

Data Specifications: HCAHPS Inpatient

File Submission: Encrypted Email or Secure FTP Site (Access Created by Vendor)

Document Type: CSV - Excel Spreadsheet

Data Element	Length	Value Labels and Use
Patient First Name	30	Name information used to identify Patient
Patient Middle Initial	2	
Patient Last Name	30	
Patient Gender	1	1 = Male 2 = Female
Patient Date of Birth	8	MM/DD/YYYY - Used by survey vendor to calculate patient's age at admission to confirm patient meets eligibility criteria
Patient Age	1-3	Used by survey vendor to verify Date of Birth
Patient Mailing Address 1	50	Street address or post office box - Optional
Patient Mailing Address 2	50	Mailing address 2nd line (if needed) - Optional
Patient Mailing City	50	Mailing City - Optional
Patient Mailing State	2	2-character state abbreviation - Optional
Patient Mailing Zip Code	5-9	5 digit zip code (4 digit extension optional) - (Optional)
Patient Telephone Number	10	3-digit area code plus 7-digit telephone number;
Patient Hospital Admission Date	8	MM/DD/YYYY - Used by survey vendor to confirm patient meets eligibility criteria
Patient Hospital Discharge Date	8	MM/DD/YYYY - Used by survey vendor to confirm patient meets eligibility criteria
Admission Source (Point of Origin for Admission or Visit)	1	1 = Non-healthcare Facility 2 = Clinic or Physician's Office 4 = Transfer from a Hospital (Different Facility) 5 = Transfer from a SNF, ICF or ALF 6 = Transfer from another Health Care Facility 8 = Court/Law Enforcement 9 = Information not available D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from Ambulatory Surgery Center

Data Element	Length	Value Labels and Use
Patient Discharge Status	2	<p>1 = Home care or self-care 2 = Short-term general hospital 3 = Medicare certified skilled nursing facility 4 = Intermediate care facility 5 = Cancer center or children’s hospital 6 = Home with home health services 7 = Left against medical advice 20 = Expired 21 = Court/law enforcement 30 = Still a Patient 40 = Expired at Home 41 = Expired in medical facility 42 = Expired, Place Unknown 43 = Federal healthcare facility 50 = Hospice – home 51 = Hospice – medical facility 61 = Medicare-approved swing bed within hospital 62 = Inpatient rehabilitation facility 63 = Long-term care hospital 64 = Medicaid certified nursing facility 65 = Psychiatric hospital or psychiatric unit 66 = Critical Access Hospital 69 = Discharged/Transferred to a designated disaster alternative care site 70 = Discharge/Transfer to health care institution not defined elsewhere in the code list</p>
Patient MS-DRG at Discharge	3	Principal Reason for Hospital Stay MS-DRG at Discharge
Physician Name (Attending)	30	Used for Reporting Tool - This element will be used to drill down on survey results.
Unit (Hospital Floor)	30	Used for Reporting Tool - This element will be used to drill down on survey results.
MRN	30	Used by Survey Vendor to distinguish Patients