

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------|--------------------|---------------------|-------------|--------------------------------|--|------------------|
| CMN_STATE_VW | CMS_RGN_CD | VARCHAR2 (2) | N | CMS Region Code | Indicates the CMS region code. | |
| CMN_STATE_VW | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the table. | |
| CMN_STATE_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of user who created the record. | |
| CMN_STATE_VW | STATE_CD | VARCHAR2 (2) | N | State Code | Two character state abbreviation code. | |
| CMN_STATE_VW | STATE_TXT | VARCHAR2 (50) | N | State Name | Name of the state. | |
| CMN_STATE_VW | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record was updated in the table. | |
| CMN_STATE_VW | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of user who updated the record. | |
| 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. | |

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| 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. | |
| 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. | |

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| 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_PRVDR_HOSPC_VW | ADDTNL_ST_ADR | VARCHAR2 (50) | N | 2nd Street Address Line | This is the second line of a provider's street address. | |
| CSP_PRVDR_HOSPC_VW | CITY_NAME | VARCHAR2 (28) | N | City Name | This is the name of the city where the provider is located. | |
| CSP_PRVDR_HOSPC_VW | FAC_NAME | VARCHAR2 (50) | N | Facility Name | This is the name of the provider certified to participate in the Medicare and/or Medicaid | |
| CSP_PRVDR_HOSPC_VW | FAX_PHNE_NUM | VARCHAR2 (10) | N | Fax Phone Number | This is the provider's fax number. | |
| CSP_PRVDR_HOSPC_VW | HHA_ASMT_SBMT_CD | VARCHAR2 (1) | N | HHA Assessment Submit Code | This code is equal to 'H' if the home health agency is allowed to submit OASIS | |
| CSP_PRVDR_HOSPC_VW | HOSPC_ASMT_SBMT_CD | VARCHAR2 (1) | N | Hospice Assessment Submit Code | This code is equal to 'P' if the provider is allowed to submit Hospice assessments. | |
| CSP_PRVDR_HOSPC_VW | IRF_ASMT_SBMT_CD | VARCHAR2 (1) | N | IRF-PAI Assessment Submit Code | This code is equal to 'R' if the provider is allowed to submit IRF-PAI assessments. | |
| CSP_PRVDR_HOSPC_VW | LTCH_ASMT_SBMT_CD | VARCHAR2 (1) | N | LTCH Assessment Submit Code | This indicator is equal to 'L' if the provider is allowed to submit LTCH CARE assessments. | |
| CSP_PRVDR_HOSPC_VW | MAIL_ADDTNL_ST_ADR | VARCHAR2 (50) | N | Mailing Address-Street Line 2 | This is the second line of a provider's mailing address. | |
| CSP_PRVDR_HOSPC_VW | MAIL_CITY_NAME | VARCHAR2 (28) | N | Mailing Address-City | This is the city of the provider's mailing address. | |
| CSP_PRVDR_HOSPC_VW | MAIL_STATE_CD | VARCHAR2 (2) | N | Mailing Address-State | This is the two-letter state abbreviation for a provider's mailing address. | STATES |
| CSP_PRVDR_HOSPC_VW | MAIL_ST_ADR | VARCHAR2 (50) | N | Mailing Address-Street Line 1 | This is the first line of a provider's mailing address. | |
| CSP_PRVDR_HOSPC_VW | MAIL_ZIP4_CD | VARCHAR2 (4) | N | Mailing Address-ZIP+4 | This is the four-digit extension of the ZIP code for a provider's mailing address. | |
| CSP_PRVDR_HOSPC_VW | MAIL_ZIP_CD | VARCHAR2 (5) | N | Mailing Address-ZIP Code | This is the provider's mailing ZIP code. | |
| CSP_PRVDR_HOSPC_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 | |

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| CSP_PRVDR_HOSPC_VW | MDS_ASMT_SBMT_CD | VARCHAR2 (1) | N | MDS Assessment Submit Code | This indicator is equal to 'M' if the provider is allowed to submit MDS assessments. | |
| CSP_PRVDR_HOSPC_VW | ORGNL_PRTCPTN_DT | DATE (8) | N | Original Participation Date | This is the date the facility was first approved to provide Medicare and/or Medicaid services. | |
| CSP_PRVDR_HOSPC_VW | PGM_TRMNTN_CD | VARCHAR2 (2) | N | Program Termination Code | Termination code number one: the reason a facility has been terminated from the CLIA, | CSP_TRMNTN_CD |
| CSP_PRVDR_HOSPC_VW | PGM_TRMNTN_DESC | VARCHAR2 () | N | Program Termination Description | This indicates the current termination status for the provider. | CSP_TRMNTN_CD |
| CSP_PRVDR_HOSPC_VW | PHNE_NUM | VARCHAR2 (10) | N | Telephone Number | This is the provider's phone number. | |
| CSP_PRVDR_HOSPC_VW | PRVDR_CTGRY_CD | VARCHAR2 (2) | N | Provider Category Code | This identifies the type of provider participating in the Medicare/Medicaid program. | CSP_PRVDR_CTGRY_CD |
| CSP_PRVDR_HOSPC_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| CSP_PRVDR_HOSPC_VW | PRVDR_NUM | VARCHAR2 (10) | N | CCN | This is a six or ten position identification number that is assigned to a certified provider. | |
| CSP_PRVDR_HOSPC_VW | SB_ASMT_SBMT_CD | VARCHAR2 (1) | N | Swing Bed Assessment Submit Code | If set to 'S', the facility is allowed to submit swing bed assessments. | |
| CSP_PRVDR_HOSPC_VW | SSA_CNTY_CD | VARCHAR2 (3) | N | SSA County Code | Social Security Administration geographic code indicating the county where the provider is | CSP_CNTY_CD |
| CSP_PRVDR_HOSPC_VW | SSA_CNTY_DESC | VARCHAR2 () | N | SSA County Description | SSA (Social Security Administration) geographic description indicating the county | CSP_CNTY_CD |
| CSP_PRVDR_HOSPC_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| CSP_PRVDR_HOSPC_VW | ST_ADR | VARCHAR2 (50) | N | Street Address | This is the street address where the provider is located. | |
| CSP_PRVDR_HOSPC_VW | TRMNTN_EXPRTN_DT | DATE (8) | N | Termination or Expiration Date | The date the laboratory's certificate terminated or the expiration date of the current CLIA | |
| CSP_PRVDR_HOSPC_VW | ZIP4_CD | VARCHAR2 (4) | N | ZIP Code + 4 Extra Digits | This is the four-digit extension of the ZIP code for a provider's physical address. | |
| CSP_PRVDR_HOSPC_VW | ZIP_CD | VARCHAR2 (5) | N | ZIP Code | This is the five-digit ZIP 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 | |

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|-----------------------|--------------------------------|---------------|-------------|---|---|--------------------------|
| 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 | |
| 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 | |
| HOSPC_ASMT_DELETE_W | CRCTN_NUM | NUMBER (2.0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_DELETE_W | DLT_DT | DATE (8) | N | Delete Date | This is the date that the assessment was deleted from the system. | |
| HOSPC_ASMT_DELETE_W | DLT_USER_ID | VARCHAR2 (30) | N | Delete User ID | This is the user ID that deleted the assessment from the system. | |
| HOSPC_ASMT_DELETE_W | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This column is used as a key to uniquely identify an assessment and to join together all | |
| HOSPC_ASMT_DELETE_W | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_DELETE_W | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_DELETE_W | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_FED | A0050_TRANS_TYPE_CD | VARCHAR2 (1) | N | A0050 Type of Record | The data in this column is the type of record that was submitted (new, modification or | HOSPC_TRANS_TYPE_CD |
| HOSPC_ASMT_FED | A0100A_NPI_NUM | VARCHAR2 (10) | N | A0100A National Provider ID | The data in this column is the hospice provider's National Provider Identifier number. | |
| HOSPC_ASMT_FED | A0100B_CMS_CRTFCTN_NUM | VARCHAR2 (12) | N | A0100B CMS Certification Number | The data in this column is the hospice provider's CMS Certification (Medicare) Number. | |
| HOSPC_ASMT_FED | A0205_ADMSN_SRVC_SITE_CD | VARCHAR2 (2) | N | A0205 Site of Service at Admission | This is the site where the patient was receiving hospice services at the time of admission to the | HOSPC_ADMSN_SRVC_SITE_CD |
| HOSPC_ASMT_FED | A0220_ADMSN_DT | DATE (8) | N | A0220 Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |
| HOSPC_ASMT_FED | A0245_INITL_NRSNG_ASMT_INIT_DT | VARCHAR2 (8) | N | A0245 Date Initial Nursing Assessment Initiated | This is the date that the initial nursing assessment was initiated. | |

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|----------------|-------------------------------|---------------|-------------|--|--|----------------------|
| HOSPC_ASMT_FED | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_FED | A0270_DSCHRG_DT | VARCHAR2 (8) | N | A0270 Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HOSPC_ASMT_FED | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_FED | A0500B_MDL_INITL_TXT | VARCHAR2 (1) | N | A0500B Middle Initial | This is the patient's middle initial. | |
| HOSPC_ASMT_FED | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_FED | A0500D_SFX_TXT | VARCHAR2 (3) | N | A0500D Suffix | This is the patient's suffix. | |
| HOSPC_ASMT_FED | A0550_PTNT_ZIP_CD | VARCHAR2 (11) | N | A0550 Patient Zip Code | This is the patient's zip code. | |
| HOSPC_ASMT_FED | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_FED | A0600B_MDCR_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_FED | A0700_MDCD_NUM | VARCHAR2 (14) | N | A0700 Medicaid Number | This is the patient's Medicaid number. | |
| HOSPC_ASMT_FED | A0800_GNDR_CD | VARCHAR2 (1) | N | A0800 Gender Code | This is the patient's gender. | HOSPC_GNDR_CD |
| HOSPC_ASMT_FED | A0900_BIRTH_DT | DATE (8) | N | A0900 Birth Date | This is the patient's birth date. | |
| HOSPC_ASMT_FED | A1000A_AMRCN_INDN_AK_NTV_CD | VARCHAR2 (1) | N | A1000A Race/Ethnicity: American Indian Alaskan Native | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | HOSPC_CHKLST |
| HOSPC_ASMT_FED | A1000B_ASN_CD | VARCHAR2 (1) | N | A1000B Race/Ethnicity: Asian | The data in this column indicates if the patient's ethnicity is Asian. | HOSPC_CHKLST |
| HOSPC_ASMT_FED | A1000C_AFRCN_AMRCN_CD | VARCHAR2 (1) | N | A1000C Race/Ethnicity: Black or African American | The data in this column indicates if the patient's race is Black or African American. | HOSPC_CHKLST |
| HOSPC_ASMT_FED | A1000D_HSPNC_CD | VARCHAR2 (1) | N | A1000D Race/Ethnicity: Hispanic or Latino | The data in this column indicates if the patient's ethnicity is Hispanic. | HOSPC_CHKLST |
| HOSPC_ASMT_FED | A1000E_NTV_HI_PCFC_ISLN_DR_CD | VARCHAR2 (1) | N | A1000E Race/Ethnicity: Native Hawaiian or Other Pacific Islander | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | HOSPC_CHKLST |
| HOSPC_ASMT_FED | A1000F_WHT_CD | VARCHAR2 (1) | N | A1000F Race/Ethnicity: White | The data in this column indicates if the patient's race is White. | HOSPC_CHKLST |

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| HOSPC_ASMT_FED | A1400A_MDCR_FFS_PYR_CD | VARCHAR2 (1) | N | A1400A Medicare Fee For Service Payor | This indicates whether the patient had a payor source of Medicare (traditional fee-for-service) | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400B_MDCR_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400B Medicare Managed Care/Part C/Medicare Advantage Payor | This indicates whether the patient had a payor source of Medicare (managed care/Part | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400C_MDCCD_FFS_PYR_CD | VARCHAR2 (1) | N | A1400C Medicaid Fee For Service Payor | This indicates whether the patient had a payor source of Medicaid (traditional fee-for-service) | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400D_MDCCD_MC_PYR_CD | VARCHAR2 (1) | N | A1400D Medicaid Managed Care Payor | This indicates whether the patient had a payor source of Medicaid (managed care) during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400G_OTHR_GOV'T_PYR_CD | VARCHAR2 (1) | N | A1400G Other Government Payor | This indicates whether the patient had a payor source of an other Government payor (e.g., | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400H_PRVT_INS_PYR_CD | VARCHAR2 (1) | N | A1400H Private Insurance/Medigap Payor | This indicates whether the patient had a payor source of private insurance/Medigap during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400I_PRVT_MC_PYR_CD | VARCHAR2 (1) | N | A1400I Private Managed Care Payor | This indicates whether the patient had a payor source of private managed care during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400J_SELF_PYR_CD | VARCHAR2 (1) | N | A1400J Self-Pay | This indicates whether the patient had a payor source of self-pay during the hospice episode of | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400K_NO_PYR_CD | VARCHAR2 (1) | N | A1400K No Payor Source | This indicates whether the patient had no payor source during the hospice episode of care. | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400X_UNK_PYR_CD | VARCHAR2 (1) | N | A1400X Unknown Payor | This indicates whether patient's payor source was unknown during the hospice episode of | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1400Y_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400Y Other Payor | This indicates whether the patient had an other payor source that is not listed during the hospice | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED | A1802_ADMTD_FROM_CD | VARCHAR2 (2) | N | A1802 Admitted From | The data in this column indicates where the patient was residing immediately prior to being | HOSPC_ADMTD_FROM_CD |
| HOSPC_ASMT_FED | A2115_DSCHRG_RSN_CD | VARCHAR2 (2) | N | A2115 Reason for Discharge | The data in this column indicates the reason the patient was no longer receiving hospice services. | HOSPC_DSCHRG_RSN_CD |
| HOSPC_ASMT_FED | CRCTN_NUM | NUMBER (2,0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_FED | CREAT_TS | TIMESTAMP(6) (11,6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ASMT_FED | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_ASMT_FED | C_BIRTH_DT_SBMT_CD | VARCHAR2 (1) | N | Calculated Birth Date Submit Code | This indicates the type of birth date that was submitted: full birth date, month and year or | HOSPC_BIRTH_DT_SBMT_CD |

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| HOSPC_ASMT_FED | C_CCN_NUM | VARCHAR2 (12) | N | Calculated CCN | This is the CMS Certification Number (CCN) of the provider associated to the FAC_ID | |
| HOSPC_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 | |
| HOSPC_ASMT_FED | C_RSDNT_AGE_NUM | VARCHAR2 (3) | N | Calculated Resident Age | This is the Assessment Submission and Processing (ASAP) patient calculated age | |
| HOSPC_ASMT_FED | C_SSNRI_TRNSLTN_HICN_TXT | VARCHAR2 (12) | N | Calculated SSNRI Translation HICN Text | This is the patient's Health Insurance Claim Number [HICN] or Railroad Retirement Board | |
| HOSPC_ASMT_FED | C_SSNRI_TRNSLTN_MBI_TXT | VARCHAR2 (12) | N | Calculated SSNRI Translation MBI Text | This is the patient's Medicare Beneficiary Identifier (MBI) that is returned from the Social | |
| HOSPC_ASMT_FED | F2000A_CPR_CD | VARCHAR2 (1) | N | F2000A Was Patient Asked About Preference for CPR Use | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED | F2000B_CPR_DT | VARCHAR2 (8) | N | F2000B Date First Asked About CPR Preference | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED | F2100A_OTHR_LIFE_SUSTN_CD | VARCHAR2 (1) | N | F2100A Was Asked About Preference of Other Life-Sustaining Treatments | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED | F2100B_OTHR_LIFE_SUSTN_DT | VARCHAR2 (8) | N | F2100B Date First Asked About Other Life-Sustaining Preferences | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED | F2200A_HOSPZTN_CD | VARCHAR2 (1) | N | F2200A Hospitalization Preference | This indicates whether the patient or responsible party was asked about their preference regarding | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED | F2200B_HOSPZTN_DT | VARCHAR2 (8) | N | F2200B Date First Asked About Hospitalization Preference | This indicates the date the patient or responsible party was first asked about their preference | |
| HOSPC_ASMT_FED | F3000A_SPRTL_CNCRN_CD | VARCHAR2 (1) | N | F3000A Asked About Spiritual/Existential Concerns | This indicates whether the patient and/or caregiver was asked about spiritual or existential | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED | F3000B_SPRTL_CNCRN_DT | VARCHAR2 (8) | N | F3000B Date First Asked About Spiritual/Existential Concerns | This indicates the date the patient and/or caregiver was first asked about spiritual or | |
| HOSPC_ASMT_FED | HOSPC_ASMT_ID | NUMBER (22) | Y | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_FED | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_FED | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_FED | HOSPC_SUBMSN_DAY | DATE (7) | N | Hospice Submission Day | This is the date that the file was received by the system. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|--------------------------------|---------------|-------------|--|---|--------------------------|
| HOSPC_ASMT_FED | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_FED | I0010_PRNCPAL_DGNS_CD | VARCHAR2 (2) | N | I0010 Principal Diagnosis | The is the patient's principal diagnosis. | HOSPC_DGNS_CD |
| HOSPC_ASMT_FED | ITM_SET_VRSN_CD | VARCHAR2 (10) | N | Item Set Version Code | This is the version of the item set that was completed by the hospice. | |
| HOSPC_ASMT_FED | J0900A_PAIN_SCRND_CD | VARCHAR2 (1) | N | J0900A Patient Screened for Pain | This indicates whether the patient was screened for pain. | HOSPC_YES_NO |
| HOSPC_ASMT_FED | J0900B_PAIN_SCRND_DT | VARCHAR2 (8) | N | J0900B Date First Screened for Pain | The is the date of the first pain screening. | |
| HOSPC_ASMT_FED | J0900C_PAIN_SVRTY_CD | VARCHAR2 (1) | N | J0900C Pain Severity Score Code | This indicates the patient's pain severity. | HOSPC_PAIN_SVRTY_CD |
| HOSPC_ASMT_FED | J0900D_PAIN_SCRNG_TOOL_CD | VARCHAR2 (1) | N | J0900D Type of Standardized Pain Tool Used | This the type of standardized pain tool used for the screening. | HOSPC_PAIN_SCRNG_TOOL_CD |
| HOSPC_ASMT_FED | J0905_PAIN_PRBLM_CD | VARCHAR2 (1) | N | J0905 Pain Active Problem | This indicates whether pain was an active problem for the patient. | HOSPC_YES_NO |
| HOSPC_ASMT_FED | J0910A_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910A Comprehensive Pain Assessment Completed | This indicates whether a comprehensive pain assessment was completed. | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED | J0910B_PAIN_ASMT_DT | VARCHAR2 (8) | N | J0910B Date of Comprehensive Pain Assessment | This is the date that the comprehensive pain assessment was completed. | |
| HOSPC_ASMT_FED | J0910C1_PAIN_ASMT_LCTN_CD | VARCHAR2 (1) | N | J0910C1 Comprehensive Pain Assessment Included - Location | This indicates whether the comprehensive pain assessment included an evaluation of the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C2_PAIN_ASMT_SVRTY_CD | VARCHAR2 (1) | N | J0910C2 Comprehensive Pain Assessment Included - Severity | This indicates whether the comprehensive pain assessment included the severity of pain. | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C3_PAIN_ASMT_CHRCTR_CD | VARCHAR2 (1) | N | J0910C3 Comprehensive Pain Assessment Included - Character | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C4_PAIN_ASMT_DRTN_CD | VARCHAR2 (1) | N | J0910C4 Comprehensive Pain Assessment Included - Duration | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C5_PAIN_ASMT_FREQ_CD | VARCHAR2 (1) | N | J0910C5 Comprehensive Pain Assessment Included - Frequency | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C6_PAIN_ASMT_RLV_WRS_CD | VARCHAR2 (1) | N | J0910C6 Comprehensive Pain Assessment Included - Relieves/Worsens Pain | This indicates whether the comprehensive pain assessment included an evaluation of what | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J0910C7_PAIN_ASMT_QLTY_LIFE_CD | VARCHAR2 (1) | N | J0910C7 Comprehensive Pain Assessment Included - Effect on Function or Quality of Life | This indicates whether the comprehensive pain assessment included an evaluation of the effect | HOSPC_CHKLST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|---------------------------|--------------|-------------|--|---|----------------------------|
| HOSPC_ASMT_FED | J0910C9_NO_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910C9 Comprehensive Pain Assessment Included - None of the Above | The data in this column indicates the comprehensive pain assessment included none | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J2030A_SOB_SCRND_CD | VARCHAR2 (1) | N | J2030A Screened for Shortness of Breath | This indicates whether the patient was screened for shortness of breath. | HOSPC_YES_NO |
| HOSPC_ASMT_FED | J2030B_SOB_SCRND_DT | VARCHAR2 (8) | N | J2030B Date Screened for Shortness of Breath | This indicates the date the first screening for shortness of breath was completed. | |
| HOSPC_ASMT_FED | J2030C_SOB_CD | VARCHAR2 (1) | N | J2030C Did Screening Indicate Shortness of Breath | This indicates whether, based on the screening, the patient had shortness of breath. | HOSPC_YES_NO_NO_INFO_BLANK |
| HOSPC_ASMT_FED | J2040A_SOB_TRMT_CD | VARCHAR2 (1) | N | J2040A Was Treatment for Shortness of Breath Initiated | This indicates whether treatment for shortness of breath was initiated. | HOSPC_SOB_TRTMT_CD |
| HOSPC_ASMT_FED | J2040B_SOB_TRMT_DT | VARCHAR2 (8) | N | J2040B Date Treatment for Shortness of Breath Initiated | This indicates the date the treatment for shortness of breath was initiated. | |
| HOSPC_ASMT_FED | J2040C1_SOB_OPIOD_CD | VARCHAR2 (1) | N | J2040C1 Type of Shortness of Breath Treatment Initiated - Opioid | This indicates the type of treatment that was initiated for shortness of breath was Opioids. | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J2040C2_SOB_OTHR_MDCTN_CD | VARCHAR2 (1) | N | J2040C2 Type of Shortness of Breath Treatment Initiated - Other Medication | This indicates the type of treatment initiated that was initiated for shortness of breath was other | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J2040C3_SOB_OXGN_CD | VARCHAR2 (1) | N | J2040C3 Type of Shortness of Breath Treatment Initiated - Oxygen | This indicates the type of treatment that was initiated for shortness of breath was oxygen. | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | J2040C4_SOB_NON_MDCTN_CD | VARCHAR2 (1) | N | J2040C4 Type of Shortness of Breath Treatment Initiated - Non-Medication | This indicates the type of treatment that was initiated for shortness of breath was non- | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED | N0500A_SCHLD_OPIOD_CD | VARCHAR2 (1) | N | N0500A Was Scheduled Opioid Initiated or Continued | This indicates whether a scheduled opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED | N0500B_SCHLD_OPIOD_DT | VARCHAR2 (8) | N | N0500B Date Scheduled Opioid Initiated or Continued | This indicates the date the scheduled opioid was initiated or continued. | |
| HOSPC_ASMT_FED | N0510A_PRN_OPIOD_CD | VARCHAR2 (1) | N | N0510A Was PRN Opioid Initiated or Continued | This indicates whether a PRN opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED | N0510B_PRN_OPIOD_DT | VARCHAR2 (8) | N | N0510B Date PRN Opioid Was Initiated or Continued | This indicates the date the PRN opioid was initiated or continued. | |
| HOSPC_ASMT_FED | N0520A_BWL_RGMN_CD | VARCHAR2 (1) | N | N0520A Was Bowel Regimen Initiated or Continued | This indicates whether a bowel regimen was initiated or continued. | HOSPC_BWL_RGMN_CD |
| HOSPC_ASMT_FED | N0520B_BWL_RGMN_DT | VARCHAR2 (8) | N | N0520B Date Bowel Regimen Was Initiated or Continued | This indicates the date the bowel regimen was initiated or continued. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|------------------------------------|--------------|-------------|---|---|--------------------|
| HOSPC_ASMT_FED | O5000_LVL_CARE_LAST_3_D AY_CD | VARCHAR2 (1) | N | O5000 Level of Care in Final 3 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED | O5010A1_RN_VISIT_DEATH_ NUM | VARCHAR2 (1) | N | O5010A1 Number of Visits Day of Death - RN | This indicates the number of visits provided by an RN on the day of death | |
| HOSPC_ASMT_FED | O5010A2_RN_VISIT_1_DAY_ NUM | VARCHAR2 (1) | N | O5010A2 Number of Visits 1 Day Prior to Death - RN | This indicates the number of visits provided by an RN one day prior to death | |
| HOSPC_ASMT_FED | O5010A3_RN_VISIT_2_DAY_ NUM | VARCHAR2 (1) | N | O5010A3 Number of Visits 2 Days Prior to Death - RN | This indicates the number of visits provided by an RN two days prior to death | |
| HOSPC_ASMT_FED | O5010B1_PHYSN_VISIT_DEA TH_NUM | VARCHAR2 (1) | N | O5010B1 Number of Visits Day of Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5010B2_PHYSN_VISIT_1_D AY_NUM | VARCHAR2 (1) | N | O5010B2 Number of Visits 1 Day Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5010B3_PHYSN_VISIT_2_D AY_NUM | VARCHAR2 (1) | N | O5010B3 Number of Visits 2 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5010C1_SCLWRK_VISIT_DE ATH_NUM | VARCHAR2 (1) | N | O5010C1 Number of Visits Day of Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker on the day of death | |
| HOSPC_ASMT_FED | O5010C2_SCLWRK_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010C2 Number of Visits 1 Day Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker one day prior to death | |
| HOSPC_ASMT_FED | O5010C3_SCLWRK_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010C3 Number of Visits 2 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker two days prior to death | |
| HOSPC_ASMT_FED | O5010D1_CHAPLN_VISIT_DE ATH_NUM | VARCHAR2 (1) | N | O5010D1 Number of Visits Day of Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor on the day of | |
| HOSPC_ASMT_FED | O5010D2_CHAPLN_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010D2 Number of Visits 1 Day Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor one day prior to | |
| HOSPC_ASMT_FED | O5010D3_CHAPLN_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010D3 Number of Visits 2 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor two days prior to | |
| HOSPC_ASMT_FED | O5010E1_LN_VISIT_DEATH_ NUM | VARCHAR2 (1) | N | O5010E1 Number of Visits Day of Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse on the day of death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|-------------------------------|--------------|-------------|---|--|--------------------|
| HOSPC_ASMT_FED | O5010E2_LN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010E2 Number of Visits 1 Day Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse one day prior to death | |
| HOSPC_ASMT_FED | O5010E3_LN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010E3 Number of Visits 2 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse two days prior to death | |
| HOSPC_ASMT_FED | O5010F1_AIDE_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010F1 Number of Visits Day of Death - Aide | This indicates the number of visits provided by an aide on the day of death | |
| HOSPC_ASMT_FED | O5010F2_AIDE_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010F2 Number of Visits 1 Day Prior to Death - Aide | This indicates the number of visits provided by an aide one day prior to death | |
| HOSPC_ASMT_FED | O5010F3_AIDE_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010F3 Number of Visits 2 Days Prior to Death - Aide | This indicates the number of visits provided by an aide two days prior to death | |
| HOSPC_ASMT_FED | O5020_LVL_CARE_LAST_7_DAY_CD | VARCHAR2 (1) | N | O5020 Level of Care in Final 7 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED | O5030A1_RN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030A1 Number of Visits 3 Days Prior to Death - RN | This indicates the number of visits provided by an RN three days prior to death | |
| HOSPC_ASMT_FED | O5030A2_RN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030A2 Number of Visits 4 Days Prior to Death - RN | This indicates the number of visits provided by an RN four days prior to death | |
| HOSPC_ASMT_FED | O5030A3_RN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030A3 Number of Visits 5 Days Prior to Death - RN | This indicates the number of visits provided by an RN five days prior to death | |
| HOSPC_ASMT_FED | O5030A4_RN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030A4 Number of Visits 6 Days Prior to Death - RN | This indicates the number of visits provided by an RN six days prior to death | |
| HOSPC_ASMT_FED | O5030B1_PHYSN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030B1 Number of Visits 3 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5030B2_PHYSN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030B2 Number of Visits 4 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5030B3_PHYSN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030B3 Number of Visits 5 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED | O5030B4_PHYSN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030B4 Number of Visits 6 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|--------------------------------|--------------|-------------|---|--|-----------------|
| HOSPC_ASMT_FED | O5030C1_SCLWRK_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030C1 Number of Visits 3 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker three days prior to death | |
| HOSPC_ASMT_FED | O5030C2_SCLWRK_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030C2 Number of Visits 4 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker four days prior to death | |
| HOSPC_ASMT_FED | O5030C3_SCLWRK_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030C3 Number of Visits 5 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker five days prior to death | |
| HOSPC_ASMT_FED | O5030C4_SCLWRK_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030C4 Number of Visits 6 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker six days prior to death | |
| HOSPC_ASMT_FED | O5030D1_CHAPLN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030D1 Number of Visits 3 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor three days prior | |
| HOSPC_ASMT_FED | O5030D2_CHAPLN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030D2 Number of Visits 4 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor four days prior to | |
| HOSPC_ASMT_FED | O5030D3_CHAPLN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030D3 Number of Visits 5 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor five days prior to | |
| HOSPC_ASMT_FED | O5030D4_CHAPLN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030D4 Number of Visits 6 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor six days prior to | |
| HOSPC_ASMT_FED | O5030E1_LN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030E1 Number of Visits 3 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse three days prior to death | |
| HOSPC_ASMT_FED | O5030E2_LN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030E2 Number of Visits 4 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse four days prior to death | |
| HOSPC_ASMT_FED | O5030E3_LN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030E3 Number of Visits 5 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse five days prior to death | |
| HOSPC_ASMT_FED | O5030E4_LN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030E4 Number of Visits 6 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse six days prior to death | |
| HOSPC_ASMT_FED | O5030F1_AIDE_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030F1 Number of Visits 3 Days Prior to Death - Aide | This indicates the number of visits provided by an aide three days prior to death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------|------------------------------|---------------------|-------------|---|--|-----------------|
| HOSPC_ASMT_FED | O5030F2_AIDE_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030F2 Number of Visits 4 Days Prior to Death - Aide | This indicates the number of visits provided by an aide four days prior to death | |
| HOSPC_ASMT_FED | O5030F3_AIDE_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030F3 Number of Visits 5 Days Prior to Death - Aide | This indicates the number of visits provided by an aide five days prior to death | |
| HOSPC_ASMT_FED | O5030F4_AIDE_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030F4 Number of Visits 6 Days Prior to Death - Aide | This indicates the number of visits provided by an aide six days prior to death | |
| HOSPC_ASMT_FED | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_FED | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_FED | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_FED | RSDNT_MATCH_CRITIA_ID | NUMBER (2.0) | N | Resident Match Criteria ID | This indicates which of the resident match criteria was assigned based on the patient | |
| HOSPC_ASMT_FED | SFTWR_PROD_NAME | VARCHAR2 (50) | N | Software Product Name | This is the name of the software that was used to create the hospice data submission file. | |
| HOSPC_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 hospice data submission | |
