

Data Submission Specifications for the Hospice Item Set(V1.01.0)
Unduplicated Edits Report by Edit ID

-3001	3
-3002	3
-3003	3
-3005	3
-3006	3
-3008	3
-3009	3
-3010	4
-3011	4
-3012	4
-3013	5
-3014	5
-3015	5
-3016	5
-3017	5
-3018	6
-3019	6
-3020	6
-3021	6
-3022	6
-3023	7
-3024	7
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-3032	8
-3033	9
-3034	10
-3035	10
-3036	10
-3037	10
-3038	10
-3039	10
-3040	10

Data Submission Specifications for the Hospice Item Set(V1.01.0)
Unduplicated Edits Report by Edit ID

-3041	11
-3042	11
-3043	11
-3044	11
-3045	11
-3046	11
-3047	11
-3048	12
-3049	12
-3050	12
-3051	12
-3052	12
-3053	12
-3054	12
-3055	12
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-3059	13
-3060	13
-3061	13
-3062	13
-3063	13
-3064	14
-9001	14
-9003	14
-9004	14
-9005	14
-9006	14
-9007	14
-9008	14
-9009	14
-9010	14
-9011	14

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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																																												
-3001	Format	Fatal	<p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then the length of the submitted value must match exactly the maximum length that is listed for the item.</p> <p>Items: A0100A Facility National Provider Identifier (NPI) A0600A Social Security Number</p>																																																												
-3002	Format	Fatal	<p>If the value is not equal to [^], the first three characters must not be equal to [000].</p> <p>Items: A0600A Social Security Number</p>																																																												
-3003	Format	Fatal	<p>The value must not be equal to any of the following: [111111111, 333333333, 123456789, 999999999].</p> <p>Items: A0600A Social Security Number</p>																																																												
-3005	Format	Fatal	<p>If the first character is numeric [0 through 9], then the first 9 characters must be digits [0 through 9].</p> <p>Items: A0600B Patient Medicare/railroad insurance number</p>																																																												
-3006	Format	Fatal	<p>If the first character is alphabetic, then there must be 1, 2, or 3 alphabetic characters followed by 6 or 9 numbers, up to the length of the item.</p> <p>Items: A0600B Patient Medicare/railroad insurance number</p>																																																												
-3008	Consistency	Fatal	<p>A0900 (birthdate) cannot be more than 140 years earlier than the submission date.</p> <p>Items: A0900 Birthdate</p>																																																												
-3009	Format	Fatal	<p>Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p> <p>Items:</p> <table><tr><td>ITM_SET_SYS_CD</td><td>Item set system code</td></tr><tr><td>ITM_SBST_CD</td><td>Item subset code</td></tr><tr><td>ITM_SET_VRSN_C</td><td>Item set version code</td></tr><tr><td>SPEC_VRSN_CD</td><td>Specifications version code</td></tr><tr><td>STATE_CD</td><td>Provider's state postal code</td></tr><tr><td>A0050</td><td>Type of record</td></tr><tr><td>A0205</td><td>Site of service at admission</td></tr><tr><td>A0250</td><td>Reason for record</td></tr><tr><td>A0800</td><td>Gender</td></tr><tr><td>A1000A</td><td>Ethnicity: American Indian or Alaska Native</td></tr><tr><td>A1000B</td><td>Ethnicity: Asian</td></tr><tr><td>A1000C</td><td>Ethnicity: Black or African American</td></tr><tr><td>A1000D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td>A1000E</td><td>Ethnicity: Native Hawaiian/Pacific Islander</td></tr><tr><td>A1000F</td><td>Ethnicity: White</td></tr><tr><td>A1802</td><td>Admitted from</td></tr><tr><td>A2115</td><td>Reason for discharge</td></tr><tr><td>F2000A</td><td>Was patient asked about CPR</td></tr><tr><td>F2100A</td><td>Was patient asked about treatments other than CPR</td></tr><tr><td>F2200A</td><td>Was patient asked about hospitalization</td></tr><tr><td>F3000A</td><td>Was patient asked spiritual/existential concerns</td></tr><tr><td>I0010</td><td>Principal diagnosis</td></tr><tr><td>J0900A</td><td>Was patient screened for pain</td></tr><tr><td>J0900C</td><td>Patient's pain severity was</td></tr><tr><td>J0900D</td><td>Type of standardized pain tool used</td></tr><tr><td>J0910A</td><td>Was comprehensive pain assessment done</td></tr><tr><td>J0910C1</td><td>Pain asmt included: location</td></tr><tr><td>J0910C2</td><td>Pain asmt included: severity</td></tr><tr><td>J0910C3</td><td>Pain asmt included: character</td></tr><tr><td>J0910C4</td><td>Pain asmt included: duration</td></tr></table>	ITM_SET_SYS_CD	Item set system code	ITM_SBST_CD	Item subset code	ITM_SET_VRSN_C	Item set version code	SPEC_VRSN_CD	Specifications version code	STATE_CD	Provider's state postal code	A0050	Type of record	A0205	Site of service at admission	A0250	Reason for record	A0800	Gender	A1000A	Ethnicity: American Indian or Alaska Native	A1000B	Ethnicity: Asian	A1000C	Ethnicity: Black or African American	A1000D	Ethnicity: Hispanic or Latino	A1000E	Ethnicity: Native Hawaiian/Pacific Islander	A1000F	Ethnicity: White	A1802	Admitted from	A2115	Reason for discharge	F2000A	Was patient asked about CPR	F2100A	Was patient asked about treatments other than CPR	F2200A	Was patient asked about hospitalization	F3000A	Was patient asked spiritual/existential concerns	I0010	Principal diagnosis	J0900A	Was patient screened for pain	J0900C	Patient's pain severity was	J0900D	Type of standardized pain tool used	J0910A	Was comprehensive pain assessment done	J0910C1	Pain asmt included: location	J0910C2	Pain asmt included: severity	J0910C3	Pain asmt included: character	J0910C4	Pain asmt included: duration
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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above J2030A Was patient screened for shortness of breath J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued
-3010	Format	Fatal	<p>Values of Date Items:</p> <p>This item must contain either (a) a valid date in YYYYMMDD format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 2011 must be submitted as "20110101".</p> <p>Items: A0220 Admission date A0245 Date initial nursing assessment initiated A0270 Discharge date F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns J0900B Date of first screening for pain J0910B Date of comprehensive pain assessment J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued Z0500B Date of signature verifying record completion</p>
-3011	Format	Fatal	<p>Formatting of Birthdate:</p> <p>This item must contain either (a) a valid date in YYYYMMDD, YYYYMM, or YYYY format, or (b) one of the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report. Note that if a date in YYYYMMDD format is submitted, it must be 8 characters in length and each of the 8 characters must contain the digits 0 (zero) through 9. YYYY, MM, and DD must be zero filled, where necessary. For example, January 1, 1909 must be submitted as "19090101".</p> <p>If a date is submitted in YYYYMM format, it must be 6 characters in length and each of the 6 characters must contain the digits 0 (zero) through 9. YYYY and MM must be zero filled, where necessary. For example, January, 1909 must be submitted as "190901".</p> <p>If a date is submitted in YYYY format, it must be 4 characters in length and each of the 4 characters must contain the digits 0 (zero) through 9. YYYY must be zero filled, where necessary. For example, 1909 must be submitted as "1909".</p> <p>Items: A0900 Birthdate</p>
-3012	Format	Fatal	<p>Values of Numeric Items:</p> <p>Only the values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item. The submitted value must be greater than or equal to the minimum value listed in the table and less than or equal to the maximum value listed in the table, or it must match one of the remaining special values (if any) that are listed in the table.</p>

