_93_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Contagious/Communi	Total number of episodes with data for acute conditions: contagious/communicable for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_93_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Contagious/Communi	Percent acute conditions: contagious/communicable for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_94_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Urinary Incontinence/Catheter	Total number of episodes with data for acute conditions: urinary incontinence/catheter for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_94_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Urinary	Percent acute onditions: urinary incontinence/catheter for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_95_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Mental/Emotional)	Total number of episodes with data for acute conditions: mental/emotional for the facility,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_95_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Mental/Emotional	Percent acute conditions: mental/emotional for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_96_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Oxygen Therapy	Total number of episodes with data for acute conditions: oxygen therapy for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_96_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Oxygen Therapy	Percent acute conditions: oxygen therapy for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_97_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:IV/Infusion Therapy	Total number of episodes with data for acute conditions: IV/infusion therapy for the facility,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_97_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:IV/Infusion Therapy	Percent acute conditions: IV/infusion therapy for the facility, state, region or the nation for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_98_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Enteral/Parenteral	Total number of episodes with data for acute conditions: enteral/parenteral nutrition for the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_98_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Enteral/Parenteral	Percent acute conditions: enteral/parenteral nutrition for the facility, state, region or the	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_99_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Ventilator	Total number of episodes with data for acute conditions: ventilator for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_99_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Ventilator	Percent acute conditions: ventilator for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_9_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Medicare HMO	Total number of episodes with data for payment source: Medicare HMO for the facility, state,	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	MEAS_9_MEAN	NUMBER (6.2)	N	Payment Source: Medicare HMO Percent	Percent payment source: Medicare HMO for the facility, state, region or the nation for the given	
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	STATE_ID	VARCHAR2 (2)	Y	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
OBQI_CMIX_RISK_ADJUST_D_ROLLUPS	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_CMIX_RPT_DETAIL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID of the branch represented by this row's data.	
OBQI_CMIX_RPT_DETAIL	CRNT_END_TS	DATE (7)	N	Current End Timestamp	Latest month with data during the current reporting period for the branch represented by	
OBQI_CMIX_RPT_DETAIL	CRNT_EPSD_CNT	NUMBER (6.0)	N	Current Episode Count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_RPT_DETAIL	CRNT_STRT_TS	DATE (7)	N	Current Start Timestamp	Earliest month with data during the current reporting period for the branch represented by	
OBQI_CMIX_RPT_DETAIL	CURRENT_VALUE	NUMBER (6.2)	N	Current Measure Value	Value for the OBQI measure.	
OBQI_CMIX_RPT_DETAIL	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_CMIX_RPT_DETAIL	PRIOR_END_TS	DATE (7)	N	Prior End Timestamp	Latest month with data during the prior reporting period for the branch represented by	
OBQI_CMIX_RPT_DETAIL	PRIOR_EPSD_CNT	NUMBER (6.0)	N	Prior Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQI_CMIX_RPT_DETAIL	PRIOR_SIGNIF	NUMBER (5.4)	N	Prior Significance	The probability that the difference between the current value and the previous value are	
OBQI_CMIX_RPT_DETAIL	PRIOR_STRT_TS	DATE (7)	N	Prior Start Timestamp	Earliest month with data during the prior reporting period for the branch represented by	
OBQI_CMIX_RPT_DETAIL	PRIOR_VALUE	NUMBER (6.2)	N	Prior Measure Value	The value for the prior period for the OBQI measure.	
OBQI_CMIX_RPT_DETAIL	REF_SIGNIF	NUMBER (5.4)	N	Reference Significance	The probability that the difference between the current value and the reference value are	
OBQI_CMIX_RPT_DETAIL	REF_VALUE	NUMBER (6.2)	N	Calculated Reference Value	The calculated reference value for the OBQI measure.	
OBQI_CMIX_RPT_DETAIL	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_CMIX_TALLY_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	Branch ID for the end of care assessment of this episode.	
OBQI_CMIX_TALLY_RPT_DTL	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_100_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Dependence in living skills	Chronic conditions: dependence in living skills. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_101_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Dependence in personal care	Chronic conditions: dependence in personal care. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_102_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Impaired ambulation/mobility	Chronic conditions: impaired ambulation/mobility. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_103_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Eating disability	Chronic conditions: eating disability. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_104_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Urinary incontinence/catheter	Chronic conditions: urinary incontinence/catheter. 1 = Yes, 0 = No.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_105_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Dependence in med Administration	Chronic conditions: dependence in administrating medicine(s). 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_106_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Chronic pain	Chronic conditions: chronic pain. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_107_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Cognitive/mental/beh	Chronic conditions: cognitive/mental/behavioral. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_108_VALUE	VARCHAR2 (1)	N	Chronic Conditions:Chronic pt With caregiver	Chronic conditions: chronic physical therapy with caregiver. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_109_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Infectious/parasitic	Home care diagnoses: infectious/parasitic diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_10_VALUE	VARCHAR2 (1)	N	Payment Source: Any third party	Payment source: any third party. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_110_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Neoplasms	Home care diagnoses: neoplasms. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_111_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Endocrine/nutrit/meta	Home care diagnoses: endocrine/nutritive/metabolic. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_112_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Blood diseases	Home care diagnoses: blood diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_113_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Mental diseases	Home care diagnoses: mental diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_114_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Nervous system diseases	Home care diagnoses: nervous system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_115_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Circulatory system	Home care diagnoses: circulatory system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_116_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Respiratory system	Home care diagnoses: respiratory system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_117_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Digestive system diseases	Home care diagnoses: digestive system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_118_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Genitourinary sys	Home care diagnoses: genitourinary system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_119_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Pregnancy problems	Home care diagnoses: pregnancy problems. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_11_VALUE	VARCHAR2 (1)	N	Current Residence: Own home	Current residence: own home. 1 = Yes, 0 = No.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_120_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Skin/subcutaneous	Home care diagnoses: skin/subcutaneous diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_121_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Musculoskeletal sys	Home care diagnoses: musculoskeletal system diseases. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_122_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Congenital anomalies	Home care diagnoses: congenital anomalies. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_123_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Ill-defined conditions	Home care diagnoses: ill-defined conditions. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_124_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Fractures	Home care diagnoses: fractures. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_125_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Intracranial injury	Home care diagnoses: intracranial injury. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_126_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Other injury	Home care diagnoses: other injury. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_127_VALUE	VARCHAR2 (1)	N	Home Care Diagnoses:Iatrogenic conditions	Home care diagnoses: iatrogenic conditions. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_128_VALUE	VARCHAR2 (4)	N	Length Of Stay: LOS Until Discharge In Days	Length of stay: LOS until discharge (in days).	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_129_VALUE	VARCHAR2 (1)	N	Length of Stay: LOS from 1 to 31 days	Length of stay: LOS from 1 to 31 days. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_12_VALUE	VARCHAR2 (1)	N	Current Residence: Family member home	Current residence: family member home. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_130_VALUE	VARCHAR2 (1)	N	Length of Stay: LOS from 32 to 62 days	Length of stay: LOS from 32 to 62 days. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_131_VALUE	VARCHAR2 (1)	N	Length of Stay: LOS from 63 to 124 days	Length of stay: LOS from 63 to 124 days. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_132_VALUE	VARCHAR2 (1)	N	Length of Stay: LOS more than 124 days	Length of stay: LOS more than 124 days. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_13_VALUE	VARCHAR2 (1)	N	Current Living Situation: Lives alone	Current living situation: lives alone. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_14_VALUE	VARCHAR2 (1)	N	Current Living Situation: With family member	Current living situation: with family member. 1 = Yes, 0 = No.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_15_VALUE	VARCHAR2 (1)	N	Current Living Situation: With friend	Current living situation: with friend. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_16_VALUE	VARCHAR2 (1)	N	Current Living Situation: With paid help	Current living situation: with paid help. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_17_VALUE	VARCHAR2 (1)	N	Assisting Persons: Person Residing In Home	Assisting persons: person residing in home. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_18_VALUE	VARCHAR2 (1)	N	Assisting Persons: Person Residing Outside Home	Assisting persons: person residing outside home. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_19_VALUE	VARCHAR2 (1)	N	Assisting Persons: Paid Help	Assisting persons: paid help. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_1_VALUE	VARCHAR2 (3)	N	Age	Age in years.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_20_VALUE	VARCHAR2 (1)	N	Primary Caregiver:Spouse/significant	Primary caregiver: spouse/significant other. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_21_VALUE	VARCHAR2 (1)	N	Primary Caregiver:Daughter/son	Primary caregiver: daughter/son. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_22_VALUE	VARCHAR2 (1)	N	Primary Caregiver:Paid help	Primary caregiver: paid help. 1= Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_23_VALUE	VARCHAR2 (1)	N	Primary Caregiver:No one person	Primary caregiver: no one person. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_24_VALUE	VARCHAR2 (1)	N	Primary Caregiver Assistance: Frequency of assist, 0-6 scale	Primary caregiver assistance: frequency of assistance, 0-6 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_25_VALUE	VARCHAR2 (1)	N	Inpatient DC w/in 14 Days of SOC/ROC:From hospital	Inpatient discharge within 14 days of SOC/ROC: from hospital. 1 = Yes, 0 = No, Null	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_26_VALUE	VARCHAR2 (1)	N	Inpatient DC w/in 14 Days of SOC/ROC:From rehab facility	Inpatient discharge within 14 days of SOC/ROC: from rehabilitation facility. 1 = Yes,	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_27_VALUE	VARCHAR2 (1)	N	Inpatient DC w/in 14 Days of SOC/ROC:From nursing home	Inpatient discharge within 14 days of SOC/ROC: from nursing home. 1= Yes, 0 = No,	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_28_VALUE	VARCHAR2 (1)	N	Medical Reg Change w/in 14 Days of SOC/ROC:Medical regiment change	Medical regimen change within 14 days of SOC/ROC: medical regimen change. 1 = Yes, 0	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_29_VALUE	VARCHAR2 (1)	N	Prognoses: Moderate Recovery Prognosis	Prognoses: moderate recovery prognosis. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_2_VALUE	VARCHAR2 (1)	N	Gender:Female	Gender: female. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_30_VALUE	VARCHAR2 (1)	N	Prognoses: Good Rehab Prognosis	Prognosis: good rehabilitation prognosis. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_31_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Grooming, 0-3 scale	ADL disabilities at SOC/ROC: grooming, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_32_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Dress upper body, 0-3	ADL disabilities at SOC/ROC: dress upper body, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_33_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Dress lower body, 0-3	ADL disabilities at SOC/ROC: dress lower body, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_34_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Bathing, 0-5 scale	ADL disabilities at SOC/ROC: bathing, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_35_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Toileting, 0-4 scale	ADL disabilities at SOC/ROC: toileting, 0-4 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_36_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Transferring, 0-5 scale	ADL disabilities at SOC/ROC: transferring, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_37_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Ambulation, 0-5 scale	ADL disabilities at SOC/ROC: ambulation, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_38_VALUE	VARCHAR2 (1)	N	ADL Disabilities at SOC/ROC:Eating, 0-5 scale	ADL disabilities at SOC/ROC: eating, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_39_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Grooming, 0-3 scale	ADL status prior to SOC/ROC: grooming, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_3_VALUE	VARCHAR2 (1)	N	Race:Black	Race: Black. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_40_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Dress upper body, 0-3	ADL status prior to SOC/ROC: dress upper body, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_41_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Dress lower body, 0-3	ADL status prior to SOC/ROC: dress lower body, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_42_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Bathing, 0-5 scale	ADL status prior to SOC/ROC: bathing, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_43_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Toileting, 0-4 scale	ADL status prior to SOC/ROC: toileting, 0-4 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_44_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Transferring, 0-5 scale	ADL status prior to SOC/ROC: transferring, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_45_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Ambulation, 0-5 scale	ADL status prior to SOC/ROC: ambulation, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_46_VALUE	VARCHAR2 (1)	N	ADL Status Prior to SOC/ROC:Eating, 0-5 scale	ADL status prior to SOC/ROC: eating, 0-5 scale.