| HOSPC_ASMT_FED | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_ASMT_FED | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_ASMT_FED | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_FED | SUBMSN_CMPLT_TS | TIMESTAMP(6) (11.6) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_ASMT_FED | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ASMT_FED | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_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. | |
| HOSPC_ASMT_FED | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_ASMT_FED | Z0500B_SGN_CMPLT_DT | VARCHAR2 (8) | N | Z0500B Signature of Person Verifying Record Completion Date | This is the date of signature verifying record completion. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|--------------------------------|---------------|-------------|---|---|--------------------------|
| HOSPC_ASMT_FED_HSTR Y | A0050_TRANS_TYPE_CD | VARCHAR2 (1) | N | A0050 Type of Record | The data in this column is the type of record that was submitted (new, modification or | HOSPC_TRANS_TYPE_CD |
| HOSPC_ASMT_FED_HSTR Y | A0100A_NPI_NUM | VARCHAR2 (10) | N | A0100A National Provider ID | The data in this column is the hospice provider's National Provider Identifier number. | |
| HOSPC_ASMT_FED_HSTR Y | A0100B_CMS_CRTFCTN_NUM | VARCHAR2 (12) | N | A0100B CMS Certification Number | The data in this column is the hospice provider's CMS Certification (Medicare) Number. | |
| HOSPC_ASMT_FED_HSTR Y | A0205_ADMSN_SRVC_SITE_CD | VARCHAR2 (2) | N | A0205 Site of Service at Admission | This is the site where the patient was receiving hospice services at the time of admission to the | HOSPC_ADMSN_SRVC_SITE_CD |
| HOSPC_ASMT_FED_HSTR Y | A0220_ADMSN_DT | DATE (8) | N | A0220 Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |
| HOSPC_ASMT_FED_HSTR Y | A0245_INITL_NRSNG_ASMT_INIT_DT | VARCHAR2 (8) | N | A0245 Date Initial Nursing Assessment Initiated | This is the date that the initial nursing assessment was initiated. | |
| HOSPC_ASMT_FED_HSTR Y | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_FED_HSTR Y | A0270_DSCHRG_DT | VARCHAR2 (8) | N | A0270 Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HOSPC_ASMT_FED_HSTR Y | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_FED_HSTR Y | A0500B_MDL_INITL_TXT | VARCHAR2 (1) | N | A0500B Middle Initial | This is the patient's middle initial. | |
| HOSPC_ASMT_FED_HSTR Y | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_FED_HSTR Y | A0500D_SFX_TXT | VARCHAR2 (3) | N | A0500D Suffix | This is the patient's suffix. | |
| HOSPC_ASMT_FED_HSTR Y | A0550_PTNT_ZIP_CD | VARCHAR2 (11) | N | A0550 Patient Zip Code | This is the patient's zip code. | |
| HOSPC_ASMT_FED_HSTR Y | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_FED_HSTR Y | A0600B_MDCR_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_FED_HSTR Y | A0700_MDCD_NUM | VARCHAR2 (14) | N | A0700 Medicaid Number | This is the patient's Medicaid number. | |
| HOSPC_ASMT_FED_HSTR Y | A0800_GNDR_CD | VARCHAR2 (1) | N | A0800 Gender Code | This is the patient's gender. | HOSPC_GNDR_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|-------------------------------|--------------|-------------|--|--|-------------------|
| HOSPC_ASMT_FED_HSTR Y | A0900_BIRTH_DT | DATE (8) | N | A0900 Birth Date | This is the patient's birth date. | |
| HOSPC_ASMT_FED_HSTR Y | A1000A_AMRCN_INDN_AK_NTV_CD | VARCHAR2 (1) | N | A1000A Race/Ethnicity: American Indian Alaskan Native | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1000B_ASN_CD | VARCHAR2 (1) | N | A1000B Race/Ethnicity: Asian | The data in this column indicates if the patient's ethnicity is Asian. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1000C_AFRCN_AMRCN_CD | VARCHAR2 (1) | N | A1000C Race/Ethnicity: Black or African American | The data in this column indicates if the patient's race is Black or African American. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1000D_HSPNC_CD | VARCHAR2 (1) | N | A1000D Race/Ethnicity: Hispanic or Latino | The data in this column indicates if the patient's ethnicity is Hispanic. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1000E_NTV_HI_PCFC_ISLN_DR_CD | VARCHAR2 (1) | N | A1000E Race/Ethnicity: Native Hawaiian or Other Pacific Islander | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1000F_WHT_CD | VARCHAR2 (1) | N | A1000F Race/Ethnicity: White | The data in this column indicates if the patient's race is White. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y | A1400A_MDCR_FFS_PYR_CD | VARCHAR2 (1) | N | A1400A Medicare Fee For Service Payor | This indicates whether the patient had a payor source of Medicare (traditional fee-for-service) | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400B_MDCR_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400B Medicare Managed Care/Part C/Medicare Advantage Payor | This indicates whether the patient had a payor source of Medicare (managed care/Part | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400C_MD CD_FFS_PYR_CD | VARCHAR2 (1) | N | A1400C Medicaid Fee For Service Payor | This indicates whether the patient had a payor source of Medicaid (traditional fee-for-service) | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400D_MD CD_MC_PYR_CD | VARCHAR2 (1) | N | A1400D Medicaid Managed Care Payor | This indicates whether the patient had a payor source of Medicaid (managed care) during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400G_OTHR_GOV T_PYR_CD | VARCHAR2 (1) | N | A1400G Other Government Payor | This indicates whether the patient had a payor source of an other Government payor (e.g., | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400H_PRVT_INS_PYR_CD | VARCHAR2 (1) | N | A1400H Private Insurance/Medigap Payor | This indicates whether the patient had a payor source of private insurance/Medigap during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400I_PRVT_MC_PYR_CD | VARCHAR2 (1) | N | A1400I Private Managed Care Payor | This indicates whether the patient had a payor source of private managed care during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400J_SELF_PYR_CD | VARCHAR2 (1) | N | A1400J Self-Pay | This indicates whether the patient had a payor source of self-pay during the hospice episode of | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400K_NO_PYR_CD | VARCHAR2 (1) | N | A1400K No Payor Source | This indicates whether the patient had no payor source during the hospice episode of care. | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1400X_UNK_PYR_CD | VARCHAR2 (1) | N | A1400X Unknown Payor | This indicates whether patient's payor source was unknown during the hospice episode of | HOSPC_CHKLST_ONLY |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|---------------------------|---------------------|-------------|---|---|------------------------|
| HOSPC_ASMT_FED_HSTR Y | A1400Y_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400Y Other Payor | This indicates whether the patient had an other payor source that is not listed during the hospice | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y | A1802_ADMTD_FROM_CD | VARCHAR2 (2) | N | A1802 Admitted From | The data in this column indicates where the patient was residing immediately prior to being | HOSPC_ADMTD_FROM_CD |
| HOSPC_ASMT_FED_HSTR Y | A2115_DSCHRG_RSN_CD | VARCHAR2 (2) | N | A2115 Reason for Discharge | The data in this column indicates the reason the patient was no longer receiving hospice services. | HOSPC_DSCHRG_RSN_CD |
| HOSPC_ASMT_FED_HSTR Y | CRCTN_NUM | NUMBER (2,0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_FED_HSTR Y | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ASMT_FED_HSTR Y | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_ASMT_FED_HSTR Y | C_BIRTH_DT_SBMT_CD | VARCHAR2 (1) | N | Calculated Birth Date Submit Code | This indicates the type of birth date that was submitted: full birth date, month and year or | HOSPC_BIRTH_DT_SBMT_CD |
| HOSPC_ASMT_FED_HSTR Y | C_CCN_NUM | VARCHAR2 (12) | N | Calculated CCN | This is the CMS Certification Number (CCN) of the provider associated to the FAC_ID | |
| HOSPC_ASMT_FED_HSTR Y | 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 | |
| HOSPC_ASMT_FED_HSTR Y | C_RSDNT_AGE_NUM | VARCHAR2 (3) | N | Calculated Resident Age | This is the Assessment Submission and Processing (ASAP) patient calculated age | |
| HOSPC_ASMT_FED_HSTR Y | C_SSNRI_TRNSLTN_HICN_TX | VARCHAR2 (12) | N | Calculated SSNRI Translation HICN Text | This is the patient's Health Insurance Claim Number [HICN] or Railroad Retirement Board | |
| HOSPC_ASMT_FED_HSTR Y | C_SSNRI_TRNSLTN_MBI_TX | VARCHAR2 (12) | N | Calculated SSNRI Translation MBI Text | This is the patient's Medicare Beneficiary Identifier (MBI) that is returned from the Social | |
| HOSPC_ASMT_FED_HSTR Y | F2000A_CPR_CD | VARCHAR2 (1) | N | F2000A Was Patient Asked About Preference for CPR Use | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y | F2000B_CPR_DT | VARCHAR2 (8) | N | F2000B Date First Asked About CPR Preference | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_HSTR Y | F2100A_OTHR_LIFE_SUSTN_CD | VARCHAR2 (1) | N | F2100A Was Asked About Preference of Other Life-Sustaining Treatments | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y | F2100B_OTHR_LIFE_SUSTN_DT | VARCHAR2 (8) | N | F2100B Date First Asked About Other Life-Sustaining Preferences | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_HSTR Y | F2200A_HOSPZTN_CD | VARCHAR2 (1) | N | F2200A Hospitalization Preference | This indicates whether the patient or responsible party was asked about their preference regarding | HOSPC_PREFNC_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|---------------------------|---------------|-------------|--|--|--------------------------|
| HOSPC_ASMT_FED_HSTR Y | F2200B_HOSPZTN_DT | VARCHAR2 (8) | N | F2200B Date First Asked About Hospitalization Preference | This indicates the date the patient or responsible party was first asked about their preference | |
| HOSPC_ASMT_FED_HSTR Y | F3000A_SPRTL_CNCRN_CD | VARCHAR2 (1) | N | F3000A Asked About Spiritual/Existential Concerns | This indicates whether the patient and/or caregiver was asked about spiritual or existential | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y | F3000B_SPRTL_CNCRN_DT | VARCHAR2 (8) | N | F3000B Date First Asked About Spiritual/Existential Concerns | This indicates the date the patient and/or caregiver was first asked about spiritual or | |
| HOSPC_ASMT_FED_HSTR Y | HOSPC_ASMT_ID | NUMBER (22) | Y | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_FED_HSTR Y | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_FED_HSTR Y | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_FED_HSTR Y | HOSPC_SUBMSN_DAY | DATE (7) | N | Hospice Submission Day | This is the date that the file was received by the system. | |
| HOSPC_ASMT_FED_HSTR Y | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_FED_HSTR Y | I0010_PRNCPAL_DGNS_CD | VARCHAR2 (2) | N | I0010 Principal Diagnosis | The is the patient's principal diagnosis. | HOSPC_DGNS_CD |
| HOSPC_ASMT_FED_HSTR Y | ITM_SET_VRSN_CD | VARCHAR2 (10) | N | Item Set Version Code | This is the version of the item set that was completed by the hospice. | |
| HOSPC_ASMT_FED_HSTR Y | J0900A_PAIN_SCRND_CD | VARCHAR2 (1) | N | J0900A Patient Screened for Pain | This indicates whether the patient was screened for pain. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y | J0900B_PAIN_SCRND_DT | VARCHAR2 (8) | N | J0900B Date First Screened for Pain | The is the date of the first pain screening. | |
| HOSPC_ASMT_FED_HSTR Y | J0900C_PAIN_SVRTY_CD | VARCHAR2 (1) | N | J0900C Pain Severity Score Code | This indicates the patient's pain severity. | HOSPC_PAIN_SVRTY_CD |
| HOSPC_ASMT_FED_HSTR Y | J0900D_PAIN_SCRNG_TOOL_CD | VARCHAR2 (1) | N | J0900D Type of Standardized Pain Tool Used | This the type of standardized pain tool used for the screening. | HOSPC_PAIN_SCRNG_TOOL_CD |
| HOSPC_ASMT_FED_HSTR Y | J0905_PAIN_PRBLM_CD | VARCHAR2 (1) | N | J0905 Pain Active Problem | This indicates whether pain was an active problem for the patient. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y | J0910A_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910A Comprehensive Pain Assessment Completed | This indicates whether a comprehensive pain assessment was completed. | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910B_PAIN_ASMT_DT | VARCHAR2 (8) | N | J0910B Date of Comprehensive Pain Assessment | This is the date that the comprehensive pain assessment was completed. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|------------------------------------|--------------|-------------|--|---|--------------------------------|
| HOSPC_ASMT_FED_HSTR Y | J0910C1_PAIN_ASMT_LCTN_ CD | VARCHAR2 (1) | N | J0910C1 Comprehensive Pain Assessment Included - Location | This indicates whether the comprehensive pain assessment included an evaluation of the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C2_PAIN_ASMT_SVRTY_ CD | VARCHAR2 (1) | N | J0910C2 Comprehensive Pain Assessment Included - Severity | This indicates whether the comprehensive pain assessment included the severity of pain. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C3_PAIN_ASMT_CHRCT_ R_CD | VARCHAR2 (1) | N | J0910C3 Comprehensive Pain Assessment Included - Character | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C4_PAIN_ASMT_DRTN_ CD | VARCHAR2 (1) | N | J0910C4 Comprehensive Pain Assessment Included - Duration | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C5_PAIN_ASMT_FREQ_ CD | VARCHAR2 (1) | N | J0910C5 Comprehensive Pain Assessment Included - Frequency | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C6_PAIN_ASMT_RLV_W RS_CD | VARCHAR2 (1) | N | J0910C6 Comprehensive Pain Assessment Included - Relieves/Worsens Pain | This indicates whether the comprehensive pain assessment included an evaluation of what | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C7_PAIN_ASMT_QLTY_ LIFE_CD | VARCHAR2 (1) | N | J0910C7 Comprehensive Pain Assessment Included - Effect on Function or Quality of Life | This indicates whether the comprehensive pain assessment included an evaluation of the effect | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J0910C9_NO_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910C9 Comprehensive Pain Assessment Included - None of the Above | The data in this column indicates the comprehensive pain assessment included none | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J2030A_SOB_SCRND_CD | VARCHAR2 (1) | N | J2030A Screened for Shortness of Breath | This indicates whether the patient was screened for shortness of breath. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y | J2030B_SOB_SCRND_DT | VARCHAR2 (8) | N | J2030B Date Screened for Shortness of Breath | This indicates the date the first screening for shortness of breath was completed. | |
| HOSPC_ASMT_FED_HSTR Y | J2030C_SOB_CD | VARCHAR2 (1) | N | J2030C Did Screening Indicate Shortness of Breath | This indicates whether, based on the screening, the patient had shortness of breath. | HOSPC_YES_NO_NO_INFO_B LANK |
| HOSPC_ASMT_FED_HSTR Y | J2040A_SOB_TRMT_CD | VARCHAR2 (1) | N | J2040A Was Treatment for Shortness of Breath Initiated | This indicates whether treatment for shortness of breath was initiated. | HOSPC_SOB_TRMT_CD |
| HOSPC_ASMT_FED_HSTR Y | J2040B_SOB_TRMT_DT | VARCHAR2 (8) | N | J2040B Date Treatment for Shortness of Breath Initiated | This indicates the date the treatment for shortness of breath was initiated. | |
| HOSPC_ASMT_FED_HSTR Y | J2040C1_SOB_OPIOD_CD | VARCHAR2 (1) | N | J2040C1 Type of Shortness of Breath Treatment Initiated - Opioid | This indicates the type of treatment that was initiated for shortness of breath was Opioids. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J2040C2_SOB_OTHR_MDCTN_ CD | VARCHAR2 (1) | N | J2040C2 Type of Shortness of Breath Treatment Initiated - Other Medication | This indicates the type of treatment initiated that was initiated for shortness of breath was other | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | J2040C3_SOB_OXGN_CD | VARCHAR2 (1) | N | J2040C3 Type of Shortness of Breath Treatment Initiated - Oxygen | This indicates the type of treatment that was initiated for shortness of breath was oxygen. | HOSPC_CHKLIST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|-----------------------------------|--------------|-------------|---|---|--------------------|
| HOSPC_ASMT_FED_HSTR Y | J2040C4_SOB_NON_MDCTN_CD | VARCHAR2 (1) | N | J2040C4 Type of Shortness of Breath Treatment Initiated - Non-Medication | This indicates the type of treatment that was initiated for shortness of breath was non- | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_HSTR Y | N0500A_SCHLD_OPIOD_CD | VARCHAR2 (1) | N | N0500A Was Scheduled Opioid Initiated or Continued | This indicates whether a scheduled opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y | N0500B_SCHLD_OPIOD_DT | VARCHAR2 (8) | N | N0500B Date Scheduled Opioid Initiated or Continued | This indicates the date the scheduled opioid was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y | N0510A_PRN_OPIOD_CD | VARCHAR2 (1) | N | N0510A Was PRN Opioid Initiated or Continued | This indicates whether a PRN opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y | N0510B_PRN_OPIOD_DT | VARCHAR2 (8) | N | N0510B Date PRN Opioid Was Initiated or Continued | This indicates the date the PRN opioid was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y | N0520A_BWL_RGMN_CD | VARCHAR2 (1) | N | N0520A Was Bowel Regimen Initiated or Continued | This indicates whether a bowel regimen was initiated or continued. | HOSPC_BWL_RGMN_CD |
| HOSPC_ASMT_FED_HSTR Y | N0520B_BWL_RGMN_DT | VARCHAR2 (8) | N | N0520B Date Bowel Regimen Was Initiated or Continued | This indicates the date the bowel regimen was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y | O5000_LVL_CARE_LAST_3_D AY_CD | VARCHAR2 (1) | N | O5000 Level of Care in Final 3 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_HSTR Y | O5010A1_RN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010A1 Number of Visits Day of Death - RN | This indicates the number of visits provided by an RN on the day of death | |
| HOSPC_ASMT_FED_HSTR Y | O5010A2_RN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010A2 Number of Visits 1 Day Prior to Death - RN | This indicates the number of visits provided by an RN one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010A3_RN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010A3 Number of Visits 2 Days Prior to Death - RN | This indicates the number of visits provided by an RN two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010B1_PHYSN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010B1 Number of Visits Day of Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5010B2_PHYSN_VISIT_1_D AY_NUM | VARCHAR2 (1) | N | O5010B2 Number of Visits 1 Day Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5010B3_PHYSN_VISIT_2_D AY_NUM | VARCHAR2 (1) | N | O5010B3 Number of Visits 2 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5010C1_SCLWRK_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010C1 Number of Visits Day of Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker on the day of death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|------------------------------------|--------------|-------------|---|--|--------------------|
| HOSPC_ASMT_FED_HSTR Y | O5010C2_SCLWRK_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010C2 Number of Visits 1 Day Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010C3_SCLWRK_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010C3 Number of Visits 2 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010D1_CHAPLN_VISIT_DE ATH_NUM | VARCHAR2 (1) | N | O5010D1 Number of Visits Day of Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor on the day of | |
| HOSPC_ASMT_FED_HSTR Y | O5010D2_CHAPLN_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010D2 Number of Visits 1 Day Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor one day prior to | |
| HOSPC_ASMT_FED_HSTR Y | O5010D3_CHAPLN_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010D3 Number of Visits 2 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor two days prior to | |
| HOSPC_ASMT_FED_HSTR Y | O5010E1_LN_VISIT_DEATH_ NUM | VARCHAR2 (1) | N | O5010E1 Number of Visits Day of Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse on the day of death | |
| HOSPC_ASMT_FED_HSTR Y | O5010E2_LN_VISIT_1_DAY_N UM | VARCHAR2 (1) | N | O5010E2 Number of Visits 1 Day Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010E3_LN_VISIT_2_DAY_N UM | VARCHAR2 (1) | N | O5010E3 Number of Visits 2 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010F1_AIDE_VISIT_DEATH_ _NUM | VARCHAR2 (1) | N | O5010F1 Number of Visits Day of Death - Aide | This indicates the number of visits provided by an aide on the day of death | |
| HOSPC_ASMT_FED_HSTR Y | O5010F2_AIDE_VISIT_1_DAY_ _NUM | VARCHAR2 (1) | N | O5010F2 Number of Visits 1 Day Prior to Death - Aide | This indicates the number of visits provided by an aide one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5010F3_AIDE_VISIT_2_DAY_ _NUM | VARCHAR2 (1) | N | O5010F3 Number of Visits 2 Days Prior to Death - Aide | This indicates the number of visits provided by an aide two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5020_LVL_CARE_LAST_7_D AY_CD | VARCHAR2 (1) | N | O5020 Level of Care in Final 7 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_HSTR Y | O5030A1_RN_VISIT_3_DAY_ NUM | VARCHAR2 (1) | N | O5030A1 Number of Visits 3 Days Prior to Death - RN | This indicates the number of visits provided by an RN three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030A2_RN_VISIT_4_DAY_ NUM | VARCHAR2 (1) | N | O5030A2 Number of Visits 4 Days Prior to Death - RN | This indicates the number of visits provided by an RN four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030A3_RN_VISIT_5_DAY_ NUM | VARCHAR2 (1) | N | O5030A3 Number of Visits 5 Days Prior to Death - RN | This indicates the number of visits provided by an RN five days prior to death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|-----------------------------------|--------------|-------------|---|--|-----------------|
| HOSPC_ASMT_FED_HSTR Y | O5030A4_RN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030A4 Number of Visits 6 Days Prior to Death - RN | This indicates the number of visits provided by an RN six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030B1_PHYSN_VISIT_3_D AY_NUM | VARCHAR2 (1) | N | O5030B1 Number of Visits 3 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5030B2_PHYSN_VISIT_4_D AY_NUM | VARCHAR2 (1) | N | O5030B2 Number of Visits 4 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5030B3_PHYSN_VISIT_5_D AY_NUM | VARCHAR2 (1) | N | O5030B3 Number of Visits 5 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5030B4_PHYSN_VISIT_6_D AY_NUM | VARCHAR2 (1) | N | O5030B4 Number of Visits 6 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y | O5030C1_SCLWRK_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030C1 Number of Visits 3 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030C2_SCLWRK_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030C2 Number of Visits 4 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030C3_SCLWRK_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030C3 Number of Visits 5 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030C4_SCLWRK_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030C4 Number of Visits 6 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030D1_CHAPLN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030D1 Number of Visits 3 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor three days prior | |
| HOSPC_ASMT_FED_HSTR Y | O5030D2_CHAPLN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030D2 Number of Visits 4 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor four days prior to | |
| HOSPC_ASMT_FED_HSTR Y | O5030D3_CHAPLN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030D3 Number of Visits 5 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor five days prior to | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|------------------------------------|---------------|-------------|---|---|-----------------|
| HOSPC_ASMT_FED_HSTR Y | O5030D4_CHAPLN_VISIT_6_ DAY_NUM | VARCHAR2 (1) | N | O5030D4 Number of Visits 6 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor six days prior to | |
| HOSPC_ASMT_FED_HSTR Y | O5030E1_LN_VISIT_3_DAY_N UM | VARCHAR2 (1) | N | O5030E1 Number of Visits 3 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030E2_LN_VISIT_4_DAY_N UM | VARCHAR2 (1) | N | O5030E2 Number of Visits 4 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030E3_LN_VISIT_5_DAY_N UM | VARCHAR2 (1) | N | O5030E3 Number of Visits 5 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030E4_LN_VISIT_6_DAY_N UM | VARCHAR2 (1) | N | O5030E4 Number of Visits 6 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030F1_AIDE_VISIT_3_DAY _NUM | VARCHAR2 (1) | N | O5030F1 Number of Visits 3 Days Prior to Death - Aide | This indicates the number of visits provided by an aide three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030F2_AIDE_VISIT_4_DAY _NUM | VARCHAR2 (1) | N | O5030F2 Number of Visits 4 Days Prior to Death - Aide | This indicates the number of visits provided by an aide four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030F3_AIDE_VISIT_5_DAY _NUM | VARCHAR2 (1) | N | O5030F3 Number of Visits 5 Days Prior to Death - Aide | This indicates the number of visits provided by an aide five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | O5030F4_AIDE_VISIT_6_DAY _NUM | VARCHAR2 (1) | N | O5030F4 Number of Visits 6 Days Prior to Death - Aide | This indicates the number of visits provided by an aide six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_FED_HSTR Y | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_FED_HSTR Y | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_FED_HSTR Y | RSDNT_MATCH_CRTIA_ID | NUMBER (2.0) | N | Resident Match Criteria ID | This indicates which of the resident match criteria was assigned based on the patient | |
| HOSPC_ASMT_FED_HSTR Y | SFTWR_PROD_NAME | VARCHAR2 (50) | N | Software Product Name | This is the name of the software that was used to create the hospice data submission file. | |
| HOSPC_ASMT_FED_HSTR Y | 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 hospice data submission | |
| HOSPC_ASMT_FED_HSTR Y | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|--------------------------------|---------------------|-------------|---|---|--------------------------|
| HOSPC_ASMT_FED_HSTR Y | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_ASMT_FED_HSTR Y | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_FED_HSTR Y | SUBMSN_CMPLT_TS | TIMESTAMP(6) (11.6) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_ASMT_FED_HSTR Y | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ASMT_FED_HSTR Y | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_FED_HSTR Y | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time that the record was updated in the database. | |
| HOSPC_ASMT_FED_HSTR Y | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_ASMT_FED_HSTR Y | Z0500B_SGN_CMPLT_DT | VARCHAR2 (8) | N | Z0500B Signature of Person Verifying Record Completion Date | This is the date of signature verifying record completion. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0050_TRANS_TYPE_CD | VARCHAR2 (1) | N | A0050 Type of Record | The data in this column is the type of record that was submitted (new, modification or | HOSPC_TRANS_TYPE_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | A0100A_NPI_NUM | VARCHAR2 (10) | N | A0100A National Provider ID | The data in this column is the hospice provider's National Provider Identifier number. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0100B_CMS_CRTFCTN_NUM | VARCHAR2 (12) | N | A0100B CMS Certification Number | The data in this column is the hospice provider's CMS Certification (Medicare) Number. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0205_ADMSN_SRVC_SITE_CD | VARCHAR2 (2) | N | A0205 Site of Service at Admission | This is the site where the patient was receiving hospice services at the time of admission to the | HOSPC_ADMSN_SRVC_SITE_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | A0220_ADMSN_DT | DATE (8) | N | A0220 Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0245_INITL_NRSNG_ASMT_INIT_DT | VARCHAR2 (8) | N | A0245 Date Initial Nursing Assessment Initiated | This is the date that the initial nursing assessment was initiated. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | A0270_DSCHRG_DT | VARCHAR2 (8) | N | A0270 Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|-------------------------------|---------------|-------------|--|--|-------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | A0500B_MDL_INITL_TXT | VARCHAR2 (1) | N | A0500B Middle Initial | This is the patient's middle initial. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0500D_SFX_TXT | VARCHAR2 (3) | N | A0500D Suffix | This is the patient's suffix. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0550_PTNT_ZIP_CD | VARCHAR2 (11) | N | A0550 Patient Zip Code | This is the patient's zip code. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0600B_MDCR_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0700_MDCD_NUM | VARCHAR2 (14) | N | A0700 Medicaid Number | This is the patient's Medicaid number. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A0800_GNDR_CD | VARCHAR2 (1) | N | A0800 Gender Code | This is the patient's gender. | HOSPC_GNDR_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | A0900_BIRTH_DT | DATE (8) | N | A0900 Birth Date | This is the patient's birth date. | |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000A_AMRCN_INDN_AK_NTV_CD | VARCHAR2 (1) | N | A1000A Race/Ethnicity: American Indian Alaskan Native | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000B_ASN_CD | VARCHAR2 (1) | N | A1000B Race/Ethnicity: Asian | The data in this column indicates if the patient's ethnicity is Asian. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000C_AFRCN_AMRCN_CD | VARCHAR2 (1) | N | A1000C Race/Ethnicity: Black or African American | The data in this column indicates if the patient's race is Black or African American. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000D_HSPNC_CD | VARCHAR2 (1) | N | A1000D Race/Ethnicity: Hispanic or Latino | The data in this column indicates if the patient's ethnicity is Hispanic. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000E_NTV_HI_PCFC_ISLN_DR_CD | VARCHAR2 (1) | N | A1000E Race/Ethnicity: Native Hawaiian or Other Pacific Islander | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1000F_WHT_CD | VARCHAR2 (1) | N | A1000F Race/Ethnicity: White | The data in this column indicates if the patient's race is White. | HOSPC_CHKLST |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400A_MDCR_FFS_PYR_CD | VARCHAR2 (1) | N | A1400A Medicare Fee For Service Payor | This indicates whether the patient had a payor source of Medicare (traditional fee-for-service) | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400B_MDCR_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400B Medicare Managed Care/Part C/Medicare Advantage Payor | This indicates whether the patient had a payor source of Medicare (managed care/Part | HOSPC_CHKLST_ONLY |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|--------------------------|---------------|-------------|--|--|------------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | A1400C_MDCD_FFS_PYR_CD | VARCHAR2 (1) | N | A1400C Medicaid Fee For Service Payor | This indicates whether the patient had a payor source of Medicaid (traditional fee-for-service) | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400D_MDCD_MC_PYR_CD | VARCHAR2 (1) | N | A1400D Medicaid Managed Care Payor | This indicates whether the patient had a payor source of Medicaid (managed care) during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400G_OTHR_GOV_T_PYR_CD | VARCHAR2 (1) | N | A1400G Other Government Payor | This indicates whether the patient had a payor source of an other Government payor (e.g., | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400H_PRVT_INS_PYR_CD | VARCHAR2 (1) | N | A1400H Private Insurance/Medigap Payor | This indicates whether the patient had a payor source of private insurance/Medigap during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400I_PRVT_MC_PYR_CD | VARCHAR2 (1) | N | A1400I Private Managed Care Payor | This indicates whether the patient had a payor source of private managed care during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400J_SELF_PYR_CD | VARCHAR2 (1) | N | A1400J Self-Pay | This indicates whether the patient had a payor source of self-pay during the hospice episode of | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400K_NO_PYR_CD | VARCHAR2 (1) | N | A1400K No Payor Source | This indicates whether the patient had no payor source during the hospice episode of care. | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400X_UNK_PYR_CD | VARCHAR2 (1) | N | A1400X Unknown Payor | This indicates whether patient's payor source was unknown during the hospice episode of | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1400Y_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400Y Other Payor | This indicates whether the patient had an other payor source that is not listed during the hospice | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_HSTR Y_VW | A1802_ADMTD_FROM_CD | VARCHAR2 (2) | N | A1802 Admitted From | The data in this column indicates where the patient was residing immediately prior to being | HOSPC_ADMTD_FROM_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | A2115_DSCHRG_RSN_CD | VARCHAR2 (2) | N | A2115 Reason for Discharge | The data in this column indicates the reason the patient was no longer receiving hospice services. | HOSPC_DSCHRG_RSN_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | CRCTN_NUM | NUMBER (2,0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_FED_HSTR Y_VW | CREAT_TS | DATE (8) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ASMT_FED_HSTR Y_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_ASMT_FED_HSTR Y_VW | C_BIRTH_DT_SBMT_CD | VARCHAR2 (1) | N | Calculated Birth Date Submit Code | This indicates the type of birth date that was submitted: full birth date, month and year or | HOSPC_BIRTH_DT_SBMT_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | C_CCN_NUM | VARCHAR2 (12) | N | Calculated CCN | This is the CMS Certification Number (CCN) of the provider associated to the FAC_ID | |