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			<p>The length of the submitted value must not exceed the allowed maximum length for the item. Signed numbers (with a leading plus or minus sign) will not be accepted.</p> <p>Items: CRCTN_NUM Correction number</p>
-3013	Format	Fatal	<p>Formatting of Positive Integer Numeric Items:</p> <p>Only positive integer values and the special values (if any) that are listed in the "Item Values" table of the Detailed Data Specifications Report will be accepted for this item. Leading zeroes may be included or omitted from the submitted value as long as the resulting length of the string does not exceed the allowed maximum length for the item. A decimal point and decimal values are not allowed. A sign will not be accepted.</p> <p>The following examples are allowable if the value to be submitted is equal to [1] and the maximum length is equal to 2: [1], [01]. The following values are NOT allowed and will lead to a fatal error: [1.], [1.0], [01.], [01.0], [1.1], [01.1], [1.01], [+1], [-2], [+1.3], [-4.5].</p> <p>Items: CRCTN_NUM Correction number</p>
-3014	Consistency	Fatal	<p>***THIS EDIT WAS DELETED IN V1.00.1 OF THE DATA SPECS</p> <p>Items: SFTWR_VNDR_ID Software vendor federal employer tax ID SFTWR_VNDR_NAME Software vendor company name SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-3015	Format	Fatal	<p>Formatting of Numeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9].</p> <p>Items: SFTWR_VNDR_ID Software vendor federal employer tax ID A0100A Facility National Provider Identifier (NPI) A0600A Social Security Number</p>
-3016	Format	Fatal	<p>Formatting of Alphanumeric Text Items:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z].</p> <p>Items: A0100B Facility CMS Certification Number (CCN) A0600B Patient Medicare/railroad insurance number A0700 Patient Medicaid number</p>
-3017	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, and Special Characters:</p> <p>If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The character [-]. d) The following special characters: [@] (at sign) ['] (single quote) [/] (forward slash) [+] (plus sign) [,] (comma) [.] (period) [_] (underscore) e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed.</p>