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_47_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Light meal prep, 0-2	IADL disabilities at SOC/ROC: light meal preparation, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_48_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Transportation, 0-2	IADL disabilities at SOC/ROC: transportation, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_49_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Laundry, 0-2 scale	IADL disabilities at SOC/ROC: laundry, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_4_VALUE	VARCHAR2 (1)	N	Race:White	Race: White. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_50_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Housekeeping, 0-4	IADL disabilities at SOC/ROC: housekeeping; 0-4 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_51_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Shopping, 0-3 scale	IADL disabilities at SOC/ROC: shopping; 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_52_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Phone use, 0-5 scale	IADL disabilities at SOC/ROC: phone use; 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_53_VALUE	VARCHAR2 (1)	N	IADL Disabilities at SOC/ROC:Management Oral Medications, 0-2 scale	IADL disabilities at SOC/ROC: management of oral medications; 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_54_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Light meal prep, 0-2	IADL status prior to SOC/ROC: light meal preparation, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_55_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Transportation, 0-2	IADL status prior to SOC/ROC: transportation, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_56_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Laundry, 0-2 scale	IADL status prior to SOC/ROC: laundry, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_57_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Housekeeping, 0-4	IADL status prior to SOC/ROC: housekeeping, 0-4 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_58_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Shopping, 0-3 scale	IADL status prior to SOC/ROC: shopping, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_59_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Phone use, 0-5 scale	IADL status prior to SOC/ROC: phone use, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_5_VALUE	VARCHAR2 (1)	N	Race:Other	Race: other. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_60_VALUE	VARCHAR2 (1)	N	IADL Status Prior to SOC/ROC:Management Oral Medications, 0-2 scale	IADL status prior to SOC/ROC: Management of oral medications, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_61_VALUE	VARCHAR2 (1)	N	Respiratory Status: Dyspnea, 0-4 scale	Respiratory status: dyspnea, 0-4 scale.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_62_VALUE	VARCHAR2 (1)	N	Therapies Received at Home:IV/infusion Therapy	Therapies received at home: IV/infusion therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_63_VALUE	VARCHAR2 (1)	N	Therapies Received at Home:Parenteral Nutrition	Therapies received at home: parenteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_64_VALUE	VARCHAR2 (1)	N	Therapies Received at Home:Enteral Nutrition	Therapies received at home: enteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_65_VALUE	VARCHAR2 (1)	N	Sensory Status:Vision impairment, 0-2 scale	Sensory status: vision impairment, 0-2 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_66_VALUE	VARCHAR2 (1)	N	Sensory Status:Hearing impairment, 0-4 scale	Sensory status: hearing impairment, 0-4 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_67_VALUE	VARCHAR2 (1)	N	Sensory Status:Speech/language, 0-5 scale	Sensory status: speech/language, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_68_VALUE	VARCHAR2 (1)	N	Pain: Pain Interfering W/activ, 0-3 scale	Pain: pain interfering with activities, 0-3 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_69_VALUE	VARCHAR2 (1)	N	Pain: Intractable Pain	Pain: intractable pain. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_6_VALUE	VARCHAR2 (1)	N	Payment Source: Any Medicare	Payment source: any Medicare. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_70_VALUE	VARCHAR2 (1)	N	Neuro/Emotional/Behavioral Status:Moderate cognitive disability	Neuro/emotional/behavioral status: moderate cognitive disability. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_71_VALUE	VARCHAR2 (1)	N	Neuro/Emotional/Behavioral Status:Severe confusion disability	Neuro/emotional/behavioral status: severe confusion disability. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_72_VALUE	VARCHAR2 (1)	N	Neuro/Emotional/Behavioral Status:Severe anxiety level	Neuro/emotional/behavioral status: severe anxiety level. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_73_VALUE	VARCHAR2 (1)	N	Neuro/Emotional/Behavioral Status:Behavior problems more than twice a week	Neuro/emotional/behavioral status: behavior problems more than twice a week. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_74_VALUE	VARCHAR2 (1)	N	Integumentary Status:Presence of wound/Lesion	Integumentary status: presence of wound/lesion. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_75_VALUE	VARCHAR2 (1)	N	Integumentary Status:Stasis Ulcers Present	Integumentary status: stasis ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_76_VALUE	VARCHAR2 (1)	N	Integumentary Status:Surgical Wounds Present	Integumentary status: surgical wound(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_77_VALUE	VARCHAR2 (1)	N	Integumentary Status:Pressure Ulcers Present	Integumentary status: pressure ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_78_VALUE	VARCHAR2 (1)	N	Integumentary Status:Stage 2-4 Ulcers Present	Integumentary status: stage 2-4 ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_79_VALUE	VARCHAR2 (1)	N	Integumentary Status:Stage 3-4 Ulcers Present	Integumentary status: stage 3-4 ulcer(s) present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_7_VALUE	VARCHAR2 (1)	N	Payment Source: Any Medicaid	Payment source: any Medicaid. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_80_VALUE	VARCHAR2 (1)	N	Elimination Status:UTI within past 14 days	Elimination status: UTI within past 14 days. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_81_VALUE	VARCHAR2 (1)	N	Elimination Status:Urinary incont/catheter present	Elimination status: urinary incontinence/catheter present. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_82_VALUE	VARCHAR2 (1)	N	Elimination Status:Incontinent day and night	Elimination status: incontinent day and night. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_83_VALUE	VARCHAR2 (1)	N	Elimination Status:Urinary catheter	Elimination status: urinary catheter. 1 =Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_84_VALUE	VARCHAR2 (1)	N	Elimination Status:Bowel incont, 0-5 scale	Elimination status: bowel incontinence, 0-5 scale.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_85_VALUE	VARCHAR2 (1)	N	Acute Conditions:Orthopedic	Acute conditions: orthopedic. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_86_VALUE	VARCHAR2 (1)	N	Acute Conditions:Neurologic	Acute conditions: neurologic. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_87_VALUE	VARCHAR2 (1)	N	Acute Conditions:Open Wounds/Lesions	Acute conditions: open wounds. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_88_VALUE	VARCHAR2 (1)	N	Acute Conditions:Terminal Condition	Acute conditions: terminal condition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_89_VALUE	VARCHAR2 (1)	N	Acute Conditions:Cardiac/Peripheral	Acute conditions: cardiac/peripheral vascular. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_8_VALUE	VARCHAR2 (1)	N	Payment Source: Any HMO	Payment source: any HMO. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_90_VALUE	VARCHAR2 (1)	N	Acute Conditions:Pulmonary	Acute conditions: pulmonary. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_91_VALUE	VARCHAR2 (1)	N	Acute Conditions:Diabetes Mellitus	Acute conditions: diabetes mellitus. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_92_VALUE	VARCHAR2 (1)	N	Acute Conditions:Gastrointestinal Disorder	Acute conditions: gastrointestinal disorder. 1 = Yes, 0 = No, Null = No data.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_CMIX_TALLY_RPT_DTL	MEAS_93_VALUE	VARCHAR2 (1)	N	Acute Conditions:Contagious/Communi	Acute conditions: contagious/communicable. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_94_VALUE	VARCHAR2 (1)	N	Acute Conditions:Urinary Incontinence/Catheter	Acute conditions: urinary incontinence/catheter. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_95_VALUE	VARCHAR2 (1)	N	Acute Conditions:Mental/Emotional	Acute conditions: mental/emotional. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_96_VALUE	VARCHAR2 (1)	N	Acute Conditions:Oxygen Therapy	Acute conditions: oxygen therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_97_VALUE	VARCHAR2 (1)	N	Acute Conditions:IV/Infusion Therapy	Acute conditions: IV/infusion therapy. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_98_VALUE	VARCHAR2 (1)	N	Acute Conditions:Enteral/Parenteral	Acute conditions: enteral/parenteral nutrition. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_99_VALUE	VARCHAR2 (1)	N	Acute Conditions:Ventilator	Acute conditions: ventilator. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	MEAS_9_VALUE	VARCHAR2 (1)	N	Payment Source: Medicare HMO	Payment source: Medicare HMO. 1 = Yes, 0 = No, Null = No data.	
OBQI_CMIX_TALLY_RPT_DTL	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_CMIX_TALLY_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	Branch ID for the start of care assessment of this episode.	
OBQI_CRCTN_ASMT	ASMT_EFF_DT	DATE (7)	Y			
OBQI_CRCTN_ASMT	FAC_INT_ID	NUMBER (10.0)	Y			
OBQI_CRCTN_ASMT	M0100_ASSMT_REASON	VARCHAR2 (2)	Y			
OBQI_CRCTN_ASMT	RES_INT_ID	NUMBER (10.0)	Y			
OBQI_CRCTN_ASMT	RPLCT_DT	DATE (7)	N			
OBQI_CRCTN_ASMT	STATE_ID	VARCHAR2 (2)	Y			
OBQI_EPISODE	END_AST_INT_ID	NUMBER (10.0)	N	End assessment internal Identifier	End of care assessment internal identifier.	
OBQI_EPISODE	END_EFF_DT	DATE (8)	N	End Effective Date	End effective date.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_EPISODE	END_RFA	VARCHAR2 (2)	N	End reason for assessment	End reason for assessment.	
OBQI_EPISODE	EOC_BRNCH_ID	VARCHAR2 (10)	N	End of Care Branch ID	Branch ID from end of care assessment of the episode. Set to NULL if assessment effective	
OBQI_EPISODE	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_EPISODE	EPISODE_STATUS	NUMBER (2.0)	N	Episode Status	The OBQI episode status. 0 = complete episode, 1 = incomplete episode, 2 = rejected - too many	
OBQI_EPISODE	HHA_BRANCH_ID	VARCHAR2 (10)	N	Branch ID	Branch identifier.	
OBQI_EPISODE	HHA_BRANCH_STATE	VARCHAR2 (2)	N	Branch State	Branch state.	
OBQI_EPISODE	HHA_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	The facility identifier, unique within a state.	
OBQI_EPISODE	HHA_REGION	VARCHAR2 (2)	N	Region Code	The regional location of the provider.	
OBQI_EPISODE	HHA_STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_EPISODE	PATIENT_BIRTH_DT	DATE (8)	N	Patient Birth Data	Patient birth date.	
OBQI_EPISODE	PATIENT_DC	DATE (8)	N	Patient discharge date	Patient discharge date.	
OBQI_EPISODE	PATIENT_FNAME	VARCHAR2 (24)	N	Patient First Name	Patient first name.	
OBQI_EPISODE	PATIENT_GENDER	VARCHAR2 (1)	N	Patient Gender	Patient gender.	
OBQI_EPISODE	PATIENT_ID	VARCHAR2 (40)	N	Patient ID	Patient identification number.	
OBQI_EPISODE	PATIENT_LNAME	VARCHAR2 (36)	N	Patient Last Name	Patient last name.	
OBQI_EPISODE	PATIENT_MINIT	VARCHAR2 (1)	N	Patient Middle Initial	Patient middle initial.	
OBQI_EPISODE	PATIENT_ROC	DATE (8)	N	Patient Return of Care Date	Patient return to care date.	
OBQI_EPISODE	PATIENT_SOC	DATE (8)	N	Patient Start of Care Date	Patient start of care date.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_EPISODE	PATIENT_SSN	VARCHAR2 (18)	N	Patient Social Security Number	Patient social security number.	
OBQI_EPISODE	PATIENT_SUFFIX	VARCHAR2 (3)	N	Patient Suffix	Patient suffix.	
OBQI_EPISODE	RAO_EPISODE_STATUS	NUMBER (1.0)	N	Risk Adjusted Episode Status	Risk adjusted episode status. 0 = complete episode, 1 = incomplete episode, 2 = rejected -	
OBQI_EPISODE	RESIDENT_ID	NUMBER (10.0)	N	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
OBQI_EPISODE	SOC_BRNCH_ID	VARCHAR2 (10)	N	Start of Care Branch ID	Branch ID from start of care assessment of the episode. Set to NULL if incomplete episode or	
OBQI_EPISODE	START_AST_INT_ID	NUMBER (10.0)	N	Start Assessment Internal ID	The start assessment internal identifier.	
OBQI_EPISODE	START_EFF_DT	DATE (8)	N	Start Effective Date	Start effective date.	
OBQI_EPISODE	START_RFA	VARCHAR2 (2)	N	Start Reason For Assessment	Start reason for assessment.	
OBQI_EPISODE	TARGET_MONTH	DATE (8)	N	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_EVALTN	CRNT_EPSD_CNT	NUMBER (5.0)	N	Number of episodes of care in current time period	Number of episodes of care in current time period	
OBQI_EVALTN	CRNT_RATE_PCT	NUMBER (7.2)	N	OBQI outcome rate for current time period	OBQI outcome rate for current time period	
OBQI_EVALTN	EVALTN_ID	NUMBER (10.0)	Y	Surrogate primary key for table	Surrogate primary key for table	
OBQI_EVALTN	FAC_INTRNL_ID	NUMBER (10.0)	N	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
OBQI_EVALTN	OBQI_MSR_CD	NUMBER (5.0)	N	OBQI measure code	OBQI measure code	
OBQI_EVALTN	PASS_FAIL_SW	VARCHAR2 (1)	N	Equals Y if Significant Improvement	Equals 'Y' if significant improvement	
OBQI_EVALTN	PIVOT_DT	DATE (8)	N	First day of the current time period	First day of the current time period	
OBQI_EVALTN	PRIOR_EPSD_CNT	NUMBER (5.0)	N	Number of episodes of care in prior time period	Number of episodes of care in prior time period	
OBQI_EVALTN	PRIOR_RATE_PCT	NUMBER (7.2)	N	OBQI outcome rate for prior time	OBQI outcome rate for prior time period	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_EVALTN	PRVDR_NUM	VARCHAR2 (15)	N	Provider Number	A six or ten position identification number that is assigned to a certified provider.	
OBQI_EVALTN	SGNFCNC_PCT	NUMBER (5.4)	N	Significance Percent	Statistical significance of difference between current and prior rates.	
OBQI_EVALTN	STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_EXTRA_CRED	OBQI_MSR_CD	NUMBER (5.0)	Y	OBQI Measure Code	OBQI measure ID	
OBQI_EXTRA_CRED	PRVDR_NUM	VARCHAR2 (12)	Y	Provider Number	The provider number of the agency.	
OBQI_EXTRA_CRED	RATE_PCT	NUMBER (5.2)	N	Rate Percent	Risk-adjusted agency OBQI value	
OBQI_EXTRA_CRED	RPT_PRD_NUM	NUMBER (3.0)	Y	Report Period Number	Report period number (0 = baseline, 1+ = remeasurement)	
OBQI_EXTRA_CRED	STATE_CD	VARCHAR2 (2)	Y	State Code	The state code of the agency.	
OBQI_FREQ_MASTER	CATEGORY_ID	NUMBER (5.0)	Y	Category Identifier	The unique category identifier.	
OBQI_FREQ_MASTER	CATEGORY_LABEL	VARCHAR2 (40)	N	Category Label	Category label.	
OBQI_FREQ_MASTER	END_VALUE	NUMBER (4.0)	N	End Value	The end value for the category.	
OBQI_FREQ_MASTER	MEASURE_ID	NUMBER (5.0)	Y	Measre Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_FREQ_MASTER	START_VALUE	NUMBER (4.0)	N	Start Value	The start value for the category.	
OBQI_IDENTFD_PRTCNT	OBQI_MSR_CD	NUMBER (5.0)	Y	OBQI Measure Code	OBQI measure ID	
OBQI_IDENTFD_PRTCNT	PRVDR_NUM	VARCHAR2 (12)	Y	Provider Number	The provider number of the participating agency.	
OBQI_IDENTFD_PRTCNT	RATE_PCT	NUMBER (5.2)	N	Rate Percent	Risk-adjusted agency OBQI value	
OBQI_IDENTFD_PRTCNT	RPT_PRD_NUM	NUMBER (3.0)	Y	Report Period Number	Report period number (0 = baseline, 1+ = remeasurement)	
OBQI_IDENTFD_PRTCNT	STATE_CD	VARCHAR2 (2)	Y	State Code	The state code of the participating agency.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_MEAS_MASTER	ACTIVE	NUMBER (1.0)	N	Measure Active	A value of 1 in this field indicates the measure is currently being used.	
OBQI_MEAS_MASTER	AEO_MEASURE	NUMBER (1.0)	N	Adverse Event Measure	A value of 1 in this field indicates the measure is an adverse-event measure.	
OBQI_MEAS_MASTER	CMIX_MEASURE	NUMBER (1.0)	N	Case-mix Measure	A value of 1 in this field indicates the measure is a case-mix measure.	
OBQI_MEAS_MASTER	CRITICAL	NUMBER (1.0)	N	Measure Critical Status	A value of 1 in this field indicates the measure must be able to be calculated in a complete	
OBQI_MEAS_MASTER	MEASURE_DESCRIP	VARCHAR2 (100)	N	Measure Description	Measure description.	
OBQI_MEAS_MASTER	MEASURE_GROUP	VARCHAR2 (100)	N	Measure Group	The measure group. Examples include demographics, payment source.	
OBQI_MEAS_MASTER	MEASURE_ID	NUMBER (5.0)	Y	Measure Identification Number	Measure identification number.	
OBQI_MEAS_MASTER	MEASURE_NAME	VARCHAR2 (40)	N	Measure Name	Measure name.	
OBQI_MEAS_MASTER	MEASURE_TYPE	VARCHAR2 (1)	N	Measure Type	Measure type. D = dichotomous, O = can be a range.	
OBQI_MEAS_MASTER	NONRAO_MEASURE	NUMBER (1.0)	N	Non risk-adjusted Measure	A value of 1 in this field indicates the measure is not risk-adjusted.	
OBQI_MEAS_MASTER	RAO_MEASURE	NUMBER (1.0)	N	Risk-Adjusted Measure	A value of 1 in this field indicates the measure is a risk-adjusted measure.	
OBQI_MEAS_MASTER	SORT_ORDER	NUMBER (2.0)	N	Sort Order	Sort order.	
OBQI_PROC_MASTER	PROC_STATUS	NUMBER (2.0)	N	Process Status	Process status. 1 = currently processing, 0 = processing completed.	
OBQI_PROC_MASTER	RUN_DATE	DATE (8)	N	Run Date	Run date for the calculations.	
OBQI_PROC_MASTER	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_RAO_MEASURE_V ALUES	END_EFF_DT	DATE (8)	N	End Effective Date	End effective date.	
