



Medisolv IPPS Pipe-Delimited Text File Format Specifications Manual

Version 5.8

Last Updated March 23, 2021
Valid for Q1 2021 to Q2 2021

Last Updated	Updated By	Comments/Reasons	Version
2020-12-16	Xianmei Tai	Initial Revision of 2021 specification with below updates: New Fields for 2021 (Optional) -IPF_TTR spec – Add new fields: DischargeTimeRecord, TransitionTimeRecord, TransitionDocumentationRecord -CSTK spec – Add new field: ININIHSSL56 -Base demographic spec – Add field ED Physician Code - HBIPS-EVT spec- Add new fields: BIRTHDATE, SEX, RACE, ETHNIC, PMTSRCE1 (This allows for upload of event records for patients that have not yet been discharged and removes the dependency on an existing CMIPPS base file record) Retired Specs and fields -PC-BSI clinical spec (Retired) – Removed from document -All specs – Removed retired legacy fields (no modifications needed to file uploads. Retired legacy fields received will be ignored.) -Base demographic spec – Add encounter requirement description -Update Attesting Physician Code field name to Attending Physician Code -Change PRINPXTM and OTHRPX#TM requirement description	5.0
2020-12-30	Xianmei Tai	-HBIPS-EVT spec– Spec Correction: Add missing Restraint Event Date field -HBIPS-EVT Unlimited Spec – Spec Correction: Add missing ETHNIC field	5.1
2021-01-05	Xianmei Tai	-Update PRINPX, OTHRPX, OTHRDX requirement	5.2
2021-01-14	Xianmei Tai	-Update Optional/Required field description for below columns: ADMITDX, BIRTH_WEIGHT, FIRST_NAME, LAST_NAME, DISCHGDISP, PRINPXDT, OTHRPX#DT	5.3
2021-01-20	Xianmei Tai	-Base Demographic, Concurrent, HBIPS-EVT – Update Race field possible values: Remove “5-Native Hawaiian or Pacific Islander”	5.4
2021-01-28	Xianmei Tai	-Base Demographic, Concurrent, HBIPS-EVT – Update Race field possible values: Update “4-Asian” to “4-Asian or Pacific Islander” -Update PATIENT_ID, MEDICAL_RECORD_NUMBER possible value description. (Character -> Special Character)	5.5
2021-02-19	Xianmei Tai	-Base Demographic – Update PRINPXDT, OTHRPX#DT, PRINPXTM and OTHRPX#TM requirement description. (Table 8.1a and 8.1b -> Table 8.1a, 8.1b, 8.2e, 8.2d)	5.6
2021-02-23	Russell Cosner	Updated all optional date/time fields with additional instructions	5.7
2021-03-23	Russell Cosner	Added clarification text to Key Constraints and General Guidelines section pertaining to “Required” data elements	5.8

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Document Summary

This document contains the available specifications for uploading/submitting IPPS data to Medisolv as part of a file-upload mechanism for core abstracted measures support. The following sections contain detailed specifications for the inpatient base demographic file type. Files are required to be submitted in a pipe-delimited, text file format with a ".csv" extension.

Key Constraints and General Guidelines

Please note the following key constraints when populating and/or submitting files via these formats:

- A header is required at the beginning of each pipe-delimited file as specified in the file header column in this document.
- Field values in pipe-delimited elements must not be separated by a comma; no comma separators within a value. For example, **4,000** is invalid while **4000** is valid.
- Upload files must end with a ".csv" extension.
- Records with invalid values in non-mandatory fields will cause that specific field value to be rejected, but the overall record will be accepted.
- All date fields must be reported in a MM-DD-YYYY format.
- All times must be reported in a 24-hour format with zero padding on hours and minutes.
- Files may be uploaded multiple times, each new upload will overwrite the previously uploaded values and/or abstracted values.
 - Leaving an updatable field blank in the upload file **will not** maintain the original field value that was either stored by a previous upload **or** manually entered into the system. A new file will add or update **all** the data contained in the previous upload. Values that have not changed **must** be included in the subsequent uploads or reentered manually after the subsequent upload.
- When uploading files, a unique file name for each file is required. If a file is uploaded with the same file name as a previously submitted file, even if submitted on a previous date, it will be ignored.
- Note: If a field is marked as "required" and that field is left blank for a particular record then that record will be rejected during processing. This would also apply for values that do not match the specifications in those required fields.
- Demographic data is required, in all cases, even if other file formats are submitted in the future. In no case will data be processed from submitted files (other than the base demographic file itself) unless a matching row is found in a previously uploaded base demographic file.
 - In the case of multiple file-uploads of different types, the base demographic file will always be processed first to ensure that this constraint is correctly accounted for by Medisolv systems.

For Vizient Transition Clients

For clients that transitioned from Vizient's Core Measure Tool, please note the following:

- If a file is not listed in these specifications, that file has been retired and is no longer supported for upload. This may be due to a retired measure.
- If a column is no longer listed as an element in these specifications, then that column has been retired. You can continue to send that column if the file is still supported for upload, but that column will be ignored.



File Delivery and Frequency

Files should be uploaded to Medisolv's SFTP server. A Medisolv Network Engineer will work with you to provide access.

Files may be uploaded to our SFTP server on a daily, weekly or monthly basis. All files uploaded to our SFTP server by 11:59 PM EST will be processed in batch during our nightly file load process. Please work with your Medisolv implementation team to define a file delivery frequency that meets your organization's needs.