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Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: SFTWR_PROD_VRSN_CD Software product version code A0500A Patient first name A0500C Patient last name A0500D Patient name suffix
-3018	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters:</p> <p>a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The following special characters:</p> <p>[@] (at sign) ['] (single quote) [/] (forward slash) [+] (plus sign) [,] (comma) [.] (period) [_] (underscore)</p> <p>Items: A0500B Patient middle initial</p>
-3019	Format	Fatal	<p>Formatting of email address. Any valid email address will be accepted. The text string may contain any printable characters except the following:</p> <p>' single quote " double quote , comma ; semi-colon : colon \ back slash () right and left parentheses [] right and left brackets { } right and left braces < less than > greater than space (embedded space)</p> <p>Items: SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-3020		Consistency Fatal	<p>FAC_ID is the facility/provider ID.</p> <p>a) This must be the FAC_ID assigned to the provider upon registration. The submitted value must match the FAC_ID in the QIES Assessment Processing System for the facility or provider. b) A user submitting a file for a provider must be authorized to submit for the provider identified by the FAC_ID item in the file.</p> <p>Items: FAC_ID Assigned provider submission ID</p>
-3021	Consistency	Warning	<p>The value submitted for A0100B (provider's CMS Certification Number -- CCN) will be compared with the value that is currently in the ASAP database. If the values do not match, a warning will be issued.</p> <p>Items: A0100B Facility CMS Certification Number (CCN)</p>
-3022	Format	Fatal	<p>This is a required text item. A valid non-blank value must be submitted.</p> <p>Items: FAC_ID Assigned provider submission ID SFTWR_VNDR_ID Software vendor federal employer tax ID SFTWR_VNDR_NAME Software vendor company name SFTWR_VNDR_EMAIL_ADR Software vendor email address A0500A Patient first name</p>

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-3023	Consistency	Fatal	<p>In order to modify or inactivate a record that has previously been accepted by the submission system, the system must be able to locate the previous record. Appropriate values from the record to be corrected must therefore be submitted for the following locator items:</p> <p>a) A0250 (reason for record) b) A0500A (patient first name) c) A0500C (patient last name) d) A0800 (gender) e) A0600A (social security number) f) A0900 (birth date) g) A0220 (admission date) h) A0270 (discharge date)</p> <p>If a matching previously accepted record cannot be located, a fatal error will result and the submitted record will be rejected.</p> <table><tr><td>Items:</td><td>A0220</td><td>Admission date</td></tr><tr><td></td><td>A0250</td><td>Reason for record</td></tr><tr><td></td><td>A0270</td><td>Discharge date</td></tr><tr><td></td><td>A0500A</td><td>Patient first name</td></tr><tr><td></td><td>A0500C</td><td>Patient last name</td></tr><tr><td></td><td>A0600A</td><td>Social Security Number</td></tr><tr><td></td><td>A0800</td><td>Gender</td></tr><tr><td></td><td>A0900</td><td>Birthdate</td></tr></table>	Items:	A0220	Admission date		A0250	Reason for record		A0270	Discharge date		A0500A	Patient first name		A0500C	Patient last name		A0600A	Social Security Number		A0800	Gender		A0900	Birthdate																		
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	A0600A	Social Security Number																																											
	A0800	Gender																																											
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-3024	Consistency	Fatal	<p>If any item A1000A through A1000F is equal to [-], then all items from A1000A through A1000F must equal [-].</p> <table><tr><td>Items:</td><td>A1000A</td><td>Ethnicity: American Indian or Alaska Native</td></tr><tr><td></td><td>A1000B</td><td>Ethnicity: Asian</td></tr><tr><td></td><td>A1000C</td><td>Ethnicity: Black or African American</td></tr><tr><td></td><td>A1000D</td><td>Ethnicity: Hispanic or Latino</td></tr><tr><td></td><td>A1000E</td><td>Ethnicity: Native Hawaiian/Pacific Islander</td></tr><tr><td></td><td>A1000F</td><td>Ethnicity: White</td></tr></table>	Items:	A1000A	Ethnicity: American Indian or Alaska Native		A1000B	Ethnicity: Asian		A1000C	Ethnicity: Black or African American		A1000D	Ethnicity: Hispanic or Latino		A1000E	Ethnicity: Native Hawaiian/Pacific Islander		A1000F	Ethnicity: White																								
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	A1000F	Ethnicity: White																																											
-3025	Consistency	Fatal	<p>The first record that is submitted to correct or inactivate an existing record must have a value of "01" in CRCTN_NUM (correction number). If that correction/inactivation is accepted and if a subsequent correction/inactivation is required, it must have a value of "02", and so on. In other words, the correction number in CRCTN_NUM on the first correction/inactivation must be "01", and the value on each subsequent correction/inactivation must be incremented by 1. If the value submitted in CRCTN_NUM is incorrect, a fatal error will result and the submitted record will be rejected.</p> <table><tr><td>Items:</td><td>CRCTN_NUM</td><td>Correction number</td></tr></table>	Items:	CRCTN_NUM	Correction number																																							
Items:	CRCTN_NUM	Correction number																																											
-3026	Format	Fatal	<p>The length of the text submitted for a free-form text item must not exceed the maximum length specified for that item.</p> <table><tr><td>Items:</td><td>SFTWR_VNDR_ID</td><td>Software vendor federal employer tax ID</td></tr><tr><td></td><td>SFTWR_VNDR_NAME</td><td>Software vendor company name</td></tr><tr><td></td><td>SFTWR_VNDR_EMAIL_ADR</td><td>Software vendor email address</td></tr><tr><td></td><td>SFTWR_PROD_NAME</td><td>Software product name</td></tr><tr><td></td><td>SFTWR_PROD_VRSN_CD</td><td>Software product version code</td></tr><tr><td></td><td>A0100A</td><td>Facility National Provider Identifier (NPI)</td></tr><tr><td></td><td>A0100B</td><td>Facility CMS Certification Number (CCN)</td></tr><tr><td></td><td>A0500A</td><td>Patient first name</td></tr><tr><td></td><td>A0500B</td><td>Patient middle initial</td></tr><tr><td></td><td>A0500C</td><td>Patient last name</td></tr><tr><td></td><td>A0500D</td><td>Patient name suffix</td></tr><tr><td></td><td>A0600A</td><td>Social Security Number</td></tr><tr><td></td><td>A0600B</td><td>Patient Medicare/railroad insurance number</td></tr><tr><td></td><td>A0700</td><td>Patient Medicaid number</td></tr></table>	Items:	SFTWR_VNDR_ID	Software vendor federal employer tax ID		SFTWR_VNDR_NAME	Software vendor company name		SFTWR_VNDR_EMAIL_ADR	Software vendor email address		SFTWR_PROD_NAME	Software product name		SFTWR_PROD_VRSN_CD	Software product version code		A0100A	Facility National Provider Identifier (NPI)		A0100B	Facility CMS Certification Number (CCN)		A0500A	Patient first name		A0500B	Patient middle initial		A0500C	Patient last name		A0500D	Patient name suffix		A0600A	Social Security Number		A0600B	Patient Medicare/railroad insurance number		A0700	Patient Medicaid number
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	A0700	Patient Medicaid number																																											