| HOSPC_ASMT_FED_HSTR Y_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 | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|-------------------------------|---------------|-------------|---|---|------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | C_RSDNT_AGE_NUM | NUMBER (22) | N | Calculated Resident Age | This is the Assessment Submission and Processing (ASAP) patient calculated age | |
| HOSPC_ASMT_FED_HSTR Y_VW | C_SSNRI_TRNSLTN_HICN_T XT | VARCHAR2 (12) | N | Calculated SSNRI Translation HICN Text | This is the patient's Health Insurance Claim Number [HICN] or Railroad Retirement Board | |
| HOSPC_ASMT_FED_HSTR Y_VW | C_SSNRI_TRNSLTN_MBI_TX T | VARCHAR2 (12) | N | Calculated SSNRI Translation MBI Text | This is the patient's Medicare Beneficiary Identifier (MBI) that is returned from the Social | |
| HOSPC_ASMT_FED_HSTR Y_VW | F2000A_CPR_CD | VARCHAR2 (1) | N | F2000A Was Patient Asked About Preference for CPR Use | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | F2000B_CPR_DT | VARCHAR2 (8) | N | F2000B Date First Asked About CPR Preference | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_HSTR Y_VW | F2100A_OTHR_LIFE_SUSTN_ CD | VARCHAR2 (1) | N | F2100A Was Asked About Preference of Other Life-Sustaining Treatments | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | F2100B_OTHR_LIFE_SUSTN_ DT | VARCHAR2 (8) | N | F2100B Date First Asked About Other Life-Sustaining Preferences | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_HSTR Y_VW | F2200A_HOSPZTN_CD | VARCHAR2 (1) | N | F2200A Hospitalization Preference | This indicates whether the patient or responsible party was asked about their preference regarding | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | F2200B_HOSPZTN_DT | VARCHAR2 (8) | N | F2200B Date First Asked About Hospitalization Preference | This indicates the date the patient or responsible party was first asked about their preference | |
| HOSPC_ASMT_FED_HSTR Y_VW | F3000A_SPRTL_CNCRN_CD | VARCHAR2 (1) | N | F3000A Asked About Spiritual/Existential Concerns | This indicates whether the patient and/or caregiver was asked about spiritual or existential | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | F3000B_SPRTL_CNCRN_DT | VARCHAR2 (8) | N | F3000B Date First Asked About Spiritual/Existential Concerns | This indicates the date the patient and/or caregiver was first asked about spiritual or | |
| HOSPC_ASMT_FED_HSTR Y_VW | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_FED_HSTR Y_VW | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_FED_HSTR Y_VW | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_FED_HSTR Y_VW | HOSPC_SUBMSN_DAY | DATE (7) | N | Hospice Submission Day | This is the date that the file was received by the system. | |
| HOSPC_ASMT_FED_HSTR Y_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_FED_HSTR Y_VW | I0010_PRNCPAL_DGNS_CD | VARCHAR2 (2) | N | I0010 Principal Diagnosis | The is the patient's principal diagnosis. | HOSPC_DGNS_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|--------------------------------|---------------|-------------|--|---|--------------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | ITM_SET_VRSN_CD | VARCHAR2 (10) | N | Item Set Version Code | This is the version of the item set that was completed by the hospice. | |
| HOSPC_ASMT_FED_HSTR Y_VW | J0900A_PAIN_SCRND_CD | VARCHAR2 (1) | N | J0900A Patient Screened for Pain | This indicates whether the patient was screened for pain. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y_VW | J0900B_PAIN_SCRND_DT | VARCHAR2 (8) | N | J0900B Date First Screened for Pain | This is the date of the first pain screening. | |
| HOSPC_ASMT_FED_HSTR Y_VW | J0900C_PAIN_SVRTY_CD | VARCHAR2 (1) | N | J0900C Pain Severity Score Code | This indicates the patient's pain severity. | HOSPC_PAIN_SVRTY_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | J0900D_PAIN_SCRNG_TOOL_CD | VARCHAR2 (1) | N | J0900D Type of Standardized Pain Tool Used | This the type of standardized pain tool used for the screening. | HOSPC_PAIN_SCRNG_TOOL_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | J0905_PAIN_PRBLM_CD | VARCHAR2 (1) | N | J0905 Pain Active Problem | This indicates whether pain was an active problem for the patient. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910A_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910A Comprehensive Pain Assessment Completed | This indicates whether a comprehensive pain assessment was completed. | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910B_PAIN_ASMT_DT | VARCHAR2 (8) | N | J0910B Date of Comprehensive Pain Assessment | This is the date that the comprehensive pain assessment was completed. | |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C1_PAIN_ASMT_LCTN_CD | VARCHAR2 (1) | N | J0910C1 Comprehensive Pain Assessment Included - Location | This indicates whether the comprehensive pain assessment included an evaluation of the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C2_PAIN_ASMT_SVRTY_CD | VARCHAR2 (1) | N | J0910C2 Comprehensive Pain Assessment Included - Severity | This indicates whether the comprehensive pain assessment included the severity of pain. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C3_PAIN_ASMT_CHRCTR_CD | VARCHAR2 (1) | N | J0910C3 Comprehensive Pain Assessment Included - Character | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C4_PAIN_ASMT_DRTN_CD | VARCHAR2 (1) | N | J0910C4 Comprehensive Pain Assessment Included - Duration | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C5_PAIN_ASMT_FREQ_CD | VARCHAR2 (1) | N | J0910C5 Comprehensive Pain Assessment Included - Frequency | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C6_PAIN_ASMT_RLV_WRS_CD | VARCHAR2 (1) | N | J0910C6 Comprehensive Pain Assessment Included - Relieves/Worsens Pain | This indicates whether the comprehensive pain assessment included an evaluation of what | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C7_PAIN_ASMT_QLTY_LIFE_CD | VARCHAR2 (1) | N | J0910C7 Comprehensive Pain Assessment Included - Effect on Function or Quality of Life | This indicates whether the comprehensive pain assessment included an evaluation of the effect | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J0910C9_NO_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910C9 Comprehensive Pain Assessment Included - None of the Above | The data in this column indicates the comprehensive pain assessment included none | HOSPC_CHKLIST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|----------------------------------|--------------|-------------|--|---|----------------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | J2030A_SOB_SCRND_CD | VARCHAR2 (1) | N | J2030A Screened for Shortness of Breath | This indicates whether the patient was screened for shortness of breath. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y_VW | J2030B_SOB_SCRND_DT | VARCHAR2 (8) | N | J2030B Date Screened for Shortness of Breath | This indicates the date the first screening for shortness of breath was completed. | |
| HOSPC_ASMT_FED_HSTR Y_VW | J2030C_SOB_CD | VARCHAR2 (1) | N | J2030C Did Screening Indicate Shortness of Breath | This indicates whether, based on the screening, the patient had shortness of breath. | HOSPC_YES_NO_NO_INFO_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040A_SOB_TRMT_CD | VARCHAR2 (1) | N | J2040A Was Treatment for Shortness of Breath Initiated | This indicates whether treatment for shortness of breath was initiated. | HOSPC_SOB_TRTMT_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040B_SOB_TRMT_DT | VARCHAR2 (8) | N | J2040B Date Treatment for Shortness of Breath Initiated | This indicates the date the treatment for shortness of breath was initiated. | |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040C1_SOB_OPIOD_CD | VARCHAR2 (1) | N | J2040C1 Type of Shortness of Breath Treatment Initiated - Opioid | This indicates the type of treatment that was initiated for shortness of breath was Opioids. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040C2_SOB_OTHR_MDCTN_CD | VARCHAR2 (1) | N | J2040C2 Type of Shortness of Breath Treatment Initiated - Other Medication | This indicates the type of treatment initiated that was initiated for shortness of breath was other | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040C3_SOB_OXGN_CD | VARCHAR2 (1) | N | J2040C3 Type of Shortness of Breath Treatment Initiated - Oxygen | This indicates the type of treatment that was initiated for shortness of breath was oxygen. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | J2040C4_SOB_NON_MDCTN_CD | VARCHAR2 (1) | N | J2040C4 Type of Shortness of Breath Treatment Initiated - Non-Medication | This indicates the type of treatment that was initiated for shortness of breath was non- | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | N0500A_SCHLD_OPIOD_CD | VARCHAR2 (1) | N | N0500A Was Scheduled Opioid Initiated or Continued | This indicates whether a scheduled opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y_VW | N0500B_SCHLD_OPIOD_DT | VARCHAR2 (8) | N | N0500B Date Scheduled Opioid Initiated or Continued | This indicates the date the scheduled opioid was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y_VW | N0510A_PRN_OPIOD_CD | VARCHAR2 (1) | N | N0510A Was PRN Opioid Initiated or Continued | This indicates whether a PRN opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_HSTR Y_VW | N0510B_PRN_OPIOD_DT | VARCHAR2 (8) | N | N0510B Date PRN Opioid Was Initiated or Continued | This indicates the date the PRN opioid was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y_VW | N0520A_BWL_RGMN_CD | VARCHAR2 (1) | N | N0520A Was Bowel Regimen Initiated or Continued | This indicates whether a bowel regimen was initiated or continued. | HOSPC_BWL_RGMN_CD |
| HOSPC_ASMT_FED_HSTR Y_VW | N0520B_BWL_RGMN_DT | VARCHAR2 (8) | N | N0520B Date Bowel Regimen Was Initiated or Continued | This indicates the date the bowel regimen was initiated or continued. | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5000_LVL_CARE_LAST_3_D AY_CD | VARCHAR2 (1) | N | O5000 Level of Care in Final 3 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|------------------------------------|--------------|-------------|--|--|-----------------|
| HOSPC_ASMT_FED_HSTR Y_VW | O5010A1_RN_VISIT_DEATH_ NUM | VARCHAR2 (1) | N | O5010A1 Number of Visits Day of Death - RN | This indicates the number of visits provided by an RN on the day of death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010A2_RN_VISIT_1_DAY_ NUM | VARCHAR2 (1) | N | O5010A2 Number of Visits 1 Day Prior to Death - RN | This indicates the number of visits provided by an RN one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010A3_RN_VISIT_2_DAY_ NUM | VARCHAR2 (1) | N | O5010A3 Number of Visits 2 Days Prior to Death - RN | This indicates the number of visits provided by an RN two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010B1_PHYSN_VISIT_DEA TH_NUM | VARCHAR2 (1) | N | O5010B1 Number of Visits Day of Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010B2_PHYSN_VISIT_1_D AY_NUM | VARCHAR2 (1) | N | O5010B2 Number of Visits 1 Day Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010B3_PHYSN_VISIT_2_D AY_NUM | VARCHAR2 (1) | N | O5010B3 Number of Visits 2 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010C1_SCLWRK_VISIT_DE ATH_NUM | VARCHAR2 (1) | N | O5010C1 Number of Visits Day of Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker on the day of death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010C2_SCLWRK_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010C2 Number of Visits 1 Day Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010C3_SCLWRK_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010C3 Number of Visits 2 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010D1_CHAPLN_VISIT_DE ATH_NUM | VARCHAR2 (1) | N | O5010D1 Number of Visits Day of Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor on the day of | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010D2_CHAPLN_VISIT_1_ DAY_NUM | VARCHAR2 (1) | N | O5010D2 Number of Visits 1 Day Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor one day prior to | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010D3_CHAPLN_VISIT_2_ DAY_NUM | VARCHAR2 (1) | N | O5010D3 Number of Visits 2 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor two days prior to | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010E1_LN_VISIT_DEATH_ NUM | VARCHAR2 (1) | N | O5010E1 Number of Visits Day of Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse on the day of death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|-----------------------------------|--------------|-------------|--|---|--------------------|
| HOSPC_ASMT_FED_HSTR Y_VW | O5010E2_LN_VISIT_1_DAY_N UM | VARCHAR2 (1) | N | O5010E2 Number of Visits 1 Day Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010E3_LN_VISIT_2_DAY_N UM | VARCHAR2 (1) | N | O5010E3 Number of Visits 2 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010F1_AIDE_VISIT_DEATH _NUM | VARCHAR2 (1) | N | O5010F1 Number of Visits Day of Death - Aide | This indicates the number of visits provided by an aide on the day of death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010F2_AIDE_VISIT_1_DAY _NUM | VARCHAR2 (1) | N | O5010F2 Number of Visits 1 Day Prior to Death - Aide | This indicates the number of visits provided by an aide one day prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5010F3_AIDE_VISIT_2_DAY _NUM | VARCHAR2 (1) | N | O5010F3 Number of Visits 2 Days Prior to Death - Aide | This indicates the number of visits provided by an aide two days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5020_LVL_CARE_LAST_7_D AY_CD | VARCHAR2 (1) | N | O5020 Level of Care in Final 7 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030A1_RN_VISIT_3_DAY_ NUM | VARCHAR2 (1) | N | O5030A1 Number of Visits 3 Days Prior to Death - RN | This indicates the number of visits provided by an RN three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030A2_RN_VISIT_4_DAY_ NUM | VARCHAR2 (1) | N | O5030A2 Number of Visits 4 Days Prior to Death - RN | This indicates the number of visits provided by an RN four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030A3_RN_VISIT_5_DAY_ NUM | VARCHAR2 (1) | N | O5030A3 Number of Visits 5 Days Prior to Death - RN | This indicates the number of visits provided by an RN five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030A4_RN_VISIT_6_DAY_ NUM | VARCHAR2 (1) | N | O5030A4 Number of Visits 6 Days Prior to Death - RN | This indicates the number of visits provided by an RN six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030B1_PHYSN_VISIT_3_D AY_NUM | VARCHAR2 (1) | N | O5030B1 Number of Visits 3 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030B2_PHYSN_VISIT_4_D AY_NUM | VARCHAR2 (1) | N | O5030B2 Number of Visits 4 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030B3_PHYSN_VISIT_5_D AY_NUM | VARCHAR2 (1) | N | O5030B3 Number of Visits 5 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030B4_PHYSN_VISIT_6_D AY_NUM | VARCHAR2 (1) | N | O5030B4 Number of Visits 6 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|------------------------------------|--------------|-------------|---|---|-----------------|
| HOSPC_ASMT_FED_HSTR Y_VW | O5030C1_SCLWRK_VISIT_3_ DAY_NUM | VARCHAR2 (1) | N | O5030C1 Number of Visits 3 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030C2_SCLWRK_VISIT_4_ DAY_NUM | VARCHAR2 (1) | N | O5030C2 Number of Visits 4 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030C3_SCLWRK_VISIT_5_ DAY_NUM | VARCHAR2 (1) | N | O5030C3 Number of Visits 5 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030C4_SCLWRK_VISIT_6_ DAY_NUM | VARCHAR2 (1) | N | O5030C4 Number of Visits 6 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030D1_CHAPLN_VISIT_3_ DAY_NUM | VARCHAR2 (1) | N | O5030D1 Number of Visits 3 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor three days prior | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030D2_CHAPLN_VISIT_4_ DAY_NUM | VARCHAR2 (1) | N | O5030D2 Number of Visits 4 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor four days prior to | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030D3_CHAPLN_VISIT_5_ DAY_NUM | VARCHAR2 (1) | N | O5030D3 Number of Visits 5 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor five days prior to | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030D4_CHAPLN_VISIT_6_ DAY_NUM | VARCHAR2 (1) | N | O5030D4 Number of Visits 6 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor six days prior to | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030E1_LN_VISIT_3_DAY_N UM | VARCHAR2 (1) | N | O5030E1 Number of Visits 3 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse three days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030E2_LN_VISIT_4_DAY_N UM | VARCHAR2 (1) | N | O5030E2 Number of Visits 4 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030E3_LN_VISIT_5_DAY_N UM | VARCHAR2 (1) | N | O5030E3 Number of Visits 5 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030E4_LN_VISIT_6_DAY_N UM | VARCHAR2 (1) | N | O5030E4 Number of Visits 6 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030F1_AIDE_VISIT_3_DAY _NUM | VARCHAR2 (1) | N | O5030F1 Number of Visits 3 Days Prior to Death - Aide | This indicates the number of visits provided by an aide three days prior to death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|----------------------------------|---------------|-------------|--|---|-----------------|
| HOSPC_ASMT_FED_HSTR Y_VW | O5030F2_AIDE_VISIT_4_DAY _NUM | VARCHAR2 (1) | N | O5030F2 Number of Visits 4 Days Prior to Death - Aide | This indicates the number of visits provided by an aide four days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030F3_AIDE_VISIT_5_DAY _NUM | VARCHAR2 (1) | N | O5030F3 Number of Visits 5 Days Prior to Death - Aide | This indicates the number of visits provided by an aide five days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | O5030F4_AIDE_VISIT_6_DAY _NUM | VARCHAR2 (1) | N | O5030F4 Number of Visits 6 Days Prior to Death - Aide | This indicates the number of visits provided by an aide six days prior to death | |
| HOSPC_ASMT_FED_HSTR Y_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_FED_HSTR Y_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_FED_HSTR Y_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_FED_HSTR Y_VW | RSDNT_MATCH_CRTIA_ID | NUMBER (2.0) | N | Resident Match Criteria ID | This indicates which of the resident match criteria was assigned based on the patient | |
| HOSPC_ASMT_FED_HSTR Y_VW | SFTWR_PROD_NAME | VARCHAR2 (50) | N | Software Product Name | This is the name of the software that was used to create the hospice data submission file. | |
| HOSPC_ASMT_FED_HSTR Y_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 hospice data submission | |
| HOSPC_ASMT_FED_HSTR Y_VW | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_ASMT_FED_HSTR Y_VW | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_ASMT_FED_HSTR Y_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_FED_HSTR Y_VW | SUBMSN_CMPLT_TS | DATE (8) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_ASMT_FED_HSTR Y_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date that the file was received by the system. | |
| HOSPC_ASMT_FED_HSTR Y_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_FED_HSTR Y_VW | UPDT_TS | DATE (8) | N | Update Timestamp | This is the date and time that the record was updated in the database. | |
| HOSPC_ASMT_FED_HSTR Y_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 |
|--------------------------|--------------------------------|---------------|-------------|---|---|--------------------------|
| HOSPC_ASMT_FED_HSTR_Y_VW | Z0500B_SGN_CMPLT_DT | VARCHAR2 (8) | N | Z0500B Signature of Person Verifying Record Completion Date | This is the date of signature verifying record completion. | |
| HOSPC_ASMT_FED_VW | A0050_TRANS_TYPE_CD | VARCHAR2 (1) | N | A0050 Type of Record | This is the type of record that was submitted (new, modification or inactivation). | HOSPC_TRANS_TYPE_CD |
| HOSPC_ASMT_FED_VW | A0100A_NPI_NUM | VARCHAR2 (10) | N | A0100A National Provider ID | This is the hospice provider's National Provider Identifier number. | |
| HOSPC_ASMT_FED_VW | A0100B_CMS_CRTFCTN_NUM | VARCHAR2 (12) | N | A0100B CMS Certification Number | This is the hospice provider's CMS Certification (Medicare) Number. | |
| HOSPC_ASMT_FED_VW | A0205_ADMSN_SRVC_SITE_CD | VARCHAR2 (2) | N | A0205 Site of Service at Admission | This is the site where the patient was receiving hospice services at the time of admission to the | HOSPC_ADMSN_SRVC_SITE_CD |
| HOSPC_ASMT_FED_VW | A0220_ADMSN_DT | DATE (8) | N | A0220 Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |
| HOSPC_ASMT_FED_VW | A0245_INITL_NRSNG_ASMT_INIT_DT | VARCHAR2 (8) | N | A0245 Date Initial Nursing Assessment Initiated | This is the date that the initial nursing assessment was initiated. | |
| HOSPC_ASMT_FED_VW | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | This identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_FED_VW | A0270_DSCHRG_DT | VARCHAR2 (8) | N | A0270 Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HOSPC_ASMT_FED_VW | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_FED_VW | A0500B_MDL_INITL_TXT | VARCHAR2 (1) | N | A0500B Middle Initial | This is the patient's middle initial. | |
| HOSPC_ASMT_FED_VW | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_FED_VW | A0500D_SFX_TXT | VARCHAR2 (3) | N | A0500D Suffix | This is the patient's suffix. | |
| HOSPC_ASMT_FED_VW | A0550_PTNT_ZIP_CD | VARCHAR2 (11) | N | A0550 Patient Zip Code | This is the patient's zip code. | |
| HOSPC_ASMT_FED_VW | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_FED_VW | A0600B_MDCR_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_FED_VW | A0700_MDCD_NUM | VARCHAR2 (14) | N | A0700 Medicaid Number | This is the patient's Medicaid number. | |
| HOSPC_ASMT_FED_VW | A0800_GNDR_CD | VARCHAR2 (1) | N | A0800 Gender Code | This is the patient's gender. | HOSPC_GNDR_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|-------------------------------|--------------|-------------|--|--|--------------------|
| HOSPC_ASMT_FED_VW | A0900_BIRTH_DT | DATE (8) | N | A0900 Birth Date | This is the patient's birth date. | |
| HOSPC_ASMT_FED_VW | A1000A_AMRCN_INDN_AK_NTV_CD | VARCHAR2 (1) | N | A1000A Race/Ethnicity: American Indian Alaskan Native | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1000B_ASN_CD | VARCHAR2 (1) | N | A1000B Race/Ethnicity: Asian | The data in this column indicates if the patient's ethnicity is Asian. | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1000C_AFRCN_AMRCN_CD | VARCHAR2 (1) | N | A1000C Race/Ethnicity: Black or African American | The data in this column indicates if the patient's race is Black or African American. | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1000D_HSPNC_CD | VARCHAR2 (1) | N | A1000D Race/Ethnicity: Hispanic or Latino | The data in this column indicates if the patient's ethnicity is Hispanic. | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1000E_NTV_HI_PCFC_ISLN_DR_CD | VARCHAR2 (1) | N | A1000E Race/Ethnicity: Native Hawaiian or Other Pacific Islander | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific Islander | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1000F_WHT_CD | VARCHAR2 (1) | N | A1000F Race/Ethnicity: White | The data in this column indicates if the patient's race is White. | HOSPC_CHKLIST |
| HOSPC_ASMT_FED_VW | A1400A_MDCR_FFS_PYR_CD | VARCHAR2 (1) | N | A1400A Medicare Fee For Service Payor | This indicates whether the patient had a payor source of Medicare (traditional fee-for-service) | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400B_MDCR_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400B Medicare Managed Care/Part C/Medicare Advantage Payor | This indicates whether the patient had a payor source of Medicare (managed care/Part | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400C_MDCD_FFS_PYR_CD | VARCHAR2 (1) | N | A1400C Medicaid Fee For Service Payor | This indicates whether the patient had a payor source of Medicaid (traditional fee-for-service) | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400D_MDCD_MC_PYR_CD | VARCHAR2 (1) | N | A1400D Medicaid Managed Care Payor | This indicates whether the patient had a payor source of Medicaid (managed care) during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400G_OTHR_GOV_T_PYR_CD | VARCHAR2 (1) | N | A1400G Other Government Payor | This indicates whether the patient had a payor source of an other Government payor (e.g., | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400H_PRVT_INS_PYR_CD | VARCHAR2 (1) | N | A1400H Private Insurance/Medigap Payor | This indicates whether the patient had a payor source of private insurance/Medigap during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400I_PRVT_MC_PYR_CD | VARCHAR2 (1) | N | A1400I Private Managed Care Payor | This indicates whether the patient had a payor source of private managed care during the | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400J_SELF_PYR_CD | VARCHAR2 (1) | N | A1400J Self-Pay | This indicates whether the patient had a payor source of self-pay during the hospice episode of | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400K_NO_PYR_CD | VARCHAR2 (1) | N | A1400K No Payor Source | This indicates whether the patient had no payor source during the hospice episode of care. | HOSPC_CHKLIST_ONLY |
| HOSPC_ASMT_FED_VW | A1400X_UNK_PYR_CD | VARCHAR2 (1) | N | A1400X Unknown Payor | This indicates whether patient's payor source was unknown during the hospice episode of | HOSPC_CHKLIST_ONLY |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|---------------------------|---------------|-------------|---|---|------------------------|
| HOSPC_ASMT_FED_VW | A1400Y_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400Y Other Payor | This indicates whether the patient had an other payor source that is not listed during the hospice | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_FED_VW | A1802_ADMTD_FROM_CD | VARCHAR2 (2) | N | A1802 Admitted From | The data in this column indicates where the patient was residing immediately prior to being | HOSPC_ADMTD_FROM_CD |
| HOSPC_ASMT_FED_VW | A2115_DSCHRG_RSN_CD | VARCHAR2 (2) | N | A2115 Reason for Discharge | The data in this column indicates the reason the patient was no longer receiving hospice services. | HOSPC_DSCHRG_RSN_CD |
| HOSPC_ASMT_FED_VW | CRCTN_NUM | NUMBER (2,0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_FED_VW | CREAT_TS | DATE (8) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ASMT_FED_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the user ID that populated the record in the database. | |
| HOSPC_ASMT_FED_VW | C_BIRTH_DT_SBMT_CD | VARCHAR2 (1) | N | Calculated Birth Date Submit Code | This indicates the type of birth date that was submitted: full birth date, month and year or | HOSPC_BIRTH_DT_SBMT_CD |
| HOSPC_ASMT_FED_VW | C_CCN_NUM | VARCHAR2 (12) | N | Calculated CCN | This is the CMS Certification Number (CCN) of the provider associated to the FAC_ID | |
| HOSPC_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 | |
| HOSPC_ASMT_FED_VW | C_RSDNT_AGE_NUM | NUMBER (22) | N | Calculated Resident Age | This is the Assessment Submission and Processing (ASAP) patient calculated age | |
| HOSPC_ASMT_FED_VW | C_SSNRI_TRNSLTN_HICN_TXT | VARCHAR2 (12) | N | Calculated SSNRI Translation HICN Text | This is the patient's Health Insurance Claim Number [HICN] or Railroad Retirement Board | |
| HOSPC_ASMT_FED_VW | C_SSNRI_TRNSLTN_MBI_TXT | VARCHAR2 (12) | N | Calculated SSNRI Translation MBI Text | This is the patient's Medicare Beneficiary Identifier (MBI) that is returned from the Social | |
| HOSPC_ASMT_FED_VW | F2000A_CPR_CD | VARCHAR2 (1) | N | F2000A Was Patient Asked About Preference for CPR Use | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_VW | F2000B_CPR_DT | VARCHAR2 (8) | N | F2000B Date First Asked About CPR Preference | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_VW | F2100A_OTHR_LIFE_SUSTN_CD | VARCHAR2 (1) | N | F2100A Was Asked About Preference of Other Life-Sustaining Treatments | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_VW | F2100B_OTHR_LIFE_SUSTN_DT | VARCHAR2 (8) | N | F2100B Date First Asked About Other Life-Sustaining Preferences | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_FED_VW | F2200A_HOSPZTN_CD | VARCHAR2 (1) | N | F2200A Hospitalization Preference | This indicates whether the patient or responsible party was asked about their preference regarding | HOSPC_PREFNC_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|---------------------------|---------------|-------------|--|--|--------------------------|
| HOSPC_ASMT_FED_VW | F2200B_HOSPZTN_DT | VARCHAR2 (8) | N | F2200B Date First Asked About Hospitalization Preference | This indicates the date the patient or responsible party was first asked about their preference | |
| HOSPC_ASMT_FED_VW | F3000A_SPRTL_CNCRN_CD | VARCHAR2 (1) | N | F3000A Asked About Spiritual/Existential Concerns | This indicates whether the patient and/or caregiver was asked about spiritual or existential | HOSPC_PREFNC_CD |
| HOSPC_ASMT_FED_VW | F3000B_SPRTL_CNCRN_DT | VARCHAR2 (8) | N | F3000B Date First Asked About Spiritual/Existential Concerns | This indicates the date the patient and/or caregiver was first asked about spiritual or | |
| HOSPC_ASMT_FED_VW | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_FED_VW | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_FED_VW | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_FED_VW | HOSPC_SUBMSN_DAY | DATE (7) | N | Hospice Submission Day | This is the date that the file was received by the system. | |
| HOSPC_ASMT_FED_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_FED_VW | I0010_PRNCPAL_DGNS_CD | VARCHAR2 (2) | N | I0010 Principal Diagnosis | The is the patient's principal diagnosis. | HOSPC_DGNS_CD |
| HOSPC_ASMT_FED_VW | ITM_SET_VRSN_CD | VARCHAR2 (10) | N | Item Set Version Code | This is the version of the item set that was completed by the hospice. | |
| HOSPC_ASMT_FED_VW | J0900A_PAIN_SCRND_CD | VARCHAR2 (1) | N | J0900A Patient Screened for Pain | This indicates whether the patient was screened for pain. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_VW | J0900B_PAIN_SCRND_DT | VARCHAR2 (8) | N | J0900B Date First Screened for Pain | The is the date of the first pain screening. | |
| HOSPC_ASMT_FED_VW | J0900C_PAIN_SVRTY_CD | VARCHAR2 (1) | N | J0900C Pain Severity Score Code | This indicates the patient's pain severity. | HOSPC_PAIN_SVRTY_CD |
| HOSPC_ASMT_FED_VW | J0900D_PAIN_SCRNG_TOOL_CD | VARCHAR2 (1) | N | J0900D Type of Standardized Pain Tool Used | This the type of standardized pain tool used for the screening. | HOSPC_PAIN_SCRNG_TOOL_CD |
| HOSPC_ASMT_FED_VW | J0905_PAIN_PRBLM_CD | VARCHAR2 (1) | N | J0905 Pain Active Problem | This indicates whether pain was an active problem for the patient. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_VW | J0910A_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910A Comprehensive Pain Assessment Completed | This indicates whether a comprehensive pain assessment was completed. | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_VW | J0910B_PAIN_ASMT_DT | VARCHAR2 (8) | N | J0910B Date of Comprehensive Pain Assessment | This is the date that the comprehensive pain assessment was completed. | |