Demographic Data (Base Data-Inpatients)

This data set should only include acute inpatient visits. Visits such as hospice, swing beds, and rehab should not be included unless they are billed under the acute care hospital.

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Birth Date	BIRTHDATE	Date	MM-DD-YYYY (must be a valid date)	10	05-07-1979	Required
Sex	SEX	Char	M, F, U	1	M	Required
Race	RACE	Number	1-white 2-black 3-American Indian 4-Asian or Pacific Islander 7-UTD	1	2	Required
Hispanic Ethnicity	ETHNIC	Char	Y-Hispanic or Latino N-not Hispanic or Latino or unable to determine	1	N	Required
Postal Code	POSTALCODE	Char	(5- or 9-digit without hyphen, "homeless," or "Non-US") Use hospital's postal code if unknown	9	60523	Required
Attending Physician Code	ATTESTING_PHYSICIAN_CODE	Char	Valid 15-character physician code	15	100099	Optional
ED Physician Code	ED_PHYSICIAN_CODE	Char	Valid 15-character physician code	15	100099	Optional
Admit Date	ADMIT_DATE	Date	MM-DD-YYYY	10	07-11-2018	Required
Discharge Date	DISCHARGE_DATE	Date	MM-DD-YYYY	10	11-11-2018	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	99999999901	Required
Payment Source	PMTSRCE1	Char	1-Medicare 2-Not Medicare	1	1	Required



Demographic Data (Base Data-Inpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Point of Origin for Admission or Visit	ADMSNSRC	Char	1-Non health care facility point of origin 2-Clinic 4-Transfer from a hospital (different facility) 5-Transfer from skilled nursing facility or intermediate care facility 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 F-Transfer from a Hospice and is under a Hospice plan of care	1	D	Optional
Hospital Unit	HOSPITAL_UNIT	Char	Hospital Specific Code	50	3BT	Optional
Admitting Diagnosis	ADMITDX	Char	Any valid ICD-10-CM diagnosis code - without decimal point or dot - upper or lower case	3-7	O679	Recommended for measure abstraction, where applicable
ICD-10-CM Principal Diagnosis Code	PRINDX	Char	Any valid ICD-10-CM diagnosis code - without decimal point or dot - upper or lower case	3 - 7	O679	Required
ICD-10-PCS Principal Procedure Code	PRINPX	Char	Any valid ICD-10-PCS procedure code - without decimal point or dot - upper or lower case	3 - 7	009100Z	Required if present
ICD-10-PCS Principal Procedure Date	PRINPXDT	Char	(MM-DD-YYYY) or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	10	01-07-2019	Recommended for codes from Table 8.1a,8.1b,8.2e,8.2d from TJC specifications
ICD-10-PCS Principal Procedure Time	PRINPXTM	Char	HH:MM or HHMM or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	5	11:45	Recommended for codes from Table 8.1a,8.1b,8.2e,8.2d from TJC specifications



Demographic Data (Base Data-Inpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
ICD-10-PCS Other Procedure Codes	OTHRPX# (# can be from 1 to 24) Example: OTHRPX1 OTHRPX2 OTHRPX24	Char	Any valid ICD-10-PCS procedure code -without decimal point or dot - upper or lower case	3 - 7	10D07Z8	Required if present
ICD-10-PCS Other Procedure Dates	OTHRPX#DT (# can be from 1 to 24) Example: OTHRPX1DT OTHRPX2DT OTHRPX24DT	Char	(MM-DD-YYYY) or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	10	01-07-2019	Recommended for codes from Table 8.1a,8.1b,8.2e,8.2d from TJC specifications
ICD-10-PCS Other Procedure Times	OTHRPX#TM (# can be from 1 to 24) Example: OTHRPX1TM OTHRPX2TM OTHRPX24TM	Char	HH:MM or HHMM or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	10	11:45	Recommended for codes from Table 8.1a,8.1b,8.2e,8.2d from TJC specifications
ICD-10-CM Other Diagnosis Codes	OTHRDX# (# can be between 1 and 24) Example: OTHRDX1 OTHRDX2 OTHRDX24	Char	Any valid ICD-10-CM diagnosis code - without decimal point or dot - upper or lower case Include up to 24 additional encounter diagnosis codes. Diagnosis codes submitted in the OTHERDX# columns can also qualify for measures.	3 - 7	K352	Required if present
Birth Weight	BIRTH_WEIGHT	Number	Weight in Grams or UTD	6	2000	Recommended for measure abstraction, where applicable
Psychiatric flag	PSYCHIATRIC_FLAG	Char	0-No 1-Yes	1	1	Required
First Name	FIRST_NAME	Char	Up to 30 characters	30	John	Recommended for measure abstraction, where applicable
Last Name	LAST_NAME	Char	Up to 30 characters	30	Doe	Recommended for measure abstraction, where applicable



Demographic Data (Base Data-Inpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Discharge Disposition	DISCHGDISP	Char	1-Home 2-Hospice Home 3-Hospice Health Care Facility 4-Acute Care 5-Other Health Care 6-Expired 7-Left against Medical Advice 8-Not Documented/UTD	1	3	Recommended for measure abstraction, where applicable
Raw Payer1	RAWPAYER1	Char	Hospital Specific Payer Codes	20	KT24	Required for Mass Health Participants

File Naming Convention

The Inpatient base demographic file must conform to the following naming convention:

6digitCCN_CMIPPS_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_CMIPPS_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions