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Unduplicated Edits Report by Edit ID

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-3027	Consistency	Fatal	<p>a) If SFTWR_PROD_NAME is equal to [^], then SFTWR_PROD_VRSN_CD must be equal to [^]. b) If SFTWR_PROD_NAME is not equal to [^], then SFTWR_PROD_VRSN_CD must not be equal to [^].</p> <p>Items: SFTWR_PROD_NAME Software product name SFTWR_PROD_VRSN_CD Software product version code</p>
-3028	Consistency	Fatal	<p>The Item Subset Code (ISC) is a two-character code that indicates the type of record that is being submitted. The set of active items is controlled by the ISC. The submission system will recalculate the ISC and compare the recalculated value with the value that is submitted in ITM_SBST_CD. If the recalculated value does not match the value submitted in ITM_SBST_CD, a fatal error will result. The ISC is defined as follows: If A0050 = [1,2] and A0250 = [01] then ITM_SBST_CD = [HA] If A0050 = [1,2] and A0250 = [09] then ITM_SBST_CD = [HD] If A0050 = [3] and A0250 = [01,09] then ITM_SBST_CD = [XX] For a more complete explanation of the meaning and use of the ISC codes, please refer to the documentation that accompanies these data specifications.</p> <p>Items: ITM_SBST_CD Item subset code A0050 Type of record A0250 Reason for record</p>
-3029	Format	Fatal	<p>Formatting of Alphanumeric Text Items That Can Contain Dashes, Spaces, Ampersands, and Other Special Characters: If this item is not equal to one of the special values (if any) that are listed in the Item Values table of the Detailed Data Specifications Report, then it must contain a text string. This text string may contain only the following characters: a) The numeric characters: [0] through [9]. b) The letters [A] through [Z] and [a] through [z]. c) The character [-]. d) The following special characters: [&] (ampersand) [@] (at sign) ['] (single quote) [/] (forward slash) [+] (plus sign) [,] (comma) [.] (period) [_] (underscore) e) Embedded spaces (spaces surrounded by any of the characters listed above). For example, [LEGAL TEXT] would be allowed.</p> <p>Items: SFTWR_VNDR_NAME Software vendor company name SFTWR_PROD_NAME Software product name</p>
-3032	Consistency	Fatal	<p>DATE ITEM CONSISTENCY RULES Date items fall into two groups, designated Group A and B, below. Each group has its own consistency rules.</p> <p>-----</p> <p>GROUP A RULES (Edit -3032a) Group A items are listed below. Each active item in this list that contains a valid date (not blank or dash) must be in the specified order: A0900 (birth date) <= A0220 (admission date) <= A0245 (date initial nursing assessment initiated) <= A0270 (discharge date) <= Z0500B (date of signature verifying record completion) <= submission date</p> <p>-----</p>