OBQI_RAO_MEASURE_V ALUES	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_RAO_MEASURE_V ALUES	HHA_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_MEASURE_V ALUES	HHA_STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	STATES
OBQI_RAO_MEASURE_V ALUES	MEAS_146_VALUE	NUMBER (7.6)	N	Improvement in Grooming	Improvement in grooming. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_147_VALUE	NUMBER (7.6)	N	Stabilization in Grooming	Stabilization in grooming. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_148_VALUE	NUMBER (7.6)	N	Improvement in Upper Body Dressing	Improvement in upper body dressing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_149_VALUE	NUMBER (7.6)	N	Improvement in Lower Body Dressing	Improvement in lower body dressing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_150_VALUE	NUMBER (7.6)	N	Improvement in Bathing	Improvement in bathing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_151_VALUE	NUMBER (7.6)	N	Stabilization in Bathing	Stabilization in bathing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_152_VALUE	NUMBER (7.6)	N	Improvement in Toileting	Improvement in toileting. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_153_VALUE	NUMBER (7.6)	N	Improvement in Transferring	Improvement in transferring. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_154_VALUE	NUMBER (7.6)	N	Stabilization in Transferring	Stabilization in transferring. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_155_VALUE	NUMBER (7.6)	N	Improvement in Ambulation/Locomotion	Improvement in ambulation/locomotion. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_156_VALUE	NUMBER (7.6)	N	Improvement in Eating	Improvement in eating. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_157_VALUE	NUMBER (7.6)	N	Improvement in Light Meal Preparation	Improvement in light meal preparation. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_158_VALUE	NUMBER (7.6)	N	Stabilization in Light Meal Preparation	Stabilization in light meal preparation. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_159_VALUE	NUMBER (7.6)	N	Improvement in Laundry	Improvement in laundry. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_160_VALUE	NUMBER (7.6)	N	Stabilization in Laundry	Stabilization in laundry. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_161_VALUE	NUMBER (7.6)	N	Improvement in Housekeeping	Improvement in housekeeping. x = exists, o = does not exist, - = no value.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_MEASURE_V ALUES	MEAS_162_VALUE	NUMBER (7.6)	N	Stabilization in Housekeeping	Stabilization in housekeeping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_163_VALUE	NUMBER (7.6)	N	Improvement in Shopping	Improvement in shopping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_164_VALUE	NUMBER (7.6)	N	Stabilization in Shopping	Stabilization in shopping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_165_VALUE	NUMBER (7.6)	N	Improvement in Phone Use	Improvement in phone use. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_166_VALUE	NUMBER (7.6)	N	Stabilization in Phone Use	Stabilization in phone use. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_167_VALUE	NUMBER (7.6)	N	Improvement in Management of Oral Medications	Improvement in management of oral medications. x = exists, o = does not exist, - =	
OBQI_RAO_MEASURE_V ALUES	MEAS_168_VALUE	NUMBER (7.6)	N	Stabilization in Management of Oral Medications	Stabilization in management of oral medications. x = exists, o = does not exist, - =	
OBQI_RAO_MEASURE_V ALUES	MEAS_169_VALUE	NUMBER (7.6)	N	Improvement in Speech and Language	Improvement in speech and language.	
OBQI_RAO_MEASURE_V ALUES	MEAS_170_VALUE	NUMBER (7.6)	N	Stabilization in Speech and Language	Stabilization in speech and language. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_171_VALUE	NUMBER (7.6)	N	Improvement in Pain Interfering with Activity	Improvement in pain interfering with activity. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_172_VALUE	NUMBER (7.6)	N	Improvement in Number of Surgical Wounds	Improvement in number of surgical wounds. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_173_VALUE	NUMBER (7.6)	N	Improvement in Status of Surgical Wounds	Improvement in status of surgical wounds. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_174_VALUE	NUMBER (7.6)	N	Improvement in Dyspnea	Improvement in dyspnea. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_175_VALUE	NUMBER (7.6)	N	Improvement in Urinary Tract Infection	Improvement in urinary tract infection. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_176_VALUE	NUMBER (7.6)	N	Improvement in Urinary Incontinence	Improvement in urinary incontinence. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_177_VALUE	NUMBER (7.6)	N	Improvement in Bowel Incontinence	Improvement in bowel incontinence. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_178_VALUE	NUMBER (7.6)	N	Improvement in Cognitive Functioning	Improvement in cognitive functioning. x = exists, o = does not exist, - = no value.	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_MEASURE_V ALUES	MEAS_179_VALUE	NUMBER (7.6)	N	Stabilization in Cognitive Functioning	Stabilization in cognitive functioning. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_180_VALUE	NUMBER (7.6)	N	Improvement in Confusion Frequency	Improvement in confusion frequency. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_181_VALUE	NUMBER (7.6)	N	Improvement in Anxiety Level	Improvement in anxiety level. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_182_VALUE	NUMBER (7.6)	N	Stabilization in Anxiety Level	Stabilization in anxiety level. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_183_VALUE	NUMBER (7.6)	N	Improvement in Behavior Problem Frequency	Improvement in behavior problem frequency. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_184_VALUE	NUMBER (7.6)	N	Any Emergent Care	Any emergent care. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_185_VALUE	NUMBER (7.6)	N	Discharged to Community	Discharged to community. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MEAS_186_VALUE	NUMBER (7.6)	N	Acute Care Hospitalization	Acute care hospitalization. x = exists, o = does not exist, - = no value.	
OBQI_RAO_MEASURE_V ALUES	MODEL_NUMBER	NUMBER (3.0)	Y	Model Number	Risk adjustment model number. 0 = observed values,	
OBQI_RAO_MEASURE_V ALUES	START_EFF_DT	DATE (8)	N	Start Effective Date	Start effective date.	
OBQI_RAO_MODEL	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_RAO_MODEL	MODEL_NUMBER	NUMBER (4.0)	Y	Model Number	Risk adjustment model number. 0 = observed values,	
OBQI_RAO_MODEL	RAO_REF_CASES	NUMBER (7.0)	N	Number of Reference Cases	The number of cases in the reference sample.	
OBQI_RAO_MODEL	RAO_REF_MEAN	NUMBER (7.4)	N	Reference Mean	The reference mean for the measure.	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID. For national, regional, state and agency totals, value will be 'ALL'. For parent	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	EPISODE_CNT	NUMBER (7.0)	N	Number Of Episodes Processed	Total number of episodes processed for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	FAC_INT_ID	NUMBER (10.0)	Y	Facility Internal ID	The CMS facility internal identifier that is unique within a state. For the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_146_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Grooming	Number of episodes processed for improvement in grooming for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_146_MEAN	NUMBER (6.2)	N	Percent Improvement In Grooming	Percent improvement in grooming for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_147_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Grooming	Number of episodes processed for stabilization in grooming for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_147_MEAN	NUMBER (6.2)	N	Percent Stabilization In Grooming	Percent stabilization in grooming for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_148_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Upper Body Dressing	Number of episodes processed for improvement in upper body dressing for the facility, state,	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_148_MEAN	NUMBER (6.2)	N	Percent Improvement In Upper Body Dressing	Percent improvement in upper body dressing for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_149_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Lower Body Dressing	Number of episodes processed for improvement in lower body dressing for the facility, state,	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_149_MEAN	NUMBER (6.2)	N	Percent Improvement In Lower Body Dressing	Percent improvement in lower body dressing for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_150_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Bathing	Number of episodes processed for improvement in bathing for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_150_MEAN	NUMBER (6.2)	N	Percent Improvement In Bathing	Percent improvement in bathing for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_151_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Bathing	Number of episodes processed for stabilization in bathing for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_151_MEAN	NUMBER (6.2)	N	Percent Stabilization In Bathing	Percent stabilization in bathing for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_152_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Toileting	Number of episodes processed for improvement in toileting for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_152_MEAN	NUMBER (6.2)	N	Percent Improvement In Toileting	Percent improvement in toileting for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_153_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Transferring	Number of episodes processed for improvement in transferring for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_153_MEAN	NUMBER (6.2)	N	Percent Improvement In Transferring	Percent improvement in transferring for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_154_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Transferring	Number of episodes processed for stabilization in transferring for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_154_MEAN	NUMBER (6.2)	N	Percent Stabilization In Transferring	Percent stabilization in transferring for the facility, state, region or the nation for the given	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_155_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Ambulation/Locomotion	Number of episodes processed for improvement in ambulation/locomotion for the facility, state,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_155_MEAN	NUMBER (6.2)	N	Percent Improvement In Ambulation/Locomotion	Percent improvement in ambulation/locomotion for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_156_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Eating	Number of episodes processed for improvement in eating for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_156_MEAN	NUMBER (6.2)	N	Percent Improvement In Eating	Percent improvement in eating for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_157_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Light Meal Preparation	Number of episodes processed for improvement in light meal preparation for the facility, state,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_157_MEAN	NUMBER (6.2)	N	Percent Improvement In Light Meal Preparation	Percent improvement in light meal preparation for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_158_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Light Meal Preparation	Number of episodes processed for stabilization in light meal preparation for the facility, state,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_158_MEAN	NUMBER (6.2)	N	Percent Stabilization In Light Meal Preparation	Percent stabilization in light meal preparation for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_159_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Laundry	Number of episodes processed for improvement in laundry for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_159_MEAN	NUMBER (6.2)	N	Percent Improvement In Laundry	Percent improvement in laundry for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_160_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Laundry	Number of episodes processed for stabilization in laundry for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_160_MEAN	NUMBER (6.2)	N	Percent Stabilization In Laundry	% Stabilization in laundry for the facility, state, region or the nation for the given month	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_161_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Housekeeping	Number of episodes processed for improvement in housekeeping for the facility, state, region or	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_161_MEAN	NUMBER (6.2)	N	Percent Improvement In Housekeeping	Percent improvement in housekeeping for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_162_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Housekeeping	Number of episodes processed for stabilization in housekeeping for the facility, state, region or	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_162_MEAN	NUMBER (6.2)	N	Percent Stabilization In Housekeeping	Percent stabilization in housekeeping for the facility, state, region or the nation for the given	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_163_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Shopping	Number of episodes processed for improvement in shopping for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_163_MEAN	NUMBER (6.2)	N	Percent Improvement In Shopping	Percent improvement in shopping for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_164_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Shopping	Number of episodes processed for stabilization in shopping for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_164_MEAN	NUMBER (6.2)	N	Percent Stabilization In Shopping	Percent stabilization in shopping for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_165_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Phone Use	Number of episodes processed for improvement in phone use for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_165_MEAN	NUMBER (6.2)	N	Percent Improvement In Phone Use	Percent improvement in phone use for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_166_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Phone Use	Number of episodes processed for stabilization in phone use for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_166_MEAN	NUMBER (6.2)	N	Percent Stabilization In Phone Use	Percent stabilization in phone use for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_167_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Management Of Oral Medications	Number of episodes processed for improvement in management of oral medications for the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_167_MEAN	NUMBER (6.2)	N	Percent Improvement In Management Of Oral Medications	Percent improvement in management of oral medications for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_168_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Management Of Oral Medications	Number of episodes processed for stabilization in management of oral medications for the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_168_MEAN	NUMBER (6.2)	N	Percent Stabilization In Management Of Oral Medications	Percent stabilization in management of oral medications for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_169_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Speech And Language	Number of episodes processed for improvement in speech and language for the facility, state,	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_169_MEAN	NUMBER (6.2)	N	Percent Improvement In Speech And Language	Percent improvement in speech and language for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_170_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Speech And Language	Number of episodes processed for stabilization in speech and language for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_170_MEAN	NUMBER (6.2)	N	Percent Stabilization In Speech And Language	Percent stabilization in speech and language for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_171_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Pain Interfering With Activity	Number of episodes processed for improvement in pain interfering with activity for the facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_171_MEAN	NUMBER (6.2)	N	Percent Improvement In Pain Interfering With Activity	Percent improvement in pain interfering with activity for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_172_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Number Of Surgical Wounds	Number of episodes processed for improvement in number of surgical wounds for the facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_172_MEAN	NUMBER (6.2)	N	Percent Improvement In Number Of Surgical Wounds	Percent improvement in number of surgical wounds for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_173_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Status Of Surgical Wounds	Number of episodes processed for improvement in status of surgical wounds for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_173_MEAN	NUMBER (6.2)	N	Percent Improvement In Status Of Surgical Wounds	Percent improvement in status of surgical wounds for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_174_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Dyspnea	Number of episodes processed for improvement in dyspnea for the given facility, state, region or	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_174_MEAN	NUMBER (6.2)	N	Percent Improvement In Dyspnea	Percent improvement in dyspnea for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_175_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Urinary Tract Infection	Number of episodes processed for improvement in urinary tract infection for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_175_MEAN	NUMBER (6.2)	N	Percent Improvement In Urinary Tract Infection	Percent improvement in urinary tract infection for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_176_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Urinary Incontinence	Number of episodes processed for improvement in urinary incontinence for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_176_MEAN	NUMBER (6.2)	N	Percent Improvement In Urinary Incontinence	Percent improvement in urinary incontinence for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_177_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Bowel Incontinence	Number of episodes processed for improvement in bowel incontinence for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_177_MEAN	NUMBER (6.2)	N	Percent Improvement In Bowel Incontinence	Percent improvement in bowel incontinence for the facility, state, region or the nation for the	

Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_178_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Cognitive Functioning	Number of episodes processed for improvement in cognitive functioning for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_178_MEAN	NUMBER (6.2)	N	Percent Improvement In Cognitive Functioning	Percent improvement in cognitive functioning for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_179_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Cognitive Functioning	Number of episodes processed for stabilization in cognitive functioning for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_179_MEAN	NUMBER (6.2)	N	Percent Stabilization In Cognitive Functioning	Percent stabilization in cognitive functioning for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_180_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Confusion Frequency	Number of episodes processed for improvement in confusion frequency for the given facility,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_180_MEAN	NUMBER (6.2)	N	Percent Improvement In Confusion Frequency	Percent improvement in confusion frequency for the facility, state, region or the nation for the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_181_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Anxiety Level	Number of episodes processed for improvement in anxiety level for the given facility, state,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_181_MEAN	NUMBER (6.2)	N	Percent Improvement In Anxiety Level	Percent improvement in anxiety level for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_182_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Stabilization In Anxiety Level	Number of episodes processed for stabilization in anxiety level for the given facility, state,	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_182_MEAN	NUMBER (6.2)	N	Percent Stabilization In Anxiety Level	Percent stabilization in anxiety level for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_183_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Improvement In Behavior Problem Frequency	Number of episodes processed for improvement in behavior problem frequency for the given	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_183_MEAN	NUMBER (6.2)	N	Percent Improvement In Behavior Problem Frequency	Percent improvement in behavior problem frequency for the facility, state, region or the	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_184_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Any Emergent Care	Number of episodes processed for any emergent care for the facility, state, region or the nation	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_184_MEAN	NUMBER (6.2)	N	Percent Any Emergent Care	Percent any emergent care for the facility, state, region or the nation for the given month.	
OBQI_RAO_RISK_ADJSTD _ROLLUPS	MEAS_185_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Discharged To Community	Number of episodes processed for discharged to community for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_185_MEAN	NUMBER (6.2)	N	Percent Discharged To Community	Percent discharged to the community for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_186_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Care Hospitalization	Number of episodes processed for acute care hospitalization for the facility, state, region or	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MEAS_186_MEAN	NUMBER (6.2)	N	Percent Acute Care Hospitalization	Percent acute care hospitalization for the facility, state, region or the nation for the given	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	MODEL_NUMBER	NUMBER (3.0)	Y	Model Number	Risk adjustment model number. 0 = observed values,	
OBQI_RAO_RISK_ADJSTD_ROLLUPS	STATE_ID	VARCHAR2 (2)	Y	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
OBQI_RAO_RISK_ADJSTD_ROLLUPS	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_RAO_RPT_DTL	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID of the branch represented by this row's data.	
