

### CoreQ Short Stay Discharge (SS DC) Questionnaire: Data Elements

Data Element	Length	Value Labels and Use	Required	Source
Provider Name	200	Name of Skilled Nursing Facility	Yes	MDS
Provider ID	6	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	Yes	MDS
NPI	10	National Provider ID Number	Optional	MDS
SNF Discharge Week	2	Range 1 to 52	Yes	Billing
Discharge Calendar Year	4	YYYY	Yes	Billing
Eligible patients	6	Number of patients eligible for survey in the reporting week	Yes	Calculate
<i>Patient First Name</i>	<i>30</i>	<i>The name of the patient is needed to generate and send personalized mail survey materials to residents.</i>	No	MDS
<i>Patient Middle Initial</i>	<i>1</i>	<i>The name of the patient is needed to generate and send personalized mail survey materials to respondents. (If available)</i>	No	MDS
<i>Patient Last Name</i>	<i>30</i>	<i>The name of the patient is needed to generate and send personalized mail survey materials to respondents.</i>	No	MDS
<i>Patient Date of Birth</i>	<i>8</i>	<i>MMDDYYYY Used by vendor to calculate resident age prior to submitting data to the CoreQ: SS DC Data Center.</i>	No	MDS
<i>Patient Mailing Address 1</i>	<i>100</i>	<i>Patient's street or post office box number Address information needed for surveying residents</i>	No	Billing
<i>Patient Mailing Address 2</i>	<i>50</i>	<i>Second line of resident address (if needed)</i>	No	Billing
<i>Patient Address City</i>	<i>100</i>	<i>Mailing address city</i>	No	Billing
<i>Patient Address State</i>	<i>2</i>	<i>Mailing address state. Use 2-character postal abbreviation</i>	No	Billing
<i>Patient Address Zip Code</i>	<i>9</i>	<i>9-digit Mailing Address Zip Code (5-digit zip code followed by 4-digit extension (if available); no hyphens, separators or delimiters)</i>	No	Billing
<i>Telephone Number including area code</i>	<i>10</i>	<i>Resident's home telephone number. Include 3-digit area code and 7-digit number; no dashes or spaces,</i>	No	Billing

Data Element	Length	Value Labels and Use	Required	Source
		<i>separators, or delimiters.</i>		
<b>Medical Record Number</b>	<b>20</b>	<b>Resident's Medical Record Number</b>	No	MDS
<b>Resident email address</b>	<b>50</b>	<b>Resident email address</b>	No	Admissions Record
Gender	1	0 = Unknown/Missing 1 = Male 2 = Female	Yes	MDS
Payer (e.g., Medicare, Medicaid, private insurance)	5	Mark all that apply: 0= Unknown/Missing 1 = Medicare 2 = Medicaid 3 = Private Health Insurance 4 = Other	Yes	Billing
HMO Indicator	1	0 = Unknown/Missing 1= Yes 2 = No	Yes	Billing
Dual eligibility indicator	1	0 = Unknown/Missing 1= Yes 2 = No 3 = Not applicable	Yes	Billing
End stage renal disease (ESRD)	1	0 = Unknown/Missing 1= Yes 2 = No	Yes	Billing
Patient date of Admission	8	MMDDYYYY	Yes	MDS
Patient data of Discharge	8	MMDDYYYY	Yes	MDS
Brief Interview Mental Status	2	Range 1 to 15; 99 if resident is unable to complete	Yes	MDS
Discharge status	2	00=Unknown 01=Home/Community 02=Nursing home (long-term care facility) 03=Skilled Nursing Facility (SNF, swing beds) 04=Short-term general hospital (acute hospital, IPPS) 05=Long-term care hospital (LTCH) 06=Inpatient rehabilitation facility (IRF, free standing facility or unit) 07=Inpatient psychiatric facility (psychiatric hospital or unit) 08=Intermediate care facility (ID/DD facility)	Yes	MDS

Data Element	Length	Value Labels and Use	Required	Source
		09=Hospice (home/non-institutional) 10=Hospice (institutional facility) 11=Critical access hospital (CAH) 12=Home under care of organized home health service organization 13=Deceased 99=not listed		
Left against medical advice	1	0 = Unknown/Missing 1= Yes 2 = No	Yes	AMA form/ Billing
Court Appointed Guardian	1	0 = Unknown/Missing 1= Yes 2 = No	Yes	Billing
Are you of Hispanic, Latino/a, or Spanish origin?	5	Check all that apply: A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes. Puerto Rican D. Yes, Cuban E. Yes, another Hispanic, Latino, or Spanish origin X. Resident unable to respond Y. Resident declines to respond	Yes	MDS
What is your race?	10	Check all that apply A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese K. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Resident unable to respond Z. None of the above	Yes	MDS
What is your preferred language?	50		Optional	MDS

*\* Items in bold and italics are HIPAA related data and are not provided to the CoreQ: SS DC Data Center.*