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																																
			<p>GROUP B RULES (Edit –3032b)</p> <p>Group B items are listed below. Each active item in this list that contains a valid date (not blank or dash) must obey all of the following rules:</p> <ol style="list-style-type: none">1. Each Group B date must be greater than or equal to A0220 (admission date).2. Each Group B date must be less than or equal to Z0500B (date record completion was verified).3. For date pairs shown below, the first date listed must be less than or equal to the second date listed.4. Otherwise, the Group B dates may be in any order. <p>The following is a list of Group B dates:</p> <ul style="list-style-type: none">a) J0900B (date of first screening for pain) <= J0910B (date of comprehensive pain assessment)b) J2030B (date of first screening for shortness of breath)c) J2040B (date treatment for shortness of breath initiated)d) N0500B (date scheduled opioid initiated or continued)e) N0510B (date PRN opioid initiated or continued)f) N0520B (date bowel regimen initiated or continued) <p>-----</p> <p>GROUP C RULES (Edit –3032c)</p> <p>Group C items are listed below. Each Group C date must be less than or equal to Z0500B (date record completion was verified).</p> <p>The following is a list of Group C dates:</p> <ul style="list-style-type: none">a) F2000B (date asked about CPR)b) F2100B (date asked about treatment other than CPR)c) F2200B (date asked about hospitalization)d) F3000B (date asked about spiritual/existential concerns) <table><tr><td>Items:</td><td>A0220</td><td>Admission date</td></tr><tr><td></td><td>A0245</td><td>Date initial nursing assessment initiated</td></tr><tr><td></td><td>A0270</td><td>Discharge date</td></tr><tr><td></td><td>A0900</td><td>Birthdate</td></tr><tr><td></td><td>F2000B</td><td>Date asked about CPR</td></tr><tr><td></td><td>F2100B</td><td>Date asked about treatment other than CPR</td></tr><tr><td></td><td>F2200B</td><td>Date asked about hospitalization</td></tr><tr><td></td><td>F3000B</td><td>Date asked about spiritual/existential concerns</td></tr><tr><td></td><td>J0900B</td><td>Date of first screening for pain</td></tr><tr><td></td><td>J0910B</td><td>Date of comprehensive pain assessment</td></tr><tr><td></td><td>J2030B</td><td>Date of first screening for shortness of breath</td></tr><tr><td></td><td>J2040B</td><td>Date treatment for shortness of breath initiated</td></tr><tr><td></td><td>N0500B</td><td>Date scheduled opioid initiated or continued</td></tr><tr><td></td><td>N0510B</td><td>Date PRN opioid initiated or continued</td></tr><tr><td></td><td>N0520B</td><td>Date bowel regimen initiated or continued</td></tr><tr><td></td><td>Z0500B</td><td>Date of signature verifying record completion</td></tr></table>	Items:	A0220	Admission date		A0245	Date initial nursing assessment initiated		A0270	Discharge date		A0900	Birthdate		F2000B	Date asked about CPR		F2100B	Date asked about treatment other than CPR		F2200B	Date asked about hospitalization		F3000B	Date asked about spiritual/existential concerns		J0900B	Date of first screening for pain		J0910B	Date of comprehensive pain assessment		J2030B	Date of first screening for shortness of breath		J2040B	Date treatment for shortness of breath initiated		N0500B	Date scheduled opioid initiated or continued		N0510B	Date PRN opioid initiated or continued		N0520B	Date bowel regimen initiated or continued		Z0500B	Date of signature verifying record completion
Items:	A0220	Admission date																																																	
	A0245	Date initial nursing assessment initiated																																																	
	A0270	Discharge date																																																	
	A0900	Birthdate																																																	
	F2000B	Date asked about CPR																																																	
	F2100B	Date asked about treatment other than CPR																																																	
	F2200B	Date asked about hospitalization																																																	
	F3000B	Date asked about spiritual/existential concerns																																																	
	J0900B	Date of first screening for pain																																																	
	J0910B	Date of comprehensive pain assessment																																																	
	J2030B	Date of first screening for shortness of breath																																																	
	J2040B	Date treatment for shortness of breath initiated																																																	
	N0500B	Date scheduled opioid initiated or continued																																																	
	N0510B	Date PRN opioid initiated or continued																																																	
	N0520B	Date bowel regimen initiated or continued																																																	
	Z0500B	Date of signature verifying record completion																																																	
-3033	Consistency	Warning	<p>DATE SPAN REQUIREMENTS</p> <p>The following rules describe allowable spans between pairs of dates. Each rule applies if both date items in the pair are active and contain valid dates (not blank or dash). Violation of these rules will result in warnings.</p> <ul style="list-style-type: none">a) If A0250=[01] (admission record), then Z0500B (date of signature verifying record completion) minus A0220 (admission date) should be less than or equal to 14 days.b) If A0250=[09] (discharge record), then Z0500B (date of signature verifying record completion) minus A0270 (discharge date) should be less than or equal to 7 days. <table><tr><td>Items:</td><td>A0220</td><td>Admission date</td></tr><tr><td></td><td>A0250</td><td>Reason for record</td></tr><tr><td></td><td>A0270</td><td>Discharge date</td></tr><tr><td></td><td>Z0500B</td><td>Date of signature verifying record completion</td></tr></table>	Items:	A0220	Admission date		A0250	Reason for record		A0270	Discharge date		Z0500B	Date of signature verifying record completion																																				
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	A0250	Reason for record																																																	
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	Z0500B	Date of signature verifying record completion																																																	