OBQI_RAO_RPT_DTL	CRNT_END_TS	DATE (7)	N	Current End Timestamp	Latest month with data during the current reporting period for the branch represented by	
OBQI_RAO_RPT_DTL	CRNT_EPSD_CNT	NUMBER (6.0)	N	Current Episode Count	Episode count for the branch represented by BRNCH_ID for the current reporting period.	
OBQI_RAO_RPT_DTL	CRNT_OUTCM_EPSD_CNT	NUMBER (6.0)	N	Current Outcome Episode Count	Risk-adjusted episode count for the branch represented by BRNCH_ID for the current	
OBQI_RAO_RPT_DTL	CRNT_STRT_TS	DATE (7)	N	Current Start Timestamp	Earliest month with data during the current reporting period for the branch represented by	
OBQI_RAO_RPT_DTL	CURRENT_TOTAL	NUMBER (10.0)	N	Current Number of Cases in HHA	Current number of cases in HHA.	
OBQI_RAO_RPT_DTL	CURRENT_TRIGGER	NUMBER (7.4)	N	Current Number of Cases Triggering in HHA	Current number of cases triggering in HHA.	
OBQI_RAO_RPT_DTL	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_RAO_RPT_DTL	PRIOR_END_TS	DATE (7)	N	Prior End Timestamp	Latest month with data during the prior reporting period for the branch represented by	
OBQI_RAO_RPT_DTL	PRIOR_EPSD_CNT	NUMBER (6.0)	N	Prior Episode Count	Episode count for the branch represented by BRNCH_ID for the prior reporting period.	
OBQI_RAO_RPT_DTL	PRIOR_OUTCM_EPSD_CNT	NUMBER (6.0)	N	Prior Outcome Episode Count	Risk-adjusted episode count for the branch represented by BRNCH_ID for the prior	
OBQI_RAO_RPT_DTL	PRIOR_SIGNIF	NUMBER (5.4)	N	Current vs Prior Significance Value	Significance value for statistical test between current and prior percent triggering.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_RPT_DTL	PRIOR_STRT_TS	DATE (7)	N	Prior Start Timestamp	Earliest month with data during the prior reporting period for the branch represented by	
OBQI_RAO_RPT_DTL	PRIOR_TOTAL	NUMBER (10.0)	N	Prior Number of Cases in HHA	Prior number of cases in HHA.	
OBQI_RAO_RPT_DTL	PRIOR_TRIGGER	NUMBER (7.4)	N	Prior Number of Cases Triggering in HHA	Prior number of cases triggering in HHA.	
OBQI_RAO_RPT_DTL	REF_SIGNIF	NUMBER (5.4)	N	Current vs Reference Significance Value	Significance value for statistical test between current percent triggering for HHA and current	
OBQI_RAO_RPT_DTL	REF_TOTAL	NUMBER (10.0)	N	Current Number of Cases in Reference Group	Current number of cases in the reference group.	
OBQI_RAO_RPT_DTL	REF_TRIGGER	NUMBER (7.4)	N	Current Number of Cases Triggering in Reference Group	Current number of cases triggering in the reference group.	
OBQI_RAO_RPT_DTL	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_RAO_TALLY_RPT_DTL	EOC_BRNCH_ID	VARCHAR2 (3)	N	End of Care Branch ID	Branch ID for the end of care assessment of this episode.	
OBQI_RAO_TALLY_RPT_DTL	EPISODE_ID	NUMBER (10.0)	Y	Episode Identifier	The unique episode identification number.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_146_VALUE	VARCHAR2 (1)	N	Improvement in Grooming	Improvement in grooming. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_147_VALUE	VARCHAR2 (1)	N	Stabilization in Grooming	Stabilization in grooming. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_148_VALUE	VARCHAR2 (1)	N	Improvement in Upper Body Dressing	Improvement in upper body dressing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_149_VALUE	VARCHAR2 (1)	N	Improvement in Lower Body Dressing	Improvement in lower body dressing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_150_VALUE	VARCHAR2 (1)	N	Improvement in Bathing	Improvement in bathing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_151_VALUE	VARCHAR2 (1)	N	Stabilization in Bathing	Stabilization in bathing. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_152_VALUE	VARCHAR2 (1)	N	Improvement in Toileting	Improvement in toileting. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_153_VALUE	VARCHAR2 (1)	N	Improvement in Transferring	Improvement in transferring. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_154_VALUE	VARCHAR2 (1)	N	Stabilization in Transferring	Stabilization in transferring. x = exists, o = does not exist, - = no value.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_TALLY_RPT_DTL	MEAS_155_VALUE	VARCHAR2 (1)	N	Improvement in Ambulation/Locomotion	Improvement in ambulation/locomotion. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_156_VALUE	VARCHAR2 (1)	N	Improvement in Eating	Improvement in eating. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_157_VALUE	VARCHAR2 (1)	N	Improvement in Light Meal Preparation	Improvement in light meal preparation. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_158_VALUE	VARCHAR2 (1)	N	Stabilization in Light Meal Preperation	Stabilization in light meal preperation. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_159_VALUE	VARCHAR2 (1)	N	Improvement in Laundry	Improvement in laundry. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_160_VALUE	VARCHAR2 (1)	N	Stabilization in Laundry	Stabilization in laundry. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_161_VALUE	VARCHAR2 (1)	N	Improvement in Housekeeping	Improvement in housekeeping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_162_VALUE	VARCHAR2 (1)	N	Stabilization in Housekeeping	Stabilization in housekeeping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_163_VALUE	VARCHAR2 (1)	N	Improvement in Shopping	Improvement in shopping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_164_VALUE	VARCHAR2 (1)	N	Stabilization in Shopping	Stabilization in shopping. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_165_VALUE	VARCHAR2 (1)	N	Improvement in Phone Use	Improvement in phone use. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_166_VALUE	VARCHAR2 (1)	N	Stabilization in Phone Use	Stabilization in phone use. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_167_VALUE	VARCHAR2 (1)	N	Improvement in Management of Oral Medications	Improvement in management of oral medications. x = exists, o = does not exist, - =	
OBQI_RAO_TALLY_RPT_DTL	MEAS_168_VALUE	VARCHAR2 (1)	N	Stabilization in Management of Oral Medications	Stabilization in management of oral medications. x = exists, o = does not exist, - =	
OBQI_RAO_TALLY_RPT_DTL	MEAS_169_VALUE	VARCHAR2 (1)	N			
OBQI_RAO_TALLY_RPT_DTL	MEAS_170_VALUE	VARCHAR2 (1)	N	Stabililization in Speech and Language	Stabililization in sqpeech and language value, x = exists, o = does not exist, - = no value	
OBQI_RAO_TALLY_RPT_DTL	MEAS_171_VALUE	VARCHAR2 (1)	N	Improvement in Pain Interfering with Activity	Improvement in pain interfering with activity. x = exists, o = does not exist, - = no value.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RAO_TALLY_RPT_DTL	MEAS_172_VALUE	VARCHAR2 (1)	N	Improvement in Number of Surgical Wounds	Improvement in number of surgical wounds. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_173_VALUE	VARCHAR2 (1)	N	Improvement in Status of Surgical Wounds	Improvement in status of surgical wounds. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_174_VALUE	VARCHAR2 (1)	N	Improvement in Dyspnea	Improvement in dyspnea. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_175_VALUE	VARCHAR2 (1)	N	Improvement in Urinary Tract Infection	Improvement in urinary tract infection. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_176_VALUE	VARCHAR2 (1)	N	Improvement in Urinary Incontinence	Improvement in urinary incontinence. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_177_VALUE	VARCHAR2 (1)	N	Improvement in Bowel Incontinence	Improvement in bowel incontinence. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_178_VALUE	VARCHAR2 (1)	N	Improvement in Cognitive Functioning	Improvement in cognitive functioning. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_179_VALUE	VARCHAR2 (1)	N	Stabilization in Cognitive Functioning	Stabilization in cognitive functioning. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_180_VALUE	VARCHAR2 (1)	N	Improvement in Confusion Frequency	Improvement in confusion frequency. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_181_VALUE	VARCHAR2 (1)	N	Improvement in Anxiety Level	Improvement in anxiety level. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_182_VALUE	VARCHAR2 (1)	N	Stabilization in Anxiety Level	Stabilization in anxiety level. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_183_VALUE	VARCHAR2 (1)	N	Improvement in Behavior Problem Frequency	Improvement in behavior problem frequency. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_184_VALUE	VARCHAR2 (1)	N	Any Emergent Care	Any emergent care. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_185_VALUE	VARCHAR2 (1)	N	Discharged to Community	Discharged to community. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	MEAS_186_VALUE	VARCHAR2 (1)	N	Acute Care Hospitalization	Acute care hospitalization. x = exists, o = does not exist, - = no value.	
OBQI_RAO_TALLY_RPT_DTL	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_RAO_TALLY_RPT_DTL	SOC_BRNCH_ID	VARCHAR2 (3)	N	Start of Care Branch ID	Branch ID for the start of care assessment of this episode.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_REF_EPISODE_COUNTS	END_MONTH	DATE (8)	Y	End Month	The end month for the OBQI calculation.	
OBQI_REF_EPISODE_COUNTS	ERO_EP_CNT	NUMBER (10.0)	N			
OBQI_REF_EPISODE_COUNTS	INCOMP_EP_CNT	NUMBER (10.0)	N	Incomplete Episode Count	Number of incomplete episodes.	
OBQI_REF_EPISODE_COUNTS	OBQM_COMPLETE_EP_CNT	NUMBER (10.0)	N	OBQM Complete Episode Count	Number of complete OBQM episodes.	
OBQI_REF_EPISODE_COUNTS	RAO_COMPLETE_EP_CNT	NUMBER (10.0)	N	Risk-Adjusted Complete Episode Count	Number of complete risk-adjusted episodes.	
OBQI_REF_EPISODE_COUNTS	START_MONTH	DATE (8)	Y	Start Month	The start month for the OBQI calculation.	
OBQI_REF_FREQ	CATEGORY_ID	NUMBER (5.0)	Y	Category Identifier	The unique category identifier.	
OBQI_REF_FREQ	END_MONTH	DATE (8)	Y	End Month	The end month for the OBQI calculation.	
OBQI_REF_FREQ	MEASURE_ID	NUMBER (5.0)	Y	Measure Identifier	The unique measure OBQI measure identifier. Corresponds to the measure identifier in the	
OBQI_REF_FREQ	OBQM_CATEGORY_FREQ	NUMBER (10.0)	N	Obqm Category Frequency	The frequency in which the category occurred.	
OBQI_REF_FREQ	RAO_CATEGORY_FREQ	NUMBER (10.0)	N	Risk-Adjusted Category Frequency	Risk-Adjusted category frequency.	
OBQI_REF_FREQ	START_MONTH	DATE (8)	Y	Start Month	The start month for the OBQI calculation.	
OBQI_RISK_ADJSTD_PCTL	MSR_146_PCT	NUMBER (5.2)	N	Improvement in Grooming Percent	Risk-adjusted rate required for percentile threshold for Improvement in Grooming	
OBQI_RISK_ADJSTD_PCTL	MSR_147_PCT	NUMBER (5.2)	N	Stabilization in Grooming Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Grooming	
OBQI_RISK_ADJSTD_PCTL	MSR_148_PCT	NUMBER (5.2)	N	Improvement in Upper Body Dressing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Upper Body	
OBQI_RISK_ADJSTD_PCTL	MSR_149_PCT	NUMBER (5.2)	N	Improvement in Lower Body Dressing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Lower Body	
OBQI_RISK_ADJSTD_PCTL	MSR_150_PCT	NUMBER (5.2)	N	Improvement in Bathing Percent	Risk-adjusted rate required for percentile threshold for Improvement in Bathing	
OBQI_RISK_ADJSTD_PCTL	MSR_151_PCT	NUMBER (5.2)	N	Stabilization in Bathing Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Bathing	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RISK_ADJSTD_PCT L	MSR_152_PCT	NUMBER (5.2)	N	Improvement in Toileting Percent	Risk-adjusted rate required for percentile threshold for Improvement in Toileting	
OBQI_RISK_ADJSTD_PCT L	MSR_153_PCT	NUMBER (5.2)	N	Improvement in Transferring Percent	Risk-adjusted rate required for percentile threshold for Improvement in Transferring	
OBQI_RISK_ADJSTD_PCT L	MSR_154_PCT	NUMBER (5.2)	N	Stabilization in Transferring Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Transferring	
OBQI_RISK_ADJSTD_PCT L	MSR_155_PCT	NUMBER (5.2)	N	Improvement in Ambulation/Locomotion Percent	Risk-adjusted rate required for percentile threshold for Improvement in	
OBQI_RISK_ADJSTD_PCT L	MSR_156_PCT	NUMBER (5.2)	N	Improvement in Eating Percent	Risk-adjusted rate required for percentile threshold for Improvement in Eating	
OBQI_RISK_ADJSTD_PCT L	MSR_157_PCT	NUMBER (5.2)	N	Improvement in Light Meal Preparation Percent	Risk-adjusted rate required for percentile threshold for Improvement in Light Meal	
OBQI_RISK_ADJSTD_PCT L	MSR_158_PCT	NUMBER (5.2)	N	Stabilization in Light Meal Preparation Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Light Meal	
OBQI_RISK_ADJSTD_PCT L	MSR_159_PCT	NUMBER (5.2)	N	Improvement in Laundry Percent	Risk-adjusted rate required for percentile threshold for Improvement in Laundry	
OBQI_RISK_ADJSTD_PCT L	MSR_160_PCT	NUMBER (5.2)	N	Stabilization in Laundry Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Laundry	
OBQI_RISK_ADJSTD_PCT L	MSR_161_PCT	NUMBER (5.2)	N	Improvement in Housekeeping Percent	Risk-adjusted rate required for percentile threshold for Improvement in Housekeeping	
OBQI_RISK_ADJSTD_PCT L	MSR_162_PCT	NUMBER (5.2)	N	Stabilization in Housekeeping Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Housekeeping	
OBQI_RISK_ADJSTD_PCT L	MSR_163_PCT	NUMBER (5.2)	N	Improvement in Shopping Percent	Risk-adjusted rate required for percentile threshold for Improvement in Shopping	
OBQI_RISK_ADJSTD_PCT L	MSR_164_PCT	NUMBER (5.2)	N	Stabilization in Shopping Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Shopping	
OBQI_RISK_ADJSTD_PCT L	MSR_165_PCT	NUMBER (5.2)	N	Improvement in Phone Use Percent	Risk-adjusted rate required for percentile threshold for Improvement in Phone Use	
OBQI_RISK_ADJSTD_PCT L	MSR_166_PCT	NUMBER (5.2)	N	Stabilization in Phone Use Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Phone Use	
OBQI_RISK_ADJSTD_PCT L	MSR_167_PCT	NUMBER (5.2)	N	Improvement in Management of Oral Medications Percent	Risk-adjusted rate required for percentile threshold for Improvement in Management of	
OBQI_RISK_ADJSTD_PCT L	MSR_168_PCT	NUMBER (5.2)	N	Stabilization in Management of Oral Medications Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Management of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RISK_ADJSTD_PCT L	MSR_169_PCT	NUMBER (5.2)	N	Improvement in Speech and Language Percent	Risk-adjusted rate required for percentile threshold for Improvement in Speech and	
OBQI_RISK_ADJSTD_PCT L	MSR_170_PCT	NUMBER (5.2)	N	Stabilization in Speech and Language Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Speech and	
OBQI_RISK_ADJSTD_PCT L	MSR_171_PCT	NUMBER (5.2)	N	Improvement in Pain Interfering with Activity Percent	Risk-adjusted rate required for percentile threshold for Improvement in Pain Interfering	
OBQI_RISK_ADJSTD_PCT L	MSR_172_PCT	NUMBER (5.2)	N	Improvement in Number of Surgical Wounds Percent	Risk-adjusted rate required for percentile threshold for Improvement in Number of	
OBQI_RISK_ADJSTD_PCT L	MSR_173_PCT	NUMBER (5.2)	N	Improvement in Status of Surgical Wounds Percent	Risk-adjusted rate required for percentile threshold for Improvement in Status of Surgical	
OBQI_RISK_ADJSTD_PCT L	MSR_174_PCT	NUMBER (5.2)	N	Improvement in Dyspnea Percent	Risk-adjusted rate required for percentile threshold for Improvement in Dyspnea	
OBQI_RISK_ADJSTD_PCT L	MSR_175_PCT	NUMBER (5.2)	N	Improvement in Urinary Tract Infection Percent	Risk-adjusted rate required for percentile threshold for Improvement in Urinary Tract	
OBQI_RISK_ADJSTD_PCT L	MSR_176_PCT	NUMBER (5.2)	N	Improvement in Urinary Incontinence Percent	Risk-adjusted rate required for percentile threshold for Improvement in Urinary	
OBQI_RISK_ADJSTD_PCT L	MSR_177_PCT	NUMBER (5.2)	N	Improvement in Bowel Incontinence Percent	Risk-adjusted rate required for percentile threshold for Improvement in Bowel	
OBQI_RISK_ADJSTD_PCT L	MSR_178_PCT	NUMBER (5.2)	N	Improvement in Cognitive Functioning Percent	Risk-adjusted rate required for percentile threshold for Improvement in Cognitive	
OBQI_RISK_ADJSTD_PCT L	MSR_179_PCT	NUMBER (5.2)	N	Stabilization in Cognitive Functioning Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Cognitive	
OBQI_RISK_ADJSTD_PCT L	MSR_180_PCT	NUMBER (5.2)	N	Improvement in Confusion Frequency Percent	Risk-adjusted rate required for percentile threshold for Improvement in Confusion	
OBQI_RISK_ADJSTD_PCT L	MSR_181_PCT	NUMBER (5.2)	N	Improvement in Anxiety Level Percent	Risk-adjusted rate required for percentile threshold for Improvement in Anxiety Level	
OBQI_RISK_ADJSTD_PCT L	MSR_182_PCT	NUMBER (5.2)	N	Stabilization in Anxiety Level Percent	Risk-adjusted rate required for percentile threshold for Stabilization in Anxiety Level	
OBQI_RISK_ADJSTD_PCT L	MSR_183_PCT	NUMBER (5.2)	N	Improvement in Behavior Problem Frequency Percent	Risk-adjusted rate required for percentile threshold for Improvement in Behavior Problem	
OBQI_RISK_ADJSTD_PCT L	MSR_184_PCT	NUMBER (5.2)	N	Any Emergent Care Percent	Risk-adjusted rate required for percentile threshold for Any Emergent Care	
OBQI_RISK_ADJSTD_PCT L	MSR_185_PCT	NUMBER (5.2)	N	Discharged to Community Percent	Risk-adjusted rate required for percentile threshold for Discharged to Community	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RISK_ADJSTD_PCT L	MSR_186_PCT	NUMBER (5.2)	N	Acute Care Hospitalization Percent	Risk-adjusted rate required for percentile threshold for Acute Care Hospitalization	
OBQI_RISK_ADJSTD_PCT L	PCTL_PCT	NUMBER (3.0)	Y	Percentile	Percentile for which thresholds are being calculated.	