Concurrent Abstraction

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Birth Date	BIRTHDATE	Date	MM-DD-YYYY (must be a valid date)	10	05-07-1979	Required
Sex	SEX		M, F, U	1	M	Required
Race	RACE	Number	1-white 2-black 3-American Indian 4- Asian or Pacific Islander 7-UTD	1	2	Required
Hispanic Ethnicity	ETHNIC	Char	Y-Hispanic or Latino N-not Hispanic or Latino or unable to determine	1	N	Required
Postal Code	POSTALCODE	Char	(5- or 9-digit without hyphen, "homeless," or "Non-US") Use hospital's postal code if unknown	9	60523	Required
First Name	FIRST_NAME	Char	Up to 30 characters	30	John	Required
Last Name	LAST_NAME	Char	Up to 30 characters	30	Doe	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Admit Date	ADMIT_DATE	Date	MM-DD-YYYY	10	07-11-2018	Required



Concurrent Abstraction

File Naming Convention

The Concurrent Abstraction file must conform to the following naming convention:

6digitCCN_ConcurrentAbstraction_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_ConcurrentAbstraction_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Perinatal Care - Mom (PCM)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Labor	ACTLABOR	Char	Y,N	1	N	Optional
Gestational Age	GESTAGE	Char	1 to 50 or UTD	3	3	Optional
Previous Live Births	PARITY	Char	Y,N	1	Y	Optional
Prior Uterine Surgery	PRUTRSURG	Char	Y,N	1	Y	Optional
History of Still Birth	HSSTILLBIRTH	Char	Y,N	1	Y	Optional

File Naming Convention

The PCM Core Measure file must conform to the following naming convention:

6digitCCN_PCM_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_PCM_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Perinatal Care – Newborns with Breast Feeding (PC-BF)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Exclusive Breast Milk Feeding	EXCBRTFED	Char	Y,N	1	N	Optional
Term Newborn	TERMNB	Char	1- Yes, 2- NO, 3- UTD	1	2	Optional
Admission to NICU	ADMSNNICU	Char	Y,N	1	N	Optional

File Naming Convention

The PC_BF Core Measure file must conform to the following naming convention:

6digitCCN_PCBF_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_PCBF_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions



Perinatal Care – Unexpected Complications in term newborns (PC-UC)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Term Newborn	TERMNB	Char	1 – Yes, 2 – No, 3 - UTD	1	2	Optional

File Naming Convention

The PC_UNC Core Measure file must conform to the following naming convention:

6digitCCN_PCUNC_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_PCUNC_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Emergency Department (ED)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	999999999901	Required
Arrival Date	ARRVLDATE	Date	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Arrival Time	ARRVLTIME	Char	HH:MM or UTD	5	11:45	Optional
Decision to Admit Date	DCNADMITDT	Date	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Decision to Admit Time	DCNADMITTM	Char	HH:MM or UTD	5	11:45	Optional
ED Departure Date	EDDEPARTDT	Date	MM-DD-YYYY or UTD	10	01-07-2019	Optional
ED Departure Time	EDDEPARTTM	Char	HH:MM or UTD	5	11:45	Optional
ED Patient	EDPATIENT	Char	Y,N	1	N	Optional

File Naming Convention

The ED Core Measure file must conform to the following naming convention:

6digitCCN_ED_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_ED_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Immunization (IMM)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Influenza Vaccination Status	FLUVACSTATUS	Char	1, 2, 3, 4, 5, 6	1	3	Optional

File Naming Convention

The Immunization Core Measure file must conform to the following naming convention:

6digitCCN_IMM_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IMM_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Substance Use (SUB)

Field Name	CSV Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes, and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Alcohol Use Status	ALCSTATUS	Char	1,2,3,4,5,6,7	1	1	Optional
Brief Intervention	BRFINTVTN	Char	1,2,3	1	2	Optional
Referral for Addictions Treatment	REFADDTX	Char	1,2,3,4,5	1	2	Optional
Prescription for Alcohol or Drug Disorder	RXALCDRGMED	Char	1,2,3,4	1	3	Optional
Comfort Measures Only	COMFORTMX	Char	1,2,3,4	1	2	Optional

File Naming Convention

The Substance Use Core Measure file must conform to the following naming convention:

6digitCCN_SUB_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_SUB_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Tobacco Use (TOB)

Field Name	CSV Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Referral for Outpatient Tobacco Cessation Counseling	REFOPTOBCSNG	Char	1,2,3,4,5	1	1	Optional
Tobacco Use Status	TOBSTATUS	Char	1,2,3,4,5,6,7	1	1	Optional
Prescription for Tobacco Cessation Medication	RXTOBMED	Char	1,2,3,4	1	2	Optional
Tobacco Use Treatment Practical Counseling	TOBTXCOUNS	Char	1,2,3	1	2	Optional
Tobacco Use Treatment FDA-Approved Cessation Medication	TOBTXMED	Char	1,2,3	1	3	Optional
Reason for No Tobacco Cessation Medication at Discharge	RSNNOTOBDC	Char	Y,N	1	N	Optional
Reason for No Tobacco Cessation Medication During the Hospital Stay	RSNNOTOBSTAY	Char	Y,N	1	N	Optional
Comfort Measures Only	COMFORTMX	Char	1,2,3,4	1	2	Optional



Tobacco Use (TOB)

File Naming Convention

The Tobacco Use Core Measure file must conform to the following naming convention:

6digitCCN_TOB_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_TOB_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Severe Sepsis/Septic Shock (SEP)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Discharge Time	DISCHTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Administrative Contraindication to Care	ADMCONTRA	Char	1,2	1	1	Optional
Transfer from Another Hospital or ASC	TRANSFERED	Char	Y, N	1	Y	Optional
Severe Sepsis Present	SEPSISPRES	Char	1,2	1	1	Optional
Severe Sepsis Presentation Date	SEPSISPRESDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Severe Sepsis Presentation Time	SEPSISPRESTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Directive for Comfort Care, Severe Sepsis	DIRCCSEPSIS	Char	1,2	1	2	Optional
Initial Lactate Level Collection	INITLLCOLL	Char	1,2	1	1	Optional
Initial Lactate Level Date	INITLLDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Initial Lactate Level Time	INITLLTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Broad Spectrum or Other Antibiotic Administration	BRDABXADM	Char	1,2	1	1	Optional
Broad Spectrum or Other Antibiotic Administration Date	BRDABXDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Broad Spectrum or Other Antibiotic Administration Time	BRDABXTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Broad Spectrum or Other Antibiotic Administration Selection	BRDABXSELECT	Char	1,2	1	2	Optional
Blood Culture Collection	BCCOLLECT	Char	1,2	1	1	Optional



Severe Sepsis/Septic Shock (SEP)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Blood Culture Collection Date	BCCOLLECTDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Blood Culture Collection Time	BCCOLLECTTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Blood Culture Collection Acceptable Delay	BCCOLLECTDELAY	Char	1,2	1	1	Optional
Initial Lactate Level Result	INITLLRES	Char	1,2,3	1	2	Optional
Repeat Lactate Level Collection	REPEATLLCOLL	Char	1,2	1	1	Optional
Repeat Lactate Level Date	REPEATLLDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Repeat Lactate Level Time	REPEATLLTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Septic Shock Present	SHOCKPRES	Char	1,2	1	1	Optional
Septic Shock Presentation Date	SHOCKPRESDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Septic Shock Presentation Time	SHOCKPRESTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Directive for Comfort Care, Septic Shock	DIRCCSHOCK	Char	1,2	1	2	Optional
Crystalloid Fluid Administration	CFADMIN	Char	1,2,3,4	1	1	Optional
Crystalloid Fluid Administration Date	CFADMINDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Crystalloid Fluid Administration Time	CFADMINTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Persistent Hypotension	HYPOTENSION	Char	1,2,3,4	1	2	Optional
Vasopressor Administration	VASOADMIN	Char	1,2	1	1	Optional
Vasopressor Administration Date	VASOADMINDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Vasopressor Administration Time	VASOADMINTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Initial Hypotension Date	INHYPOTDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Initial Hypotension Time	INHYPOTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional
Repeat Volume Status and Tissue Perfusion Assessment Performed	REPEATVS	Char	1,2	1	1	Optional
Repeat Volume Status and Tissue Perfusion Assessment Performed Date	REPEATVSDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Repeat Volume Status and Tissue Perfusion Assessment Performed Time	REPEATVSTM	Char	HH:MM or HHMM or UTD	5	12:12	Optional



Severe Sepsis/Septic Shock (SEP)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Initial Hypotension	INITHYPOTENSION	Char	1,2	1	2	Optional
Administrative Contraindication to Care, Septic Shock	ADMCONTRASHOCK	Char	1,2	1	2	Optional
Clinical Trial	CLNCLTRIAL	Char	Y, N	1	N	Optional

File Naming Convention

The Severe Sepsis/Septic Shock Core Measure file must conform to the following naming convention:

6digitCCN_SEP_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_SEP_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Venous Thromboembolism (VTE)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	VTE900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	99999999999901	Required
VTE Present at Admission	VTEPOA	Char	Y, N	1	Y	Optional
Comfort Measures Only	COMFORTMX	Char	1, 2, 3, 4	1	2	Optional
Clinical Trial	CLNCLTRIAL	Char	Y, N	1	Y	Optional
VTE Diagnostic Test	VTEDIAGTEST	Char	Y, N	1	N	Optional
VTE Confirmed	VTECONFIRMED	Char	Y, N	1	N	Optional
VTE Prophylaxis Status	VTEPROPHSTAT	Char	Y, N	1	N	Optional
Reason for No Administration of VTE Prophylaxis	RSNNOVTEPROPH	Char	Y, N	1	N	Optional



Venous Thromboembolism (VTE)

File Naming Convention

The Venous Thromboembolism Core Measure file must conform to the following naming convention:

6digitCCN_VTE_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_VTE_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Stroke (STK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	STK900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Comfort Measures Only	COMFORTMX	Char	1, 2, 3, 4	1	2	Optional
Clinical Trial	CLNCLTRIAL	Char	Y, N	1	Y	Optional
Elective Carotid Intervention	ELECTCARINTER	Char	Y, N	1	Y	Optional
ED Patient	EDPATIENT	Char	Y, N	1	N	Optional
Arrival Date	ARRVLDATE	Char	MM-DD-YYYY or UTD	10	UTD	Optional
Arrival Time	ARRVLTIME	Char	HH:MM or HHMM or UTD	1	11:45	Optional
Last Known Well	LSTKNWELL	Char	Y, N	1	N	Optional
Date Last Known Well	DATELASTWELL	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Time Last Known Well	TMLSTKWNWELL	Char	HH:MM or HHMM or UTD	1	1145	Optional
IV Thrombolytic Initiation	IVTHROMINIT	Char	Y, N	1	N	Optional
IV Thrombolytic Initiation Date	IVTHROMDATE	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
IV Thrombolytic Initiation Time	IVTHROMTIME	Char	HH:MM or HHMM or UTD	1	11:45	Optional
Reason for Extending the Initiation of IV Thrombolytic	RSNEXTIVTHROM	Char	Y, N	1	N	Optional
Reason for Not Initiating IV Thrombolytic	RSNNOIVTHROM	Char	Y, N	1	N	Optional
IV OR IA Thrombolytic (t-PA) Therapy Administered at This Hospital or Within 24 Hours Prior to Arrival	IVTPAADMIN	Char	Y, N	1	N	Optional