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items																																										
-3034	Consistency	Warning	<p>RECORD SUBMISSION TIMING RULES</p> <p>The following rules specify the maximum number of days which should elapse between each date listed and the submission date. Violation of these rules will result in warnings. These rules apply only to new records (where A0050=[1]). They do not apply to modification or inactivation records (where A0050=[2,3]).</p> <p>a) If A0250=[01] (admission record), then submission date minus A0220 (admission date) should be less than or equal to 30 days.</p> <p>b) If A0250=[09] (discharge record), then submission date minus A0270 (discharge date) should be less than or equal to 30 days.</p> <table><tr><td>Items:</td><td>A0050</td><td>Type of record</td></tr><tr><td></td><td>A0220</td><td>Admission date</td></tr><tr><td></td><td>A0250</td><td>Reason for record</td></tr><tr><td></td><td>A0270</td><td>Discharge date</td></tr></table>	Items:	A0050	Type of record		A0220	Admission date		A0250	Reason for record		A0270	Discharge date																														
Items:	A0050	Type of record																																											
	A0220	Admission date																																											
	A0250	Reason for record																																											
	A0270	Discharge date																																											
-3035	Skip pattern	Fatal	<p>a) If F2000A=[0], then if F2000B is active it must equal [^].</p> <p>b) If F2000A=[1,2], then if F2000B is active it must not equal [^].</p> <table><tr><td>Items:</td><td>F2000A</td><td>Was patient asked about CPR</td></tr><tr><td></td><td>F2000B</td><td>Date asked about CPR</td></tr></table>	Items:	F2000A	Was patient asked about CPR		F2000B	Date asked about CPR																																				
Items:	F2000A	Was patient asked about CPR																																											
	F2000B	Date asked about CPR																																											
-3036	Skip pattern	Fatal	<p>a) If F2100A=[0], then if F2100B is active it must equal [^].</p> <p>b) If F2100A=[1,2], then if F2100B is active it must not equal [^].</p> <table><tr><td>Items:</td><td>F2100A</td><td>Was patient asked about treatments other than CPR</td></tr><tr><td></td><td>F2100B</td><td>Date asked about treatment other than CPR</td></tr></table>	Items:	F2100A	Was patient asked about treatments other than CPR		F2100B	Date asked about treatment other than CPR																																				
Items:	F2100A	Was patient asked about treatments other than CPR																																											
	F2100B	Date asked about treatment other than CPR																																											
-3037	Skip pattern	Fatal	<p>a) If F2200A=[0], then if F2200B is active it must equal [^].</p> <p>b) If F2200A=[1,2], then if F2200B is active it must not equal [^].</p> <table><tr><td>Items:</td><td>F2200A</td><td>Was patient asked about hospitalization</td></tr><tr><td></td><td>F2200B</td><td>Date asked about hospitalization</td></tr></table>	Items:	F2200A	Was patient asked about hospitalization		F2200B	Date asked about hospitalization																																				
Items:	F2200A	Was patient asked about hospitalization																																											
	F2200B	Date asked about hospitalization																																											
-3038	Skip pattern	Fatal	<p>a) If F3000A=[0], then if F3000B is active it must equal [^].</p> <p>b) If F3000A=[1,2], then if F3000B is active it must not equal [^].</p> <table><tr><td>Items:</td><td>F3000A</td><td>Was patient asked spiritual/existential concerns</td></tr><tr><td></td><td>F3000B</td><td>Date asked about spiritual/existential concerns</td></tr></table>	Items:	F3000A	Was patient asked spiritual/existential concerns		F3000B	Date asked about spiritual/existential concerns																																				
Items:	F3000A	Was patient asked spiritual/existential concerns																																											
	F3000B	Date asked about spiritual/existential concerns																																											
-3039	Skip pattern	Fatal	<p>If J0900A=[0], then all active items from J0900B through J0910C9 must equal [^].</p> <table><tr><td>Items:</td><td>J0900A</td><td>Was patient screened for pain</td></tr><tr><td></td><td>J0900B</td><td>Date of first screening for pain</td></tr><tr><td></td><td>J0900C</td><td>Patient's pain severity was</td></tr><tr><td></td><td>J0900D</td><td>Type of standardized pain tool used</td></tr><tr><td></td><td>J0910A</td><td>Was comprehensive pain assessment done</td></tr><tr><td></td><td>J0910B</td><td>Date of comprehensive pain assessment</td></tr><tr><td></td><td>J0910C1</td><td>Pain asmt included: location</td></tr><tr><td></td><td>J0910C2</td><td>Pain asmt included: severity</td></tr><tr><td></td><td>J0910C3</td><td>Pain asmt included: character</td></tr><tr><td></td><td>J0910C4</td><td>Pain asmt included: duration</td></tr><tr><td></td><td>J0910C5</td><td>Pain asmt included: frequency</td></tr><tr><td></td><td>J0910C6</td><td>Pain asmt included: what relieves/worsens</td></tr><tr><td></td><td>J0910C7</td><td>Pain asmt included: effect function/quality life</td></tr><tr><td></td><td>J0910C9</td><td>Pain asmt included: none of the above</td></tr></table>	Items:	J0900A	Was patient screened for pain		J0900B	Date of first screening for pain		J0900C	Patient's pain severity was		J0900D	Type of standardized pain tool used		J0910A	Was comprehensive pain assessment done		J0910B	Date of comprehensive pain assessment		J0910C1	Pain asmt included: location		J0910C2	Pain asmt included: severity		J0910C3	Pain asmt included: character		J0910C4	Pain asmt included: duration		J0910C5	Pain asmt included: frequency		J0910C6	Pain asmt included: what relieves/worsens		J0910C7	Pain asmt included: effect function/quality life		J0910C9	Pain asmt included: none of the above
Items:	J0900A	Was patient screened for pain																																											
	J0900B	Date of first screening for pain																																											
	J0900C	Patient's pain severity was																																											
	J0900D	Type of standardized pain tool used																																											
	J0910A	Was comprehensive pain assessment done																																											
	J0910B	Date of comprehensive pain assessment																																											
	J0910C1	Pain asmt included: location																																											
	J0910C2	Pain asmt included: severity																																											
	J0910C3	Pain asmt included: character																																											
	J0910C4	Pain asmt included: duration																																											
	J0910C5	Pain asmt included: frequency																																											
	J0910C6	Pain asmt included: what relieves/worsens																																											
	J0910C7	Pain asmt included: effect function/quality life																																											
	J0910C9	Pain asmt included: none of the above																																											
-3040	Skip pattern	Fatal	<p>a) If J0910A=[0], then all active items from J0910B through J0910C9 must equal [^].</p> <p>b) If J0910A=[1], then all active items from J0910B through J0910C9 must not equal [^].</p> <table><tr><td>Items:</td><td>J0910A</td><td>Was comprehensive pain assessment done</td></tr><tr><td></td><td>J0910B</td><td>Date of comprehensive pain assessment</td></tr><tr><td></td><td>J0910C1</td><td>Pain asmt included: location</td></tr><tr><td></td><td>J0910C2</td><td>Pain asmt included: severity</td></tr><tr><td></td><td>J0910C3</td><td>Pain asmt included: character</td></tr></table>	Items:	J0910A	Was comprehensive pain assessment done		J0910B	Date of comprehensive pain assessment		J0910C1	Pain asmt included: location		J0910C2	Pain asmt included: severity		J0910C3	Pain asmt included: character																											
Items:	J0910A	Was comprehensive pain assessment done																																											
	J0910B	Date of comprehensive pain assessment																																											
	J0910C1	Pain asmt included: location																																											
	J0910C2	Pain asmt included: severity																																											
	J0910C3	Pain asmt included: character																																											