| HOSPC_ASMT_FED_VW | J0910C1_PAIN_ASMT_LCTN_CD | VARCHAR2 (1) | N | J0910C1 Comprehensive Pain Assessment Included - Location | This indicates whether the comprehensive pain assessment included an evaluation of the | HOSPC_CHKLIST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|--------------------------------|--------------|-------------|--|---|----------------------------|
| HOSPC_ASMT_FED_VW | J0910C2_PAIN_ASMT_SVRTY_CD | VARCHAR2 (1) | N | J0910C2 Comprehensive Pain Assessment Included - Severity | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C3_PAIN_ASMT_CHRCT_R_CD | VARCHAR2 (1) | N | J0910C3 Comprehensive Pain Assessment Included - Character | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C4_PAIN_ASMT_DRTN_CD | VARCHAR2 (1) | N | J0910C4 Comprehensive Pain Assessment Included - Duration | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C5_PAIN_ASMT_FREQ_CD | VARCHAR2 (1) | N | J0910C5 Comprehensive Pain Assessment Included - Frequency | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C6_PAIN_ASMT_RLV_WRS_CD | VARCHAR2 (1) | N | J0910C6 Comprehensive Pain Assessment Included - Relieves/Worsens Pain | This indicates whether the comprehensive pain assessment included an evaluation of what | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C7_PAIN_ASMT_QLTY_LIFE_CD | VARCHAR2 (1) | N | J0910C7 Comprehensive Pain Assessment Included - Effect on Function or Quality of Life | This indicates whether the comprehensive pain assessment included an evaluation of the effect | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J0910C9_NO_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910C9 Comprehensive Pain Assessment Included - None of the Above | The data in this column indicates the comprehensive pain assessment included none | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J2030A_SOB_SCRND_CD | VARCHAR2 (1) | N | J2030A Screened for Shortness of Breath | This indicates whether the patient was screened for shortness of breath. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_VW | J2030B_SOB_SCRND_DT | VARCHAR2 (8) | N | J2030B Date Screened for Shortness of Breath | This indicates the date the first screening for shortness of breath was completed. | |
| HOSPC_ASMT_FED_VW | J2030C_SOB_CD | VARCHAR2 (1) | N | J2030C Did Screening Indicate Shortness of Breath | This indicates whether, based on the screening, the patient had shortness of breath. | HOSPC_YES_NO_NO_INFO_BLANK |
| HOSPC_ASMT_FED_VW | J2040A_SOB_TRMT_CD | VARCHAR2 (1) | N | J2040A Was Treatment for Shortness of Breath Initiated | This indicates whether treatment for shortness of breath was initiated. | HOSPC_SOB_TRTMT_CD |
| HOSPC_ASMT_FED_VW | J2040B_SOB_TRMT_DT | VARCHAR2 (8) | N | J2040B Date Treatment for Shortness of Breath Initiated | This indicates the date the treatment for shortness of breath was initiated. | |
| HOSPC_ASMT_FED_VW | J2040C1_SOB_OPIOD_CD | VARCHAR2 (1) | N | J2040C1 Type of Shortness of Breath Treatment Initiated - Opioid | This indicates the type of treatment that was initiated for shortness of breath was Opioids. | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J2040C2_SOB_OTHR_MDCTN_CD | VARCHAR2 (1) | N | J2040C2 Type of Shortness of Breath Treatment Initiated - Other Medication | This indicates the type of treatment initiated that was initiated for shortness of breath was other | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | J2040C3_SOB_OXGN_CD | VARCHAR2 (1) | N | J2040C3 Type of Shortness of Breath Treatment Initiated - Oxygen | This indicates the type of treatment that was initiated for shortness of breath was oxygen. | HOSPC_CHKLST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|-----------------------------------|--------------|-------------|---|---|--------------------|
| HOSPC_ASMT_FED_VW | J2040C4_SOB_NON_MDCTN_CD | VARCHAR2 (1) | N | J2040C4 Type of Shortness of Breath Treatment Initiated - Non-Medication | This indicates the type of treatment that was initiated for shortness of breath was non- | HOSPC_CHKLST_BLANK |
| HOSPC_ASMT_FED_VW | N0500A_SCHLD_OPIOD_CD | VARCHAR2 (1) | N | N0500A Was Scheduled Opioid Initiated or Continued | This indicates whether a scheduled opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_VW | N0500B_SCHLD_OPIOD_DT | VARCHAR2 (8) | N | N0500B Date Scheduled Opioid Initiated or Continued | This indicates the date the scheduled opioid was initiated or continued. | |
| HOSPC_ASMT_FED_VW | N0510A_PRN_OPIOD_CD | VARCHAR2 (1) | N | N0510A Was PRN Opioid Initiated or Continued | This indicates whether a PRN opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_FED_VW | N0510B_PRN_OPIOD_DT | VARCHAR2 (8) | N | N0510B Date PRN Opioid Was Initiated or Continued | This indicates the date the PRN opioid was initiated or continued. | |
| HOSPC_ASMT_FED_VW | N0520A_BWL_RGMN_CD | VARCHAR2 (1) | N | N0520A Was Bowel Regimen Initiated or Continued | This indicates whether a bowel regimen was initiated or continued. | HOSPC_BWL_RGMN_CD |
| HOSPC_ASMT_FED_VW | N0520B_BWL_RGMN_DT | VARCHAR2 (8) | N | N0520B Date Bowel Regimen Was Initiated or Continued | This indicates the date the bowel regimen was initiated or continued. | |
| HOSPC_ASMT_FED_VW | O5000_LVL_CARE_LAST_3_D AY_CD | VARCHAR2 (1) | N | O5000 Level of Care in Final 3 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_VW | O5010A1_RN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010A1 Number of Visits Day of Death - RN | This indicates the number of visits provided by an RN on the day of death | |
| HOSPC_ASMT_FED_VW | O5010A2_RN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010A2 Number of Visits 1 Day Prior to Death - RN | This indicates the number of visits provided by an RN one day prior to death | |
| HOSPC_ASMT_FED_VW | O5010A3_RN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010A3 Number of Visits 2 Days Prior to Death - RN | This indicates the number of visits provided by an RN two days prior to death | |
| HOSPC_ASMT_FED_VW | O5010B1_PHYSN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010B1 Number of Visits Day of Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5010B2_PHYSN_VISIT_1_D AY_NUM | VARCHAR2 (1) | N | O5010B2 Number of Visits 1 Day Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5010B3_PHYSN_VISIT_2_D AY_NUM | VARCHAR2 (1) | N | O5010B3 Number of Visits 2 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5010C1_SCLWRK_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010C1 Number of Visits Day of Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker on the day of death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|--------------------------------|--------------|-------------|---|---|--------------------|
| HOSPC_ASMT_FED_VW | O5010C2_SCLWRK_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010C2 Number of Visits 1 Day Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker one day prior to death | |
| HOSPC_ASMT_FED_VW | O5010C3_SCLWRK_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010C3 Number of Visits 2 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker two days prior to death | |
| HOSPC_ASMT_FED_VW | O5010D1_CHAPLN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010D1 Number of Visits Day of Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor on the day of | |
| HOSPC_ASMT_FED_VW | O5010D2_CHAPLN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010D2 Number of Visits 1 Day Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor one day prior to | |
| HOSPC_ASMT_FED_VW | O5010D3_CHAPLN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010D3 Number of Visits 2 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor two days prior to | |
| HOSPC_ASMT_FED_VW | O5010E1_LN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010E1 Number of Visits Day of Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse on the day of death | |
| HOSPC_ASMT_FED_VW | O5010E2_LN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010E2 Number of Visits 1 Day Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse one day prior to death | |
| HOSPC_ASMT_FED_VW | O5010E3_LN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010E3 Number of Visits 2 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse two days prior to death | |
| HOSPC_ASMT_FED_VW | O5010F1_AIDE_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010F1 Number of Visits Day of Death - Aide | This indicates the number of visits provided by an aide on the day of death | |
| HOSPC_ASMT_FED_VW | O5010F2_AIDE_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010F2 Number of Visits 1 Day Prior to Death - Aide | This indicates the number of visits provided by an aide one day prior to death | |
| HOSPC_ASMT_FED_VW | O5010F3_AIDE_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010F3 Number of Visits 2 Days Prior to Death - Aide | This indicates the number of visits provided by an aide two days prior to death | |
| HOSPC_ASMT_FED_VW | O5020_LVL_CARE_LAST_7_DAYS_CD | VARCHAR2 (1) | N | O5020 Level of Care in Final 7 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_FED_VW | O5030A1_RN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030A1 Number of Visits 3 Days Prior to Death - RN | This indicates the number of visits provided by an RN three days prior to death | |
| HOSPC_ASMT_FED_VW | O5030A2_RN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030A2 Number of Visits 4 Days Prior to Death - RN | This indicates the number of visits provided by an RN four days prior to death | |
| HOSPC_ASMT_FED_VW | O5030A3_RN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030A3 Number of Visits 5 Days Prior to Death - RN | This indicates the number of visits provided by an RN five days prior to death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|-----------------------------------|--------------|-------------|---|--|-----------------|
| HOSPC_ASMT_FED_VW | O5030A4_RN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030A4 Number of Visits 6 Days Prior to Death - RN | This indicates the number of visits provided by an RN six days prior to death | |
| HOSPC_ASMT_FED_VW | O5030B1_PHYSN_VISIT_3_D AY_NUM | VARCHAR2 (1) | N | O5030B1 Number of Visits 3 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5030B2_PHYSN_VISIT_4_D AY_NUM | VARCHAR2 (1) | N | O5030B2 Number of Visits 4 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5030B3_PHYSN_VISIT_5_D AY_NUM | VARCHAR2 (1) | N | O5030B3 Number of Visits 5 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5030B4_PHYSN_VISIT_6_D AY_NUM | VARCHAR2 (1) | N | O5030B4 Number of Visits 6 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_FED_VW | O5030C1_SCLWRK_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030C1 Number of Visits 3 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker three days prior to death | |
| HOSPC_ASMT_FED_VW | O5030C2_SCLWRK_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030C2 Number of Visits 4 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker four days prior to death | |
| HOSPC_ASMT_FED_VW | O5030C3_SCLWRK_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030C3 Number of Visits 5 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker five days prior to death | |
| HOSPC_ASMT_FED_VW | O5030C4_SCLWRK_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030C4 Number of Visits 6 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker six days prior to death | |
| HOSPC_ASMT_FED_VW | O5030D1_CHAPLN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030D1 Number of Visits 3 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor three days prior | |
| HOSPC_ASMT_FED_VW | O5030D2_CHAPLN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030D2 Number of Visits 4 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor four days prior to | |
| HOSPC_ASMT_FED_VW | O5030D3_CHAPLN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030D3 Number of Visits 5 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor five days prior to | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|--------------------------------|---------------|-------------|---|--|-----------------|
| HOSPC_ASMT_FED_VW | O5030D4_CHAPLN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030D4 Number of Visits 6 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor six days prior to | |
| HOSPC_ASMT_FED_VW | O5030E1_LN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030E1 Number of Visits 3 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse three days prior to death | |
| HOSPC_ASMT_FED_VW | O5030E2_LN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030E2 Number of Visits 4 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse four days prior to death | |
| HOSPC_ASMT_FED_VW | O5030E3_LN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030E3 Number of Visits 5 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse five days prior to death | |
| HOSPC_ASMT_FED_VW | O5030E4_LN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030E4 Number of Visits 6 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse six days prior to death | |
| HOSPC_ASMT_FED_VW | O5030F1_AIDE_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030F1 Number of Visits 3 Days Prior to Death - Aide | This indicates the number of visits provided by an aide three days prior to death | |
| HOSPC_ASMT_FED_VW | O5030F2_AIDE_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030F2 Number of Visits 4 Days Prior to Death - Aide | This indicates the number of visits provided by an aide four days prior to death | |
| HOSPC_ASMT_FED_VW | O5030F3_AIDE_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030F3 Number of Visits 5 Days Prior to Death - Aide | This indicates the number of visits provided by an aide five days prior to death | |
| HOSPC_ASMT_FED_VW | O5030F4_AIDE_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030F4 Number of Visits 6 Days Prior to Death - Aide | This indicates the number of visits provided by an aide six days prior to death | |
| HOSPC_ASMT_FED_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_FED_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_FED_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_FED_VW | RSDNT_MATCH_CRTIA_ID | NUMBER (2.0) | N | Resident Match Criteria ID | This indicates which of the resident match criteria was assigned based on the patient | |
| HOSPC_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 hospice data submission file. | |
| HOSPC_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 hospice data submission | |
| HOSPC_ASMT_FED_VW | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------------|----------------------|---------------|-------------|---|--|----------------------|
| HOSPC_ASMT_FED_VW | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_ASMT_FED_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_FED_VW | SUBMSN_CMPLT_TS | DATE (8) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_ASMT_FED_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date that the file was received by the system. | |
| HOSPC_ASMT_FED_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_FED_VW | UPDT_TS | DATE (8) | N | Update Timestamp | This is the date and time that the record was updated in the database. | |
| HOSPC_ASMT_FED_VW | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_ASMT_FED_VW | Z0500B_SGN_CMPLT_DT | VARCHAR2 (8) | N | Z0500B Signature of Person Verifying Record Completion Date | This is the date of signature verifying record completion. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_HSTRY_S MRY_VW | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | CRCTN_NUM | NUMBER (2,0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_HSTRY_S MRY_VW | HIC_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_HSTRY_S MRY_VW | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_HSTRY_S MRY_VW | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------------|----------------------|---------------|-------------|--------------------------------|--|----------------------|
| HOSPC_ASMT_HSTRY_S MRY_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | PRVDR_NUM | VARCHAR2 (10) | N | CCN | This is a six or ten position identification number that is assigned to a certified provider. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_HSTRY_S MRY_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_HSTRY_S MRY_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ASMT_HSTRY_S MRY_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_SMRY_VW | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_SMRY_VW | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_SMRY_VW | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_SMRY_VW | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_SMRY_VW | CRCTN_NUM | NUMBER (2.0) | N | Correction Number | This is the version number of the record. New records have a correction number of '00' | |
| HOSPC_ASMT_SMRY_VW | HIC_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_SMRY_VW | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ASMT_SMRY_VW | HOSPC_CRCTN_STUS_CD | VARCHAR2 (1) | N | Hospice Correction Status Code | This code indicates the version of the assessment. A value of 'C' indicates this is the | HOSPC_CRCTN_STUS |
| HOSPC_ASMT_SMRY_VW | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_SMRY_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the 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 |
|---------------------|--------------------------|---------------------|-------------|------------------------------------|---|--------------------------|
| HOSPC_ASMT_SMRY_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_SMRY_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_SMRY_VW | PRVDR_NUM | VARCHAR2 (10) | N | CCN | This is a six or ten position identification number that is assigned to a certified provider. | |
| HOSPC_ASMT_SMRY_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_SMRY_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ASMT_SMRY_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ASMT_SMRY_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_STUS_VW | ASMT_STUS_DESC | VARCHAR2 (50) | N | Assessment Status Description | This is the assessment status description. | |
| HOSPC_ASMT_STUS_VW | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ASMT_STUS_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_ASMT_STUS_VW | HOSPC_ASMT_STUS_CD | VARCHAR2 (2) | N | Hospice Assessment Status Code | This column contains the code identifying the status of the assessment processing (accepted, | |
| HOSPC_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. | |
| HOSPC_ASMT_STUS_VW | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_ASMT_TMPLT_VW | A0050_TRANS_TYPE_CD | VARCHAR2 (1) | N | A0050 Type of Record | The data in this column is the type of record that was submitted (new, modification or | HOSPC_TRANS_TYPE_CD |
| HOSPC_ASMT_TMPLT_VW | A0100A_NPI_NUM | VARCHAR2 (10) | N | A0100A National Provider ID | The data in this column is the hospice provider's National Provider Identifier number. | |
| HOSPC_ASMT_TMPLT_VW | A0100B_CMS_CRTFCTN_NUM | VARCHAR2 (12) | N | A0100B CMS Certification Number | The data in this column is the hospice provider's CMS Certification (Medicare) Number. | |
| HOSPC_ASMT_TMPLT_VW | A0205_ADMSN_SRVC_SITE_CD | VARCHAR2 (2) | N | A0205 Site of Service at Admission | This is the site where the patient was receiving hospice services at the time of admission to the | HOSPC_ADMSN_SRVC_SITE_CD |
| HOSPC_ASMT_TMPLT_VW | A0220_ADMSN_DT | DATE (8) | N | A0220 Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|------------------------------------|---------------|-------------|--|---|----------------------|
| HOSPC_ASMT_TMPLT_V W | A0245_INITL_NRSNG_ASMT_ INIT_DT | VARCHAR2 (8) | N | A0245 Date Initial Nursing Assessment Initiated | This is the date that the initial nursing assessment was initiated. | |
| HOSPC_ASMT_TMPLT_V W | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HOSPC_ASMT_TMPLT_V W | A0270_DSCHRG_DT | VARCHAR2 (8) | N | A0270 Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HOSPC_ASMT_TMPLT_V W | A0500A_FIRST_NAME | VARCHAR2 (12) | N | A0500A First Name | This is the patient's first name. | |
| HOSPC_ASMT_TMPLT_V W | A0500B_MDL_INITL_TXT | VARCHAR2 (1) | N | A0500B Middle Initial | This is the patient's middle initial. | |
| HOSPC_ASMT_TMPLT_V W | A0500C_LAST_NAME | VARCHAR2 (18) | N | A0500C Last Name | This is the patient's last name. | |
| HOSPC_ASMT_TMPLT_V W | A0500D_SFX_TXT | VARCHAR2 (3) | N | A0500D Suffix | This is the patient's suffix. | |
| HOSPC_ASMT_TMPLT_V W | A0550_PTNT_ZIP_CD | VARCHAR2 (11) | N | A0550 Patient Zip Code | This is the patient's zip code. | |
| HOSPC_ASMT_TMPLT_V W | A0600A_SSN_NUM | VARCHAR2 (9) | N | A0600A Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ASMT_TMPLT_V W | A0600B_MDCR_NUM | VARCHAR2 (12) | N | A0600B Medicare Number | This is the patient's Medicare number. | |
| HOSPC_ASMT_TMPLT_V W | A0700_MDCD_NUM | VARCHAR2 (14) | N | A0700 Medicaid Number | This is the patient's Medicaid number. | |
| HOSPC_ASMT_TMPLT_V W | A0800_GNDR_CD | VARCHAR2 (1) | N | A0800 Gender Code | This is the patient's gender. | HOSPC_GNDR_CD |
| HOSPC_ASMT_TMPLT_V W | A0900_BIRTH_DT | DATE (8) | N | A0900 Birth Date | This is the patient's birth date. | |
| HOSPC_ASMT_TMPLT_V W | A1000A_AMRCN_INDN_AK_ NTV_CD | VARCHAR2 (1) | N | A1000A Race/Ethnicity: American Indian Alaskan Native | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | HOSPC_CHKLST |
| HOSPC_ASMT_TMPLT_V W | A1000B_ASN_CD | VARCHAR2 (1) | N | A1000B Race/Ethnicity: Asian | The data in this column indicates if the patient's ethnicity is Asian. | HOSPC_CHKLST |
| HOSPC_ASMT_TMPLT_V W | A1000C_AFRCN_AMRCN_CD | VARCHAR2 (1) | N | A1000C Race/Ethnicity: Black or African American | The data in this column indicates if the patient's race is Black or African American. | HOSPC_CHKLST |
| HOSPC_ASMT_TMPLT_V W | A1000D_HSPNC_CD | VARCHAR2 (1) | N | A1000D Race/Ethnicity: Hispanic or Latino | The data in this column indicates if the patient's ethnicity is Hispanic. | HOSPC_CHKLST |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|----------------------------------|--------------|-------------|--|---|---------------------|
| HOSPC_ASMT_TMPLT_V W | A1000E_NTV_HI_PCFC_ISLN DR_CD | VARCHAR2 (1) | N | A1000E Race/Ethnicity: Native Hawaiian or Other Pacific Islander | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | HOSPC_CHKLST |
| HOSPC_ASMT_TMPLT_V W | A1000F_WHT_CD | VARCHAR2 (1) | N | A1000F Race/Ethnicity: White | The data in this column indicates if the patient's race is White. | HOSPC_CHKLST |
| HOSPC_ASMT_TMPLT_V W | A1400A_MDCR_FFS_PYR_CD | VARCHAR2 (1) | N | A1400A Medicare Fee For Service Payor | This indicates whether the patient had a payor source of Medicare (traditional fee-for-service) | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400B_MDCR_OTHR_PYR_ CD | VARCHAR2 (1) | N | A1400B Medicare Managed Care/Part C/Medicare Advantage Payor | This indicates whether the patient had a payor source of Medicare (managed care/Part | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400C_MDCD_FFS_PYR_CD | VARCHAR2 (1) | N | A1400C Medicaid Fee For Service Payor | This indicates whether the patient had a payor source of Medicaid (traditional fee-for-service) | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400D_MDCD_MC_PYR_CD | VARCHAR2 (1) | N | A1400D Medicaid Managed Care Payor | This indicates whether the patient had a payor source of Medicaid (managed care) during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400G_OTHR_GOV_T_PYR_C D | VARCHAR2 (1) | N | A1400G Other Government Payor | This indicates whether the patient had a payor source of an other Government payor (e.g., | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400H_PRVT_INS_PYR_CD | VARCHAR2 (1) | N | A1400H Private Insurance/Medigap Payor | This indicates whether the patient had a payor source of private insurance/Medigap during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400I_PRVT_MC_PYR_CD | VARCHAR2 (1) | N | A1400I Private Managed Care Payor | This indicates whether the patient had a payor source of private managed care during the | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400J_SELF_PYR_CD | VARCHAR2 (1) | N | A1400J Self-Pay | This indicates whether the patient had a payor source of self-pay during the hospice episode of | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400K_NO_PYR_CD | VARCHAR2 (1) | N | A1400K No Payor Source | This indicates whether the patient had no payor source during the hospice episode of care. | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400X_UNK_PYR_CD | VARCHAR2 (1) | N | A1400X Unknown Payor | This indicates whether patient's payor source was unknown during the hospice episode of | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1400Y_OTHR_PYR_CD | VARCHAR2 (1) | N | A1400Y Other Payor | This indicates whether the patient had an other payor source that is not listed during the hospice | HOSPC_CHKLST_ONLY |
| HOSPC_ASMT_TMPLT_V W | A1802_ADMTD_FROM_CD | VARCHAR2 (2) | N | A1802 Admitted From | The data in this column indicates where the patient was residing immediately prior to being | HOSPC_ADMTD_FROM_CD |
| HOSPC_ASMT_TMPLT_V W | A2115_DSCHRG_RSN_CD | VARCHAR2 (2) | N | A2115 Reason for Discharge | The data in this column indicates the reason the patient was no longer receiving hospice services. | HOSPC_DSCHRG_RSN_CD |
| HOSPC_ASMT_TMPLT_V W | ASMT_SYS_CD | CHAR (7) | N | Assessment System Code | This indicates the assessment system to which the assessment belongs. | |
| HOSPC_ASMT_TMPLT_V W | CRCTN_NUM | NUMBER (2.0) | N | Correction Number | This is the version number of the record. 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 |
|-------------------------|-------------------------------|---------------|-------------|---|---|------------------------|
| HOSPC_ASMT_TMPLT_V W | C_BIRTH_DT_SBMT_CD | VARCHAR2 (1) | N | Calculated Birth Date Submit Code | This indicates the type of birth date that was submitted: full birth date, month and year or | HOSPC_BIRTH_DT_SBMT_CD |
| HOSPC_ASMT_TMPLT_V W | C_CCN_NUM | VARCHAR2 (12) | N | Calculated CCN | This is the CMS Certification Number (CCN) of the provider associated to the FAC_ID | |
| HOSPC_ASMT_TMPLT_V W | 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 | |
| HOSPC_ASMT_TMPLT_V W | C_RSDNT_AGE_NUM | NUMBER (22) | N | Calculated Resident Age | This is the Assessment Submission and Processing (ASAP) patient calculated age | |
| HOSPC_ASMT_TMPLT_V W | C_SSNRI_TRNSLTN_HICN_T XT | VARCHAR2 (12) | N | Calculated SSNRI Translation HICN Text | This is the patient's Health Insurance Claim Number [HICN] or Railroad Retirement Board | |
| HOSPC_ASMT_TMPLT_V W | C_SSNRI_TRNSLTN_MBI_TX T | VARCHAR2 (12) | N | Calculated SSNRI Translation MBI Text | This is the patient's Medicare Beneficiary Identifier (MBI) that is returned from the Social | |
| HOSPC_ASMT_TMPLT_V W | DATA_END | CHAR (1) | N | Data End | This value indicates the end of the data file and is always '%' | |
| HOSPC_ASMT_TMPLT_V W | F2000A_CPR_CD | VARCHAR2 (1) | N | F2000A Was Patient Asked About Preference for CPR Use | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_TMPLT_V W | F2000B_CPR_DT | VARCHAR2 (8) | N | F2000B Date First Asked About CPR Preference | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_TMPLT_V W | F2100A_OTHR_LIFE_SUSTN_ CD | VARCHAR2 (1) | N | F2100A Was Asked About Preference of Other Life-Sustaining Treatments | This indicates whether the patient or responsible party was asked about their preference for use of | HOSPC_PREFNC_CD |
| HOSPC_ASMT_TMPLT_V W | F2100B_OTHR_LIFE_SUSTN_ DT | VARCHAR2 (8) | N | F2100B Date First Asked About Other Life-Sustaining Preferences | This indicates the date the patient or responsible party was first asked about their preference for | |
| HOSPC_ASMT_TMPLT_V W | F2200A_HOSPZTN_CD | VARCHAR2 (1) | N | F2200A Hospitalization Preference | This indicates whether the patient or responsible party was asked about their preference regarding | HOSPC_PREFNC_CD |
| HOSPC_ASMT_TMPLT_V W | F2200B_HOSPZTN_DT | VARCHAR2 (8) | N | F2200B Date First Asked About Hospitalization Preference | This indicates the date the patient or responsible party was first asked about their preference | |
| HOSPC_ASMT_TMPLT_V W | F3000A_SPRTL_CNCRN_CD | VARCHAR2 (1) | N | F3000A Asked About Spiritual/Existential Concerns | This indicates whether the patient and/or caregiver was asked about spiritual or existential | HOSPC_PREFNC_CD |
| HOSPC_ASMT_TMPLT_V W | F3000B_SPRTL_CNCRN_DT | VARCHAR2 (8) | N | F3000B Date First Asked About Spiritual/Existential Concerns | This indicates the date the patient and/or caregiver was first asked about spiritual or | |
| HOSPC_ASMT_TMPLT_V W | FAC_ID | VARCHAR2 (40) | N | Facility ID | This is the ID used by the hospice for submission purposes. | |
| HOSPC_ASMT_TMPLT_V W | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|------------------------------|---------------|-------------|--|---|--------------------------|
| HOSPC_ASMT_TMPLT_V W | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ASMT_TMPLT_V W | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ASMT_TMPLT_V W | I0010_PRNCPAL_DGNS_CD | VARCHAR2 (2) | N | I0010 Principal Diagnosis | The is the patient's principal diagnosis. | HOSPC_DGNS_CD |
| HOSPC_ASMT_TMPLT_V W | ITM_SET_VRSN_CD | VARCHAR2 (10) | N | Item Set Version Code | This is the version of the item set that was completed by the hospice. | |
| HOSPC_ASMT_TMPLT_V W | J0900A_PAIN_SCRND_CD | VARCHAR2 (1) | N | J0900A Patient Screened for Pain | This indicates whether the patient was screened for pain. | HOSPC_YES_NO |
| HOSPC_ASMT_TMPLT_V W | J0900B_PAIN_SCRND_DT | VARCHAR2 (8) | N | J0900B Date First Screened for Pain | The is the date of the first pain screening. | |
| HOSPC_ASMT_TMPLT_V W | J0900C_PAIN_SVRTY_CD | VARCHAR2 (1) | N | J0900C Pain Severity Score Code | This indicates the patient's pain severity. | HOSPC_PAIN_SVRTY_CD |
| HOSPC_ASMT_TMPLT_V W | J0900D_PAIN_SCRNG_TOOL_CD | VARCHAR2 (1) | N | J0900D Type of Standardized Pain Tool Used | This the type of standardized pain tool used for the screening. | HOSPC_PAIN_SCRNG_TOOL_CD |
| HOSPC_ASMT_TMPLT_V W | J0905_PAIN_PRBLM_CD | VARCHAR2 (1) | N | J0905 Pain Active Problem | This indicates whether pain was an active problem for the patient. | HOSPC_YES_NO |
| HOSPC_ASMT_TMPLT_V W | J0910A_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910A Comprehensive Pain Assessment Completed | This indicates whether a comprehensive pain assessment was completed. | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910B_PAIN_ASMT_DT | VARCHAR2 (8) | N | J0910B Date of Comprehensive Pain Assessment | This is the date that the comprehensive pain assessment was completed. | |
| HOSPC_ASMT_TMPLT_V W | J0910C1_PAIN_ASMT_LCTN_CD | VARCHAR2 (1) | N | J0910C1 Comprehensive Pain Assessment Included - Location | This indicates whether the comprehensive pain assessment included an evaluation of the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C2_PAIN_ASMT_SVRTY_CD | VARCHAR2 (1) | N | J0910C2 Comprehensive Pain Assessment Included - Severity | This indicates whether the comprehensive pain assessment included the severity of pain. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C3_PAIN_ASMT_CHRCTR_CD | VARCHAR2 (1) | N | J0910C3 Comprehensive Pain Assessment Included - Character | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C4_PAIN_ASMT_DRTN_CD | VARCHAR2 (1) | N | J0910C4 Comprehensive Pain Assessment Included - Duration | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C5_PAIN_ASMT_FREQ_CD | VARCHAR2 (1) | N | J0910C5 Comprehensive Pain Assessment Included - Frequency | This indicates whether the comprehensive pain assessment included an evaluation for the | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C6_PAIN_ASMT_RLV_WRS_CD | VARCHAR2 (1) | N | J0910C6 Comprehensive Pain Assessment Included - Relieves/Worsens Pain | This indicates whether the comprehensive pain assessment included an evaluation of what | HOSPC_CHKLIST_BLANK |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|------------------------------------|--------------|-------------|--|---|----------------------------|
| HOSPC_ASMT_TMPLT_V W | J0910C7_PAIN_ASMT_QLTY_ LIFE_CD | VARCHAR2 (1) | N | J0910C7 Comprehensive Pain Assessment Included - Effect on Function or Quality of Life | This indicates whether the comprehensive pain assessment included an evaluation of the effect | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J0910C9_NO_PAIN_ASMT_CD | VARCHAR2 (1) | N | J0910C9 Comprehensive Pain Assessment Included - None of the Above | The data in this column indicates the comprehensive pain assessment included none | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J2030A_SOB_SCRND_CD | VARCHAR2 (1) | N | J2030A Screened for Shortness of Breath | This indicates whether the patient was screened for shortness of breath. | HOSPC_YES_NO |