Stroke (STK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Antithrombotic Therapy Administered by End of Hospital Day 2	ANTITHROMADM	Char	Y, N	1	N	Optional
Reason for Not Administering Antithrombotic Therapy by End of Hospital Day 2	RSNNOANTITHRM	Char	Y, N	1	N	Optional
VTE Prophylaxis - Low dose unfractionated heparin (LDUH)	VTEPROPH_LDUH	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Low molecular weight heparin (LMWH)	VTEPROPH_LMWH	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Intermittent pneumatic compression devices (IPC)	VTEPROPH_IPC	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Factor Xa Inhibitor	VTEPROPH_XA	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Warfarin	VTEPROPH_WARFARIN	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Venous foot pumps (VFP)	VTEPROPH_VFP	Char	0 or 1	1	0	Optional
VTE Prophylaxis - Oral Factor Xa Inhibitor	VTEPROPH_ORAL_XA	Char	0 or 1	1	0	Optional
VTE Prophylaxis - None of the above or not documented or unable to determine from medical record documentation	VTEPROPH_NONE	Char	0 or 1	1	1	Optional
Reason for Oral Factor Xa Inhibitor	RSNORLXAINH	Char	Y, N	1	N	Optional
VTE Prophylaxis Date	VTEPROPHDATE	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Reason for No VTE Prophylaxis – Hospital Admission	RSNVTEHOSPAD	Char	Y, N	1	N	Optional
Atrial Fibrillation/Flutter	ATRIALFIB	Char	Y, N	1	N	Optional
Anticoagulation Therapy Prescribed at Discharge	ANTICOAGRDIS	Char	Y, N	1	N	Optional
Reason for Not Prescribing Anticoagulation Therapy at Discharge	RSNNORXCOAG	Char	Y, N	1	N	Optional
Assessed for Rehabilitation Services	ASSESSREHAB	Char	Y, N	1	N	Optional
Statin Medication Prescribed at Discharge	STATINRXDS	Char	Y, N	1	N	Optional



Stroke (STK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Reason for Not Prescribing Statin Medication at Discharge	RSNNORXSTATIN	Char	Y, N	1	N	Optional
Antithrombotic Therapy Prescribed at Discharge	ANTITHROMRXDC	Char	Y, N	1	N	Optional
Reason for Not Prescribing Antithrombotic Therapy at Discharge	RSNNORXTHROM	Char	Y, N	1	N	Optional
Education Addresses Activation of Emergency Medical System (EMS)	EDADACTEMS	Char	Y, N	1	N	Optional
Education Addresses Follow-up After Discharge	EDADFUAFTDC	Char	Y, N	1	N	Optional
Education Addresses Medications Prescribed at Discharge	EDADMEDRXDS	Char	Y, N	1	N	Optional
Education Addresses Risk Factors for Stroke	EDADRSKSTK	Char	Y, N	1	N	Optional
Education Addresses Warning Signs and Symptoms of Stroke	EDADSGNSTK	Char	Y, N	1	N	Optional



Stroke (STK)

File Naming Convention

The Stroke Core Measure file must conform to the following naming convention:

6digitCCN_STK_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_STK_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Comprehensive Stroke (CSTK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	CSTK900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Discharge Time	DISCHTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
Comfort Measures Only	COMFORTMX	Char	1, 2, 3, 4	1	2	Optional
Clinical Trial	CLNCLTRIAL	Char	Y,N	1	Y	Optional
ED Patient	EDPATIENT	Char	Y, N	1	Ex: N	Optional
Elective Carotid Intervention	ELECTCARINTER	Char	Y, N	1	Ex: N	Optional
Arrival Date	ARRVLDATE	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Arrival Time	ARRVLTIME	Char	HH:MM or HHMM or UTD	1	11:45	Optional
Initial Blood Pressure at Hospital Arrival	INIBLDPRSRARVL	Char	SBP/DBP: 0-999/0-999or UTD	7	80/120	Optional
Initial Blood Glucose Value at Hospital Arrival	INIBLDGLCSARVL	Char	0-999 or UTD	3	80	Optional
Initial NIHSS Score Performed	ININIHSCRPFM	Char	Y, N	1	Ex: Y	Optional
Initial NIHSS Score Date	ININIHSCRDT	Char	MM-DD-YYYY or UTD	10	UTD	Optional
Initial NIHSS Score Time	ININIHSCRTM	Char	HH:MM or HHMM or UTD	1	11:45	Optional
Initial NIHSS Score at Hospital Arrival	ININIHSCRARVL	Char	0-42 or UTD	2	Ex: UTD	Optional
Initial Platelet Count at Hospital Arrival	INIPLTLTARVL	Char	0-999999 or UTD	1	Ex: UTD	Optional
Nimodipine Administration	NIMODIPADM	Char	Y, N	1	Ex: N	Optional
Nimodipine Administration Date	NIMODIPADMDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Nimodipine Administration Time	NIMODIPADMTM	Char	HH:MM or HHMM or UTD	1	11:45	Optional