OBQI_RISK_ADJSTD_PCT L	STATE_CD	VARCHAR2 (2)	Y	State Code	State code (inc. 'US' for national totals)	
OBQI_RISK_ADJSTD_PCT L	TRGT_MO_DT	DATE (7)	Y	Target Month	End month of 12 month data period	
OBQI_ROLLUPS	BRNCH_ID	VARCHAR2 (10)	Y	Branch ID	Branch ID. For national, regional, state and agency totals, value will be 'ALL'. For parent	
OBQI_ROLLUPS	EPISODE_CNT	NUMBER (7.0)	N	Number Of Episodes Processed	Total number of episodes processed for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	FAC_INT_ID	NUMBER (10.0)	Y	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
OBQI_ROLLUPS	MEAS_100_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In Living	Total number of episodes with data for chronic conditions: dependence in living skills for the	
OBQI_ROLLUPS	MEAS_100_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In Living	Percent chronic conditions: dependence in living skills for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_101_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In	Total number of episodes with data for chronic conditions: dependence in personal care for the	
OBQI_ROLLUPS	MEAS_101_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In	Percent chronic conditions: dependence in personal care for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_102_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Impaired Ambulation/Mobility	Total number of episodes with data for chronic conditions: impaired ambulation/mobility for the	
OBQI_ROLLUPS	MEAS_102_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Impaired	Percent Chronic conditions: impaired ambulation/mobility for the facility, state, region	
OBQI_ROLLUPS	MEAS_103_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Eating Disability	Total number of episodes with data for chronic conditions: eating disability for the facility,	
OBQI_ROLLUPS	MEAS_103_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Eating Disability	Percent chronic conditions: eating disability for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_104_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Urinary Incontinence/Catheter	Total number of episodes with data for chronic conditions: urinary incontinence/catheter for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_104_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Urinary	Percent chronic conditions: urinary incontinence/catheter for the facility, state,	
OBQI_ROLLUPS	MEAS_105_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Dependence In Medical Administration	Total number of episodes with data for chronic conditions: dependence in medical	
OBQI_ROLLUPS	MEAS_105_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Dependence In Medical Administration	Percent chronic conditions: dependence in medical administration for the facility, state,	
OBQI_ROLLUPS	MEAS_106_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Chronic Pain	Total number of episodes with data for chronic conditions: chronic pain for the facility, state,	
OBQI_ROLLUPS	MEAS_106_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Chronic Pain	Percent chronic conditions: chronic pain for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_107_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Cognitive/Mental/Beh	Total number of episodes with data for chronic conditions: cognitive/mental/behavioral for the	
OBQI_ROLLUPS	MEAS_107_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Cognitive/Mental/Beh	Percent chronic conditions: cognitive/mental/behavioral for the facility,	
OBQI_ROLLUPS	MEAS_108_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Chronic Conditions:Chronic Physical Therapy With Caregiver	Total number of episodes with data for chronic conditions: chronic physical therapy with	
OBQI_ROLLUPS	MEAS_108_MEAN	NUMBER (6.2)	N	Percent Chronic Conditions:Chronic Physical Therapy With Caregiver	Percent chronic conditions: chronic physical therapy with caregiver for the facility, state,	
OBQI_ROLLUPS	MEAS_109_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Infectious/Parasitic	Total number of episodes with data for home care diagnoses: infectious/parasitic diseases for	
OBQI_ROLLUPS	MEAS_109_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Infectious/Parasitic	Percent home care diagnoses: infectious/parasitic diseases for the facility,	
OBQI_ROLLUPS	MEAS_10_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Third Party	Total number of episodes with data for payment source: any third party for the facility, state,	
OBQI_ROLLUPS	MEAS_10_MEAN	NUMBER (6.2)	N	Percent Payment Source: Any Third Party	Percent payment source: any third party for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_110_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Neoplasms	Total number of episodes with data for home care diagnoses: neoplasms for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_110_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Neoplasms	Percent home care diagnoses: neoplasms for the facility, state, region for the nation for the given	
OBQI_ROLLUPS	MEAS_111_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Endocrine/Nutrit/Meta	Total number of episodes with data for home care diagnoses: endocrine/nutritive/metabolic	
OBQI_ROLLUPS	MEAS_111_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Endocrine/Nutrit/Meta	Percent home care diagnoses: endocrine/nutritive/metabolic for the facility,	
OBQI_ROLLUPS	MEAS_112_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Blood Diseases	Total number of episodes with data for home care diagnoses: blood diseases for the facility,	
OBQI_ROLLUPS	MEAS_112_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Blood Diseases	Percent home care diagnoses: blood diseases for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_113_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Mental Diseases	Total number of episodes with data for home care diagnoses: mental diseases for the facility,	
OBQI_ROLLUPS	MEAS_113_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Mental Diseases	Percent home care diagnoses: mental diseases for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_114_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Nervous System	Total number of episodes with data for home care diagnoses: nervous system diseases for the	
OBQI_ROLLUPS	MEAS_114_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Nervous System	Percent home care diagnoses: nervous system diseases for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_115_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Circulatory System	Total number of episodes with data for home care diagnoses: circulatory system diseases for	
OBQI_ROLLUPS	MEAS_115_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Circulatory System	Percent home care diagnoses: circulatory system diseases for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_116_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Respiratory System	Total number of episodes with data for home care diagnoses: respiratory system diseases for	
OBQI_ROLLUPS	MEAS_116_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Respiratory System	Percent home care diagnoses: respiratory system diseases for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_117_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Digestive System	Total number of episodes with data for home care diagnoses: digestive system diseases for the	
OBQI_ROLLUPS	MEAS_117_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Digestive System	Percent home care diagnoses: digestive system diseases for the facility, state, region or the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_118_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Genitourinary System	Total number of episodes with data for home care diagnoses: genitourinary system diseases	
OBQI_ROLLUPS	MEAS_118_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Genitourinary System	Percent home care diagnoses: genitourinary system diseases for the facility, state, region or	
OBQI_ROLLUPS	MEAS_119_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Pregnancy Problems	Total number of episodes with data for home care diagnoses: pregnancy problems for the	
OBQI_ROLLUPS	MEAS_119_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Pregnancy Problems	Percent home care diagnoses: pregnancy problems for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_11_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Residence: Own Home	Total number of episodes with data for current residence: own home for the facility, state, Home	
OBQI_ROLLUPS	MEAS_11_MEAN	NUMBER (6.2)	N	Percent Current Residence: Own Home	Percent current residence: own home for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_120_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Skin/Subcutaneous	Total number of episodes with data for home care diagnoses: skin/subcutaneous diseases for	
OBQI_ROLLUPS	MEAS_120_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Skin/Subcutaneous	Percent home care diagnoses: skin/subcutaneous diseases for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_121_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Musculoskeletal	Total number of episodes with data for home care diagnoses: musculoskeletal system diseases	
OBQI_ROLLUPS	MEAS_121_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Musculoskeletal	Percent home care diagnoses: musculoskeletal system diseases for the facility, state, region or	
OBQI_ROLLUPS	MEAS_122_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Congenital Anomalies	Total number of episodes with data for home care diagnoses: congenital anomalies for the	
OBQI_ROLLUPS	MEAS_122_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Congenital Anomalies	Percent home care diagnoses: congenital anomalies for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_123_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Ill-Defined Conditions	Total number of episodes with data for home care diagnoses: ill-defined conditions for the	
OBQI_ROLLUPS	MEAS_123_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Ill-Defined Conditions	Percent home care diagnoses: ill-defined conditions for the facility, region or the nation	
OBQI_ROLLUPS	MEAS_124_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Fractures	Total number of episodes with data for home care diagnoses: fractures for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_124_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Fractures	Percent home care diagnoses: fractures for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_125_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Intracranial Injury	Total number of episodes with data for home care diagnoses: intracranial injury for the	
OBQI_ROLLUPS	MEAS_125_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Intracranial Injury	Percent home care diagnoses: intracranial injury for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_126_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Other Injury	Total number of episodes with data for home care diagnoses: other injury for the facility,	
OBQI_ROLLUPS	MEAS_126_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Other Injury	Percent home care diagnoses: other injury for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_127_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Home Care Diagnoses:Iatrogenic Conditions	Total number of episodes with data for home care diagnoses: iatrogenic conditions for the	
OBQI_ROLLUPS	MEAS_127_MEAN	NUMBER (6.2)	N	Percent Home Care Diagnoses:Iatrogenic Conditions	Percent home care diagnoses: iatrogenic conditions for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_128_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS Until Discharge In Days	Total number of episodes with data for length of stay until discharge (average in days) for the	
OBQI_ROLLUPS	MEAS_128_MEAN	NUMBER (6.2)	N	Average Length Of Stay:LOS Until Discharge In Days	Average length of stay until discharge (average in days) for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_129_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 1 To 31 Days	Total number of episodes with data for length of stay from 1 to 31 days for the facility, state,	
OBQI_ROLLUPS	MEAS_129_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 1 To 31 Days	Percent length of stay from 1 to 31 days for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_12_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Residence: Family Member Home	Total number of episodes with data for current residence: family member home for the facility,	
OBQI_ROLLUPS	MEAS_12_MEAN	NUMBER (6.2)	N	Percent Current Residence: Family Member Home	Percent current residence: family member home for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_130_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 32 To 62 Days	Total number of episodes with data for length of stay from 32 to 62 days for the facility, state,	
OBQI_ROLLUPS	MEAS_130_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 32 To 62 Days	Percent length of stay from 32 to 62 days for the facility, state, region or the nation for the given	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_131_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS From 63 To 124 Days	Total number of episodes with data for length of stay from 63 to 124 days for the facility, state,	
OBQI_ROLLUPS	MEAS_131_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS From 63 To 124 Days	Percent length of stay from 63 to 124 days for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_132_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Length Of Stay:LOS More Than 124 Days	Total number of episodes with data for length of stay more than 124 days for the facility, state,	
OBQI_ROLLUPS	MEAS_132_MEAN	NUMBER (6.2)	N	Percent Length Of Stay:LOS More Than 124 Days	Percent length of stay more than 124 days for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_133_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Emergent Care For Injury Caused By Fall Or Accident At Home	Total number of episodes with data for adverse events: emergent care for injury caused by fall	
OBQI_ROLLUPS	MEAS_133_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Emergent Care For Injury Caused By Fall Or Accident At	Percent adverse events: emergent care for injury caused by fall or accident at home for the	
OBQI_ROLLUPS	MEAS_134_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Emergent Care For Wound Infections, Deteriorating Wound Status	Total number of episodes with data for adverse events: emergent care for wound infections,	
OBQI_ROLLUPS	MEAS_134_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Emergent Care For Wound Infections, Deteriorating Wound Status	Percent adverse events: emergent care for wound infections, deterioration wound status for	
OBQI_ROLLUPS	MEAS_135_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Emergent Care For Improper Medication Administration, Medication Side Effects	Total number of episodes with data for adverse events: emergent care for improper medication	
OBQI_ROLLUPS	MEAS_135_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Emergent Care For Improper Medication Administration, Medication Side	Percent adverse events: emergent care for improper medication administration, medication	
OBQI_ROLLUPS	MEAS_136_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Emergent Care For Hypo/Hyperglycemia	Total number of episodes with data for adverse events: emergent care for hypo/hyperglycemia	
OBQI_ROLLUPS	MEAS_136_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Emergent Care For Hypo/Hyperglycemia	Percent adverse events: emergent care for hypo/hyperglycemia for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_137_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Development Of Urinary Tract Infection	Total number of episodes with data for adverse events: development of urinary tract infection	
OBQI_ROLLUPS	MEAS_137_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Development Of Urinary Tract Infection	Percent adverse events: development of urinary tract infection for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_138_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Increase In Number Of Pressure Ulcers	Total number of episodes with data for adverse events: increase in the number of pressure ulcers	
OBQI_ROLLUPS	MEAS_138_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Increase In Number Of Pressure Ulcers	Percent adverse events: increase in the number of pressure ulcers for the facility, state, region or	
OBQI_ROLLUPS	MEAS_139_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Substantial Decline In 3 Or More Activities Of Daily Living	Total number of episodes with data for adverse events: substantial decline in three or more	
OBQI_ROLLUPS	MEAS_139_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Substantial Decline In 3 Or More Activities Of Daily	Percent adverse events: substantial decline in three or more activities of daily living for the	
OBQI_ROLLUPS	MEAS_13_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: Lives Alone	Total number of episodes with data for current living situation: lives alone for the facility, state,	
OBQI_ROLLUPS	MEAS_13_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: Lives Alone	Percent current living situation: lives alone for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_140_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Substantial Decline In Management Of Oral Medications	Total number of episodes with data for adverse events: substantial decline in management of	
OBQI_ROLLUPS	MEAS_140_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Substantial Decline In Management Of Oral Medications	Percent adverse events: substantial decline in management of oral medications for the facility,	
OBQI_ROLLUPS	MEAS_141_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Unexpected Nursing Home Admission	Total number of episodes with data for adverse events: unexpected nursing home admission for	
OBQI_ROLLUPS	MEAS_141_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Unexpected Nursing Home Admission	Percent adverse events: unexpected nursing home admission for the facility, state, region or	
OBQI_ROLLUPS	MEAS_142_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Discharged To The Community Needing Wound Care Or Medication	Total number of episodes with data for adverse events: discharged to the community needing	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