| HOSPC_ASMT_TMPLT_V W | J2030B_SOB_SCRND_DT | VARCHAR2 (8) | N | J2030B Date Screened for Shortness of Breath | This indicates the date the first screening for shortness of breath was completed. | |
| HOSPC_ASMT_TMPLT_V W | J2030C_SOB_CD | VARCHAR2 (1) | N | J2030C Did Screening Indicate Shortness of Breath | This indicates whether, based on the screening, the patient had shortness of breath. | HOSPC_YES_NO_NO_INFO_BLANK |
| HOSPC_ASMT_TMPLT_V W | J2040A_SOB_TRMT_CD | VARCHAR2 (1) | N | J2040A Was Treatment for Shortness of Breath Initiated | This indicates whether treatment for shortness of breath was initiated. | HOSPC_SOB_TRTMT_CD |
| HOSPC_ASMT_TMPLT_V W | J2040B_SOB_TRMT_DT | VARCHAR2 (8) | N | J2040B Date Treatment for Shortness of Breath Initiated | This indicates the date the treatment for shortness of breath was initiated. | |
| HOSPC_ASMT_TMPLT_V W | J2040C1_SOB_OPIOD_CD | VARCHAR2 (1) | N | J2040C1 Type of Shortness of Breath Treatment Initiated - Opioid | This indicates the type of treatment that was initiated for shortness of breath was Opioids. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J2040C2_SOB_OTHR_MDCTN_CD | VARCHAR2 (1) | N | J2040C2 Type of Shortness of Breath Treatment Initiated - Other Medication | This indicates the type of treatment initiated that was initiated for shortness of breath was other | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J2040C3_SOB_OXGN_CD | VARCHAR2 (1) | N | J2040C3 Type of Shortness of Breath Treatment Initiated - Oxygen | This indicates the type of treatment that was initiated for shortness of breath was oxygen. | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | J2040C4_SOB_NON_MDCTN_CD | VARCHAR2 (1) | N | J2040C4 Type of Shortness of Breath Treatment Initiated - Non-Medication | This indicates the type of treatment that was initiated for shortness of breath was non- | HOSPC_CHKLIST_BLANK |
| HOSPC_ASMT_TMPLT_V W | N0500A_SCHLD_OPIOD_CD | VARCHAR2 (1) | N | N0500A Was Scheduled Opioid Initiated or Continued | This indicates whether a scheduled opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_TMPLT_V W | N0500B_SCHLD_OPIOD_DT | VARCHAR2 (8) | N | N0500B Date Scheduled Opioid Initiated or Continued | This indicates the date the scheduled opioid was initiated or continued. | |
| HOSPC_ASMT_TMPLT_V W | N0510A_PRN_OPIOD_CD | VARCHAR2 (1) | N | N0510A Was PRN Opioid Initiated or Continued | This indicates whether a PRN opioid was initiated or continued. | HOSPC_YES_NO |
| HOSPC_ASMT_TMPLT_V W | N0510B_PRN_OPIOD_DT | VARCHAR2 (8) | N | N0510B Date PRN Opioid Was Initiated or Continued | This indicates the date the PRN opioid was initiated or continued. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|----------------------------------|--------------|-------------|---|--|--------------------|
| HOSPC_ASMT_TMPLT_VW | N0520A_BWL_RGMN_CD | VARCHAR2 (1) | N | N0520A Was Bowel Regimen Initiated or Continued | This indicates whether a bowel regimen was initiated or continued. | HOSPC_BWL_RGMN_CD |
| HOSPC_ASMT_TMPLT_VW | N0520B_BWL_RGMN_DT | VARCHAR2 (8) | N | N0520B Date Bowel Regimen Was Initiated or Continued | This indicates the date the bowel regimen was initiated or continued. | |
| HOSPC_ASMT_TMPLT_VW | O5000_LVL_CARE_LAST_3_D AY_CD | VARCHAR2 (1) | N | O5000 Level of Care in Final 3 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_TMPLT_VW | O5010A1_RN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010A1 Number of Visits Day of Death - RN | This indicates the number of visits provided by an RN on the day of death | |
| HOSPC_ASMT_TMPLT_VW | O5010A2_RN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010A2 Number of Visits 1 Day Prior to Death - RN | This indicates the number of visits provided by an RN one day prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010A3_RN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010A3 Number of Visits 2 Days Prior to Death - RN | This indicates the number of visits provided by an RN two days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010B1_PHYSN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010B1 Number of Visits Day of Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5010B2_PHYSN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010B2 Number of Visits 1 Day Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5010B3_PHYSN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010B3 Number of Visits 2 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5010C1_SCLWRK_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010C1 Number of Visits Day of Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker on the day of death | |
| HOSPC_ASMT_TMPLT_VW | O5010C2_SCLWRK_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010C2 Number of Visits 1 Day Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker one day prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010C3_SCLWRK_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010C3 Number of Visits 2 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker two days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010D1_CHAPLN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010D1 Number of Visits Day of Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor on the day of | |
| HOSPC_ASMT_TMPLT_VW | O5010D2_CHAPLN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010D2 Number of Visits 1 Day Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor one day prior to | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|--------------------------------|--------------|-------------|---|---|--------------------|
| HOSPC_ASMT_TMPLT_VW | O5010D3_CHAPLN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010D3 Number of Visits 2 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor two days prior to | |
| HOSPC_ASMT_TMPLT_VW | O5010E1_LN_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010E1 Number of Visits Day of Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse on the day of death | |
| HOSPC_ASMT_TMPLT_VW | O5010E2_LN_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010E2 Number of Visits 1 Day Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse one day prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010E3_LN_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010E3 Number of Visits 2 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse two days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010F1_AIDE_VISIT_DEATH_NUM | VARCHAR2 (1) | N | O5010F1 Number of Visits Day of Death - Aide | This indicates the number of visits provided by an aide on the day of death | |
| HOSPC_ASMT_TMPLT_VW | O5010F2_AIDE_VISIT_1_DAY_NUM | VARCHAR2 (1) | N | O5010F2 Number of Visits 1 Day Prior to Death - Aide | This indicates the number of visits provided by an aide one day prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5010F3_AIDE_VISIT_2_DAY_NUM | VARCHAR2 (1) | N | O5010F3 Number of Visits 2 Days Prior to Death - Aide | This indicates the number of visits provided by an aide two days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5020_LVL_CARE_LAST_7_DAY_CD | VARCHAR2 (1) | N | O5020 Level of Care in Final 7 Days | This indicates whether the patient received Continuous Home Care, General Inpatient Care, | HOSPC_YES_NO_BLANK |
| HOSPC_ASMT_TMPLT_VW | O5030A1_RN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030A1 Number of Visits 3 Days Prior to Death - RN | This indicates the number of visits provided by an RN three days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030A2_RN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030A2 Number of Visits 4 Days Prior to Death - RN | This indicates the number of visits provided by an RN four days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030A3_RN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030A3 Number of Visits 5 Days Prior to Death - RN | This indicates the number of visits provided by an RN five days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030A4_RN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030A4 Number of Visits 6 Days Prior to Death - RN | This indicates the number of visits provided by an RN six days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030B1_PHYSN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030B1 Number of Visits 3 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5030B2_PHYSN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030B2 Number of Visits 4 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5030B3_PHYSN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030B3 Number of Visits 5 Days Prior to Death - Physician/Nurse | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|--------------------------------|--------------|-------------|---|--|-----------------|
| | | | | Practitioner/Physician Assistant | | |
| HOSPC_ASMT_TMPLT_VW | O5030B4_PHYSN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030B4 Number of Visits 6 Days Prior to Death - Physician/Nurse Practitioner/Physician Assistant | This indicates the number of visits provided by a physician (or nurse practitioner of physician | |
| HOSPC_ASMT_TMPLT_VW | O5030C1_SCLWRK_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030C1 Number of Visits 3 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker three days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030C2_SCLWRK_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030C2 Number of Visits 4 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker four days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030C3_SCLWRK_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030C3 Number of Visits 5 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker five days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030C4_SCLWRK_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030C4 Number of Visits 6 Days Prior to Death - Medical Social Worker | This indicates the number of visits provided by a medical social worker six days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030D1_CHAPLN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030D1 Number of Visits 3 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor three days prior | |
| HOSPC_ASMT_TMPLT_VW | O5030D2_CHAPLN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030D2 Number of Visits 4 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor four days prior to | |
| HOSPC_ASMT_TMPLT_VW | O5030D3_CHAPLN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030D3 Number of Visits 5 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor five days prior to | |
| HOSPC_ASMT_TMPLT_VW | O5030D4_CHAPLN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030D4 Number of Visits 6 Days Prior to Death - Chaplain/Spiritual Counselor | This indicates the number of visits provided by a chaplain or spiritual counselor six days prior to | |
| HOSPC_ASMT_TMPLT_VW | O5030E1_LN_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030E1 Number of Visits 3 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse three days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030E2_LN_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030E2 Number of Visits 4 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse four days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030E3_LN_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030E3 Number of Visits 5 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse five days prior to death | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|------------------------------|---------------|-------------|---|--|-----------------|
| HOSPC_ASMT_TMPLT_VW | O5030E4_LN_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030E4 Number of Visits 6 Days Prior to Death - Licensed Practical Nurse | This indicates the number of visits provided by a licensed practical nurse six days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030F1_AIDE_VISIT_3_DAY_NUM | VARCHAR2 (1) | N | O5030F1 Number of Visits 3 Days Prior to Death - Aide | This indicates the number of visits provided by an aide three days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030F2_AIDE_VISIT_4_DAY_NUM | VARCHAR2 (1) | N | O5030F2 Number of Visits 4 Days Prior to Death - Aide | This indicates the number of visits provided by an aide four days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030F3_AIDE_VISIT_5_DAY_NUM | VARCHAR2 (1) | N | O5030F3 Number of Visits 5 Days Prior to Death - Aide | This indicates the number of visits provided by an aide five days prior to death | |
| HOSPC_ASMT_TMPLT_VW | O5030F4_AIDE_VISIT_6_DAY_NUM | VARCHAR2 (1) | N | O5030F4 Number of Visits 6 Days Prior to Death - Aide | This indicates the number of visits provided by an aide six days prior to death | |
| HOSPC_ASMT_TMPLT_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ASMT_TMPLT_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ASMT_TMPLT_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ASMT_TMPLT_VW | RSDNT_MATCH_CRTIA_ID | NUMBER (2.0) | N | Resident Match Criteria ID | This indicates which of the resident match criteria was assigned based on the patient | |
| HOSPC_ASMT_TMPLT_VW | SBMTR_USER_ID | VARCHAR2 (30) | N | Submitter User ID | This is the User ID of the person who submitted the file. | |
| HOSPC_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 hospice data submission file. | |
| HOSPC_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 hospice data submission | |
| HOSPC_ASMT_TMPLT_VW | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_ASMT_TMPLT_VW | SFW_EMAIL_ADR | VARCHAR2 (50) | N | Software Vendor Email Address | This is the email address of the software vendor whose software created the XML record. | |
| HOSPC_ASMT_TMPLT_VW | SFW_NAME | VARCHAR2 (30) | N | Software Vendor Name | This is the name of the software vendor whose software created the XML record. | |
| HOSPC_ASMT_TMPLT_VW | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_ASMT_TMPLT_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|---------------------|-----------------|-------------|---|--|-----------------|
| HOSPC_ASMT_TMPLT_VW | SUBMSN_CMPLT_TS | DATE (8) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_ASMT_TMPLT_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ASMT_TMPLT_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_ASMT_TMPLT_VW | Z0500B_SGN_CMPLT_DT | VARCHAR2 (8) | N | Z0500B Signature of Person Verifying Record Completion Date | This is the date of signature verifying record completion. | |
| HOSPC_ERR_DTL | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ERR_DTL | HOSPC_ERR_DTL_ID | NUMBER (22) | Y | Hospice Error Detail ID | This is a unique ID that is assigned to each error in the record. | |
| HOSPC_ERR_DTL | HOSPC_ERR_MSG_NUM | VARCHAR2 (10) | N | Hospice Error Message Number | This is number assigned to each Hospice error message. | |
| HOSPC_ERR_DTL | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ERR_DTL | ITM_IN_ERR_TXT | VARCHAR2 (1000) | N | Item in Error Text | This is the item in error. | |
| HOSPC_ERR_DTL | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ERR_DTL | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ERR_DTL | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_ERR_DTL | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ERR_DTL | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ERR_DTL | VAL_IN_ERR_TXT | VARCHAR2 (1000) | N | Value In Error Text | This contains the submitted value(s) in error | |
| HOSPC_ERR_DTL_VW | HOSPC_ASMT_ID | NUMBER (22) | N | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_ERR_DTL_VW | HOSPC_ERR_DTL_ID | NUMBER (22) | N | Hospice Error Detail ID | This is a unique ID that is assigned to each error in the record. | |
| HOSPC_ERR_DTL_VW | HOSPC_ERR_MSG_NUM | VARCHAR2 (10) | N | Hospice Error Message Number | This is number assigned to each Hospice error message. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------|--------------------|-----------------|-------------|-----------------------------------|---|-----------------|
| HOSPC_ERR_DTL_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_ERR_DTL_VW | ITM_IN_ERR_TXT | VARCHAR2 (1000) | N | Item in Error Text | This is the item in error. | |
| HOSPC_ERR_DTL_VW | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_ERR_DTL_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_ERR_DTL_VW | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_ERR_DTL_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ERR_DTL_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ERR_DTL_VW | VAL_IN_ERR_TXT | VARCHAR2 (1000) | N | Value in Error Text | This contains the submitted value(s) in error | |
| HOSPC_ERR_MSG_VW | CREAT_TS | DATE (8) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_ERR_MSG_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_ERR_MSG_VW | EFCTV_FROM_DT | DATE (8) | N | Effective From Date | This is the beginning date the error message is effective. | |
| HOSPC_ERR_MSG_VW | EFCTV_TO_DT | DATE (8) | N | Effective To Date | This is the end date the error message is effective. | |
| HOSPC_ERR_MSG_VW | ERR_MSG_DESC | VARCHAR2 (500) | N | Hospice Error Message Description | This is the hospice error message description. | |
| HOSPC_ERR_MSG_VW | ERR_TYPE_DESC | VARCHAR2 (7) | N | Hospice Error Type Description | This is the Hospice error type description. | |
| HOSPC_ERR_MSG_VW | HOSPC_EDIT_TYPE_CD | VARCHAR2 (2) | N | Hospice Edit Type Code | This is the hospice edit type code, which defines whether the edit is a consistency, format, skip | |
| HOSPC_ERR_MSG_VW | HOSPC_ERR_MSG_NUM | VARCHAR2 (10) | N | Hospice Error Message Number | This is number assigned to each Hospice error message. | |
| HOSPC_ERR_MSG_VW | HOSPC_ERR_TYPE_CD | VARCHAR2 (2) | N | Hospice Error Type Code | This code identifies the error type, such as F (Fatal) or W (Warning). | |
| HOSPC_ERR_MSG_VW | MSG_SRT_NUM | NUMBER (6.0) | N | Message Sort Number | Indicates the order in which the error message number is sorted. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|---------------------|---------------------|-------------|--------------------------------|---|-----------------|
| HOSPC_ERR_MSG_VW | UPDT_TS | DATE (8) | N | Update Timestamp | This is the date and time that the record was updated in the database. | |
| HOSPC_ERR_MSG_VW | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_ITM_VW | DB_CLMN_NAME | VARCHAR2 (61) | N | Database Column Name | This column contains a combination of the item ID and database column text. | |
| HOSPC_ITM_VW | DB_TXT | VARCHAR2 (30) | N | Database Text | This is the item's database name. | |
| HOSPC_ITM_VW | HOSPC_ITM_ID | NUMBER (22) | N | Hospice Item ID | This is the a unique identifier assigned to each hospice item. | |
| HOSPC_ITM_VW | HOSPC_ITM_SRCE_CD | VARCHAR2 (1) | N | Hospice Item Source Code | This indicates whether the item in the data specifications is an Assessment (A), Control (C), | |
| HOSPC_ITM_VW | HOSPC_ITM_TYPE_ID | NUMBER (22) | N | Hospice Item Type ID | This identifies the item's type. Some examples include checklist, code, date, number or text. | |
| HOSPC_ITM_VW | HOSPC_SECT_CD | VARCHAR2 (2) | N | Hospice Section Code | This column defines in which section the item belongs. | |
| HOSPC_ITM_VW | ITM_ID | VARCHAR2 (30) | N | Item ID | This column contains the item identifier (e.g. A0050). | |
| HOSPC_ITM_VW | ITM_SRT_NUM | NUMBER (6.0) | N | Item Sort Number | This is the item sort number which is used to order the items for display in reporting. | |
| HOSPC_ITM_VW | ITM_TXT | VARCHAR2 (100) | N | Item Text | This is the descriptive text associated with the item ID. | |
| HOSPC_ITM_VW | RPTG_SW | VARCHAR2 (1) | N | Reporting Switch | This indicates whether the column and its data is used for reporting. | |
| HOSPC_PRCSG_STUS_VW | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_PRCSG_STUS_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_PRCSG_STUS_VW | HOSPC_PRCSG_STUS_CD | VARCHAR2 (2) | N | Hospice Processing Status Code | This is the processing status code, which is used to indicate the status of the submission file | |
| HOSPC_PRCSG_STUS_VW | PRCSG_STUS_DESC | VARCHAR2 (50) | N | Processing Status Description | This contains the processing status code descriptions. | |
| HOSPC_PRCSG_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. | |
| HOSPC_PRCSG_STUS_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 |
|--------------------------|--------------------|---------------|-------------|--------------------------------|--|-----------------|
| HOSPC_PRVDR_RSDNT_V W | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_PRVDR_RSDNT_V W | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_PRVDR_RSDNT_V W | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_PRVDR_TMPLT_V W | ADDTNL_ST_ADR | VARCHAR2 (50) | N | 2nd Street Address Line | This is the second line of a provider's street address. | |
| HOSPC_PRVDR_TMPLT_V W | CITY_NAME | VARCHAR2 (28) | N | City Name | This is the name of the city where the provider is located. | |
| HOSPC_PRVDR_TMPLT_V W | FAC_NAME | VARCHAR2 (50) | N | Facility Name | This is the name of the provider certified to participate in the Medicare and/or Medicaid | |
| HOSPC_PRVDR_TMPLT_V W | FAX_PHNE_NUM | VARCHAR2 (10) | N | Fax Phone Number | This is the provider's fax number. | |
| HOSPC_PRVDR_TMPLT_V W | HHA_ASMT_SBMT_CD | VARCHAR2 (1) | N | HHA Assessment Submit Code | This code is equal to 'H' if the home health agency is allowed to submit OASIS | |
| HOSPC_PRVDR_TMPLT_V W | HOSPC_ASMT_SBMT_CD | VARCHAR2 (1) | N | Hospice Assessment Submit Code | This indicator is equal to 'P' if the provider is allowed to submit Hospice assessments. | |
| HOSPC_PRVDR_TMPLT_V W | IRF_ASMT_SBMT_CD | VARCHAR2 (1) | N | IRF-PAI Assessment Submit Code | This indicator is equal to 'R' if the facility is allowed to submit IRF-PAI assessments. | |
| HOSPC_PRVDR_TMPLT_V W | LTCH_ASMT_SBMT_CD | VARCHAR2 (1) | N | LTCH Assessment Submit Code | This indicator is equal to 'L' if the provider is allowed to submit LTCH CARE assessments. | |
| HOSPC_PRVDR_TMPLT_V W | MAIL_ADDTNL_ST_ADR | VARCHAR2 (50) | N | Mailing Address-Street Line 2 | This is the second line of a provider's mailing address. | |
| HOSPC_PRVDR_TMPLT_V W | MAIL_CITY_NAME | VARCHAR2 (28) | N | Mailing Address-City | This is the city of the provider's mailing address. | |
| HOSPC_PRVDR_TMPLT_V W | MAIL_STATE_CD | VARCHAR2 (2) | N | Mailing Address-State | This is the two-letter state abbreviation for a provider's mailing address. | STATES |
| HOSPC_PRVDR_TMPLT_V W | MAIL_ST_ADR | VARCHAR2 (50) | N | Mailing Address-Street Line 1 | This is the first line of a provider's mailing address. | |
| HOSPC_PRVDR_TMPLT_V W | MAIL_ZIP4_CD | VARCHAR2 (4) | N | Mailing Address-ZIP+4 | This is the four-digit extension of the ZIP code for a provider's mailing address. | |
| HOSPC_PRVDR_TMPLT_V W | MAIL_ZIP_CD | VARCHAR2 (5) | N | Mailing Address-ZIP Code | This is the provider's mailing ZIP code. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------------|------------------|---------------|-------------|------------------------------------|--|--------------------|
| HOSPC_PRVDR_TMPLT_V W | 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 | |
| HOSPC_PRVDR_TMPLT_V W | MDS_ASMT_SBMT_CD | VARCHAR2 (1) | N | MDS Assessment Submit Code | This indicator is equal to 'M' if the provider is allowed to submit MDS assessments. | |
| HOSPC_PRVDR_TMPLT_V W | ORGNL_PRTCPTN_DT | DATE (8) | N | Original Participation Date | This is the date the facility was first approved to provide Medicare and/or Medicaid services. | |
| HOSPC_PRVDR_TMPLT_V W | PGM_TRMNTN_CD | VARCHAR2 (2) | N | Program Termination Code | Termination code number one: the reason a facility has been terminated from the CLIA, | CSP_TRMNTN_CD |
| HOSPC_PRVDR_TMPLT_V W | PGM_TRMNTN_DESC | VARCHAR2 () | N | Program Termination Description | This indicates the current termination status for the provider. | CSP_TRMNTN_CD |
| HOSPC_PRVDR_TMPLT_V W | PHNE_NUM | VARCHAR2 (10) | N | Telephone Number | This is the provider's phone number. | |
| HOSPC_PRVDR_TMPLT_V W | PRVDR_CTGRY_CD | VARCHAR2 (2) | N | Provider Category Code | This identifies the type of provider participating in the Medicare/Medicaid program. | CSP_PRVDR_CTGRY_CD |
| HOSPC_PRVDR_TMPLT_V W | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_PRVDR_TMPLT_V W | PRVDR_NUM | VARCHAR2 (10) | N | CCN | This is a six or ten position identification number that is assigned to a certified provider. | |
| HOSPC_PRVDR_TMPLT_V W | SB_ASMT_SBMT_CD | VARCHAR2 (1) | N | Swing Bed Assessment Submit Code | If set to 'S', the facility is allowed to submit swing bed assessments. | |
| HOSPC_PRVDR_TMPLT_V W | SSA_CNTY_CD | VARCHAR2 (3) | N | SSA County Code | Social Security Administration geographic code indicating the county where the provider is | |
| HOSPC_PRVDR_TMPLT_V W | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_PRVDR_TMPLT_V W | ST_ADR | VARCHAR2 (50) | N | Street Address | This is the street address where the provider is located. | |
| HOSPC_PRVDR_TMPLT_V W | TRMNTN_EXPRTN_DT | DATE (8) | N | Termination Date / Expiration Date | The date the laboratory's certificate terminated or the expiration date of the current CLIA | |
| HOSPC_PRVDR_TMPLT_V W | ZIP4_CD | VARCHAR2 (4) | N | ZIP Code + 4 Extra Digits | This is the four-digit extension of the ZIP code for a provider's physical address. | |
| HOSPC_PRVDR_TMPLT_V W | ZIP_CD | VARCHAR2 (5) | N | ZIP Code | This is the five-digit ZIP code for the provider. | |
| HOSPC_QRP_ASMT_THRS HLD | BGN_DT | DATE (7) | N | Begin Date | This column contains the begin date of the report. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------------|----------------------|---------------------|-------------|--------------------------------|--|-----------------|
| HOSPC_QRP_ASMT_THRS HLD | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This column contains the date that any data was created for this provider on the national | |
| HOSPC_QRP_ASMT_THRS HLD | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This column contains the User ID of the individual who created data for this provider on | |
| HOSPC_QRP_ASMT_THRS HLD | END_DT | DATE (7) | N | End Date | This column contains the end date of the report. | |
| HOSPC_QRP_ASMT_THRS HLD | FSCL_YR | VARCHAR2 (4) | Y | Fiscal Year | The data in this column contains the fiscal year of the report. | |
| HOSPC_QRP_ASMT_THRS HLD | SUBMSN_DDLN_DAYS_CNT | NUMBER (22) | N | Submission Deadline Days Value | This column contains the submission deadline number of days value required for HIS | |
| HOSPC_QRP_ASMT_THRS HLD | TRGT_THRSHLD_PCT | NUMBER (5.2) | N | Target Threshold Percentage | This column contains the Target Threshold Percentage | |
| HOSPC_QRP_ASMT_THRS HLD | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This column contains the date of the most recent update of any data for this provider on the | |
| HOSPC_QRP_ASMT_THRS HLD | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This column contains the User ID of the individual who performed the most recent | |
| HOSPC_ROSTR_VW | BIRTH_DT | DATE (8) | N | Birth Date | This is the patient's date of birth. | |
| HOSPC_ROSTR_VW | CITY_NAME | VARCHAR2 (28) | N | City Name | This is the name of the city where the provider is located. | |
| HOSPC_ROSTR_VW | FAC_ID | VARCHAR2 (16) | N | Facility ID | This is the ID used by the hospice for submission purposes. | |
| HOSPC_ROSTR_VW | FAC_NAME | VARCHAR2 (50) | N | Facility Name | This is the name of the provider certified to participate in the Medicare and/or Medicaid | |
| HOSPC_ROSTR_VW | FIRST_NAME | VARCHAR2 (12) | N | First Name | This is the patient's first name. | |
| HOSPC_ROSTR_VW | GENDER | VARCHAR2 (1) | N | Gender | The is the patient's gender. | |
| HOSPC_ROSTR_VW | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_ROSTR_VW | LAST_ADMSN_DT | DATE (8) | N | Last Admission Date | This is the latest admission date for this patient. | |
| HOSPC_ROSTR_VW | LAST_NAME | VARCHAR2 (18) | N | Last Name | This is the patient's last name. | |
| HOSPC_ROSTR_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------|-----------------------|---------------------|-------------|----------------------------------|---|------------------|
| HOSPC_ROSTR_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_ROSTR_VW | SSN_NUM | VARCHAR2 (9) | N | Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_ROSTR_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_ROSTR_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_ROSTR_VW | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_SECT_VW | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HOSPC_SECT_VW | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HOSPC_SECT_VW | HOSPC_SECT_CD | VARCHAR2 (2) | N | Hospice Section Code | This column defines in which section the item belongs. | |
| HOSPC_SECT_VW | SECT_DESC | VARCHAR2 (75) | N | Section Description | This is the section description, which defines the section where the item is displayed on the | |
| HOSPC_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. | |
| HOSPC_SECT_VW | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HOSPC_SUBMSN_STATS | ASMT_ACPTD_CNT | NUMBER (22) | N | Assessment Accepted Count | This reflects the total number of records in the submission file that were accepted by the ASAP | |
| HOSPC_SUBMSN_STATS | ASMT_ERR_MSG_CNT | NUMBER (22) | N | Assessment Error Message Count | This is the total count of error messages for all records in the submission file. | |
| HOSPC_SUBMSN_STATS | ASMT_RJCTD_CNT | NUMBER (22) | N | Assessment Rejected Count | This is the total number of records in the submission file that were rejected by the ASAP | |
| HOSPC_SUBMSN_STATS | DUP_ASMT_CNT | NUMBER (22) | N | Duplicate Assessment Count | This is the total count of records in the submission file that are duplicates of already | |
| HOSPC_SUBMSN_STATS | HOSPC_PRCSG_STUS_CD | VARCHAR2 (2) | N | Hospice Processing Status Code | This is the processing status code, which is used to indicate the status of the submission file | HOSPC_PRCSG_STUS |
| HOSPC_SUBMSN_STATS | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_SUBMSN_STATS | HOSPC_SUBMSN_STATS_ID | NUMBER (22) | Y | Hospice Submission Statistics ID | This is a sequence number that is used to create an artificial primary key for the table. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------|-----------------------|---------------------|-------------|----------------------------------|---|------------------|
| HOSPC_SUBMSN_STATS | INVLN_CNT | NUMBER (22) | N | Invalid Count | This is the number of files from the submission file that could not be processed due to a file | |
| HOSPC_SUBMSN_STATS | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_SUBMSN_STATS | SBMTR_USER_ID | VARCHAR2 (30) | N | Submitter User ID | This is the User ID of the person who submitted the file. | |
| HOSPC_SUBMSN_STATS | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_SUBMSN_STATS | SUBMSN_CMPLT_TS | TIMESTAMP(6) (11.6) | N | Submission Complete Timestamp | This is the date and time that the submission was complete. | |
| HOSPC_SUBMSN_STATS | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_SUBMSN_STATS | SUBMSN_FILE_NAME | VARCHAR2 (260) | N | Submission File Name | This is the name of the file that was submitted to the ASAP system. | |
| HOSPC_SUBMSN_STATS | TOT_CNT | NUMBER (22) | N | Total File Count | This is the total count of files in the submission file. | |
| HOSPC_SUBMSN_STATS | UNAUTHRZD_CNT | NUMBER (22) | N | Unauthorized Count | This is the total count of records in the submission file that were submitted by the user | |
| HOSPC_SUBMSN_STATS_VW | ASMT_ACPTD_CNT | NUMBER (22) | N | Assessment Accepted Count | This reflects the total number of records in the submission file that were accepted by the ASAP | |
| HOSPC_SUBMSN_STATS_VW | ASMT_ERR_MSG_CNT | NUMBER (22) | N | Assessment Error Message Count | This is the total count of error messages for all records in the submission file. | |
| HOSPC_SUBMSN_STATS_VW | ASMT_RJCTD_CNT | NUMBER (22) | N | Assessment Rejected Count | This is the total number of records in the submission file that were rejected by the ASAP | |
| HOSPC_SUBMSN_STATS_VW | DUP_ASMT_CNT | NUMBER (22) | N | Duplicate Assessment Count | This is the total count of records in the submission file that are duplicates of already | |
| HOSPC_SUBMSN_STATS_VW | HOSPC_PRCSG_STUS_CD | VARCHAR2 (2) | N | Hospice Processing Status Code | This is the processing status code, which is used to indicate the status of the submission file | HOSPC_PRCSG_STUS |
| HOSPC_SUBMSN_STATS_VW | HOSPC_SUBMSN_ID | NUMBER (22) | N | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_SUBMSN_STATS_VW | HOSPC_SUBMSN_STATS_ID | NUMBER (22) | N | Hospice Submission Statistics ID | This is a sequence number that is used to create an artificial primary key for the table. | |