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3041	None of above	Fatal	<p>If J0910C1 through J0910C7 and J0910C9 are all active, then the following rules apply: a) If J0910C9=[0], then at least one item from J0910C1 through J0910C7 must equal [1]. b) If J0910C9=[1], then all items from J0910C1 through J0910C7 must equal [0]. c) If any item J0910C1 through J0910C9 is equal to [-], then all items from J0910C1 through J0910C9 must equal [-].</p> Items: J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3042	Skip pattern	Fatal	<p>If J0900A=[1], then all active items from J0900B through J0900C must not equal [^].</p> Items: J0900A Was patient screened for pain J0900B Date of first screening for pain J0900C Patient's pain severity was
-3043	Skip pattern	Fatal	<p>If J2030A=[0], then all active items from J2030B through J2040C4 must equal [^].</p> Items: J2030A Was patient screened for shortness of breath J2030B Date of first screening for shortness of breath J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3044	Skip pattern	Fatal	<p>If J2030A=[1], then all active items from J2030B through J2030C must not equal [^].</p> Items: J2030A Was patient screened for shortness of breath J2030B Date of first screening for shortness of breath J2030C Did screening indicate pt had shortness of breath
-3045	Skip pattern	Fatal	<p>If J2030C=[0], then all active items from J2040A through J2040C4 must equal [^].</p> Items: J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3046	Skip pattern	Fatal	<p>If J2030C=[1], then if J2040A is active it must not equal [^].</p> Items: J2030C Did screening indicate pt had shortness of breath J2040A Was treatment for shortness of breath initiated
-3047	Skip pattern	Fatal	<p>a) If J2040A=[0,1], then all active items from J2040B through J2040C4 must equal [^]. b) If J2040A=[2], then all active items from J2040B through J2040C4 must not equal [^].</p> Items: J2040A Was treatment for shortness of breath initiated J2040B Date treatment for shortness of breath initiated