				Assistance		
OBQI_ROLLUPS	MEAS_142_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Discharged To The Community Needing Wound Care Or Medication Assistance	Percent adverse events: discharged to the community needing wound care or medication	
OBQI_ROLLUPS	MEAS_143_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Discharged To The Community Needing Toileting Assistance	Total number of episodes with data for adverse events: discharged to the community needing	
OBQI_ROLLUPS	MEAS_143_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Discharged To The Community Needing Toileting	Percent adverse events: discharged to the community needing toileting assistance for the	
OBQI_ROLLUPS	MEAS_144_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Discharged To The Community With Behavioral Problems	Total number of episodes with data for adverse events: discharged to the community with	
OBQI_ROLLUPS	MEAS_144_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Discharged To The Community With Behavioral	Percent adverse events: discharged to the community with behavioral problems for the	
OBQI_ROLLUPS	MEAS_145_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Adverse Events:Unexpected Death	Total number of episodes with data for adverse events: unexpected death for the facility, region	
OBQI_ROLLUPS	MEAS_145_MEAN	NUMBER (6.2)	N	Percent Adverse Events:Unexpected Death	Percent adverse events: unexpected death for the facility, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_14_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Family Member	Total number of episodes with data for current living situation: with family member for the	
OBQI_ROLLUPS	MEAS_14_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Family Member	Percent current living situation: with family member for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_15_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Friend	Total number of episodes with data for current living situation: with friend for the facility, state,	
OBQI_ROLLUPS	MEAS_15_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Friend	Percent current living situation: with friend for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_16_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Current Living Situation: With Paid Help	Total number of episodes with data for current living situation: with paid help for the facility,	
OBQI_ROLLUPS	MEAS_16_MEAN	NUMBER (6.2)	N	Percent Current Living Situation: With Paid Help	Percent current living situation: with paid help for the facility, state, region or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_17_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Person Residing In Home	Total number of episodes with data for assisting persons: person residing in the home for the	
OBQI_ROLLUPS	MEAS_17_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Person Residing In Home	Percent assisting persons: person residing in the home for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_18_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Person Residing Outside Home	Total number of episodes with data for assisting persons: person residing outside the home for	
OBQI_ROLLUPS	MEAS_18_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Person Residing Outside Home	Percent assisting persons: person residing outside the home for the facility, state, region or	
OBQI_ROLLUPS	MEAS_19_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Assisting Persons: Paid Help	Total number of episodes with data for assisting persons: paid help for the facility, state, region	
OBQI_ROLLUPS	MEAS_19_MEAN	NUMBER (6.2)	N	Percent Assisting Persons: Paid Help	Percent assisting persons: paid help for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_1_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Age	Total number of episodes with data for age for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_1_MEAN	NUMBER (6.2)	N	Average Age	Average age for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_20_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:Spouse/Significant	Total number of episodes with data for primary caregiver: spouse/significant other for the	
OBQI_ROLLUPS	MEAS_20_MEAN	NUMBER (6.2)	N	Percent Primary Caregiver:Spouse/Significant	Percent primary caregiver: spouse/significant other for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_21_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:Daughter/Son	Total number of episodes with data for primary caregiver: daughter/son for the facility, state,	
OBQI_ROLLUPS	MEAS_21_MEAN	NUMBER (6.2)	N	Percent Primary Caregiver:Daughter/Son	Percent primary caregiver: daughter/son for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_22_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:Paid Help	Total number of episodes with data for primary caregiver: paid help for the facility, state, region	
OBQI_ROLLUPS	MEAS_22_MEAN	NUMBER (6.2)	N	Percent Primary Caregiver:Paid Help	Percent primary caregiver: paid help for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_23_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver:No One Person	Total number of episodes with data for primary caregiver: no one person for the facility, state,	
OBQI_ROLLUPS	MEAS_23_MEAN	NUMBER (6.2)	N	Percent Primary Caregiver:No One Person	Percent primary caregiver: no one person for the facility, state, region or the nation for the given	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_24_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Primary Caregiver Assistance: Frequency Of Assistance, 0-6 Scale	Total number of episodes with data for primary caregiver assistance: frequency of assistance (0-	
OBQI_ROLLUPS	MEAS_24_MEAN	NUMBER (6.2)	N	Average Primary Caregiver Assistance: Frequency Of Assistance, 0-6 Scale	Average primary caregiver assistance: frequency of assistance (0-6 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_25_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Hospital	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from hospital	
OBQI_ROLLUPS	MEAS_25_MEAN	NUMBER (6.2)	N	Percent Inpatient DC Within 14 Days Of SOC/ROC:From Hospital	Percent inpatient discharged within 14 days of SOC/ROC: from hospital for the facility, state, Hospital	
OBQI_ROLLUPS	MEAS_26_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Rehab Facility	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from	
OBQI_ROLLUPS	MEAS_26_MEAN	NUMBER (6.2)	N	Percent Inpatient Dc Within 14 Days Of SOC/ROC:From Rehab Facility	Percent inpatient discharged within 14 days of SOC/ROC: from rehabilitation facility for the Facility	
OBQI_ROLLUPS	MEAS_27_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Inpatient DC Within 14 Days Of SOC/ROC:From Nursing Home	Total number of episodes with data for inpatient DC within 14 days of SOC/ROC: from nursing Home	
OBQI_ROLLUPS	MEAS_27_MEAN	NUMBER (6.2)	N	Percent Inpatient Dc Within 14 Days Of SOC/ROC:From Nursing Home	Percent inpatient discharged within 14 days of SOC/ROC: from nursing home for the facility, Nursing Home	
OBQI_ROLLUPS	MEAS_28_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Medical Reg Change Within 14 Days Of SOC/ROC:Medical Regiment Change	Total number of episodes with data for medical regimen change within 14 days of SOC/ROC:	
OBQI_ROLLUPS	MEAS_28_MEAN	NUMBER (6.2)	N	Percent Medical Reg Change Within 14 Days Of SOC/ROC:Medical Regiment	Percent medical regimen change within 14 days of SOC/ROC: medical regimen change for the	
OBQI_ROLLUPS	MEAS_29_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Prognoses: Moderate Recovery Prognosis	Total number of episodes with data for prognoses: moderate recovery prognosis for the	
OBQI_ROLLUPS	MEAS_29_MEAN	NUMBER (6.2)	N	Percent Prognoses: Moderate Recovery Prognosis	Percent prognoses: moderate recovery prognosis for the facility, state, region or the nation for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_2_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Female	Total number of episodes with data for gender: female for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_2_MEAN	NUMBER (6.2)	N	Percent Female	Percent gender: female for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_30_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Prognoses: Good Rehab Prognosis	Total number of episodes with data for prognoses: good rehabilitation prognosis for the	
OBQI_ROLLUPS	MEAS_30_MEAN	NUMBER (6.2)	N	Percent Prognoses: Good Rehab Prognosis	Percent prognoses: good rehabilitation prognosis for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_31_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Grooming, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: grooming (0-3 scale)	
OBQI_ROLLUPS	MEAS_31_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Grooming, 0-3 scale	Average ADL disabilities at SOC/ROC: grooming (0-3 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_32_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Dress Upper Body, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: dress upper body (0-3	
OBQI_ROLLUPS	MEAS_32_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Dress upper body, 0-3 scale	Average ADL disabilities at SOC/ROC: dress upper body (0-3 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_33_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Dress Lower Body, 0-3 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: dress lower body (0-3	
OBQI_ROLLUPS	MEAS_33_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Dress lower body, 0-3 scale	Average ADL disabilities at SOC/ROC: dress lower body (0-3 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_34_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Bathing, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: bathing (0-5 scale) for	
OBQI_ROLLUPS	MEAS_34_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Bathing, 0-5 Scale	Average ADL disabilities at SOC/ROC: bathing (0-5 scale) for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_35_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Toileting, 0-4 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: toileting (0-4 scale) for	
OBQI_ROLLUPS	MEAS_35_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Toileting, 0-4 scale	Average ADL disabilities at SOC/ROC: toileting (0-4 scale) for the facility, state, region	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_36_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Transferring, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: transferring (0-5 scale)	
OBQI_ROLLUPS	MEAS_36_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Transferring, 0-5 scale	Average ADL disabilities at SOC/ROC: transferring (0-5 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_37_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Ambulation, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: ambulation (0-5 scale)	
OBQI_ROLLUPS	MEAS_37_MEAN	NUMBER (6.2)	N	Average ADL Disabilities At SOC/ROC:Ambulation, 0-5 Scale	Average ADL disabilities at SOC/ROC: ambulation (0-5 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_38_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Disabilities At SOC/ROC:Eating, 0-5 Scale	Total number of episodes with data for ADL disabilities at SOC/ROC: eating (0-5 scale) for	
OBQI_ROLLUPS	MEAS_38_MEAN	NUMBER (6.2)	N	Average ADL Disabilities at SOC/ROC:Eating, 0-5 scale	Average ADL disabilities at SOC/ROC: eating (0-5 scale) for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_39_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Grooming, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: grooming (0-3	
OBQI_ROLLUPS	MEAS_39_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Grooming, 0-3 scale	Average ADL disabilities prior to SOC/ROC: grooming (0-3 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_3_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:Black	Total number of episodes with data for race: Black for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_3_MEAN	NUMBER (6.2)	N	Percent Race:Black	Percent race: Black for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_40_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Dress Upper Body, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: dress upper body	
OBQI_ROLLUPS	MEAS_40_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Dress upper body, 0-3 scale	Average ADL disabilities prior to SOC/ROC: dress upper body (0-3 scale) for the facility, scale	
OBQI_ROLLUPS	MEAS_41_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Dress Lower Body, 0-3 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: dress lower body	
OBQI_ROLLUPS	MEAS_41_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Dress lower body, 0-3 scale	Average ADL disabilities prior to SOC/ROC: dress lower body (0-3 scale) for the facility, scale	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_42_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Bathing, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: bathing (0-5	
OBQI_ROLLUPS	MEAS_42_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Bathing, 0-5 scale	Average ADL disabilities prior to SOC/ROC: bathing (0-5 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_43_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Toileting, 0-4 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: toileting (0-4	
OBQI_ROLLUPS	MEAS_43_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Toileting, 0-4 scale	Average ADL disabilities prior to SOC/ROC: toileting (0-4 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_44_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Transferring, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: transferring (0-5	
OBQI_ROLLUPS	MEAS_44_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Transferring, 0-5 scale	Average ADL disabilities prior to SOC/ROC: transferring (0-5 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_45_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Ambulation, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: ambulation (0-5	
OBQI_ROLLUPS	MEAS_45_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Ambulation, 0-5 scale	Average ADL disabilities prior to SOC/ROC: ambulation (0-5 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_46_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For ADL Status Prior To SOC/ROC:Eating, 0-5 Scale	Total number of episodes with data for ADL disabilities prior to SOC/ROC: eating (0-5 scale)	
OBQI_ROLLUPS	MEAS_46_MEAN	NUMBER (6.2)	N	Average ADL Status Prior to SOC/ROC:Eating, 0-5 scale	Average ADL disabilities prior to SOC/ROC: eating (0-5 scale) for the facility, state, region or	
OBQI_ROLLUPS	MEAS_47_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Light Meal Prep, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: light meal preparation	
OBQI_ROLLUPS	MEAS_47_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Light meal prep, 0-2 scale	Average IADL disabilities at SOC/ROC: light meal preparation (0-2 scale) for the facility,	
OBQI_ROLLUPS	MEAS_48_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Transportation, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: transportation (0-2	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_48_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Transportation, 0-2 scale	Average IADL disabilities at SOC/ROC: transportation (0-2 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_49_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Laundry, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: laundry (0-32 scale)	
OBQI_ROLLUPS	MEAS_49_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Laundry, 0-2 scale	Average IADL disabilities at SOC/ROC: laundry (0-32 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_4_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:White	Total number of episodes with data for race: White for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_4_MEAN	NUMBER (6.2)	N	Percent Race:White	Percent race: White for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_50_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Housekeeping, 0-4 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: housekeeping (0-4	
OBQI_ROLLUPS	MEAS_50_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Housekeeping, 0-4 scale	Average IADL disabilities at SOC/ROC: housekeeping(0-4 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_51_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Shopping, 0-3 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: shopping (0-3 scale)	
OBQI_ROLLUPS	MEAS_51_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Shopping, 0-3 scale	Average IADL disabilities at SOC/ROC: shopping (0-3 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_52_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Phone Use, 0-5 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: phone use (0-5 scale)	
OBQI_ROLLUPS	MEAS_52_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Phone use, 0-5 scale	Average IADL disabilities at SOC/ROC: phone use (0-5 scale) for the facility, state, region or	
OBQI_ROLLUPS	MEAS_53_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Disabilities At SOC/ROC:Management Oral Medications, 0-2 Scale	Total number of episodes with data for IADL disabilities at SOC/ROC: management of oral	
OBQI_ROLLUPS	MEAS_53_MEAN	NUMBER (6.2)	N	Average IADL Disabilities at SOC/ROC:Management Oral Medications, 0-2 scale	Average IADL disabilities at SOC/ROC: managment of oral meds (0-2 scale) for the	
OBQI_ROLLUPS	MEAS_54_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Light Meal Prep, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: light meal	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_54_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Light meal prep, 0-2 scale	Average IADL disabilities prior to SOC/ROC: light meal preparation (0-2 scale) for the facility,	
OBQI_ROLLUPS	MEAS_55_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Transportation, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: transportation (0-	
OBQI_ROLLUPS	MEAS_55_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Transportation, 0-2 scale	Average IADL disabilities prior to SOC/ROC: transportation (0-2 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_56_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Laundry, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: laundry (0-32	