| HOSPC_SUBMSN_STATS_VW | INVLN_CNT | NUMBER (22) | N | Invalid Count | This is the number of files from the submission file that could not be processed due to a file | |
| HOSPC_SUBMSN_STATS_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------|---------------------|----------------|-------------|--------------------------------|--|------------------|
| HOSPC_SUBMSN_STATS_VW | SBMTR_USER_ID | VARCHAR2 (30) | N | Submitter User ID | This is the User ID of the person who submitted the file. | |
| HOSPC_SUBMSN_STATS_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_SUBMSN_STATS_VW | SUBMSN_CMPLT_TS | DATE (8) | N | Submission Complete Timestamp | This is the date that the submission processing was complete. | |
| HOSPC_SUBMSN_STATS_VW | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date that the file was received by the system. | |
| HOSPC_SUBMSN_STATS_VW | SUBMSN_FILE_NAME | VARCHAR2 (260) | N | Submission File Name | This is the name of the file that was submitted to the ASAP system. | |
| HOSPC_SUBMSN_STATS_VW | TOT_CNT | NUMBER (22) | N | Total Count | This is the total count of files in the submission file. | |
| HOSPC_SUBMSN_STATS_VW | UNAUTHRZD_CNT | NUMBER (22) | N | Unauthorized Count | This is the total count of records in the submission file that were submitted by the user | |
| HOSPC_VLDTN_RPT | BIRTH_DT | DATE (8) | N | Birth Date | This is the patient's date of birth. | |
| HOSPC_VLDTN_RPT | FILE_NAME | VARCHAR2 (260) | N | File Name | This is the name of the file that was submitted to the ASAP system. | |
| HOSPC_VLDTN_RPT | FIRST_NAME | VARCHAR2 (12) | N | First Name | This is the patient's first name. | |
| HOSPC_VLDTN_RPT | GNDR_CD | VARCHAR2 (1) | N | Gender Code | This column contains the hospice gender item code values. | HOSPC_GNDR_CD |
| HOSPC_VLDTN_RPT | HOSPC_ASMT_ID | NUMBER (22) | Y | Hospice Assessment ID | This ID is used as a key to uniquely identify the submitted record and link together the different | |
| HOSPC_VLDTN_RPT | HOSPC_ASMT_STUS_CD | VARCHAR2 (2) | N | Hospice Assessment Status Code | This column contains the code identifying the status of the assessment processing (accepted, | |
| HOSPC_VLDTN_RPT | HOSPC_ITM_SBST_CD | VARCHAR2 (3) | N | Hospice Item Subset Code | This code identifies the type of record that was submitted. | HOSPC_ITM_SBST |
| HOSPC_VLDTN_RPT | HOSPC_PRCSG_STUS_CD | VARCHAR2 (2) | N | Hospice Processing Status Code | This is the processing status code, which is used to indicate the status of the submission file | HOSPC_PRCSG_STUS |
| HOSPC_VLDTN_RPT | HOSPC_SUBMSN_ID | NUMBER (22) | Y | Hospice Submission ID | This is the unique identifier of the submission file. | |
| HOSPC_VLDTN_RPT | LAST_NAME | VARCHAR2 (18) | N | Last Name | This is the patient's last name. | |
| HOSPC_VLDTN_RPT | MDCR_NUM | VARCHAR2 (12) | N | Medicare Number | The submitted patient's Medicare number (A0600B). | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------|----------------------|---------------|-------------|------------------------------------|--|----------------------|
| HOSPC_VLDTN_RPT | ORGNL_ASMT_ID | NUMBER (22) | N | Original Assessment ID | This is the assessment ID of the original record whose correction number is equal to '00'. | |
| HOSPC_VLDTN_RPT | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HOSPC_VLDTN_RPT | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HOSPC_VLDTN_RPT | RSN_FOR_REC_CD | VARCHAR2 (2) | N | Reason for Record | This identifies the reason for this record and corresponds with the value submitted in item | HOSPC_RSN_FOR_REC_CD |
| HOSPC_VLDTN_RPT | SBMTR_USER_ID | VARCHAR2 (30) | N | Submitter User ID | This is the User ID of the person who submitted the file. | |
| HOSPC_VLDTN_RPT | SFTWR_VNDR_ID | VARCHAR2 (9) | N | Software Vendor ID | This is the software vendor's Federal Employer Tax (EIN) ID. | |
| HOSPC_VLDTN_RPT | SPEC_VRSN_CD | VARCHAR2 (10) | N | Specification Version Code | This is the version of the data submission specifications that was used to create the XML | |
| HOSPC_VLDTN_RPT | SSN_NUM | VARCHAR2 (9) | N | Social Security Number | This is the patient's Social Security Number. | |
| HOSPC_VLDTN_RPT | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HOSPC_VLDTN_RPT | SUBMSN_DT | DATE (8) | N | Submission Date | This is the date and time that the file was received by the system. | |
| HOSPC_VLDTN_RPT | SUBMSN_PROC_ORDR_NUM | NUMBER (22) | N | Submission Processing Order Number | All records in a submission file are ordered by the ASAP system prior to record processing. | |
| HOSPC_VLDTN_RPT | TRANS_TYPE_CD | VARCHAR2 (1) | N | Transaction Type Code | This indicates the type of record: 1 (New), 2 (Modification) or 3 (Inactivation). | HOSPC_TRANS_TYPE_CD |
| HOSPC_VLDTN_RPT | TRANS_TYPE_DESC | VARCHAR2 (50) | N | Transaction Type Description | This column contains the description for the type of record code: New, Modification or | |
| HOSPC_VLDTN_RPT | TRGT_DT | DATE (8) | N | Target Date | The target date defines when the event occurred for the patient. The target date is item A0220 | |
| HOSPC_VLD_ITM_RSPNS_VW | EFCTV_FROM_DT | DATE (8) | N | Effective From Date | This is the beginning date that the item response is valid. | |
| HOSPC_VLD_ITM_RSPNS_VW | EFCTV_TO_DT | DATE (8) | N | Effective To Date | This is the end date that the item response is valid. | |
| HOSPC_VLD_ITM_RSPNS_VW | EXTRNL_RSPNS_ID | VARCHAR2 (10) | N | External Response ID | This column contains the valid response values for the associated hospice item. | |
| HOSPC_VLD_ITM_RSPNS_VW | HOSPC_ITM_ID | NUMBER (22) | N | Hospice Item ID | This is the a unique identifier assigned to each hospice item. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------|---------------------|---------------------|-------------|--|--|-----------------|
| HOSPC_VLD_ITM_RSPNS_VW | RSPNS_DESC | VARCHAR2 (255) | N | Response Description | This is the valid response description for the associated hospice item. | |
| HQRP_AGRGTN | AGRGTN_RUN_SQNC_NUM | NUMBER (10.0) | Y | Aggregation Run Sequence Number | This is a unique number for each CASPER report period and for each QIES Workbench | |
| HQRP_AGRGTN | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time the record was added to the database. | |
| HQRP_AGRGTN | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the ID of the user who created the record in the database. | |
| HQRP_AGRGTN | MSR_101_DNMNTR_NUM | NUMBER (7.0) | N | Treatment Preferences Denominator | This is the hospice's denominator for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN | MSR_101_NMRTR_NUM | NUMBER (7.0) | N | Treatment Preferences Numerator | This is the hospice's numerator for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN | MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences Observed Percent | This is the percentage of patient stays in the hospice that triggered the Treatment Preferences | |
| HQRP_AGRGTN | MSR_101_PCTL | NUMBER (7.4) | N | Treatment Preferences Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Treatment Preferences | |
| HQRP_AGRGTN | MSR_102_DNMNTR_NUM | NUMBER (7.0) | N | Beliefs/Values Denominator | This is the hospice's denominator for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN | MSR_102_NMRTR_NUM | NUMBER (7.0) | N | Beliefs/Values Numerator | This is the hospice's numerator for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN | MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values Observed Percent | This is the percentage of patient stays in the hospice that triggered the Beliefs/Values quality | |
| HQRP_AGRGTN | MSR_102_PCTL | NUMBER (7.4) | N | Beliefs/Values Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Beliefs/Values quality | |
| HQRP_AGRGTN | MSR_103_DNMNTR_NUM | NUMBER (7.0) | N | Pain Screening Denominator | This is the hospice's denominator for the Pain Screening quality measure. | |
| HQRP_AGRGTN | MSR_103_NMRTR_NUM | NUMBER (7.0) | N | Pain Screening Numerator | This is the hospice's numerator for the Pain Screening quality measure. | |
| HQRP_AGRGTN | MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening Observed Percent | This is the percentage of patient stays in the hospice that triggered the Pain Screening quality | |
| HQRP_AGRGTN | MSR_103_PCTL | NUMBER (7.4) | N | Pain Screening Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Pain Screening quality | |
| HQRP_AGRGTN | MSR_104_DNMNTR_NUM | NUMBER (7.0) | N | Pain Assessment Denominator | This is the hospice's denominator for the Pain Assessment quality measure. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------|--------------------|--------------|-------------|--|---|-----------------|
| HQRP_AGRGTN | MSR_104_NMRTR_NUM | NUMBER (7.0) | N | Pain Assessment Numerator | This is the hospice's numerator for the Pain Assessment quality measure. | |
| HQRP_AGRGTN | MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment Observed Percent | This is the percentage of patient stays in the hospice that triggered the Pain Assessment | |
| HQRP_AGRGTN | MSR_104_PCTL | NUMBER (7.4) | N | Pain Assessment Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Pain Assessment quality | |
| HQRP_AGRGTN | MSR_105_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Denominator | This is the hospice's denominator for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN | MSR_105_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Numerator | This is the hospice's numerator for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN | MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening Observed Percent | This is the percentage of patient stays in the hospice that triggered the Dyspnea Screening | |
| HQRP_AGRGTN | MSR_105_PCTL | NUMBER (7.4) | N | Dyspnea Screening Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Dyspnea Screening quality | |
| HQRP_AGRGTN | MSR_106_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Denominator | This is the hospice's denominator for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN | MSR_106_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Numerator | This is the hospice's numerator for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN | MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment Observed Percent | This is the percentage of patient stays in the hospice that triggered the Dyspnea Treatment | |
| HQRP_AGRGTN | MSR_106_PCTL | NUMBER (7.4) | N | Dyspnea Treatment Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Dyspnea Treatment quality | |
| HQRP_AGRGTN | MSR_107_DNMNTR_NUM | NUMBER (7.0) | N | Bowel Regimen Denominator | This is the hospice's denominator for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN | MSR_107_NMRTR_NUM | NUMBER (7.0) | N | Bowel Regimen Numerator | This is the hospices' numerator for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN | MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen Observed Percent | This is the percentage of patient stays in the hospice that triggered the Bowel Regimen | |
| HQRP_AGRGTN | MSR_107_PCTL | NUMBER (7.4) | N | Bowel Regimen Comparison Group National Percentile | This is the hospice's rank nationally for performance on the Bowel Regimen quality | |
| HQRP_AGRGTN | MSR_108_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Denominator | This is the hospice's denominator for the Hospice Comprehensive Assessment | |
| HQRP_AGRGTN | MSR_108_NMRTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Numerator | This is the hospice's numerator for the Hospice Comprehensive Assessment | |
| HQRP_AGRGTN | MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment Observed Percent | This is the percentage of Hospice Comprehensive Assessments, derived by | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------|---------------------|---------------------|-------------|--|---|-----------------|
| HQRP_AGRGTN | MSR_108_PCTL | NUMBER (7.4) | N | Hospice Comprehensive Assessment Percentile | This is the hospice's rank nationally for performance on the Hospice Comprehensive | |
| HQRP_AGRGTN | MSR_109_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent (Measure 1) Denominator | Hospice's denominator for the Hospice Visits when Death is Imminent (Measure 1) quality | |
| HQRP_AGRGTN | MSR_109_NMRTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent (Measure 1) Numerator | Hospices' numerator for the Hospice Visits when Death is Imminent (Measure 1) quality measure. | |
| HQRP_AGRGTN | MSR_109_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Visits when Death is Imminent (Measure 1) Observed Percent | Percentage of patient stays in the hospice that triggered the Hospice Visits when Death is | |
| HQRP_AGRGTN | MSR_109_PCTL | NUMBER (7.4) | N | Hospice Visits when Death is Imminent (Measure 1) Comparison Group National Percentile | Hospice's rank nationally for performance on the Hospice Visits when Death is Imminent | |
| HQRP_AGRGTN | MSR_110_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent (Measure 2) Denominator | Hospice's denominator for the Hospice Visits when Death is Imminent (Measure 2) quality | |
| HQRP_AGRGTN | MSR_110_NMRTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent (Measure 2) Numerator | Hospices' numerator for the Hospice Visits when Death is Imminent (Measure 2) quality measure. | |
| HQRP_AGRGTN | MSR_110_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Visits when Death is Imminent (Measure 2) Observed Percent | Percentage of patient stays in the hospice that triggered the Hospice Visits when Death is | |
| HQRP_AGRGTN | MSR_110_PCTL | NUMBER (7.4) | N | Hospice Visits when Death is Imminent (Measure 2) Comparison Group National Percentile | Hospice's rank nationally for performance on the Hospice Visits when Death is Imminent | |
| HQRP_AGRGTN | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | This is the key to uniquely identify a provider, internally within the CASPER applications. Not | |
| HQRP_AGRGTN | STATE_CD | VARCHAR2 (2) | Y | State Code | This is the two-character abbreviation code of the state where the hospice is located. | |
| HQRP_AGRGTN | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_AGRGTN | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the ID of the user who updated the record in the database. | |
| HQRP_AGRGTN | WTD_SW | VARCHAR2 (1) | Y | Weighted Switch | This switch is used to determine how the state and national QM rollup totals are calculated. | |
| HQRP_AGRGTN_CALC_RUN | AGRGTN_RUN_SQNC_NUM | NUMBER (10.0) | Y | Aggregation Run Sequence Number | This is a unique number for each CASPER report period and for each QIES Workbench | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------|----------------------|---------------------|-------------|---|---|-----------------|
| HQRP_AGRGTN_CALC_R UN | 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 (e.g., CRR (CASPER | |
| HQRP_AGRGTN_CALC_R UN | RFRNC_BGN_DT | DATE (8) | N | Reference Begin Date | This is the beginning date for the data included in the aggregation calculation, which | |
| HQRP_AGRGTN_CALC_R UN | 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 | |
| HQRP_AGRGTN_CALC_R UN | RUN_BGN_TS | TIMESTAMP(6) (11.6) | N | Run Begin Timestamp | This is the timestamp for the start of the quality measure data aggregation calculation. | |
| HQRP_AGRGTN_CALC_R UN | RUN_END_TS | TIMESTAMP(6) (11.6) | N | Run End Timestamp | This is the timestamp for the end of the quality measure data aggregation calculation. | |
| HQRP_AGRGTN_CALC_R UN | RUN_STUS_CD | NUMBER (2.0) | N | Run Status Code | This is the code to identify the status of the calculation run. | |
| HQRP_AGRGTN_PBLC_RP TG | AGRGTN_RUN_SEQNC_NUM | NUMBER (10.0) | Y | Aggregation Run Sequence Number | This is a unique number for each CASPER report period and for each QIES Workbench | |
| HQRP_AGRGTN_PBLC_RP TG | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This column contains the date and time that the record was added to the database. | |
| HQRP_AGRGTN_PBLC_RP TG | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_101_DNMNTR_NUM | NUMBER (7.0) | N | Treatment Preferences Denominator | This is the hospice's denominator for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_101_NMRTR_NUM | NUMBER (7.0) | N | Treatment Preferences Numerator | This is the hospice's numerator for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Treatment Preferences | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_102_DNMNTR_NUM | NUMBER (7.0) | N | Beliefs/Values Denominator | This is the hospice's denominator for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_102_NMRTR_NUM | NUMBER (7.0) | N | Beliefs/Values Numerator | This is the hospice's numerator for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Beliefs/Values quality | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_103_DNMNTR_NUM | NUMBER (7.0) | N | Pain Screening Denominator | This is the hospice's denominator for the Pain Screening quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_103_NMRTR_NUM | NUMBER (7.0) | N | Pain Screening Numerator | This is the hospice's numerator for the Pain Screening quality measure. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------------|--------------------|--------------|-------------|--|--|-----------------|
| HQRP_AGRGTN_PBLC_RP TG | MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Pain Screening quality | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_104_DNMNTR_NUM | NUMBER (7.0) | N | Pain Assessment Denominator | This is the hospice's denominator for the Pain Assessment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_104_NMRTR_NUM | NUMBER (7.0) | N | Pain Assessment Numerator | This is the hospice's numerator for the Pain Assessment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment Observed percentage | This is the percentage of patient stays in the hospice that triggered the Pain Assessment | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_105_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Denominator | This is the hospice's denominator for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_105_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Numerator | This is the hospice's numerator for Dyspnea Screening quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Dyspnea Screening | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_106_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Denominator | This is the hospice's denominator for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_106_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Numerator | This is the hospice's numerator for Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Dyspnea Treatment | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_107_DNMNTR_NUM | NUMBER (7.0) | N | Bowel Regimen Denominator | This is the hospice's denominator for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_107_NMRTR_NUM | NUMBER (7.0) | N | Bowel Regimen Numerator | This is the hospice's numerator for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Bowel Regimen | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_108_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Denominator | This is hospice's denominator for Hospice Comprehensive Assessment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_108_NMRTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Numerator | This is hospice's numerator for Hospice Comprehensive Assessment quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment Observed Percentage | This is the percentage of patient stays in the hospice that triggered the Hospice | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_109_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 1 Denominator | Hospice's denominator for Hospice Visits when Death is Imminent, Measure 1 quality measure. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------|----------------------|---------------------|-------------|--|---|-----------------|
| HQRP_AGRGTN_PBLC_RP TG | MSR_109_NMRTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 1 Numerator | Hospice's numerator for Hospice Visits when Death is Imminent, Measure 1 quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | MSR_109_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Visits when Death is Imminent, Measure 1 Observed Percentage | Percentage of patient stays in the hospice that triggered the Hospice Visits when Death is Imminent, Measure 1 quality measure. | |
| HQRP_AGRGTN_PBLC_RP TG | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HQRP_AGRGTN_PBLC_RP TG | STATE_CD | VARCHAR2 (2) | Y | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_AGRGTN_PBLC_RP TG | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_AGRGTN_PBLC_RP TG | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HQRP_AGRGTN_PBLC_RP TG | WTD_SW | VARCHAR2 (1) | Y | Weighted Switch | This switch is used to determine how the state and national QM rollup totals are calculated. | |
| HQRP_AGRGTN_RVW_CR CT | AGRGTN_RUN_SEQNC_NUM | NUMBER (10.0) | Y | Aggregation Run Sequence Number | This is a unique number for each CASPER report period | |
| HQRP_AGRGTN_RVW_CR CT | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_AGRGTN_RVW_CR CT | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of the user who created the record in the database. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_101_DNMNTR_NUM | NUMBER (7.0) | N | Treatment Preferences Denominator | Indicates the denominator total for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_101_NMRTR_NUM | NUMBER (7.0) | N | Treatment Preferences Numerator | Indicates the numerator total for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences Observed Percentage | Indicates the observed percentage for the Treatment Preferences quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_102_DNMNTR_NUM | NUMBER (7.0) | N | Beliefs/Values Denominator | Indicates the denominator total for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_102_NMRTR_NUM | NUMBER (7.0) | N | Beliefs/Values Numerator | Indicates the numerator total for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values Observed Percentage | Indicates the observed percentage for the Beliefs/Values quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_103_DNMNTR_NUM | NUMBER (7.0) | N | Pain Screening Denominator | Indicates the denominator total for the Pain Screening quality measure. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------|--------------------|--------------|-------------|--|---|-----------------|
| HQRP_AGRGTN_RVW_CR CT | MSR_103_NMRTR_NUM | NUMBER (7.0) | N | Pain Screening Numerator | Indicates the numerator total for the Pain Screening quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening Observed Percentage | Indicates the observed percentage for the Pain Screening quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_104_DNMNTR_NUM | NUMBER (7.0) | N | Pain Assessment Denominator | Indicates the denominator total for the Pain Assessment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_104_NMRTR_NUM | NUMBER (7.0) | N | Pain Assessment Numerator | Indicates the numerator total for the Pain Assessment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment Observed Percentage | Indicates the observed percentage for the Pain Assessment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_105_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Denominator | Indicates the denominator total for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_105_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Numerator | Indicates the numerator total for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening Observed Percentage | Indicates the observed percentage for the Dyspnea Screening quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_106_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Denominator | Indicates the denominator total for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_106_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Numerator | Indicates the numerator total for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment Observed Percentage | Indicates the observed percentage for the Dyspnea Treatment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_107_DNMNTR_NUM | NUMBER (7.0) | N | Bowel Regimen Denominator | Indicates the denominator total for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_107_NMRTR_NUM | NUMBER (7.0) | N | Bowel Regimen Numerator | Indicates the numerator total for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen Observed Percentage | Indicates the observed percentage for the Bowel Regimen quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_108_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Denominator | Indicates the denominator total for the Hospice Comprehensive Assessment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_108_NMRTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Numerator | Indicates the numerator total for the Hospice Comprehensive Assessment quality measure. | |
| HQRP_AGRGTN_RVW_CR CT | MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment Observed Percentage | Indicates the observed percentage for the Hospice Comprehensive Assessment quality measure. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------|--------------------|---------------------|-------------|--|---|-----------------|
| HQRP_AGRGTN_RVW_CR CT | MSR_109_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 1 Denominator | Indicates the denominator total for the Hospice Visits when Death is Imminent, Measure 1 | |
| HQRP_AGRGTN_RVW_CR CT | MSR_109_NMRTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 1 Numerator | Indicates the numerator total for the Hospice Visits when Death is Imminent, Measure 1 | |
| HQRP_AGRGTN_RVW_CR CT | MSR_109_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Visits when Death is Imminent, Measure 1 Observed Percentage | Indicates the observed percentage for the Hospice Visits when Death is Imminent, | |
| HQRP_AGRGTN_RVW_CR CT | MSR_110_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 2 Denominator | Indicates the denominator total for the Hospice Visits when Death is Imminent, Measure 2 | |
| HQRP_AGRGTN_RVW_CR CT | MSR_110_NMRTR_NUM | NUMBER (7.0) | N | Hospice Visits when Death is Imminent, Measure 2 Numerator | Indicates the numerator total for the Hospice Visits when Death is Imminent, Measure 2 | |
| HQRP_AGRGTN_RVW_CR CT | MSR_110_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Visits when Death is Imminent, Measure 2 Observed Percentage | Indicates the observed percentage for the Hospice Visits when Death is Imminent, | |
| HQRP_AGRGTN_RVW_CR CT | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_AGRGTN_RVW_CR CT | STATE_CD | VARCHAR2 (2) | Y | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_AGRGTN_RVW_CR CT | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record updated in the database. | |
| HQRP_AGRGTN_RVW_CR CT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of the user who updated the record in the database. | |
| HQRP_AGRGTN_RVW_CR CT | WTD_SW | VARCHAR2 (1) | Y | Weighted Switch | Indicate how the national rollup totals are calculated, although currently national rollups | |
| HQRP_FAC_XREF | ADDR_1_TXT | VARCHAR2 (50) | N | Hospice Address | This the address of the hospice. | |
| HQRP_FAC_XREF | ADDR_2_TXT | VARCHAR2 (50) | N | Hospice Address Line 2 | This the second line of the address of the hospice. | |
| HQRP_FAC_XREF | CITY_TXT | VARCHAR2 (28) | N | City Hospice is Located | This the city in which the hospice facility is located. | |
| HQRP_FAC_XREF | CNTY_NAME | VARCHAR2 (25) | N | County Name | The name of the county where the Hospice is located. | |
| HQRP_FAC_XREF | FIPS_CNTY_CD | VARCHAR2 (3) | N | FIPS County Code | Federal Information Processing Standards (FIPS) County Code. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|----------------------|---------------|-------------|--------------------------------------|---|-------------------|
| HQRP_FAC_XREF | GNRL_CNTL_TYPE_CD | VARCHAR2 (2) | N | Ownership Type Code | Indicates the ownership type of the provider. | HQRP_CNTL_TYPE_CD |
| HQRP_FAC_XREF | INCMPLT_DATA_SW | VARCHAR2 (1) | N | Incomplete Data Switch | This is an incomplete data switch. If the earliest assessment discharge date for the hospice was | |
| HQRP_FAC_XREF | JOB_SQNC_NUM | NUMBER (6.0) | Y | Job Sequence Number | Sequence number to join with hqi_flat_fil_job. | |
| HQRP_FAC_XREF | NAME_TXT | VARCHAR2 (50) | N | Hospice Name | The Hospice Facility name. | |
| HQRP_FAC_XREF | OPEN_LT_6_MOS_SW | VARCHAR2 (1) | N | Open Less Than 6 Month Switch | This column indicates whether the hospice had been open for less than 6 months as of the end of | |
| HQRP_FAC_XREF | ORGNL_PRTCPTN_DT | DATE (8) | N | Original Participation Date | This is the date the hospice was first approved to provide Medicare and/or Medicaid services. | |
| HQRP_FAC_XREF | PHNE_NUM_TXT | VARCHAR2 (10) | N | Phone Number | This the hospice's phone number. | |
| HQRP_FAC_XREF | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HQRP_FAC_XREF | PRVDR_NUM | VARCHAR2 (10) | N | Provider Number | A six or ten position identification number that is assigned to a certified provider. This is the | |
| HQRP_FAC_XREF | RGN_CD | VARCHAR2 (2) | N | Region Code | This the region code of the hospice. | |
| HQRP_FAC_XREF | STATE_CD | VARCHAR2 (2) | Y | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_FAC_XREF | ZIP_TXT | VARCHAR2 (5) | N | ZIP Code | This the ZIP code of the hospice. | |
| HQRP_FLAT_FIL_JOB | ASMT_MSR_END_DT | DATE (8) | N | Assessment Measure End Date | This is the end date for the time period of the HIS measure data included on the files produced | |
| HQRP_FLAT_FIL_JOB | ASMT_MSR_STRT_DT | DATE (8) | N | Assessment Measure Start Date | This is the start date for the time period of the HIS measure data included on the files produced | |
| HQRP_FLAT_FIL_JOB | JOB_SQNC_NUM | NUMBER (6.0) | Y | Job Sequence Number | Sequence number to join with hqi_flat_fil_job | |
| HQRP_FLAT_FIL_JOB | RUN_DT | DATE (8) | N | Run Date | Indicates the run date and time for a job. | |
| HQRP_MSR_VAL | ADMSN_ASMT_ID | NUMBER (22) | N | Admission Assessment ID | The assessment ID of the admission record used to create the patient stay level records. | |
| HQRP_MSR_VAL | ADMSN_ASMT_SUBMSN_DT | DATE (8) | N | Admission Assessment Submission Date | This is the date and time the admission assessment was received by the system. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------|-----------------------|---------------------|-------------|---|---|-----------------|
| HQRP_MSR_VAL | ADMSN_DT | DATE (8) | N | Admission Date | This is the hospice admission date. | |
| HQRP_MSR_VAL | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time the record was added to the database. | |
| HQRP_MSR_VAL | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the ID of the user who created the record in the database. | |
| HQRP_MSR_VAL | DSCHRG_ASMT_ID | NUMBER (22) | N | Discharge Assessment ID | The assessment ID of the discharge record used to create the patient stay level records. | |
| HQRP_MSR_VAL | DSCHRG_ASMT_SUBMSN_DT | DATE (8) | N | Discharge Assessment Submission Date | This is the date and time the discharge assessment was received by the system. | |
| HQRP_MSR_VAL | DSCHRG_DT | DATE (8) | N | Discharge Date | This is the hospice discharge date. | |
| HQRP_MSR_VAL | LNGTH_OF_STAY | NUMBER (22) | N | Length of Stay | This is the patient's hospice length of stay in days. | |
| HQRP_MSR_VAL | MSR_101_VAL_NUM | NUMBER (1.0) | N | Treatment Preferences Value | Results for the Treatment Preferences quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL | MSR_102_VAL_NUM | NUMBER (1.0) | N | Beliefs/Values Value | Results for the Beliefs/Values quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL | MSR_103_VAL_NUM | NUMBER (1.0) | N | Pain Screening Value | Results for the Pain Screening quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL | MSR_104_VAL_NUM | NUMBER (1.0) | N | Pain Assessment Value | Results for the Pain Assessment quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL | MSR_105_VAL_NUM | NUMBER (1.0) | N | Dyspnea Screening Value | Results for the Dyspnea Screening quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL | MSR_106_VAL_NUM | NUMBER (1.0) | N | Dyspnea Treatment Value | Results for the Dyspnea Treatment quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL | MSR_107_VAL_NUM | NUMBER (1.0) | N | Bowel Regimen Value | Results for the Bowel Regimen quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL | MSR_108_VAL_NUM | NUMBER (1.0) | N | Hospice Comprehensive Assessment Value | Results for the Hospice Comprehensive Assessment quality measure for the patient. | |
| HQRP_MSR_VAL | MSR_109_VAL_NUM | NUMBER (1.0) | N | Hospice Visits when Death is Imminent (Measure 1) Value | Results for the Hospice Visits when Death is Imminent (Measure 1) quality measure for the | |