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3048	Consistency	Fatal	If J2040A=[2], then at least one active item from J2040C1 through J2040C4 must equal [1,-]. Items: J2040A Was treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3049	Skip pattern	Fatal	a) If N0500A=[0], then if N0500B is active it must equal [^]. b) If N0500A=[1], then if N0500B is active it must not equal [^]. Items: N0500A Was scheduled opioid initiated or continued N0500B Date scheduled opioid initiated or continued
-3050	Skip pattern	Fatal	a) If N0510A=[0], then if N0510B is active it must equal [^]. b) If N0510A=[1], then if N0510B is active it must not equal [^]. Items: N0510A Was PRN opioid initiated or continued N0510B Date PRN opioid initiated or continued
-3051	Skip pattern	Fatal	a) If N0520A=[0,1], then if N0520B is active it must equal [^]. b) If N0520A=[2], then if N0520B is active it must not equal [^]. Items: N0520A Was bowel regimen initiated or continued N0520B Date bowel regimen initiated or continued
-3052	Consistency	Fatal	If A0050=[1], then CRCTN_NUM must equal [00]. Items: CRCTN_NUM Correction number A0050 Type of record
-3053	Consistency	Fatal	a) If A0050=[3] (inactivation record) and A0250=[01] (admission record), then A0270 (discharge date) must equal [^]. b) If A0050=[3] (inactivation record) and A0250=[09] (discharge record), then A0270 (discharge date) must not equal [^]. Items: A0050 Type of record A0250 Reason for record A0270 Discharge date
-3054	Format	Fatal	SFTWR_VNDR_ID must contain an Employer ID Number which is 9 digits long. Items: SFTWR_VNDR_ID Software vendor federal employer tax ID
-3055	Consistency	Warning	Failure to provide information by submitting a dash [-] indicates incomplete record keeping and could impact measure calculation. Items: F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns J0900B Date of first screening for pain J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
			Items: J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above J2030B Date of first screening for shortness of breath J2040B Date treatment for shortness of breath initiated J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med N0500B Date scheduled opioid initiated or continued N0510B Date PRN opioid initiated or continued N0520B Date bowel regimen initiated or continued
-3058	Consistency	Fatal	<p>If any item J2040C1 through J2040C4 is equal to [-], then all items from J2040C1 through J2040C4 must equal [-].</p> Items: J2040C1 Type(s) treat for shortness of breath: opioids J2040C2 Type(s) treat for shortness of breath: other med J2040C3 Type(s) treat for shortness of breath: oxygen J2040C4 Type(s) treat for shortness of breath: non-med
-3059	Consistency	Fatal	<p>If N0500A=[1] or N0510A=[1], then if N0520A is active it must not equal [^].</p> Items: N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued
-3060	Consistency	Fatal	<p>If N0500A=[0] and N0510A=[0], then all active items from N0520A through N0520B must equal [^].</p> Items: N0500A Was scheduled opioid initiated or continued N0510A Was PRN opioid initiated or continued N0520A Was bowel regimen initiated or continued N0520B Date bowel regimen initiated or continued
-3061	Consistency	Fatal	<p>f J0900C=[0], then all active items from J0900D through J0910C9 must equal [^].</p> Items: J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910A Was comprehensive pain assessment done J0910B Date of comprehensive pain assessment J0910C1 Pain asmt included: location J0910C2 Pain asmt included: severity J0910C3 Pain asmt included: character J0910C4 Pain asmt included: duration J0910C5 Pain asmt included: frequency J0910C6 Pain asmt included: what relieves/worsens J0910C7 Pain asmt included: effect function/quality life J0910C9 Pain asmt included: none of the above
-3062	Consistency	Fatal	<p>f J0900C=[1,2,3,9], then all active items J0900D through J0910A must not equal [^].</p> Items: J0900C Patient's pain severity was J0900D Type of standardized pain tool used J0910A Was comprehensive pain assessment done
-3063	Consistency	Warning	<p>If any of the items F2000B, F2100B, F2200B, or F3000B are active, they should be greater than or equal to A0220 (admission date) minus 7 days.</p> Items: A0220 Admission date F2000B Date asked about CPR F2100B Date asked about treatment other than CPR F2200B Date asked about hospitalization F3000B Date asked about spiritual/existential concerns

Data Submission Specifications for the Hospice Item Set(V1.01.0)

Unduplicated Edits Report by Edit ID

ID	Type	Severity	Text/Items
-3064	Consistency	Warning	<p>A0245 (Date Initial Nursing Assessment Initiated) contains a dash. A dash should only be used when the patient was discharged prior to the start of the initial nursing assessment.</p> <p>Items: A0245 Date initial nursing assessment initiated</p>
-9001	Information	None	<p>Vendor's version number for the software that was used to create the hospice data submission file.</p> <p>Items: SFTWR_PROD_VRSN_CD Software product version code</p>
-9003	Information	None	<p>Valid federal tax ID (EIN) for the company that developed the software used to create the hospice data submission file.</p> <p>Items: SFTWR_VNDR_ID Software vendor federal employer tax ID</p>
-9004	Information	None	<p>Name of the software that was used to create the hospice data submission file.</p> <p>Items: SFTWR_PROD_NAME Software product name</p>
-9005	Information	None	<p>Email address of the vendor who created the software that was used to produce the hospice submission file.</p> <p>Items: SFTWR_VNDR_EMAIL_ADR Software vendor email address</p>
-9006	Information	None	<p>Any letters that are contained in this item may be submitted as lower case or upper case, but will be converted and stored as upper case by the ASAP system. System reports will therefore display upper case values.</p> <p>Items: SFTWR_VNDR_NAME Software vendor company name SFTWR_PROD_NAME Software product name A0600B Patient Medicare/railroad insurance number A0700 Patient Medicaid number</p>
-9007	Information	None	<p>Submit [+] (the plus sign) to indicate that Medicaid number is pending.</p> <p>Items: A0700 Patient Medicaid number</p>
-9008	Information	None	<p>Submit [N] to indicate that the resident is non-Medicaid.</p> <p>Items: A0700 Patient Medicaid number</p>
-9009	Information	None	<p>a) If A0250=[01] (admission record), then TARGET_DATE is equal to A0220 (admission date). b) If A0250=[09] (discharge record), then TARGET_DATE is equal to A0270 (discharge date).</p> <p>Items: A0250 Reason for record A0270 Discharge date TARGET_DATE Target date</p>
-9010	Information	None	<p>Version Code Values</p> <p>The version code submitted should match one of the values listed in the "Item Values" table of the Detailed Data Specifications Report. For example, do not submit [1.00.], [1.00.0], [1.00.1], or [1.00.2]. A value of [1.00] should be submitted instead.</p> <p>Items: ITM_SET_VRSN_C Item set version code SPEC_VRSN_CD Specifications version code</p>
-9011	Information	None	<p>The CMS Certification Number (CCN) for hospices is currently 6 digits in length and only contains numbers. However, the specs for this item allow letters and a maximum length of 12 to accommodate changes to the CCN that might occur in the future.</p> <p>Items: A0100B Facility CMS Certification Number (CCN)</p>