OBQI_ROLLUPS	MEAS_56_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Laundry, 0-2 scale	Average IADL disabilities prior to SOC/ROC: laundry (0-32 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_57_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Housekeeping, 0-4 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: housekeeping(0-	
OBQI_ROLLUPS	MEAS_57_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Housekeeping, 0-4 scale	Average IADL disabilities prior to SOC/ROC: housekeeping (0-4 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_58_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Shopping, 0-3 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: shopping (0-3	
OBQI_ROLLUPS	MEAS_58_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Shopping, 0-3 scale	Average IADL disabilities prior to SOC/ROC: shopping (0-3 scale) for the facility, state, region	
OBQI_ROLLUPS	MEAS_59_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Phone Use, 0-5 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: phone use (0-5	
OBQI_ROLLUPS	MEAS_59_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Phone use, 0-5 scale	Average IADL disabilities prior to SOC/ROC: phone use (0-5 scale) for the facility, state,	
OBQI_ROLLUPS	MEAS_5_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Race:Other	Total number of episodes with data for race: other for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_5_MEAN	NUMBER (6.2)	N	Percent Race:Other	Percent race: other for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_60_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For IADL Status Prior To SOC/ROC:Management Oral Medications, 0-2 Scale	Total number of episodes with data for IADL disabilities prior to SOC/ROC: management of	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_60_MEAN	NUMBER (6.2)	N	Average IADL Status Prior to SOC/ROC:Management Oral Medications, 0-2 scale	Average IADL disabilities prior to SOC/ROC: management of oral medications (0-2 scale) for	
OBQI_ROLLUPS	MEAS_61_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Respiratory Status: Dyspnea, 0-4 Scale	Total number of episodes with data for respiratory status: dyspnea (0-4 scale) for the	
OBQI_ROLLUPS	MEAS_61_MEAN	NUMBER (6.2)	N	Average Respiratory Status: Dyspnea, 0-4 Scale	Average respiratory status: dyspnea (0-4 scale) for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_62_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:IV/Infusion Therapy	Total number of episodes with data for therapies received at home: IV/infusion therapy for the	
OBQI_ROLLUPS	MEAS_62_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:IV/Infusion Therapy	Percent therapies received at home: IV/infusion therapy for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_63_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:Parenteral Nutrition	Total number of episodes with data for therapies received at home: parenteral nutrition for the	
OBQI_ROLLUPS	MEAS_63_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:Parenteral Nutrition	Percent therapies received at home: parenteral nutrition for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_64_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Therapies Received At Home:Enteral Nutrition	Total number of episodes with data for therapies received at home: enteral nutrition for the	
OBQI_ROLLUPS	MEAS_64_MEAN	NUMBER (6.2)	N	Percent Therapies Received At Home:Enteral Nutrition	Percent therapies received at home: enteral nutrition for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_65_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Vision Impairment, 0-2 Scale	Total number of episodes with data for sensory status: vision impairment (0-2 scale) for the	
OBQI_ROLLUPS	MEAS_65_MEAN	NUMBER (6.2)	N	Average Sensory Status:Vision Impairment, 0-2 Scale	Average sensory status: vision impairment (0-2 scale) for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_66_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Hearing Impairment, 0-4 Scale	Total number of episodes with data for sensory status: hearing impairment (0-4 scale) for the	
OBQI_ROLLUPS	MEAS_66_MEAN	NUMBER (6.2)	N	Average Sensory Status:Hearing Impairment, 0-4 Scale	Average sensory status: hearing impairment (0-4 scale) for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_67_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Sensory Status:Speech/Language, 0-5	Total number of episodes with data for sensory status: speech/language (0-5 scale) for the	
OBQI_ROLLUPS	MEAS_67_MEAN	NUMBER (6.2)	N	Average Sensory Status:Speech/Language, 0-5	Average sensory status: speech/language (0-5 scale) for the facility, state, region or the nation	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_68_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Pain: Pain Interfering With Activity, 0-3 Scale	Total number of episodes with data for pain: pain interfering with activities (0-3 scale) for the	
OBQI_ROLLUPS	MEAS_68_MEAN	NUMBER (6.2)	N	Average Pain: Pain Interfering W/activ, 0-3 scale	Average pain: pain interfering with activities (0-3 scale) for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_69_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Pain: Intractable Pain	Total number of episodes with data for pain: intractable pain for the facility, state, region or	
OBQI_ROLLUPS	MEAS_69_MEAN	NUMBER (6.2)	N	Percent Pain: Intractable Pain	Percent pain: intractable pain for the facility, state, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_6_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Medicare	Total number of episodes with data for payment source: any Medicare for the facility, region or	
OBQI_ROLLUPS	MEAS_6_MEAN	NUMBER (6.2)	N	Percent Payment Source: Any Medicare	Percent payment source: any Medicare for the facility, region or the nation for the given month.	
OBQI_ROLLUPS	MEAS_70_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Moderate Cognitive Disability	Total number of episodes with data for Neuro/emotional/behavioral status: moderate	
OBQI_ROLLUPS	MEAS_70_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Moderate Cognitive Disability	Percent neuro/emotional/behavioral status: moderate cognitive disability for the facility,	
OBQI_ROLLUPS	MEAS_71_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Severe Confusion Disability	Total number of episodes with data for Neuro/emotional/behavioral status: severe	
OBQI_ROLLUPS	MEAS_71_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Severe Confusion Disability	Percent neuro/emotional/behavioral status: severe confusion disability for the facility, state,	
OBQI_ROLLUPS	MEAS_72_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Severe Anxiety Level	Total number of episodes with data for neuro/emotional/behavioral status: severe	
OBQI_ROLLUPS	MEAS_72_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Severe Anxiety Level	Percent neuro/emotional/behavioral status: severe anxiety level for the facility, state, region	
OBQI_ROLLUPS	MEAS_73_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Neuro/Emotional/Behavioral Status:Behavior Problems More Than Twice A Week	Total number of episodes with data for neuro/emotional/behavioral status: behavioral	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_73_MEAN	NUMBER (6.2)	N	Percent Neuro/Emotional/Behavioral Status:Behavior Problems More Than Twice A Week	Percent neuro/emotional/behavioral status: behavioral problems more than twice a week for	
OBQI_ROLLUPS	MEAS_74_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Presence Of	Total number of episodes with data for integumentary status: presence of wound/lesion	
OBQI_ROLLUPS	MEAS_74_MEAN	NUMBER (6.2)	N	Percent Integumentary Status:Presence Of	Percent integumentary status: presence of wound/lesion for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_75_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stasis Ulcers Present	Total number of episodes with data for integumentary status: stasis ulcer(s) present for	
OBQI_ROLLUPS	MEAS_75_MEAN	NUMBER (6.2)	N	Integumentary Status:Stasis Ulcers Present Percent	Percent integumentary status: stasis ulcer(s) present for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_76_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Surgical Wounds Present	Total number of episodes with data for integumentary status: surgical wound(s) present	
OBQI_ROLLUPS	MEAS_76_MEAN	NUMBER (6.2)	N	Integumentary Status:Surgical Wounds Present Percent	Percent integumentary status: surgical wound(s) present for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_77_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Pressure Ulcers Present	Total number of episodes with data for integumentary status: pressure ulcer(s) present	
OBQI_ROLLUPS	MEAS_77_MEAN	NUMBER (6.2)	N	Integumentary Status:Pressure Ulcers Present Percent	Percent integumentary status: pressure ulcer(s) present for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_78_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stage 2-4 Ulcers Present	Total number of episodes with data for integumentary status: stage 2-4 ulcer(s) present	
OBQI_ROLLUPS	MEAS_78_MEAN	NUMBER (6.2)	N	Integumentary Status:Stage 2-4 Ulcers Present Percent	Percent integumentary status: stage 2-4 ulcer(s) present for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_79_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Integumentary Status:Stage 3-4 Ulcers Present	Total number of episodes with data for integumentary status: stage 3-4 ulcer(s) present	
OBQI_ROLLUPS	MEAS_79_MEAN	NUMBER (6.2)	N	Integumentary Status:Stage 3-4 Ulcers Present Percent	Percent integumentary status: stage 3-4 ulcer(s) present for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_7_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any Medicaid	Total number of episodes with data for payment source: any Medicaid for the facility, state,	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_7_MEAN	NUMBER (6.2)	N	Percent Payment Source: Any Medicaid	Percent payment source: any Medicaid for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_80_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:UTI Within Past 14 Days	Total number of episodes with data for elimination status: UTI within the past 14 days	
OBQI_ROLLUPS	MEAS_80_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Uti Within Past 14 Days	Percent elimination status: UTI within the past 14 days for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_81_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Urinary Incontinence/Catheter Present	Total number of episodes with data for elimination status: urinary incontinence/catheter	
OBQI_ROLLUPS	MEAS_81_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Urinary Incontinence/Catheter Present	Percent elimination status: urinary incontinence/catheter present for the facility,	
OBQI_ROLLUPS	MEAS_82_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Incontinent Day And	Total number of episodes with data for elimination status: incontinent day and night for	
OBQI_ROLLUPS	MEAS_82_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Incontinent Day And	Percent elimination status: incontinent day and night for the facility, state, region or the nation	
OBQI_ROLLUPS	MEAS_83_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Urinary Catheter	Total number of episodes with data for elimination status: urinary catheter for the	
OBQI_ROLLUPS	MEAS_83_MEAN	NUMBER (6.2)	N	Percent Elimination Status:Urinary Catheter	Percent elimination status: urinary catheter for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_84_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Elimination Status:Bowel Incontinence, 0-5 Scale	Total number of episodes with data for elimination status: bowel incontinence (0-5	
OBQI_ROLLUPS	MEAS_84_MEAN	NUMBER (6.2)	N	Average Elimination Status:Bowel incont, 0-5 scale	Average elimination status: bowel incontinence (0-5 scale) for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_85_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Orthopedic	Total number of episodes with data for acute conditions: orthopedic for the facility, state,	
OBQI_ROLLUPS	MEAS_85_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Orthopedic	Percent acute conditions: orthopedic for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_86_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Neurologic	Total number of episodes with data for acute conditions: neurologic for the facility, state,	
OBQI_ROLLUPS	MEAS_86_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Neurologic	Percent acute conditions: neurologic for the facility, state, region or the nation for the given	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_87_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Open Wounds/Lesions	Total number of episodes with data for acute conditions: open wounds/lesions for the facility,	
OBQI_ROLLUPS	MEAS_87_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Open Wounds/Lesions	Percent acute conditions: open wounds/lesions for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_88_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Terminal Condition	Total number of episodes with data for acute conditions: terminal condition for the facility,	
OBQI_ROLLUPS	MEAS_88_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Terminal Condition	Percent acute conditions: terminal condition for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_89_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Cardiac/Peripheral	Total number of episodes with data for acute conditions: cardiac/peripheral vascular for the	
OBQI_ROLLUPS	MEAS_89_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Cardiac/Peripheral	Percent acute conditions: cardiac/peripheral vascular for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_8_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Any HMO	Total number of episodes with data for payment source: any HMO for the facility, state, region or	
OBQI_ROLLUPS	MEAS_8_MEAN	NUMBER (6.2)	N	Percent Payment Source: Any HMO	Percent payment source: any HMO for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_90_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Pulmonary	Total number of episodes with data for acute conditions: pulmonary for the facility, state,	
OBQI_ROLLUPS	MEAS_90_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Pulmonary	Percent acute conditions: pulmonary for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_91_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Diabetes Mellitus	Total number of episodes with data for acute conditions: diabetes mellitus for the facility,	
OBQI_ROLLUPS	MEAS_91_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Diabetes Mellitus	Percent acute conditions: diabetes mellitus for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_92_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Gastrointestinal	Total number of episodes with data for acute conditions: gastrointestinal disorder for the	
OBQI_ROLLUPS	MEAS_92_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Gastrointestinal	Percent acute conditions: gastrointestinal disorder for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_93_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Contagious/Communi	Total number of episodes with data for acute conditions: contagious/communicable for the	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	MEAS_93_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Contagious/Communi	Percent acute conditions: contagious/communicable for the facility, state,	
OBQI_ROLLUPS	MEAS_94_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Urinary Incontinence/Catheter	Total number of episodes with data for acute conditions: urinary incontinence/catheter for the	
OBQI_ROLLUPS	MEAS_94_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Urinary	Percent acute onditions: urinary incontinence/catheter for the facility, state,	
OBQI_ROLLUPS	MEAS_95_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Mental/Emotional	Total number of episodes with data for acute conditions: mental/emotional for the facility,	
OBQI_ROLLUPS	MEAS_95_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Mental/Emotional	Percent acute conditions: mental/emotional for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_96_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Oxygen Therapy	Total number of episodes with data for acute conditions: oxygen therapy for the facility, state,	
OBQI_ROLLUPS	MEAS_96_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Oxygen Therapy	Percent acute conditions: oxygen therapy for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_97_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:IV/Infusion Therapy	Total number of episodes with data for acute conditions: IV/infusion therapy for the facility,	
OBQI_ROLLUPS	MEAS_97_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:IV/Infusion Therapy	Percent acute conditions: IV/infusion therapy for the facility, state, region or the nation for the	
OBQI_ROLLUPS	MEAS_98_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Enteral/Parenteral	Total number of episodes with data for acute conditions: enteral/parenteral nutrition for the	
OBQI_ROLLUPS	MEAS_98_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Enteral/Parenteral	Percent acute conditions: enteral/parenteral nutrition for the facility, state, region or the	
OBQI_ROLLUPS	MEAS_99_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Acute Conditions:Ventilator	Total number of episodes with data for acute conditions: ventilator for the facility, state,	
OBQI_ROLLUPS	MEAS_99_MEAN	NUMBER (6.2)	N	Percent Acute Conditions:Ventilator	Percent acute conditions: ventilator for the facility, state, region or the nation for the given	
OBQI_ROLLUPS	MEAS_9_EP_CNT	NUMBER (7.0)	N	Number Of Episodes Processed For Payment Source: Medicare HMO	Total number of episodes with data for payment source: Medicare HMO for the facility, state,	
OBQI_ROLLUPS	MEAS_9_MEAN	NUMBER (6.2)	N	Percent Payment Source: Medicare HMO	Percent payment source: Medicare HMO for the facility, state, region or the nation for the given	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_ROLLUPS	STATE_ID	VARCHAR2 (2)	Y	State ID	This field holds the two-character state abbreviation, two-digit CMS region code or 'US'	NATL_GEOGRPHC_VW
OBQI_ROLLUPS	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
OBQI_RPT_REQUEST	ACT_CURR_END_MONTH	DATE (8)	N	Actual Current End Month	The actual end month for which the report was requested.	
OBQI_RPT_REQUEST	ACT_CURR_START_MONTH	DATE (8)	N	Actual Current Start Month	The actual start month for which the report was requested.	