| HQRP_MSR_VAL | MSR_110_VAL_NUM | NUMBER (1.0) | N | Hospice Visits when Death is Imminent (Measure 2) Value | Results for the Hospice Visits when Death is Imminent (Measure 2) quality measure for the | |
| HQRP_MSR_VAL | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This is the key to uniquely identify a provider, internally within the CASPER applications. Not | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------------|-----------------------|---------------------|-------------|--------------------------------------|--|-----------------|
| HQRP_MSR_VAL | PRVDR_NUM | VARCHAR2 (10) | N | CCN | CCN | |
| HQRP_MSR_VAL | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Patient ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HQRP_MSR_VAL | RSDNT_NAME | VARCHAR2 (32) | N | Patient Name | This is the patient's name in last name, first name format. | |
| HQRP_MSR_VAL | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the hospice is located. | |
| HQRP_MSR_VAL | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_MSR_VAL | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the ID of the user who updated the record in the database. | |
| HQRP_MSR_VAL_PBLC_R PTG | ADMSN_ASMT_ID | NUMBER (22) | N | Admission Assessment ID | The assessment ID of the admission record used to create the patient stay level records. | |
| HQRP_MSR_VAL_PBLC_R PTG | ADMSN_ASMT_SUBMSN_DT | DATE (8) | N | Admission Assessment Submission Date | This is the date and time the admission assessment was received by the system. | |
| HQRP_MSR_VAL_PBLC_R PTG | ADMSN_DT | DATE (8) | N | Admission Date | This is the admission date for the Hospice stay. | |
| HQRP_MSR_VAL_PBLC_R PTG | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This column contains the date and time that the record was added to the database. | |
| HQRP_MSR_VAL_PBLC_R PTG | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HQRP_MSR_VAL_PBLC_R PTG | DSCHRG_ASMT_ID | NUMBER (22) | N | Discharge Assessment ID | The assessment ID of the discharge record used to create the patient stay level records. | |
| HQRP_MSR_VAL_PBLC_R PTG | DSCHRG_ASMT_SUBMSN_DT | DATE (8) | N | Discharge Assessment Submission Date | This is the date and time the discharge assessment was received by the system. | |
| HQRP_MSR_VAL_PBLC_R PTG | DSCHRG_DT | DATE (8) | N | Discharge Date | This is the discharge date for the Hospice stay. | |
| HQRP_MSR_VAL_PBLC_R PTG | LNGTH_OF_STAY | NUMBER (22) | N | Length of Stay | This the patient's hospice length of stay in days. | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_101_VAL_NUM | NUMBER (1.0) | N | Treatment Preferences Value | This number indicates the results for the Treatment Preferences quality measure for the | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_102_VAL_NUM | NUMBER (1.0) | N | Beliefs/Values Value | This number indicates the results for the Beliefs/Values quality measure for the patient. | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_103_VAL_NUM | NUMBER (1.0) | N | Pain Screening Value | This number indicates the results for the Pain Screening quality measure for the patient. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|----------------------|---------------------|-------------|--|--|-----------------|
| HQRP_MSR_VAL_PBLC_R PTG | MSR_104_VAL_NUM | NUMBER (1.0) | N | Pain Assessment Value | This number indicates the results for the Pain Assessment quality measure for the patient. | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_105_VAL_NUM | NUMBER (1.0) | N | Dyspnea Screening Value | This number indicates the results for the Dyspnea Screening quality measure for the | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_106_VAL_NUM | NUMBER (1.0) | N | Dyspnea Treatment Value | This number indicates the results for the Dyspnea Treatment quality measure for the | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_107_VAL_NUM | NUMBER (1.0) | N | Bowel Regimen Value | This number indicates the results for the Bowel Regimen quality measure for the patient. | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_108_VAL_NUM | NUMBER (1.0) | N | Hospice Comprehensive Assessment Value | This number indicates the results for the Hospice Comprehensive Assessment quality | |
| HQRP_MSR_VAL_PBLC_R PTG | MSR_109_VAL_NUM | NUMBER (1.0) | N | Hospice Visits when Death is Imminent, Measure 1 Value | Results for the Hospice Visits when Death is Imminent, Measure 1 quality measure for the | |
| HQRP_MSR_VAL_PBLC_R PTG | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HQRP_MSR_VAL_PBLC_R PTG | PRVDR_NUM | VARCHAR2 (10) | N | CCN | CCN | |
| HQRP_MSR_VAL_PBLC_R PTG | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Patient ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HQRP_MSR_VAL_PBLC_R PTG | RSDNT_NAME | VARCHAR2 (32) | N | Patient Name | This is the patient's name in last name, first name format. | |
| HQRP_MSR_VAL_PBLC_R PTG | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_MSR_VAL_PBLC_R PTG | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_MSR_VAL_PBLC_R PTG | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HQRP_MSR_VAL_RVW_C RCT | ADMSN_ASMT_ID | NUMBER (22) | N | Admission Assessment ID | Assessment ID of the admission record used to create the patient stay level records. | |
| HQRP_MSR_VAL_RVW_C RCT | ADMSN_ASMT_SUBMSN_DT | DATE (8) | N | Admission Assessment Submission Date | Date and time the admission assessment was received by the system. | |
| HQRP_MSR_VAL_RVW_C RCT | ADMSN_DT | DATE (8) | N | Admission Date | Hospice admission date. | |
| HQRP_MSR_VAL_RVW_C RCT | 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 |
|------------------------|-----------------------|---------------|-------------|---|---|-----------------|
| HQRP_MSR_VAL_RVW_C RCT | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of the user who created the record in the database. | |
| HQRP_MSR_VAL_RVW_C RCT | DSCHRG_ASMT_ID | NUMBER (22) | N | Discharge Assessment ID | Assessment ID of the discharge record used to create the patient stay level records. | |
| HQRP_MSR_VAL_RVW_C RCT | DSCHRG_ASMT_SUBMSN_DT | DATE (8) | N | Discharge Assessment Submission Date | Date and time the discharge assessment was received by the system. | |
| HQRP_MSR_VAL_RVW_C RCT | DSCHRG_DT | DATE (8) | N | Discharge Date | Hospice discharge date. | |
| HQRP_MSR_VAL_RVW_C RCT | LNTH_OF_STAY | NUMBER (22) | N | Length of Stay | Patient's hospice length of stay in days. | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_101_VAL_NUM | NUMBER (1.0) | N | Treatment Preferences Value | Results for the Treatment Preferences quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_102_VAL_NUM | NUMBER (1.0) | N | Beliefs/Values Value | Results for the Beliefs/Values quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_103_VAL_NUM | NUMBER (1.0) | N | Pain Screening Value | Results for the Pain Screening quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_104_VAL_NUM | NUMBER (1.0) | N | Pain Assessment Value | Results for the Pain Assessment quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_105_VAL_NUM | NUMBER (1.0) | N | Dyspnea Screening Value | Results for the Dyspnea Screening quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_106_VAL_NUM | NUMBER (1.0) | N | Dyspnea Treatment Value | Results for the Dyspnea Treatment quality measure for the patient. Number 1 indicates the | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_107_VAL_NUM | NUMBER (1.0) | N | Bowel Regimen Value | Results for the Bowel Regimen quality measure for the patient. Number 1 indicates the patient | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_108_VAL_NUM | NUMBER (1.0) | N | Hospice Comprehensive Assessment Value | Results for the Comprehensive Assessment at Admission quality measure for the patient. | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_109_VAL_NUM | NUMBER (1.0) | N | Hospice Visits when Death is Imminent (Measure 1) Value | Results for the Hospice Visits when Death is Imminent (Measure 1) quality measure for the | |
| HQRP_MSR_VAL_RVW_C RCT | MSR_110_VAL_NUM | NUMBER (1.0) | N | Hospice Visits when Death is Imminent (Measure 2) Value | Results for the Hospice Visits when Death is Imminent (Measure 2) quality measure for the | |
| HQRP_MSR_VAL_RVW_C RCT | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_MSR_VAL_RVW_C RCT | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | Unique number, assigned by the submission system, that identifies a patient. The | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------------|--------------|---------------------|-------------|--------------------------|--|-----------------|
| HQRP_MSR_VAL_RVW_C RCT | RSDNT_NAME | VARCHAR2 (32) | N | Patient Name | Patient's name in last name, first name format. | |
| HQRP_MSR_VAL_RVW_C RCT | STATE_CD | VARCHAR2 (2) | N | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_MSR_VAL_RVW_C RCT | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record updated in the database. | |
| HQRP_MSR_VAL_RVW_C RCT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of the user who updated the record in the database. | |
| HQRP_PBLC_RPTG_MSR_ MSTR | MSR_DESC_TXT | VARCHAR2 (100) | N | Measure Description Text | Description of the measure | |
| HQRP_PBLC_RPTG_MSR_ MSTR | MSR_ID | NUMBER (3.0) | Y | Measure ID | The unique measure ID. | |
| HQRP_PBLC_RPTG_MSR_ MSTR | MSR_TAG_TXT | VARCHAR2 (30) | Y | Measure Tag Text | The measure's XML tag text | |
| HQRP_PBLC_RPTG_MSR_ MSTR | NATL_MSR_SW | VARCHAR2 (1) | Y | National Measure Switch | Indicates whether or not the measure is a national-level measure. | |
| HQRP_PBLC_RPTG_MSR_ MSTR | SRT_NUM | NUMBER (3.0) | N | Sort Number | This is the sort number which is used to order the items for display in reporting. | |
| HQRP_PBLC_RPTG_MSR_ MSTR | TYPE_TXT | VARCHAR2 (20) | N | Type Text | Indicates the data format of the data stored in the measure XML tag | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | MSR_DESC_TXT | VARCHAR2 (100) | N | Measure Description Text | Description of the measure. | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | MSR_ID | NUMBER (3.0) | Y | Measure ID | The unique measure ID. | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | MSR_TAG_TXT | VARCHAR2 (30) | Y | Measure Tag Text | The measure's tag text. | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | NATL_MSR_SW | VARCHAR2 (1) | Y | National Measure Switch | Indicates if the measure is a national-level measure. | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | SRT_NUM | NUMBER (3.0) | N | Sort Number | Sort number is used to order the items for display in reporting. | |
| HQRP_PBLC_RPTG_MSR_ MSTR2 | TYPE_TXT | VARCHAR2 (20) | N | Type Text | Indicates the data format of the data stored in the measure tag. | |
| HQRP_PBLC_RPT_RUN | CREAT_DT | DATE (7) | N | Create Date | Contains the date this record was added to the database. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|-------------------------|--------------|-------------|--|--|-----------------|
| HQRP_PBLC_RPT_RUN | RFRNC_END_DT | DATE (7) | Y | Reference End Date | Contains the end date of the data referenced in the json file in this reporting period. | |
| HQRP_PBLC_RPT_RUN | UPDT_DT | DATE (7) | N | Update Date | Contains the date this record was updated on the database. | |
| HQRP_PBLC_USE_FIL | AVG_DAILY_CNSUS | NUMBER (7,2) | N | Average Daily Census | Average Daily Census | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_ASTD_LVG_FAC | NUMBER (5,2) | N | Care Provided in Assisted Living Facility | Care Provided in Assisted Living Facility | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_HOME | NUMBER (5,2) | N | Care Provided in Home | Care Provided in Home | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_IP_HOSP | NUMBER (5,2) | N | Care Provided in Inpatient Hospital Facility | Care Provided in Inpatient Hospital Facility | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_IP_HOSPC | NUMBER (5,2) | N | Care Provided in Inpatient Hospice Facility | Care Provided in Inpatient Hospice Facility | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_NF | NUMBER (5,2) | N | Care Provided in Nursing Facility | Care Provided in Nursing Facility | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_OTHR | NUMBER (5,2) | N | Care Provided in All other locations | Care Provided in All other locations | |
| HQRP_PBLC_USE_FIL | CARE_PRVDD_SNF | NUMBER (5,2) | N | Care Provided in Skilled Nursing Facility | Care Provided in Skilled Nursing Facility | |
| HQRP_PBLC_USE_FIL | END_DT | DATE (7) | Y | End Date | Last day of the three-year period from which this data was derived | |
| HQRP_PBLC_USE_FIL | PRVDR_NUM | VARCHAR2 (6) | Y | CMS Certification Number (CCN) | CMS Certification Number (CCN). For national average row, this column will contain 'US'. | |
| HQRP_PBLC_USE_FIL | PTNT_CNCR_PCT | NUMBER (5,2) | N | Percent of Patients with Cancer | Percent of Patients with Cancer | |
| HQRP_PBLC_USE_FIL | PTNT_DMNT_PCT | NUMBER (5,2) | N | Percent of Patients with Dementia | Percent of Patients with Dementia | |
| HQRP_PBLC_USE_FIL | PTNT_HRT_DEASE_PCT | NUMBER (5,2) | N | Percent of Patients with Circulatory/heart disease | Percent of Patients with Circulatory/heart disease | |
| HQRP_PBLC_USE_FIL | PTNT_OTHR_PCT | NUMBER (5,2) | N | Percent of Patients with All other conditions | Percent of Patients with All other conditions | |
| HQRP_PBLC_USE_FIL | PTNT_RSPRTRY_PCT | NUMBER (5,2) | N | Percent of Patients with Respiratory disease | Percent of Patients with Respiratory disease | |
| HQRP_PBLC_USE_FIL | PTNT_STRK_PCT | NUMBER (5,2) | N | Percent of Patients with Stroke | Percent of Patients with Stroke | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|-----------------------|---------------------|-------------|---|---|-----------------|
| HQRP_PBLC_USE_FIL | ROUT_HOME_CARE_ONLY | NUMBER (5.2) | N | Provided Routine Home Care only | Provided Routine Home Care only | |
| HQRP_PBLC_USE_FIL | ROUT_HOME_CARE_OTHR | NUMBER (5.2) | N | Provided Routine Home Care and other levels of care | Provided Routine Home Care and other levels of care | |
| HQRP_PBLC_USE_MSR_M STR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time that the record was added to the database | |
| HQRP_PBLC_USE_MSR_M STR | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | User ID that populated the record in the database | |
| HQRP_PBLC_USE_MSR_M STR | DATE_RNG_MO_CNT | NUMBER (2.0) | N | Date Range Month Count | Number of months of the date range for the measure. | |
| HQRP_PBLC_USE_MSR_M STR | NATL_MSR_SW | VARCHAR2 (1) | N | National Measure Switch | Yes/No switch to indicate whether the measure is included at the national level. | |
| HQRP_PBLC_USE_MSR_M STR | NATL_TYPE_TXT | VARCHAR2 (20) | N | National Type Text | Indicates the data format of the national data stored in the measure XML tag | |
| HQRP_PBLC_USE_MSR_M STR | PBLC_USE_MSR_DESC_TXT | VARCHAR2 (100) | N | Measure Description Text | Description of the measure | |
| HQRP_PBLC_USE_MSR_M STR | PBLC_USE_MSR_ID | NUMBER (3.0) | Y | Measure ID | The unique measure ID | |
| HQRP_PBLC_USE_MSR_M STR | PBLC_USE_MSR_TAG_TXT | VARCHAR2 (40) | N | Measure Tag Text | Contains the identifier for all measure results in MeasureDates.XML and QualityData.XML files | |
| HQRP_PBLC_USE_MSR_M STR | PRVDR_TYPE_TXT | VARCHAR2 (20) | N | Provider Type Text | Indicates the data format of the provider data stored in the measure XML tag | |
| HQRP_PBLC_USE_MSR_M STR | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time that the record was updated in the database | |
| HQRP_PBLC_USE_MSR_M STR | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | User ID that updated the record in the database | |
| HQRP_PRVDR_RPT_DTL | CMPRSN_GRP_BGN_DT | DATE (8) | N | Comparison Group Begin Date | This is the begin date for the Comparison Group Period, which is the same as the Begin Date | |
| HQRP_PRVDR_RPT_DTL | CMPRSN_GRP_END_DT | DATE (8) | N | Comparison Group End Date | This is the end date for the Comparison Group Period, which is the same as the End Date | |
| HQRP_PRVDR_RPT_DTL | CMPRSN_GRP_NATL_AVG | NUMBER (4.1) | N | Comparison Group National Average | This is the hospice's rank nationally for performance on the quality measure. For | |
| HQRP_PRVDR_RPT_DTL | CMPRSN_GRP_NATL_PCTL | NUMBER (3.0) | N | Comparison Group National Percentile | This is the average for the hospice-level incidence of the quality measure occurrence for | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------------------|------------------|---------------------|-------------|---------------------------|---|-----------------|
| HQRP_PRVDR_RPT_DTL | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time the record was added to the database. | |
| HQRP_PRVDR_RPT_DTL | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the ID of the user who created the record in the database. | |
| HQRP_PRVDR_RPT_DTL | DATA_CALC_DT | DATE (8) | N | Data Calculation Date | This is the date of the last calculation of the hospice quality measure data. | |
| HQRP_PRVDR_RPT_DTL | DNMNR_NUM | NUMBER (6.0) | N | Denominator | This is the denominator for the quality measure. | |
| HQRP_PRVDR_RPT_DTL | MSR_CD | NUMBER (3.0) | N | Measure Code | This is the unique identifier for the quality measure. | |
| HQRP_PRVDR_RPT_DTL | MSR_SRC_CD | NUMBER (2.0) | N | Measure Source Code | This is the unique identifier for the source of the data for quality measure calculation (i.e., | |
| HQRP_PRVDR_RPT_DTL | NMRTR_NUM | NUMBER (6.0) | N | Numerator | This is the numerator for the quality measure. | |
| HQRP_PRVDR_RPT_DTL | PERIOD_BGN_DT | DATE (7) | N | Report Period Begin Date | This is the Begin Date of the report period selected by the user in the CASPER Reporting | |
| HQRP_PRVDR_RPT_DTL | PERIOD_END_DT | DATE (7) | N | Report Period End Date | This is the End Date of the report period selected by the user in the CASPER Reporting | |
| HQRP_PRVDR_RPT_DTL | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This is the key to uniquely identify a provider, internally within the CASPER applications. Not | |
| HQRP_PRVDR_RPT_DTL | PRVDR_OBSRVD_PCT | NUMBER (4.1) | N | Provider Observed Percent | This is the percentage of patient stays in the hospice that triggered the measure, derived by | |
| HQRP_PRVDR_RPT_DTL | RPT_SCTN_NUM | NUMBER (22) | N | Report Section Number | This is the number that identifies the section (type of page layout) based on the source of the | |
| HQRP_PRVDR_RPT_DTL | RPT_SQNC_NUM | NUMBER (10.0) | N | Report Sequence Number | This is the sequence number of the report. | |
| HQRP_PRVDR_RPT_DTL | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the hospice is located. | |
| HQRP_PRVDR_RPT_DTL | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_PRVDR_RPT_DTL | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the ID of the user who updated the record in the database. | |
| HQRP_PRVDR_RPT_DTL_ RVW_CRCT | CMS_MSR_ID | VARCHAR2 (10) | N | CMS Measure ID | Combination of measure identifier and version number for specific effective dates. | |
| HQRP_PRVDR_RPT_DTL_ RVW_CRCT | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|------------------|---------------------|-------------|------------------------------|---|-----------------|
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of the user who created the record in the database. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | DATA_CALC_DT | DATE (8) | N | Data Calculation Date | Date the data was last calculated. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | DNMNR_NUM | NUMBER (6.0) | N | Denominator Number | Denominator for the quality measure. The denominator indicates the number of patients | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | MSR_CD | NUMBER (3.0) | N | Measure Code | Unique internal system identifier for the quality measure. | HQRP_MSR_VAL_CD |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | NMRTR_NUM | NUMBER (6.0) | N | Numerator Number | Numerator for the quality measure. The numerator indicates the number of patients who | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | PRVDR_OBSRVD_PCT | NUMBER (4.1) | N | Provider Observed Percent | This is the percentage of patient stays that triggered the measure, derived by dividing the | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | RPTG_QTR_END_DT | DATE (8) | N | Reporting Quarter End Date | Calendar quarter end date for the Reporting Quarter. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | RPTG_QTR_STRT_DT | DATE (8) | N | Reporting Quarter Start Date | Calendar quarter start date for the Reporting Quarter. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | RPTG_QTR_TXT | VARCHAR2 (20) | N | Reporting Quarter Text | Quarter number and year for the reporting quarter. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | RPT_SQNC_NUM | NUMBER (10.0) | N | Report Sequence Number | Report Sequence Number | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | STATE_CD | VARCHAR2 (2) | N | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | TITLE_RPT_NUM | NUMBER (1.0) | N | Title Report Number | Number (within the year) of the report being pulled. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | TITLE_RPT_YR | NUMBER (4.0) | N | Title Report Year | Year of the report being pulled. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record updated in the database. | |
| HQRP_PRVDR_RPT_DTL_RVW_CRCT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of the user who updated the record in the database. | |
| HQRP_PRVDR_ZIP_CD | JOB_SQNC_NUM | NUMBER (6.0) | Y | Job Sequence Number | Sequence number to join with hqi_flat_fil_job | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------------|--------------------|--------------------|-------------|--|---|-----------------|
| HQRP_PRVDR_ZIP_CD | PRVDR_NUM | VARCHAR2 (10) | Y | Provider Number | A six or ten position identification number that is assigned to a certified provider. This is the | |
| HQRP_PRVDR_ZIP_CD | RSDNT_CNT | NUMBER (5.0) | N | Resident Count | Count of unique residents. | |
| HQRP_PRVDR_ZIP_CD | ZIP_CD | VARCHAR2 (5) | Y | ZIP Code | This the ZIP code of the hospice. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | CREAT_TS | TIMESTAMP(6) (8.6) | N | Create Timestamp | This is the date and time that the record was added to the database. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the user ID that populated the record in the database. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | QTR_BGN_DT | DATE (7) | Y | Quarter Begin Date | The column holds the quarter begin date. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | QTR_END_DT | DATE (7) | Y | Quarter End Date | The column holds the quarter end date. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | SUBMSN_DDLN_DT | DATE (7) | N | Submission Deadline Date | The column holds the submission deadline date for the quarter. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | UPDT_TS | TIMESTAMP(6) (8.6) | N | Update Timestamp | This is the date and time that the record was updated in the database. | |
| HQRP_QTRLY_SUBMSN_DDLN_DT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HQRP_QW_PRVDR_CSP_VW | ASMT_MSR_END_DT | DATE (7) | N | Assessment Measure End Date | This is the end date for the time period of the HIS measure data included on the files produced | |
| HQRP_QW_PRVDR_CSP_VW | ASMT_MSR_STRT_DT | DATE (7) | N | Assessment Measure Start Date | This is the start date for the time period of the HIS measure data included on the files produced | |
| HQRP_QW_PRVDR_CSP_VW | MSR_101_DNMNTR_NUM | NUMBER (7.0) | N | Treatment Preferences Denominator | This is the hospice's denominator for the Treatment Preferences quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_101_NMRTR_NUM | NUMBER (7.0) | N | Treatment Preferences Numerator | This is the hospice's numerator for the Treatment Preferences quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences Observed Percent | This is the percentage of patient stays in the hospice that triggered the Treatment Preferences | |
| HQRP_QW_PRVDR_CSP_VW | MSR_102_DNMNTR_NUM | NUMBER (7.0) | N | Beliefs/Values Denominator | This is the hospice's denominator for the Beliefs/Values quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_102_NMRTR_NUM | NUMBER (7.0) | N | Beliefs/Values Numerator | This is the hospice's numerator for the Beliefs/Values quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values Observed Percent | This is the percentage of patient stays in the hospice that triggered the Beliefs/Values quality | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------|--------------------|--------------|-------------|--|--|-----------------|
| HQRP_QW_PRVDR_CSP_VW | MSR_103_DNMNTR_NUM | NUMBER (7.0) | N | Pain Screening Denominator | This is the hospice's denominator for the Pain Screening quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_103_NMRTR_NUM | NUMBER (7.0) | N | Pain Screening Numerator | This is the hospice's numerator for the Pain Screening quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening Observed Percent | This is the percentage of patient stays in the hospice that triggered the Pain Screening quality | |
| HQRP_QW_PRVDR_CSP_VW | MSR_104_DNMNTR_NUM | NUMBER (7.0) | N | Pain Assessment Denominator | This is the hospice's denominator for the Pain Assessment quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_104_NMRTR_NUM | NUMBER (7.0) | N | Pain Assessment Numerator | This is the hospice's numerator for the Pain Assessment quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment Observed Percent | This is the percentage of patient stays in the hospice that triggered the Pain Assessment | |
| HQRP_QW_PRVDR_CSP_VW | MSR_105_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Denominator | This is the hospice's denominator for the Dyspnea Screening quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_105_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Numerator | This is the hospice's numerator for Dyspnea Screening quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening Observed Percent | This is the percentage of patient stays in the hospice that triggered the Dyspnea Screening | |
| HQRP_QW_PRVDR_CSP_VW | MSR_106_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Denominator | This is the hospice's denominator for the Dyspnea Treatment quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_106_NMRTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Numerator | This is the hospice's numerator for Dyspnea Treatment quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment Observed Percent | This is the percentage of patient stays in the hospice that triggered the Dyspnea Treatment | |
| HQRP_QW_PRVDR_CSP_VW | MSR_107_DNMNTR_NUM | NUMBER (7.0) | N | Bowel Regimen Denominator | This is the hospice's denominator for the Bowel Regimen quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_107_NMRTR_NUM | NUMBER (7.0) | N | Bowel Regimen Numerator | This is the hospice's numerator for the Bowel Regimen quality measure. | |
| HQRP_QW_PRVDR_CSP_VW | MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen Observed Percent | This is the percentage of patient stays in the hospice that triggered the Bowel Regimen | |
| HQRP_QW_PRVDR_CSP_VW | MSR_108_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Denominator | This is the hospice's denominator for the Hospice Comprehensive Assessment | |
| HQRP_QW_PRVDR_CSP_VW | MSR_108_NMRTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Numerator | This is the hospice's numerator for the Hospice Comprehensive Assessment | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------------|--------------------|---------------|-------------|---|---|-----------------|
| HQRP_QW_PRVDR_CSP_VW | MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment Observed Percent | This is the percentage of Hospice Comprehensive Assessments, derived by | |
| HQRP_QW_PRVDR_CSP_VW | PRVDR_NUM | VARCHAR2 (10) | N | CCN | A six or ten position identification number that is assigned to a certified provider. This is the | |
| HQRP_QW_PRVDR_CSP_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | ASMT_MSR_END_DT | DATE (7) | N | Assessment Measure End Date | This is the end date for the time period of the HIS measure data included on the files produced | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | ASMT_MSR_STRT_DT | DATE (7) | N | Assessment Measure Start Date | This is the start date for the time period of the HIS measure data included on the files produced | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_101_DNMNTR_NUM | NUMBER (7.0) | N | Treatment Preferences Denominator | This is the hospice's denominator for the Treatment Preferences quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences Performance Rate | This is the percentage of patient stays in the hospice that triggered the Treatment Preferences | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_102_DNMNTR_NUM | NUMBER (7.0) | N | Beliefs/Values Denominator | This is the hospice's denominator for the Beliefs/Values quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values Performance Rate | This is the percentage of patient stays in the hospice that triggered the Beliefs/Values quality | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_103_DNMNTR_NUM | NUMBER (7.0) | N | Pain Screening Denominator | This is the hospice's denominator for the Pain Screening quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening Performance Rate | This is the percentage of patient stays in the hospice that triggered the Pain Screening quality | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_104_DNMNTR_NUM | NUMBER (7.0) | N | Pain Assessment Denominator | This is the hospice's denominator for the Pain Assessment quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment Performance Rate | This is the percentage of patient stays in the hospice that triggered the Pain Assessment | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_105_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Screening Denominator | This is the hospice's denominator for the Dyspnea Screening quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening Performance Rate | This is the percentage of patient stays in the hospice that triggered the Dyspnea Screening | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_106_DNMNTR_NUM | NUMBER (7.0) | N | Dyspnea Treatment Denominator | This is the hospice's denominator for the Dyspnea Treatment quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment Performance Rate | This is the percentage of patient stays in the hospice that triggered the Dyspnea Treatment | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|----------------------------|-------------------------|---------------------|-------------|---|---|-----------------|
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_107_DNMNTR_NUM | NUMBER (7.0) | N | Bowel Regimen Denominator | This is the hospice's denominator for the Bowel Regimen quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen Performance Rate | This is the percentage of patient stays in the hospice that triggered the Bowel Regimen | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_108_DNMNTR_NUM | NUMBER (7.0) | N | Hospice Comprehensive Assessment Denominator | This is hospice's denominator for the Hospice Comprehensive Assessment quality measure. | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment Performance Rate | This is the percentage of patient stays in the hospice that triggered the Hospice | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_101_OBSRVD_PCT | NUMBER (7.4) | N | Treatment Preferences National Rate | This is the percentage of patient stays in the hospice that triggered the Treatment Preferences | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_102_OBSRVD_PCT | NUMBER (7.4) | N | Beliefs/Values National Rate | This is the percentage of patient stays in the hospice that triggered the Beliefs/Values quality | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_103_OBSRVD_PCT | NUMBER (7.4) | N | Pain Screening National Rate | This is the percentage of patient stays in the hospice that triggered the Pain Screening quality | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_104_OBSRVD_PCT | NUMBER (7.4) | N | Pain Assessment National Rate | This is the percentage of patient stays in the hospice that triggered the Pain Assessment | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_105_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Screening National Rate | This is the percentage of patient stays in the hospice that triggered the Dyspnea Screening | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_106_OBSRVD_PCT | NUMBER (7.4) | N | Dyspnea Treatment National Rate | This is the percentage of patient stays in the hospice that triggered the Dyspnea Treatment | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_107_OBSRVD_PCT | NUMBER (7.4) | N | Bowel Regimen National Rate | This is the percentage of patient stays in the hospice that triggered the Bowel Regimen | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | NATL_MSR_108_OBSRVD_PCT | NUMBER (7.4) | N | Hospice Comprehensive Assessment National Rate | This is the percentage of patient stays in the hospice that triggered the Hospice | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | PRVDR_NUM | VARCHAR2 (10) | N | CCN | A six or ten position identification number that is assigned to a certified provider. This is the | |