Comprehensive Stroke (CSTK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Reason for Not Administering Nimodipine Treatment	RSNNONIMODIP	Char	Y, N	1	Ex: N	Optional
INR Value > 1.4	INRVALGT14	Char	Y, N	1	Ex: N	Optional
Procoagulant Reversal Agent Initiation	PRCGREVAGNINIT	Char	Y, N	1	Ex: N	Optional
Reason for Not Administering a Procoagulant Reversal Agent	RSNNOPRCGREVAGN	Char	Y, N	1	Ex: N	Optional
Initial Hunt and Hess Scale Performed	INIHNTHESSCLPFM	Char	Y, N	1	Ex: N	Optional
Initial Hunt and Hess Scale Date	INIHNTHESSCLDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Initial Hunt and Hess Scale Time	INIHNTHESSCLTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
Initial ICH Score Performed	INIICHSCRPFM	Char	Y, N	1	Ex: N	Optional
Initial ICH Score Date	INIICHSCRDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Initial ICH Score Time	INIICHSCRTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
IA Route of t-PA Administration	IAROUTETPA	Char	Y, N	1	Ex: N	Optional
IA t-PA or MER Initiation Date	IATPAMERINIDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
IA t-PA or MER Initiation Time	IATPAMERINITM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
IV Thrombolytic Initiation	IVTHROMINIT	Char	Y, N	1	Ex: N	Optional
IV Thrombolytic Initiation Date	IVTHROMINIDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
IV Thrombolytic Initiation Time	IVTHROMINITM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
IV Thrombolytic Therapy Prior to IA or Mechanical Reperfusion Therapy	IVTHROMMCHRPFTH	Char	Y, N	1	Ex: N	Optional
Positive Brain Image	POSBRAINIMG	Char	Y, N	1	Ex: N	Optional
Positive Brain Image Date	POSBRAINIMGDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Positive Brain Image Time	POSBRAINIMGTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
NIHSS Score Documented Closest to IA t-PA or MER Initiation	NIHSCRCLOSIATPA	Char	0-42 or UTD	3	Ex: UTD	Optional



Comprehensive Stroke (CSTK)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Highest NIHSS Score Documented Within 36 Hours Following IA t-PA or MER Initiation)	NIHSSTPAMERINI	Char	0-42 or UTD	3	Ex: UTD	Optional
NIHSS Score Documented Closest to IV Thrombolytic Initiation	NIHSCRCLOSIVTPA	Char	0-42 or UTD	3	Ex: UTD	Optional
Highest NIHSS Score Documented Within 36 Hours Following IV Thrombolytic Initiation	NIHSSIVTHROMINI	Char	0-42 or UTD	3	Ex: UTD	Optional
Modified Rankin Score (mRS)	MRS	Char	0,1,2,3,4,5,6,7,8	1	Ex: 3	Optional
mRS Date	MRS DT	Char	MM-DD-YYYY	10	01-07-2019	Optional
Site of Primary Vessel Occlusion	SITPRMVSLOCL	Char	0-14	1	Ex: 1	Optional
Post-Treatment Thrombolysis in Cerebral Infarction (TICI) Reperfusion Grade	POSTTICIRPFSGRD	Char	1,2,3	1	Ex: 1	Optional
Delayed Endovascular Rescue Procedure	DELENDRESPROC	Char	Y, N	1	Ex: N	Optional
Skin Puncture	SKINPUNCT	Char	Y, N	1	Ex: N	Optional
Skin Puncture Date	SKINPUNCTDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Skin Puncture Time	SKINPUNCTTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
Pre-Stroke Modified Rankin Score (mRS)	PREMRS	Char	1,2,3	1	2	Optional
Failed Attempt at Thrombectomy	FAILATTTHROM	Char	Y, N	1	Ex: N	Optional
Post-Treatment InCerebral Infarction Date	POSTTICIRPFSGRDDT	Char	MM-DD-YYYY or UTD	10	01-07-2019	Optional
Post-Treatment InCerebral Infarction Time	POSTTICIRPFSGRDTM	Char	HH:MM or HHMM or UTD	5	11:45	Optional
Non-aneurysmal	NONANEURYSMAL	Char	Y, N	1	Ex: N	Optional
Initial NIHSS Less Than 6	ININIHSSLS6	Char	Y, N	1	Ex: N	Optional



Comprehensive Stroke (CSTK)

File Naming Convention

The Comprehensive Stroke Core Measure file must conform to the following naming convention:

6digitCCN_CSTK_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_CSTK_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Hospital Based Inpatient Psychiatric Services Events (HBIPS-EVT)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the inpatient encounter.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient)	15	9999999999901	Required
Birth Date	BIRTHDATE	Date	MM-DD-YYYY (must be a valid date)	10	05-07-1979	Required if not sent in base file (For patients not discharged)
Admit Date	ADMIT_DATE	Date	MM-DD-YYYY	10	01-07-2019	Required if not sent in base file (For patients not discharged)
Sex	SEX	Char	M, F, U	1	M	Optional
Race	RACE	Number	1-white 2-black 3-American Indian 4- Asian or Pacific Islander 7-UTD	1	2	Optional
Payment Source	PMTSRCE1	Char	1-Medicare 2-Not Medicare	1	1	Optional
First Name	FIRST_NAME	Char	Up to 30 characters	30	John	Optional
Last Name	LAST_NAME	Char	Up to 30 characters	30	Doe	Optional
Hispanic Ethnicity	ETHNIC	Char	Y-Hispanic or Latino N-not Hispanic or Latino or unable to determine	1	N	Optional
Restraint Event Date	RESTEVTDT# (# is from 1 to 15. For Ex: RESTEVTDT1 RESTEVTDT ..., RESTEVTDT15)	number	MM-DD-YYYY	4	10	Required if Restraint Event
Restraint Event Minutes	RESTMIN# (# is from 1 to 15. For Ex: RESTMIN1 RESTMIN2 ... RESTMIN15)	number	Integer value in minutes	4	10	Required if Restraint Event
Seclusion Event Date	SECLEVTDT# (# is from 1 to 15. For Ex: SECLEVTDT1 SECLEVTDT2 ... SECLEVTDT15)	number	MM-DD-YYYY	4	10	Required if Seclusion Event