OBQI_RPT_REQUEST	ACT_PRI_END_MONTH	DATE (8)	N	Actual Previous End Month	The previous period actual end month for which the report was requested. This is used for	
OBQI_RPT_REQUEST	ACT_PRI_START_MONTH	DATE (8)	N	Actual Previous Start Month	The previous period actual start month for which the report was requested. This is used for	
OBQI_RPT_REQUEST	AEO_GRAPH2_REQ	NUMBER (1.0)	N	Adverse Event Graph 2 Bar Request	A value of 1 indicates an adverse event graph with two bars was requested.	
OBQI_RPT_REQUEST	AEO_GRAPH3_REQ	NUMBER (1.0)	N	Adverse Event Graph 3 Bar Request	A value of 1 indicates an adverse event graph with three bars was requested.	
OBQI_RPT_REQUEST	AEO_LIST_REQ	NUMBER (1.0)	N	Adverse Event Patient Report Request	A value of 1 indicates an adverse event patient report was requested.	
OBQI_RPT_REQUEST	BRNCH_RPT_SW	NUMBER (1.0)	N	Branch Report Switch	Switch to indicate if the report was requested as a branch report.	
OBQI_RPT_REQUEST	CMIX_RPT2_REQ	NUMBER (1.0)	N	Case-mix 2 Column Report Request	A value of 1 indicates a case mix two-column report was requested.	
OBQI_RPT_REQUEST	CMIX_RPT3_REQ	NUMBER (1.0)	N	Case-mix 3 Column Report Request	A value of 1 indicates a case mix three-column report was requested.	
OBQI_RPT_REQUEST	CMIX_TALLY_REQ	NUMBER (1.0)	N	Case-mix Tally Report Request	A value of 1 indicates a case mix tally report was requested.	
OBQI_RPT_REQUEST	COMPLETE_DATE	DATE (8)	N	Complete Date	The date and time the report finished running.	
OBQI_RPT_REQUEST	CURR_END_MONTH	DATE (8)	N	Report End Month	The end month for which the report was requested.	
OBQI_RPT_REQUEST	CURR_EPISODES	NUMBER (10.0)	N	Current Number of Episodes	The number of episodes in the current reporting period.	
OBQI_RPT_REQUEST	CURR_START_MONTH	DATE (8)	N	Report Start Month	The start month for which the report was requested.	
OBQI_RPT_REQUEST	ERO_CURR_EPISODES	NUMBER (10.0)	N	Risk-Adjusted Current Number Of Episodes	The number of risk-adjusted episodes in the current reporting period.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RPT_REQUEST	ERO_PRI_EPISODES	NUMBER (10.0)	N	Risk-Adjusted Previous Number Of Episodes	The number of risk-adjusted episodes in the previous reporting period.	
OBQI_RPT_REQUEST	ERO_REF_EPISODES	NUMBER (10.0)	N	Risk-Adjusted Reference Number Of Episodes	The number of risk-adjusted episodes in the reference data.	
OBQI_RPT_REQUEST	FLTR_BGN_DT	DATE (7)	N			
OBQI_RPT_REQUEST	FLTR_END_DT	DATE (7)	N			
OBQI_RPT_REQUEST	HHA_INTERNAL_ID	NUMBER (10.0)	N	Facility Internal Identifier	Facility internal identifier. This along with the state code identifies a unique facility. If the	
OBQI_RPT_REQUEST	HHA_STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_RPT_REQUEST	NONRAO_GRAPH2_REQ	NUMBER (1.0)	N	Non risk-ajusted 2 Bar Request	A value of 1 indicates a non risk-adjusted two-bar graph report is requested.	
OBQI_RPT_REQUEST	NONRAO_GRAPH3_REQ	NUMBER (1.0)	N	Non risk-ajusted 3 Bar Request	A value of 1 indicates a non risk-adjusted three-bar graph report is requested.	
OBQI_RPT_REQUEST	PRI_END_MONTH	DATE (8)	N	Previous Period End Month	The previous period end month the report was request for. This is used for comparing to the	
OBQI_RPT_REQUEST	PRI_EPISODES	NUMBER (10.0)	N	Previous Period Number of Episodes	The number of episodes in the previous reporting period.	
OBQI_RPT_REQUEST	PRI_START_MONTH	DATE (8)	N	Previous Period Start Month	The previous period start month the report was requested for. This is used for comparing to the	
OBQI_RPT_REQUEST	RAO_CMIX_RPT2_REQ	NUMBER (1.0)	N	Risk-Adjusted 2 Column Report Request	A value of 1 indicates a two-column risk-adjusted report was requested.	
OBQI_RPT_REQUEST	RAO_CMIX_RPT3_REQ	NUMBER (1.0)	N	Risk-Adjusted 3 Column Report Request	A value of 1 indicates a three-column risk-adjusted report was requested.	
OBQI_RPT_REQUEST	RAO_GRAPH2_REQ	NUMBER (1.0)	N	Risk-Adjusted Graph 2 Bar Request	A value of 1 indicates a two-bar risk-adjusted graph report was requested.	
OBQI_RPT_REQUEST	RAO_GRAPH3_REQ	NUMBER (1.0)	N	Risk-Adjusted Graph 3 Bar Request	A value of 1 indicates a three-bar risk-adjusted graph report was requested.	
OBQI_RPT_REQUEST	RAO_TALLY_REQ	NUMBER (1.0)	N	Risk-Adjusted Tally Report Request	A value of 1 indicates a risk-adjusted tally report was requested.	
OBQI_RPT_REQUEST	REF_EPISODES	NUMBER (10.0)	N	Reference Number of Episodes	The number of episodes in the reference data.	
OBQI_RPT_REQUEST	REPORT_STATUS	NUMBER (2.0)	N	Report Status	Report status. 1 = The has been requested, but not processed, 2 = The report is being	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_RPT_REQUEST	REQUEST_DATE	DATE (8)	N	Request Date	Date the report was requested.	
OBQI_RPT_REQUEST	RPT_SEQNUM	NUMBER (10.0)	Y	Report Sequence Number	Unique report sequence number; identifies an individual report.	
OBQI_RPT_REQUEST	RUN_USER	VARCHAR2 (20)	N	User Requesting the Report	The user identification of the person requesting the report.	
OBQI_SOW_RPT_SMRY	BSLN_RATE_PCT	NUMBER (7.2)	N	Baseline OBQI outcome rate	Baseline OBQI outcome rate	
OBQI_SOW_RPT_SMRY	DNMNTR_0_NUM	NUMBER (9.0)	N	Episode count for baseline report period	Episode count for baseline report period	
OBQI_SOW_RPT_SMRY	DNMNTR_10_NUM	NUMBER (9.0)	N	Episode count for report period 10	Episode count for report period 10	
OBQI_SOW_RPT_SMRY	DNMNTR_11_NUM	NUMBER (9.0)	N	Episode count for report period 11	Episode count for report period 11	
OBQI_SOW_RPT_SMRY	DNMNTR_12_NUM	NUMBER (9.0)	N	Episode count for report period 12	Episode count for report period 12	
OBQI_SOW_RPT_SMRY	DNMNTR_13_NUM	NUMBER (9.0)	N	Episode count for report period 13	Episode count for report period 13	
OBQI_SOW_RPT_SMRY	DNMNTR_14_NUM	NUMBER (9.0)	N	Episode count for report period 14	Episode count for report period 14	
OBQI_SOW_RPT_SMRY	DNMNTR_1_NUM	NUMBER (9.0)	N	Episode count for report period 1	Episode count for report period 1	
OBQI_SOW_RPT_SMRY	DNMNTR_2_NUM	NUMBER (9.0)	N	Episode count for report period 2	Episode count for report period 2	
OBQI_SOW_RPT_SMRY	DNMNTR_3_NUM	NUMBER (9.0)	N	Episode count for report period 3	Episode count for report period 3	
OBQI_SOW_RPT_SMRY	DNMNTR_4_NUM	NUMBER (9.0)	N	Episode count for report period 4	Episode count for report period 4	
OBQI_SOW_RPT_SMRY	DNMNTR_5_NUM	NUMBER (9.0)	N	Episode count for report period 5	Episode count for report period 5	
OBQI_SOW_RPT_SMRY	DNMNTR_6_NUM	NUMBER (9.0)	N	Episode count for report period 6	Episode count for report period 6	
OBQI_SOW_RPT_SMRY	DNMNTR_7_NUM	NUMBER (9.0)	N	Episode count for report period 7	Episode count for report period 7	
OBQI_SOW_RPT_SMRY	DNMNTR_8_NUM	NUMBER (9.0)	N	Episode count for report period 8	Episode count for report period 8	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_SOW_RPT_SMRY	DNMNR_9_NUM	NUMBER (9.0)	N	Episode count for report period 9	Episode count for report period 9	
OBQI_SOW_RPT_SMRY	OBQI_MSR_CD	NUMBER (5.0)	N	OBQI measure code	OBQI measure code	
OBQI_SOW_RPT_SMRY	RND_CD	NUMBER (3.0)	N	Round of the 7th Scope of Work	Round of the 7th Scope of Work	OBQI_RND_CD
OBQI_SOW_RPT_SMRY	RPT_PRD_10_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 10	OBQI outcome rate for report period 10	
OBQI_SOW_RPT_SMRY	RPT_PRD_11_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 11	OBQI outcome rate for report period 11	
OBQI_SOW_RPT_SMRY	RPT_PRD_12_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 12	OBQI outcome rate for report period 12	
OBQI_SOW_RPT_SMRY	RPT_PRD_13_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 13	OBQI outcome rate for report period 13	
OBQI_SOW_RPT_SMRY	RPT_PRD_14_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 14	OBQI outcome rate for report period 14	
OBQI_SOW_RPT_SMRY	RPT_PRD_1_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 1	OBQI outcome rate for report period 1	
OBQI_SOW_RPT_SMRY	RPT_PRD_2_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 2	OBQI outcome rate for report period 2	
OBQI_SOW_RPT_SMRY	RPT_PRD_3_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 3	OBQI outcome rate for report period 3	
OBQI_SOW_RPT_SMRY	RPT_PRD_4_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 4	OBQI outcome rate for report period 4	
OBQI_SOW_RPT_SMRY	RPT_PRD_5_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 5	OBQI outcome rate for report period 5	
OBQI_SOW_RPT_SMRY	RPT_PRD_6_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 6	OBQI outcome rate for report period 6	
OBQI_SOW_RPT_SMRY	RPT_PRD_7_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 7	OBQI outcome rate for report period 7	
OBQI_SOW_RPT_SMRY	RPT_PRD_8_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 8	OBQI outcome rate for report period 8	
OBQI_SOW_RPT_SMRY	RPT_PRD_9_PCT	NUMBER (7.2)	N	OBQI outcome rate for report period 9	OBQI outcome rate for report period 9	
OBQI_SOW_RPT_SMRY	RPT_SMRY_ID	NUMBER (10.0)	Y	Surrogate primary key for table	Surrogate primary key for table	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_SOW_RPT_SMRY	SCOPE_CD	NUMBER (2.0)	N	Scope of data in OBQI_SOW_RPT_SMRY	Scope of data in OBQI_SOW_RPT_SMRY	OBQI_SCOPE_CD
OBQI_SOW_RPT_SMRY	SOW_CD	VARCHAR2 (5)	N	Scope of work of the SDPS contract	Scope of work of the SDPS contract	
OBQI_SOW_RPT_SMRY	STATE_CD	VARCHAR2 (2)	N	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_SOW_RPT_SMRY	TSK_CD	NUMBER (5.0)	N	Task code for the PARTnew program in the 7th SOW	Task code for the PARTnew program in the 7th SOW	
OBQI_SOW_SMRY_TIMEFRM	ASMT_END_DT	DATE (8)	N	Latest end date of assessments included in this report period	Latest end date of assessments included in this report period.	
OBQI_SOW_SMRY_TIMEFRM	ASMT_STRT_DT	DATE (8)	N	Earliest start date of assessments included in this report period	Earliest start date of assessments included in this report period.	
OBQI_SOW_SMRY_TIMEFRM	OBQI_MSR_CD	NUMBER (5.0)	N	OBQI measure code	OBQI measure code	
OBQI_SOW_SMRY_TIMEFRM	RND_CD	NUMBER (5.0)	N	Round of the 7th Scope of Work	Round of the 7th Scope of Work	OBQI_RND_CD
OBQI_SOW_SMRY_TIMEFRM	RPT_PRD_DESC	VARCHAR2 (20)	N	Description of report period from OBQI_SOW_RPT_SMRY	Description of report period from OBQI_SOW_RPT_SMRY	
OBQI_SOW_SMRY_TIMEFRM	RPT_PRD_NUM	NUMBER (3.0)	N	Report period number from OBQI_SOW_RPT_SMRY	Report period number from OBQI_SOW_RPT_SMRY	
OBQI_SOW_SMRY_TIMEFRM	RPT_PST_NUM	NUMBER (6.0)	N	Date of calculation of the corresponding data in OBQ_SOW_RPT_SMRY	Date of calculation of the corresponding data in OBQ_SOW_RPT_SMRY	
OBQI_SOW_SMRY_TIMEFRM	SOW_CD	VARCHAR2 (5)	N	Scope of work of the SDPS contract	Scope of work of the SDPS contract	
OBQI_SOW_SMRY_TIMEFRM	TIMEFRM_ID	NUMBER (10.0)	Y	Surrogate primary key for table	Surrogate primary key for table	
OBQI_SOW_SMRY_TIMEFRM	TSK_CD	NUMBER (5.0)	N	Task code for the PARTnew program in the 7th SOW	Task code for the PARTnew program in the 7th SOW	
OBQI_STATE_RND	RND_CD	NUMBER (3.0)	N	Round of the 7th Scope of Work	Round of the 7th Scope of Work	OBQI_RND_CD
OBQI_STATE_RND	STATE_CD	VARCHAR2 (2)	Y	State Code	The two-digit state abbreviation. This may also be the two-character CMS region code.	
OBQI_STATUS	REGION_CD	VARCHAR2 (2)	Y	Region Code	The regional location of the provider.	

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Table Name	Field Name	Data Type	Primary Key	Short Description	Item Description	Code Table Name
OBQI_STATUS	STATUS	NUMBER (1.0)	N	Status	Process Status. 1 = currently processing, 0 = finished processing.	
OBQI_STATUS	TARGET_MONTH	DATE (8)	Y	Target Month	The target month date is the first of the month for which the calculations were run. For	
RSDNT_X_ASMT_SYS_X_SUBREQ	ASMT_SYS_ID	NUMBER (22)	Y	Assessment System ID	This column indicates the assessment system type identifier.	ASMT_SYS
RSDNT_X_ASMT_SYS_X_SUBREQ	CREAT_TS	DATE (7)	N	Create Timestamp	Date and Time record was created.	
RSDNT_X_ASMT_SYS_X_SUBREQ	CREAT_USER_ID	VARCHAR2 (30)	N	Create User ID	The ID of user who created the record.	
RSDNT_X_ASMT_SYS_X_SUBREQ	RSDNT_INTRNL_ID	NUMBER (10.0)	Y	Resident Internal ID	A unique number, assigned by the submission system, which identifies a resident. The	
RSDNT_X_ASMT_SYS_X_SUBREQ	STATE_ID	VARCHAR2 (2)	Y	State ID	The two-character state abbreviation.	
RSDNT_X_ASMT_SYS_X_SUBREQ	SUBMSN_RQRD_CD	VARCHAR2 (1)	Y	Submission Required Code	This column contains the submission required code value.	ASMT_SUBMSN_RQRD_TYPE