| HQRP_QW_PRVDR_PBLC_RPTG_VW | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_RPT_RQST | CMPLT_TS | TIMESTAMP(6) (11.6) | N | Completion Timestamp | This is the timestamp for report request completion. | |
| HQRP_RPT_RQST | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | This is the key to uniquely identify a provider, internally within the CASPER applications. Not | |
| HQRP_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 | |
| HQRP_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 | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------------|--------------------------|---------------------|-------------|---|---|---------------------------|
| HQRP_RPT_RQST | RPT_RQST_TYPE_CD | NUMBER (2.0) | N | Report Request Type Code | This is the unique identifier for the type of report requested. | |
| HQRP_RPT_RQST | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | This is the sequence number of the report. | |
| HQRP_RPT_RQST | RPT_STUS_CD | NUMBER (1.0) | N | Report Status Code | This is the code to identify the status of the report. | |
| HQRP_RPT_RQST | RPT_VRSN_NUM | VARCHAR2 (10) | N | Report Version Number | This indicates the version of the report. | |
| HQRP_RPT_RQST | RQST_TS | TIMESTAMP(6) (11.6) | N | Request Timestamp | This is the date and time the report was requested. | |
| HQRP_RPT_RQST | STATE_CD | VARCHAR2 (2) | Y | State Code | This is the two-character abbreviation code of the state where the hospice is located. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | DATA_CRCTN_ADMSN_CLS_SW | VARCHAR2 (1) | N | Admission Data Correction Closed Switch | Indicates the report was requested to include closed data correction status for admissions. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | DATA_CRCTN_ADMSN_OPN_SW | VARCHAR2 (1) | N | Admission Data Correction Open Switch | Indicates the report was requested to include open data correction status for admissions. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | DATA_CRCTN_DSCHRG_CLS_SW | VARCHAR2 (1) | N | Discharge Data Correction Closed Switch | Indicates the report was requested to include closed data correction status for discharges. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | DATA_CRCTN_DSCHRG_OPN_SW | VARCHAR2 (1) | N | Discharge Data Correction Open Switch | Indicates the report was requested to include open data correction status for discharges. | |
| HQRP_RPT_RQST_DATA_CRCTN_FLTR | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_MSR_FLTR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RPT_RQST_MSR_FLTR | MSR_CD | NUMBER (3.0) | Y | Measure Code | Unique internal system identifier for the quality measure. | HQRP_MSR_VAL_CD |
| HQRP_RPT_RQST_MSR_FLTR | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_MSR_TUS_FLTR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RPT_RQST_MSR_TUS_FLTR | MSR_STUS_CD | VARCHAR2 (5) | Y | Measure Status Code | Status of a measure. | HQRP_RPT_RQST_MSR_STUS_CD |
| HQRP_RPT_RQST_MSR_TUS_FLTR | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-----------------------------|--------------------------|---------------------|-------------|---|---|---------------------------|
| HQRP_RPT_RQST_RPTG_QTR_FLTR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RPT_RQST_RPTG_QTR_FLTR | RPTG_QTR | VARCHAR2 (7) | Y | Reporting Quarter | Indicates the reporting quarter for which the report was requested. | |
| HQRP_RPT_RQST_RPTG_QTR_FLTR | RPT_SEQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_RSDNT_DTL | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_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. | |
| HQRP_RPT_RQST_RSDNT_DTL | INCLD_RSDNT_DTL_SW | VARCHAR2 (1) | N | Include Patient Detail Indicator | Indicates the report was requested to include patient detail. | |
| HQRP_RPT_RQST_RSDNT_DTL | RPT_SEQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | CMPLT_TS | TIMESTAMP(6) (11.6) | N | Completed Timestamp | Completed Timestamp | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | CMS_MSR_ID | VARCHAR2 (10) | N | CMS Measure ID | Combination of measure identifier and version number for specific effective dates. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | DATA_CRCTN_ADMSN_CLS_SW | VARCHAR2 (1) | N | Admission Data Correction Closed Switch | Indicates the report was requested to include closed data correction status for admissions. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | DATA_CRCTN_ADMSN_OPN_SW | VARCHAR2 (1) | N | Admission Data Correction Open Switch | Indicates the report was requested to include open data correction status for admissions. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | DATA_CRCTN_DSCHRG_CLS_SW | VARCHAR2 (1) | N | Discharge Data Correction Closed Switch | Indicates the report was requested to include closed data correction status for discharges. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | DATA_CRCTN_DSCHRG_OPN_SW | VARCHAR2 (1) | N | Discharge Data Correction Open Switch | Indicates the report was requested to include open data correction status for discharges. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | INCLD_RSDNT_CSV_SW | VARCHAR2 (1) | N | Include Patient CSV Indicator | Indicates the report was requested to include patient data in CSV format. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | INCLD_RSDNT_DTL_SW | VARCHAR2 (1) | N | Include Patient Detail Indicator | Indicates the report was requested to include patient detail. | |
| HQRP_RPT_RQST_RVW_C_RCT_VW | MSR_CD | NUMBER (3.0) | N | Measure Code | Unique internal system identifier for the quality measure. | HQRP_MSR_VAL_CD |
| HQRP_RPT_RQST_RVW_C_RCT_VW | MSR_STUS_CD | VARCHAR2 (5) | N | Measure Status Code | Status of a measure. | HQRP_RPT_RQST_MSR_STUS_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------------|----------------------------|---------------------|-------------|-------------------------------------|---|----------------------------|
| HQRP_RPT_RQST_RVW_C RCT_VW | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_RPT_RQST_RVW_C RCT_VW | PTNT_WITHOUT_DSCHRG_S W | VARCHAR2 (1) | N | Patient Without Discharge Indicator | Indicates if the report was requested to include patients without discharge | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPTG_QTR | VARCHAR2 (7) | N | Reporting Quarter | Indicates the quarter number and year for the reporting quarter selected by the user for patient- | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPTG_QTR_BGN_DT | DATE (8) | N | Reporting Quarter Begin Date | Beginning date of the reporting quarter for patient-level data. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPTG_QTR_END_DT | DATE (8) | N | Reporting Quarter End Date | Ending date of the reporting quarter for patient-level data. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_BGN_DT | DATE (8) | N | Report Begin Date | Beginning date of beginning quarter selected by user for provider-level data. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_END_DT | DATE (8) | N | Report End Date | Ending date of ending quarter selected by user for provider-level data. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_RQST_TYPE_CD | NUMBER (2.0) | N | Report Request Type Code | Type of report requested | HQRP_RPT_RQST_TYPE_CD |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_SQNC_NUM | NUMBER (10.0) | N | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_STUS_CD | NUMBER (1.0) | N | Report Status Code | Status of the report job. | HQRP_RPT_STUS_CD |
| HQRP_RPT_RQST_RVW_C RCT_VW | RPT_VRSN_NUM | VARCHAR2 (10) | N | Report Version Number | Version of the report that was used. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RQST_TS | TIMESTAMP(6) (11.6) | N | Request Timestamp | Date and timestamp of user's report request | |
| HQRP_RPT_RQST_RVW_C RCT_VW | RVRS_ORDR_SW | VARCHAR2 (1) | N | Reverse Order Indicator | Indicates the report was requested to sort in reverse order. | |
| HQRP_RPT_RQST_RVW_C RCT_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. | HQRP_RPT_RQST_SORT_ORDR_CD |
| HQRP_RPT_RQST_RVW_C RCT_VW | SORT_ORDR_DESC | VARCHAR2 (50) | N | Sort Order Description | Describes the sort order for a report. | |
| HQRP_RPT_RQST_RVW_C RCT_VW | STATE_CD | VARCHAR2 (2) | N | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_RPT_RQST_SORT_ ORDR | 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 |
|-----------------------------|------------------------|---------------------|-------------|-------------------------------------|---|----------------------------|
| HQRP_RPT_RQST_SORT_ORDR | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_RPT_RQST_SORT_ORDR | RVRS_ORDR_SW | VARCHAR2 (1) | N | Reverse Order Indicator | Indicates the report was requested to sort in reverse order. | |
| HQRP_RPT_RQST_SORT_ORDR | SORT_ORDR_CD | NUMBER (2.0) | N | Sort Order Code | Indicates the sort order for a report. | HQRP_RPT_RQST_SORT_ORDR_CD |
| HQRP_RPT_RQT_PTNT_D SG_FLTR | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RPT_RQT_PTNT_D SG_FLTR | PTNT_WITHOUT_DSCHRG_SW | VARCHAR2 (1) | Y | Patient Without Discharge Indicator | Indicates if the report was requested to include patients without discharge | |
| HQRP_RPT_RQT_PTNT_D SG_FLTR | RPT_SQNC_NUM | NUMBER (10.0) | Y | Report Sequence Number | Report Sequence Number | |
| HQRP_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 ((e.g., CRR (CASPER | |
| HQRP_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. | |
| HQRP_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. | |
| HQRP_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. | |
| HQRP_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. | |
| HQRP_RSDNT_RPT_DTL | ADMSN_DT | DATE (8) | N | Admission Date | The date on which the hospice becomes responsible for the care of the patient. For | |
| HQRP_RSDNT_RPT_DTL | ADMSN_DT_STUS | VARCHAR2 (3) | N | | | |
| HQRP_RSDNT_RPT_DTL | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This is the date and time the record was added to the database. | |
| HQRP_RSDNT_RPT_DTL | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | This is the ID of the user who created the record in the database. | |
| HQRP_RSDNT_RPT_DTL | DATA_CALC_DT | DATE (7) | N | | | |
| HQRP_RSDNT_RPT_DTL | DSCHRG_DT | DATE (8) | N | Discharge Date | The date the hospice discharged the patient. If the patient expired, the date of death is the | |
| HQRP_RSDNT_RPT_DTL | MSR_101_VAL_TXT | VARCHAR2 (3) | N | Treatment Preferences Value Text | Value displayed on the report for the Treatment Preferences measure. The value will be X if the | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------|------------------|---------------|-------------|--|---|-----------------|
| HQRP_RSDNT_RPT_DTL | MSR_102_VAL_TXT | VARCHAR2 (3) | N | Beliefs/Values Value Text | Value displayed on the report for the Beliefs/Values measure. The value will be X if | |
| HQRP_RSDNT_RPT_DTL | MSR_103_VAL_TXT | VARCHAR2 (3) | N | Pain Screening Value Text | Value displayed on the report for the Pain Screening measure. The value will be X if the | |
| HQRP_RSDNT_RPT_DTL | MSR_104_VAL_TXT | VARCHAR2 (3) | N | Pain Assessment Value Text | Value displayed on the report for the Pain Assessment measure. The value will be X if the | |
| HQRP_RSDNT_RPT_DTL | MSR_105_VAL_TXT | VARCHAR2 (3) | N | Dyspnea Screening Value Text | Value displayed on the report for the Dyspnea Screening measure. The value will be X if the | |
| HQRP_RSDNT_RPT_DTL | MSR_106_VAL_TXT | VARCHAR2 (3) | N | Dyspnea Treatment Value Text | Value displayed on the report for the Dyspnea Treatment measure. The value will be X if the | |
| HQRP_RSDNT_RPT_DTL | MSR_107_VAL_TXT | VARCHAR2 (3) | N | Bowel Regimen Value Text | Value displayed on the report for the Bowel Regimen measure. The value will be X if the | |
| HQRP_RSDNT_RPT_DTL | MSR_108_VAL_TXT | VARCHAR2 (3) | N | Hospice Comprehensive Assessment Value Text | Value displayed on the report for the Hospice Comprehensive Assessment measure. The value | |
| HQRP_RSDNT_RPT_DTL | MSR_109_VAL_TXT | VARCHAR2 (3) | N | Hospice Visits when Death is Imminent (Measure 1) Value Text | Value displayed on the report for the Hospice Visits when Death is Imminent (Measure 1). The | |
| HQRP_RSDNT_RPT_DTL | MSR_110_VAL_TXT | VARCHAR2 (3) | N | Hospice Visits when Death is Imminent (Measure 2) Value Text | Value displayed on the report for the Hospice Visits when Death is Imminent (Measure 2). The | |
| HQRP_RSDNT_RPT_DTL | MSR_SRC_CD | NUMBER (2.0) | N | Measure Source Code | This is the unique identifier for the source of the data for quality measure calculation (i.e., | |
| HQRP_RSDNT_RPT_DTL | PERIOD_BGN_DT | DATE (8) | N | Report Period Begin Date | This is the Begin Date of the report period selected by the user in the CASPER Reporting | |
| HQRP_RSDNT_RPT_DTL | PERIOD_END_DT | DATE (8) | N | Report Period End Date | This is the End Date of the report period selected by the user in the CASPER Reporting | |
| HQRP_RSDNT_RPT_DTL | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | This is the key to uniquely identify a provider, internally within the CASPER applications. Not | |
| HQRP_RSDNT_RPT_DTL | QLTY_MSR_CNT | NUMBER (22) | N | Quality Measure Count | This is the count of quality measures the patient stay triggered. | |
| HQRP_RSDNT_RPT_DTL | RPT_SCTN_NUM | NUMBER (22) | N | Report Section Number | This is the number that identifies the section (type of page layout) based on the source of the | |
| HQRP_RSDNT_RPT_DTL | RPT_SQNC_NUM | NUMBER (10.0) | N | Report Sequence Number | This is the sequence number of the report. | |
| HQRP_RSDNT_RPT_DTL | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |

Tables Report - Hospice

| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------------------|-------------------------------|---------------------|-------------|------------------------------------|---|---------------------------|
| HQRP_RSDNT_RPT_DTL | RSDNT_NAME | VARCHAR2 (32) | N | Resident Name | This is the patient's name in last name, first name format. | |
| HQRP_RSDNT_RPT_DTL | STATE_CD | VARCHAR2 (2) | N | State Code | This is the two-character abbreviation code of the state where the hospice is located. | |
| HQRP_RSDNT_RPT_DTL | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_RSDNT_RPT_DTL | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the ID of the user who updated the record in the database. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | ADMSN_ASMT_ID | NUMBER (22) | N | Admission Assessment ID | Assessment ID of the admission record used to create the patient stay level records. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | ADMSN_DATA_CRCTN_DDL N_DT | DATE (8) | N | Admission Correction Deadline Date | Indicates the last date that assessments, and data corrections to those assessments, can be | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | ADMSN_DATA_CRCTN_STU S | VARCHAR2 (10) | N | Admission Correction Status | Indicates whether the data correction period for the admission is open or closed. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | ADMSN_DT | DATE (8) | N | Admission Date | Date on which the hospice becomes responsible for the care of the patient. For Medicare patients, | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | ADMSN_DT_STUS | VARCHAR2 (1) | N | Admission Date Status | Indicates if admission assessment is missing and admission date is from the discharge assessment | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | CMS_MSR_ID | VARCHAR2 (10) | N | CMS Measure ID | Combination of measure identifier and version number for specific effective dates. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of the user who created the record in the database. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | DSCHRG_ASMT_ID | NUMBER (22) | N | Discharge Assessment ID | Assessment ID of the discharge record used to create the patient stay level records. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | DSCHRG_DATA_CRCTN_DD LN_DT | DATE (8) | N | Discharge Correction Deadline Date | Indicates the last date that assessments, and data corrections to those assessments, can be | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | DSCHRG_DATA_CRCTN_STU S | VARCHAR2 (10) | N | Discharge Correction Status | Indicates whether the data correction period for the discharge is open or closed. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | DSCHRG_DT | DATE (8) | N | Discharge Date | Date the hospice discharged the patient. If the patient expired, the date of death is the discharge | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | MSR_CD | NUMBER (3.0) | N | Measure Code | Unique internal system identifier for the quality measure. | HQRP_MSR_VAL_CD |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | MSR_STUS_CD | VARCHAR2 (5) | N | Measure Status Code | Status of a measure. | HQRP_RPT_RQST_MSR_STUS_CD |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------------------|------------------|---------------------|-------------|--|---|-----------------|
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | PRVDR_INTRNL_NUM | NUMBER (10.0) | N | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | RPTG_QTR_TXT | VARCHAR2 (20) | N | Reporting Quarter Text | Quarter number and year for the reporting quarter. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | RPT_SEQNC_NUM | NUMBER (10.0) | N | Report Sequence Number | Report Sequence Number | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | Unique number, assigned by the submission system, that identifies a patient. The | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | RSDNT_NAME | VARCHAR2 (32) | N | Patient Name | Name of the patient. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | STATE_CD | VARCHAR2 (2) | N | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record updated in the database. | |
| HQRP_RSDNT_RPT_DTL_ RVW_CRCT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of the user who updated the record in the database. | |
| HQRP_SPRSN | END_DT | DATE (8) | Y | Suppression End Date | This is the end date for the measure calculation time period. | |
| HQRP_SPRSN | MSR_001_VAL | VARCHAR2 (30) | N | Treatment Preference Measure 001 Value | This column holds suppression indicator for Measure 001. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_002_VAL | VARCHAR2 (30) | N | Beliefs/Values Measure 002 Value | This column holds suppression indicator for Measure 002. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_003_VAL | VARCHAR2 (30) | N | Pain Screening Measure 003 Value | This column holds suppression indicator for Measure 003. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_004_VAL | VARCHAR2 (30) | N | Pain Assessment Measure 004 Value | This column holds suppression indicator for Measure 004. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_005_VAL | VARCHAR2 (30) | N | Dyspnea Screening Measure 005 Value | This column holds suppression indicator for Measure 005. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_006_VAL | VARCHAR2 (30) | N | Dyspnea Treatment Measure 006 Value | This column holds suppression indicator for Measure 006. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_007_VAL | VARCHAR2 (30) | N | Bowel Regimen Measure 007 Value | This column holds suppression indicator for Measure 007. A value of (3) indicates that the | |
| HQRP_SPRSN | MSR_008_VAL | VARCHAR2 (30) | N | Hospice Comprehensive Assessment Measure 008 Value | This column holds suppression indicator for Measure 008. A value of (3) indicates that the | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------------|----------------------|---------------------|-------------|--|---|----------------------|
| HQRP_SPRSN | MSR_009_VAL | VARCHAR2 (30) | N | Hospice Visits when Death is Imminent, Measure 1 Measure 009 Value | Suppression indicator for Measure 009. A value of (3) indicates that the measure should be | |
| HQRP_SPRSN | PRVDR_NUM | VARCHAR2 (10) | Y | Provider Number | A six or ten position identification number that is assigned to a certified provider. This is the | |
| HQRP_TRKNG_PBLC_RPT G | A0250_RSN_FOR_REC_CD | VARCHAR2 (2) | N | A0250 Reason for Record | The Data in this column identifies the reason for this record. | HOSPC_RSN_FOR_REC_CD |
| HQRP_TRKNG_PBLC_RPT G | ADMSN_DT | DATE (8) | N | Admission Date | This is the date the patient was admitted to the hospice. | |
| HQRP_TRKNG_PBLC_RPT G | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | This column contains the date and time that the record was added to the database. | |
| HQRP_TRKNG_PBLC_RPT G | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | The data in this column is the user ID that populated the record in the database. | |
| HQRP_TRKNG_PBLC_RPT G | DSCHRG_DT | DATE (8) | N | Discharge Date | This is the date the patient was discharged from the hospice. | |
| HQRP_TRKNG_PBLC_RPT G | HOSPC_ASMT_ID | NUMBER (22) | Y | Hospice Assessment ID | This column is used as a key to uniquely identify an assessment and to join together all | |
| HQRP_TRKNG_PBLC_RPT G | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | This number uniquely identifies the hospice provider. | |
| HQRP_TRKNG_PBLC_RPT G | RSDNT_INTRNL_ID | NUMBER (10.0) | Y | Patient Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| HQRP_TRKNG_PBLC_RPT G | STATE_CD | VARCHAR2 (2) | Y | State Code | This is the two-character abbreviation code of the state where the provider is located. | STATES |
| HQRP_TRKNG_PBLC_RPT G | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | This is the date and time the record updated in the database. | |
| HQRP_TRKNG_PBLC_RPT G | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | This is the user ID that updated the record in the database. | |
| HQRP_TRKNG_RVW_CRC T | ADMSN_DT | DATE (8) | N | Admission Date | Hospice admission date. | |
| HQRP_TRKNG_RVW_CRC T | CREAT_TS | TIMESTAMP(6) (11.6) | N | Create Timestamp | Date and time the record was added to the database. | |
| HQRP_TRKNG_RVW_CRC T | CREAT_USER_ID | VARCHAR2 (30) | N | Create User ID | ID of the user who created the record in the database. | |
| HQRP_TRKNG_RVW_CRC T | DSCHRG_DT | DATE (8) | N | Discharge Date | Hospice discharge date. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|--------------------|--------------------------------|---------------------|-------------|---|--|-----------------|
| HQRP_TRKNG_RVW_CRT | HOSPC_ASMT_ID | NUMBER (22) | Y | Hospice Assessment ID | Assessment ID of the patient stay in the hospice. | |
| HQRP_TRKNG_RVW_CRT | PRVDR_INTRNL_NUM | NUMBER (10.0) | Y | Provider Internal Number | Key to uniquely identify a provider, internally within the CASPER applications. Not available | |
| HQRP_TRKNG_RVW_CRT | ROW_EVNT_TYP | VARCHAR2 (6) | N | Row Event Type | Event type for the specific row in the tracking table. | |
| HQRP_TRKNG_RVW_CRT | ROW_VAL_TYP | VARCHAR2 (3) | N | Row Value Type | Value type for the specific row in the tracking table. | |
| HQRP_TRKNG_RVW_CRT | RSDNT_INTRNL_ID | NUMBER (10.0) | Y | Resident Internal ID | Unique number, assigned by the submission system, that identifies a patient. The | |
| HQRP_TRKNG_RVW_CRT | STATE_CD | VARCHAR2 (2) | Y | State Code | Two-character abbreviation code of the state where the hospice is located. | STATES |
| HQRP_TRKNG_RVW_CRT | UPDT_TS | TIMESTAMP(6) (11.6) | N | Update Timestamp | Date and time the record updated in the database. | |
| HQRP_TRKNG_RVW_CRT | UPDT_USER_ID | VARCHAR2 (30) | N | Update User ID | ID of the user who updated the record in the database. | |
| 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 |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------|-----------------|---------------|-------------|--|--|----------------------|
| 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. | |
| 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. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|---------------------|--------------------------------|---------------|-------------|---|--|------------------|
| 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 |
| 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_HOSPC_VW | BIRTH_DT | DATE (7) | N | Birth Date | This is the patient's date of birth. | |
| NATL_RSDNT_HOSPC_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_HOSPC_VW | DEATH_DT | DATE (8) | N | Death Date | This is the patient's date of death. | |
| NATL_RSDNT_HOSPC_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_HOSPC_VW | ETHNCTY_AFRCN_AMRCN_SW | VARCHAR2 (1) | N | Ethnicity African American Code | The data in this column indicates if the patient's race is Black or African American. | |
| NATL_RSDNT_HOSPC_VW | ETHNCTY_AMRCN_INDN_AK_NTV_SW | VARCHAR2 (1) | N | Ethnicity American Indian/Alaskan Native Code | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | |
| NATL_RSDNT_HOSPC_VW | ETHNCTY_ASN_SW | VARCHAR2 (1) | N | Ethnicity Asian Code | The data in this column indicates if the patient's ethnicity is Asian. | |
| NATL_RSDNT_HOSPC_VW | ETHNCTY_HSPNC_LTN_SW | VARCHAR2 (1) | N | Ethnicity Hispanic/Latino Code | The data in this column indicates if the patient's ethnicity is Hispanic. | |
| NATL_RSDNT_HOSPC_VW | ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW | VARCHAR2 (1) | N | Ethnicity Native Hawaiian/Pacific Islander Code | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | |
| NATL_RSDNT_HOSPC_VW | ETHNCTY_WHT_SW | VARCHAR2 (1) | N | Ethnicity White Code | The data in this column indicates if the patient's race is White. | |
| NATL_RSDNT_HOSPC_VW | FACESHEET_IND | CHAR (1) | N | Facesheet Indicator | This indicates whether an MDS 2.0 facesheet (Section AB and AC) has been received for a | |
| NATL_RSDNT_HOSPC_VW | FIRST_NAME | VARCHAR2 (12) | N | First Name | This is the patient's first name. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|-------------------------|-----------------|---------------|-------------|---|--|----------------------|
| NATL_RSDNT_HOSPC_V W | GNDR_ID | NUMBER (1.0) | N | Gender | This identifies the patient's gender. | |
| NATL_RSDNT_HOSPC_V W | HHA_IND | CHAR (1) | N | HHA Indicator | This indicates whether an OASIS assessment was submitted and accepted for this patient. | RSDNT_HHA_IND_CD |
| NATL_RSDNT_HOSPC_V W | HOSPC_IND | CHAR (1) | N | Hospice Indicator | This column indicates whether a Hospice Item Set (HIS) record was submitted and accepted for | RSDNT_HOSPC_IND_CD |
| NATL_RSDNT_HOSPC_V W | IRF_IND | CHAR (1) | N | IRF Indicator | This indicates whether an IRF-PAI assessment was submitted and accepted for this patient. | RSDNT_IRF_IND_CD |
| NATL_RSDNT_HOSPC_V W | LAST_NAME | VARCHAR2 (18) | N | Last Name | This is the patient's last name. | |
| NATL_RSDNT_HOSPC_V W | LTCH_IND | CHAR (1) | N | LTCH Indicator | This indicates whether an LTCH CARE assessment was submitted and accepted for this | RSDNT_LTCH_IND_CD |
| NATL_RSDNT_HOSPC_V W | MDL_INITL_TXT | VARCHAR2 (1) | N | Middle Initial | This is the patient's middle initial. | |
| NATL_RSDNT_HOSPC_V W | MDS_IND | CHAR (1) | N | MDS Indicator | This indicates whether an MDS 2.0 SUB_REQ 3 assessment was submitted and accepted for this | RSDNT_MDS_IND_CD |
| NATL_RSDNT_HOSPC_V W | NH3_SR3_IND | CHAR (1) | N | Nursing Home MDS 3 SUB_REQ 3 Indicator | This indicates whether an MDS 3.0, SUB_REQ 3 assessment was submitted and accepted for | RSDNT_NH3_SR3_IND_CD |
| NATL_RSDNT_HOSPC_V W | RACE_ID | VARCHAR2 (2) | N | Race ID | The data in this column indicates the patient's race. | |
| NATL_RSDNT_HOSPC_V W | RSDNT_CHG_TS | DATE (7) | N | Resident Change Timestamp | This indicates the date/time that the patient's row of data was last updated. | |
| NATL_RSDNT_HOSPC_V W | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| NATL_RSDNT_HOSPC_V W | RSDNT_MDCCD_NBR | VARCHAR2 (14) | N | Resident Medicaid ID | This is the patient's Medicaid number. | |
| NATL_RSDNT_HOSPC_V W | RSDNT_MDCR_NBR | VARCHAR2 (12) | N | Resident Medicare Number | This is the patient's Medicare number. | |
| NATL_RSDNT_HOSPC_V W | SB3_IND | CHAR (1) | N | Swing Bed 3 Indicator | This indicates whether an MDS 3.0 Swing Bed assessment was submitted and accepted for this | RSDNT_SB3_IND_CD |
| NATL_RSDNT_HOSPC_V W | SB_IND | CHAR (1) | N | Swing Bed Indicator | This indicates whether an MDS 2.0 Swing Bed assessment was submitted and accepted for this | RSDNT_SB_IND_CD |
| NATL_RSDNT_HOSPC_V W | SSN_NUM | VARCHAR2 (9) | N | Social Security Number | This is 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 |
|--------------------------|--------------------------------|---------------|-------------|---|--|-----------------|
| NATL_RSDNT_HOSPC_VW | STATE_ID | VARCHAR2 (2) | N | State ID | This is the two-character state abbreviation code. | |
| NATL_RSDNT_HOSPC_VW | ST_PREPD_DT | DATE (8) | N | State Prepared Date | This is the date when the state prepared the data to be pulled to the national repository. This is | |
| NATL_RSDNT_SMRY_HOSPC_VW | BIRTH_DT | DATE (8) | N | Birth Date | This is the patient's date of birth. | |
| NATL_RSDNT_SMRY_HOSPC_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_SMRY_HOSPC_VW | DEATH_DT | DATE (8) | N | Death Date | This is the patient's date of death. | |
| NATL_RSDNT_SMRY_HOSPC_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_SMRY_HOSPC_VW | ETHNCTY_AFRCN_AMRCN_SW | VARCHAR2 (1) | N | Ethnicity African American Code | The data in this column indicates if the patient's race is Black or African American. | |
| NATL_RSDNT_SMRY_HOSPC_VW | ETHNCTY_AMRCN_INDN_AK_NTV_SW | VARCHAR2 (1) | N | Ethnicity American Indian/Alaskan Native Code | The data in this column indicates if the patient's ethnicity is American Indian or Alaskan Native. | |
| NATL_RSDNT_SMRY_HOSPC_VW | ETHNCTY_ASN_SW | VARCHAR2 (1) | N | Ethnicity Asian Code | The data in this column indicates if the patient's ethnicity is Asian. | |
| NATL_RSDNT_SMRY_HOSPC_VW | ETHNCTY_HSPNC_LTN_SW | VARCHAR2 (1) | N | Ethnicity Hispanic/Latino Code | The data in this column indicates if the patient's ethnicity is Hispanic. | |
| NATL_RSDNT_SMRY_HOSPC_VW | ETHNCTY_NTV_HI_PCFC_IS_LNDR_SW | VARCHAR2 (1) | N | Ethnicity Native Hawaiian/Pacific Islander Code | The data in this column indicates if the patient's race is Native Hawaiian or other Pacific | |
| NATL_RSDNT_SMRY_HOSPC_VW | ETHNCTY_WHT_SW | VARCHAR2 (1) | N | Ethnicity White Code | The data in this column indicates if the patient's race is White. | |
| NATL_RSDNT_SMRY_HOSPC_VW | FACESHEET_IND | CHAR (1) | N | Facesheet Indicator | This indicates whether an MDS 2.0 facesheet (Section AB and AC) has been received for a | |
| NATL_RSDNT_SMRY_HOSPC_VW | FIRST_NAME | VARCHAR2 (12) | N | First Name | This is the patient's first name. | |
| NATL_RSDNT_SMRY_HOSPC_VW | GNDR_ID | NUMBER (1.0) | N | Gender | This identifies the patient's gender. | |
| NATL_RSDNT_SMRY_HOSPC_VW | LAST_NAME | VARCHAR2 (18) | N | Last Name | This is the patient's last name. | |
| NATL_RSDNT_SMRY_HOSPC_VW | MDL_INITL_TXT | VARCHAR2 (1) | N | Middle Initial | This is the patient's middle initial. | |

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| Table Name | Field Name | Data Type | Primary Key | Short Description | Item Description | Code Table Name |
|------------------------------|-----------------|---------------|-------------|---------------------------|--|-----------------|
| NATL_RSDNT_SMRY_HO SPC_VW | RACE_ID | VARCHAR2 (2) | N | Race ID | The data in this column indicates the patient's race. | |
| NATL_RSDNT_SMRY_HO SPC_VW | RSDNT_CHG_TS | DATE (7) | N | Resident Change Timestamp | This indicates the date/time that the patient's row of data was last updated. | |
| NATL_RSDNT_SMRY_HO SPC_VW | RSDNT_INTRNL_ID | NUMBER (10.0) | N | Resident Internal ID | This is a unique number, assigned by the submission system, that identifies a patient. The | |
| NATL_RSDNT_SMRY_HO SPC_VW | RSDNT_MDCD_NBR | VARCHAR2 (14) | N | Resident Medicaid ID | This is the patient's Medicaid number. | |
| NATL_RSDNT_SMRY_HO SPC_VW | RSDNT_MDCR_NBR | VARCHAR2 (12) | N | Resident Medicare Number | This is the patient's Medicare number. | |
| NATL_RSDNT_SMRY_HO SPC_VW | SSN_NUM | VARCHAR2 (9) | N | Social Security Number | This is the patient's Social Security Number. | |
| NATL_RSDNT_SMRY_HO SPC_VW | STATE_ID | VARCHAR2 (2) | N | State ID | This is the two-character state abbreviation code. STATES | |
| NATL_RSDNT_SMRY_HO SPC_VW | ST_PREPD_DT | DATE (8) | N | State Prepared Date | This is the date when the state prepared the data to be pulled to the national repository. This is | |