Hospital Based Inpatient Psychiatric Services Events (HBIPS-EVT)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Seclusion Event Minutes	SECLMIN# (# is from 1 to 15. For Ex: SECLMIN1 SECLMIN2 ... SECLMIN15)	number	Integer value in minutes	4	10	Required if Seclusion Event

File Naming Convention

The HBIPS-EVT Core Measure file must conform to the following naming convention:

6digitCCN_HBIPS_EVT_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_HBIPS_EVT_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Hospital Based Inpatient Psychiatric Services Events Unlimited (HBIPS-EVT Unlimited)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the inpatient encounter.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient)	15	9999999999901	Required
Birth Date	BIRTHDATE	Date	MM-DD-YYYY (must be a valid date)	10	05-07-1979	Required if not sent in base file (For patients not discharged)
Admit Date	ADMIT_DATE	Date	MM-DD-YYYY	10	01-07-2019	Required if not sent in base file (For patients not discharged)
Sex	SEX	Char	M, F, U	1	M	Optional
Race	RACE	Number	1-white 2-black 3-American Indian 4- Asian or Pacific Islander 7-UTD	1	2	Optional
Hispanic Ethnicity	ETHNIC	Char	Y-Hispanic or Latino N-not Hispanic or Latino or unable to determine	1	N	Optional
Payment Source	PMTSRCE1	Char	1-Medicare 2-Not Medicare	1	1	Optional
First Name	FIRST_NAME	Char	Up to 30 characters	30	John	Optional
Last Name	LAST_NAME	Char	Up to 30 characters	30	Doe	Optional
Event Type	EventType	Char	R or S (R - Restraint, S- Seclusion)	1	R	Optional
Event Start Date	EventStartDate	Date	MM-DD-YYYY	10	01-07-2019	Required
Event Start Time	EventStartTime	Char	HH:MM	5	12:12	Optional (Will default to midnight if not provided)
Event Minutes	EventDurationInMinutes	number	Integer value in minutes	4	10	Required



Hospital Based Inpatient Psychiatric Services Events Unlimited (HBIPS-EVT Unlimited)

File Naming Convention

The HBIPS-EVT Unlimited Core Measure file must conform to the following naming convention:

6digitCCN_HBIPS_EVT_Unlimited_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_HBIPS_EVT_Unlimited_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Hospital-Based Inpatient Psychiatric Services (HBIPS-DSC)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Patient Strengths	PTSTR	Char	Y, N, X	1	N	Optional
Psychological Trauma History	PSYCHTRMHX	Char	Y, N, X	1	N	Optional
Substance Use	SUBSTNCUSE	Char	Y, N, X	1	N	Optional
Violence Risk to Others	VLNCRSKOTH	Char	Y, N, X	1	N	Optional
Violence Risk to Self	VLNCRSKSLF	Char	Y, N, X	1	N	Optional
Patient Status at Discharge	PTSTATUSDSC	Char	1,2,3	1	1	Optional
Number of Antipsychotic Medications Prescribed at Discharge	NOPSYCHMD	Char	(0 to 99) or UTD	3	Ex: UTD	Optional
Appropriate Justification for Multiple Antipsychotic Medications	JSTPSYCHMD	Char	1,2,3,4,5	1	1	Optional



Hospital-Based Inpatient Psychiatric Services (HBIPS-DSC)

File Naming Convention

The Hospital-Based Inpatient Psychiatric Services Core Measure file must conform to the following naming convention:

6digitCCN_HBIPS_DSC_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_HBIPS_DSC_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



IPF Substance Use (IPF-SUB)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Alcohol Use Status	ALCSTATUS	Char	1,2,3,4,5,6,7	1	1	Optional
Comfort Measures Only	COMFORTMX	Char	1,2,3,4	1	2	Optional
Brief Intervention	BRFINTVTN	Char	1,2,3	1	2	Optional
Referral for Addictions Treatment	REFADDTX	Char	1,2,3,4,5	1	2	Optional
Prescription for Alcohol or Drug Disorder Medication	RXALCDRGMED	Char	1,2,3,4	1	2	Optional

File Naming Convention

The IPF Substance Use Core Measure file must conform to the following naming convention:

6digitCCN_IPFSUB_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IPFSUB_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



IPF Tobacco Use File (IPF-TOB)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Tobacco Use Status	TOBSTATUS	Char	1, 2, 3, 4, 5, 6, 7	1	1	Optional
Tobacco Use Treatment Practical Counseling	TOBTXCOUNS	Char	1, 2, 3	1	2	Optional
Tobacco Use Treatment FDA-Approved Cessation Medication	TOBTXMED	Char	1, 2, 3	1	3	Optional
Reason for No Tobacco Cessation Medication During the Hospital Stay	RSNNOTOBSTAY	Char	Y, N	1	N	Optional
Comfort Measures Only	COMFORTMX	Char	1, 2, 3, 4	1	2	Optional
Referral for Outpatient Tobacco Cessation Counseling	REFOPTOBCSNG	Char	1, 2, 3, 4, 5	1	1	Optional
Prescription for Tobacco Cessation Medication	RXTOBMED	Char	1, 2, 3, 4	1	2	Optional
Reason for No Tobacco Cessation Medication at Discharge	RSNNOTOBDC	Char	Y, N	1	N	Optional



IPF Tobacco Use File (IPF-TOB)

File Naming Convention

The IPF Tobacco Core Measure file must conform to the following naming convention:

6digitCCN_IPFTOB_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IPFTOB_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



IPF Immunization File (IPF-IMM)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Influenza Vaccination Status	FLUVACSTATUS	Char	1, 2, 3, 4, 5, 6	1	3	Optional

File Naming Convention

The IPF Immunization Core Measure file must conform to the following naming convention:

6digitCCN_IPFIMM_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IPFIMM_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions



IPF Screening For Metabolic Disorders (IPF-SMD)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	SMD900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Number of Antipsychotic Medications	ANTIPSYCHMEDS	Char	(0 to 99) or UTD	2	UTD	Optional
Body Mass Index (BMI))	BMI	Char	Y, N	1	N	Optional
Blood Pressure	BLDPRSSR	Char	Y, N	1	N	Optional
Blood Glucose	BLDGLCS	Char	Y, N	1	N	Optional
Lipid Panel	LIPIDPANEL	Char	Y, N	1	N	Optional
Reason for Incomplete Metabolic Screening	RSNNOMETSCRN	Char	Y, N	1	N	Optional



IPF Screening For Metabolic Disorders (IPF-SMD)

File Naming Convention

The IPF Screening For Metabolic Disorders Core Measure file must conform to the following naming convention:

6digitCCN_IPFSMD_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IPFSMD_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



IPF Timely Transition Record (IPF-TTR)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	TTR900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Reason for Inpatient Admission	INPTADMREAS	Char	Y, N	1	N	Optional
Medical Procedures and Tests & Summary of Results	PROCTEST	Char	Y, N	1	N	Optional
Principal Diagnosis	PRINDXDC	Char	Y, N	1	N	Optional
Current Medication List	MEDLIST	Char	Y, N	1	N	Optional
Studies Pending at Discharge	STUDPENDDC	Char	Y, N	1	N	Optional
Patient Instructions	PATINSTR	Char	Y, N	1	N	Optional
Advance Care Plan	ADVCAREPLN	Char	Y, N	1	N	Optional
Contact Information 24 hrs/ 7 days	CONTINFOHRDY	Char	Y, N	1	N	Optional
Contact Information for Studies Pending at Discharge	CONTINFOSTPEND	Char	Y, N	1	N	Optional
Plan for Follow Up Care	PLANFUP	Char	Y, N	1	N	Optional
Primary Physician / Health Care Professional for Follow Up Care	PPFUP	Char	Y, N	1	N	Optional
Transmission Within 24 hours	TRREC	Char	Y, N	1	N	Optional
Clinician Determined clinically unstable	ClinicianDetermined	Char	Y, N	1	N	Optional
Transition Record Received and reviewed	TransitionRecordReceived	Char	Y, N	1	N	Optional
Transition Record Discussed with receiving facility	TransitionRecordDiscussed	Char	Y, N	1	N	Optional



IPF Timely Transition Record (IPF-TTR)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Patient Record includes Discharge Date/Time	DischargeTimeRecord	Char	Y, N	1	N	Optional
Patient Record includes Transmission Date/Time	TransitionTimeRecord	Char	Y, N	1	N	Optional
Patient Record includes Transmission Method Documentation	TransitionDocumentationRecord	Char	Y, N	1	N	Optional

File Naming Convention

The IPF Timely Transition Record Core Measure file must conform to the following naming convention:

6digitCCN_IPFTTR_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_IPFTTR_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.



Provider Dictionary

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Physician/Provider ID	ProviderID	Char	Valid up to 35-character physician code (Unique identifier for the physician corresponding to the same unique identifier used in the ATTESTING_PHYSICIAN_CODE/ED_PHYSICIAN_CODE column of the Demographic Base File)	35	123456	Required
Physician Name	ProviderName	Char	Up to 250 characters	250	John Doe	Required

File Naming Convention

The Provider Dictionary file must conform to the following naming convention:

6digitCCN_ProviderDictionary_YYYYMMDDhhmmss.csv

The provider dictionary table is common and shared across all hospitals belonging to one organization. With that, a single provider dictionary listing all providers throughout the organization can be submitted in one file; or multiple provider files, one per hospital CCN can be submitted. Either option requires that the ProviderID be unique across all hospitals within an organization.

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_ProviderDictionary_20190701235959.csv**



Names

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Provider ID	CM_MEDICARE_ID	Char	Valid 6-digit Medicare Provider Number	6	123456	Required
Patient ID	PATIENT_ID	Char	Up to 40 characters (Unique identifier of the inpatient/outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	TTR900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
First Name	FIRST_NAME	Character	Alphanumeric field size up to 30 characters	30	John	Required
Last Name	LAST_NAME	Character	Alphanumeric field size up to 30 characters	30	Doe	Required

File Naming Convention

The Names file must conform to the following naming convention:

6digitCCN_NAMES_CoreMeasure_YYYYMMDDhhmmss.csv

The first part of the file name should be the hospital's CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.

For Example: **123456_NAMES_CoreMeasure_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions