|  |
| --- |
| THA/TKA PRO-PM CSV File Format Specifications |
| Version 1.0 |
|  |
| Last Updated May 7, 2024  Valid for Q2 2024 to Q2 2024 |

Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Updated** | **Updated By** | **Comments/Reasons** | **Version** |
| 2024-05-07 | Kimberley Murray | **New Core Measure file for 2024**  -THA/TKA -IP (Total Hip Arthroplasty/Total Knee Arthroplasty  -MedicareFeeForService file header and data element are **REQUIRED** | 1.0 |

Document Contact Information

|  |  |  |
| --- | --- | --- |
| **Name** | **E-Mail** | **Comments** |
| Data Intake | [DataIntake@medisolv.com](mailto:DataIntake@medisolv.com) |  |

Table of Contents

[Version Control 2](#_Toc166158574)

[Document Contact Information 2](#_Toc166158575)

[Document Summary 4](#_Toc166158576)

[Key Constraints 4](#_Toc166158577)

[File Delivery and Frequency 5](#_Toc166158578)

[Demographic Data (Base Data-Inpatients) **REQUIRED** 6](#_Toc166158579)

[THA/TKA - IP – Total Hip Arthroplasty/Total Knee Arthroplasty **OPTIONAL** 13](#_Toc166158580)

Document Summary

This document contains the available specifications for uploading/submitting Mass Health data to Medisolv. The following sections contain detailed specifications for the supported Mass Health files. Mass health files should be submitted as csv files.

# Key Constraints

* **Please note the following key constraints when populating and/or submitting Pro-PM data in csv formats:**
* **Recommendation: Maximum file size should not exceed 75MB.**
* Files must be uploaded to the Medisolv SFTP site located at: [https://sftp.medisolvcloud.com](https://sftp.medisolvcloud.com/)
* Demographic Data (Base Data-Outpatients) is the only **REQUIRED** file. All other files (THA/TKA\_IP) are considered **OPTIONAL**.
* 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.
* Any data submitted within Required, Optional, or Recommend fields must adhere to the field’s permitted values. When processing, if a value is discovered to be invalid, that specific case (record) will be rejected, but the submitted file (the base demographic file or the optional core measure file) won’t be.
* 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 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.
* If a file requires validation while your organization is in Production, it is imperative to prefix the file with “Test” before the CCN to prevent that file from being loaded into Production. (Test\_123456\_CMIPPS\_20190701235959.csv) When submitting a test file for validation, please alert our Data Intake team at dataintake@medisolv.com.
* 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.

File Delivery and Frequency

Files should be uploaded to Medisolv’s SFTP server located at: <https://sftp.medisolvcloud.com/>. 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) **REQUIRED**

| **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 fall within the range of 01-01-1907 - present) | 10 | 05-07-1979 | Required |
| Sex | SEX: **Present on MassHealth Worksheets ONLY beginning July 1, 2024** | Char | \* See Table 1/Notes | \* | \* | Optional |
| SexMFU \* New Field starting Q3 2023\* | SEXMFU: **RETIRED (EFFECTIVE JUNE 30, 2024)** | Char | M- Male  F- Female  U- Unknown | 1 | M | Optional |
| Gender Identity | GENDERIDENTITY | Char | \*See Table 2/Notes | \* | \* | Optional  **\*For cases dated by Discharge Date on or after July 1, 2024\*** |
| Sexual Orientation | SEXUALORIENTATION | Number | 1 Gay  2 Lesbian  3 Straight (Not Gay or Lesbian)  4 Bisexual  5 None of the Above or Unable to Determine  6 Prefers Not to Answer | 1 | 2 | Optional  **\*For cases dated by Discharge Date on or after July 1, 2024\*** |
| Sex Assigned At Birth | SEXASSIGNEDATBIRTH | Number | 1 Female  2 Male  3 Intersex  4 None of the Above, Other, or Unable to Determine  5 Preferred Not to Answer | 1 | 3 | Required  **\*For cases dated by Discharge Date on or after July 1, 2024\*** |
| 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 10-character physician NPI code | 10 | 1234567890 | Optional  **\*If this field is used, NPI of the Physician is Required** |
| ED Physician Code | ED\_PHYSICIAN\_CODE | Char | Valid 10-character physician NPI code | 10 | 1234567890 | Optional  **\*If this field is used, NPI of the Physician is Required** |
| 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  (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  (Should be the unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes, and under-scores.) | 15 | 999999999901 | Required |
| Payment Source | PMTSRCE1 | Char | 1-Medicare  2-Not Medicare | 1 | 1 | Required |
| Medicare Fee For Service | **MEDICAREFEEFORSERVICE** | Char | 0- No  1-Yes | 1 | 0 | **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  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  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 |
| 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  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  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 | 150 – 8165 Grams or UTD (If a decimal number is utilized, it will be rounded down to a whole value, irrespective of the decimal value. e.g.,155.75=>155) | 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 | 60 | John | Recommended for measure abstraction, where applicable |
| Last Name | LAST\_NAME | Char | Up to 60 characters | 60 | Doe | Recommended for measure abstraction, where applicable |
| 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 |

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.

Table 1 – Allowable Sex Values: \*Include the ̴ symbol and must be in numerical order.

|  |
| --- |
| **1** |
| 1~2 |
| 1~2~3 |
| 1~2~3~4 |
| 1~2~3~4~5 |
| 1~2~3~5 |
| 1~2~4 |
| 1~2~4~5 |
| 1~2~5 |
| 1~3 |
| 1~3~4 |
| 1~3~4~5 |
| 1~3~5 |
| 1~4 |
| 1~4~5 |
| 1~5 |

|  |
| --- |
| **4** |
| 4~5 |
| **5** |
| **6** |

|  |
| --- |
| **3** |
| 3~4 |
| 3~4~5 |
| 3~5 |

|  |
| --- |
| **2** |
| 2~3 |
| 2~3~4 |
| 2~3~4~5 |
| 2~3~5 |
| 2~4 |
| 2~4~5 |
| 2~5 |

**NOTES:**

* For cases dated (based on Discharge Date, not submission date) **on or after July 1, 2023**, then the SEX field MUST utilize the new allowable values. Possible value listed below. Orders listed above.
  + 1-Male

2-Assigned/Designated Male at Birth

3-Female

4-Assigned/Designated Female at Birth

5-LGBTQ

6-Unknown

* **Size:** 9
* **Example:** 6 or 1~2~3~4~5
* For cases dated (based on Discharge Date, not submission date) **on or preceding June 30, 2023**, then the SEX field MUST continue to utilize.

M, F, U in the Sex Data Element field.

* Allowable Value 6 (Unknown) cannot be used with any other values.
* Allowable Values must be in numerical order from smallest to largest.
* Duplication of numerical values will result in record rejection i.e., 1~1.
* Singular numerical values are allowed i.e., 1.

Table 2 – Allowable Sex Values: \*Include the **~** symbol and must be in numerical order.

|  |
| --- |
| **4**  4~5  4~5~6  4~6 |
| **5**  5~6 |
| **6** |

|  |
| --- |
| **3** |
| 3~4 |
| 3~4~5  3~4~5~6 |
| 3~4~6  3~5  3~5~6  3~6 |

|  |
| --- |
| **2** |
| 2~3 |
| 2~3~4 |
| 2~3~4~5  2~3~4~5~6  2~3~4~6 |
| 2~3~5  2~3~5~6  2~3~6 |
| 2~4 |
| 2~4~5  2~4~5~6  2~4~6  2~5 |
| 2~5~6  2~6 |

|  |
| --- |
| **1** |
| 1~2 |
| 1~2~3 |
| 1~2~3~4 |
| 1~2~3~4~5 |
| 1~2~3~4~5~6 |
| 1~2~3~4~6  1~2~3~5  1~2~3~5~6  1~2~3~6 |
| 1~2~4  1~2~4~5  1~2~4~5~6  1~2~4~6  1~2~5  1~2~5~6  1~2~6 |
| 1~3  1~3~4  1~3~4~5  1~3~4~5~6 |
| 1~3~4~6 |
| 1~3~5 |
| 1~3~5~6  1~3~6  1~4 |
| 1~4~5 |
| 1~4~5~6  1~4~6  1~5 |
| 1~5~6  1~6 |

* Allowable Values 5 and 6 can be used with any other values.
* Allowable Values must be in numerical order from smallest to largest.
* Duplication of numerical values will result in record rejection i.e., 1~1.
* Singular numerical values are allowed i.e., 1.

**NOTES:**

* For cases dated (based on Discharge Date, not submission date) on or after July 1, 2024, the GENDERIDENTITY field MUST utilize the new allowable values. Possible value listed below. Orders listed above.
  + 1-Male

2-Woman

3-Non-binary

4-Transgender

5-None of the Above, Other, or Unable to Determine

6-Preferred Not to Answer

* **Size:** 11
* **Example:** 6 or 1~2~3~4~5~6

THA/TKA - IP – Total Hip Arthroplasty/Total Knee Arthroplasty **OPTIONAL**

| **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  (Should be the unique identifier of the inpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes, and under-score.) | 40 | AMI900000090 | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Char | Up to 15 characters  (Should be the unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes, and under-scores.) | 15 | 999999999901 | Required |
| Staged Procedure | STAGEDPROCEDURE | Char | Y,N | 1 | Y | Optional |
| Medicare Beneficiary Identifier (MBI) | MBI | Char | 11-digit Medicare Beneficiary Identifier (MBI) | 11 | 1EG4TE5MK73 | Optional |
| Survey Type | S\_TYPE | Number | 1-Pre-op survey  2-Post-op survey | 1 | 1 | Optional |
| Procedure Type | P\_TYPE | Number | 1-Left Hip Replacement  2-Right Hip Replacement  3-Left Knee Replacement  4-Right Knee Replacement | 1 | 2 | Optional |
| Date of Eligible Procedure | PROC\_DT | Date | MMDDYYYY | 8 | 05102018 | Optional |
| Date of Survey Collection | COLLECTION\_DT | Date | MMDDYYYY | 8 | 01012020 | Optional |
| Date of Admission to Anchor Hospitalization | ADMSN\_DT | Date | MMDDYYYY | 8 | 05202018 | Optional |
| Generic PROM Version | GEN\_PROM | Number | 1-VR – 12  2-PROMIS – Global version 1.1  3-PROMIS – Global version 1.2 | 1 | 1 | Optional |
| Mode of Collection | COLLECTION\_MD | Number | 0-Paper  1-Telephone (interactive voice response)  2-Electronic (web-base, EHR, etc.) | 1 | 0 | Optional |
| Person Completing the Survey | RESPONDER | Number | 0-Self  1-Surrogate | 1 | 0 | Optional |
| Single Item Health Literacy Screening (SILS2) questionnaire “How comfortable are you filling out medical forms by yourself?” | HLTH\_LITERACY | Number | 0-Not at all  1-A little bit  2-Somewhat  3-Quite a bit  4-Extremely | 1 | 0 | Optional |
| Body Mass Index (BMI) | BMI | Number | Range: 10-70 (Round to the nearest integer) | 2 | 10 | Optional |
| Height | HEIGHT | Number | Height (cm)  Round to the nearest integer  Range: 60cm – 280cm | 5 | 160 | Optional |
| Weight | WEIGHT | Number | Weight (kg)  Round to the nearest integer  Range: 22kg-350kg | 5 | 55 | Optional |
| Chronic (≥90 days)  Use of Narcotics | NARCOTIC\_USE | Number | 0-No  1-Yes (≥90 days) | 1 | 0 | Optional |
| Patient-Reported Pain in Non-operative Lower Extremity Joint: “What amount of pain have you experienced in the last week in your other knee/hip?” | OTHER\_JOINT\_PAIN | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 1 | Optional |
| Patient-Reported Back Pain (Oswestry Index Question) My BACK PAIN at the moment is: | BACK\_PAIN | Number | 0-None  1-Very Mild  2-Moderate  3-Fairly Severe  4-Very Severe  5-Worst Imaginable | 1 | 2 | Optional |
| HOOSJR Q1 Pain: Amount of hip pain in the last week going up or down stairs | HOOSJRQ1\_STAIRS | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| HOOSJR Q2 Pain: Amount of hip pain in the last week walking on an uneven surface | HOOSJRQ2\_WALKING | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| HOOSJR Q3 Function (Daily Living): Degree of difficulty in the last week due to your hip when rising from sitting | HOOSJRQ3\_RISING | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| HOOSJR Q4 Function (Daily Living): Degree of difficulty in the last week due to your hip when bending to the floor/picking up an object | HOOSJRQ4\_BEND | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| HOOSJR Q5 Function (Daily Living): Degree of difficulty in the last week due to your hip when lying in bed (turning over, maintaining hip position) | HOOSJRQ5\_LYINGINBED | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| HOOSJR Q6 (Daily Living): Degree of difficulty in the last week due to your hip when sitting | HOOSJRQ6\_SITTING | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q1 Stiffness: Severity of knee joint stiffness in the last week after first wakening in the morning | KOOSJRQ1\_STIFF | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q2 Pain: Amount of knee pain in the last week when twisting/pivoting on knee | KOOSJRQ2\_TWIST | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q3 Pain: Amount of knee pain in the last week when straightening knee fully | KOOSJRQ3\_STRAIGHTEN | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q4 Pain: Amount of knee pain in the last week when going up or down stairs | KOOSJRQ4\_STAIRS | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q5 Pain: Amount of knee pain in the last week when standing upright | KOOSJRQ5\_UPRIGHT | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q6 Function (Daily Living): Degree of difficulty rising from sitting in the last week due to knee | KOOSJRQ6\_SITTING | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| KOOSJR Q7 Function (Daily Living): Degree of difficulty bending to floor/picking up an object in the last week due to knee | KOOSJRQ7\_BENDING | Number | 0-None  1-Mild  2-Moderate  3-Severe  4-Extreme | 1 | 0 | Optional |
| VR-12 Q4a: During the past 4 weeks, have you accomplished less in work or other daily activities than you would like as a result of any emotional problems (such as feeling depressed or anxious)? | VR\_12Q4a\_ACCOMPLISH | Number | 1 = No, none of the time  2 = Yes, a little of the time  3 = Yes, some of the time  4 = Yes, most of the time  5 = Yes, all of the time | 1 | 1 | Optional |
| VR-12: Q4b: During the past 4 weeks, did you not do work or other activities as carefully as a result of any emotional problems (such as feeling depressed or anxious)? | VR\_12Q4b\_CAREFUL | Number | 1 = No, none of the time  2 = Yes, a little of the time  3 = Yes, some of the time  4 = Yes, most of the time  5 = Yes, all of the time | 1 | 1 | Optional |
| VR-12 Q6a: How much of the time during the past 4 weeks have you felt calm and peaceful? | VR-12Q6a\_CALM | Number | 1 = All of the time  2 = Most of the time  3 = A good bit of the time  4 = A little of the time  5 = None of the time | 1 | 1 | Optional |
| VR-12 Q6b: How much of the time during the past 4 weeks have you had a lot of energy? | VR\_12Q6b\_ENERGY | Number | 1 = All of the time  2 = Most of the time  3 = A good bit of the time  4 = Some of the time  5 = A little of the time  6= None of the time | 1 | 1 | Optional |
| VR-12Q6: How much of the time during the past 4 weeks have you felt downhearted and blue? | VR\_12Q6c\_DOWN | Number | 1 = All of the time  2 = Most of the time  3 = A good bit of the time  4 = Some of the time  5 = A little of the time  6= None of the time | 1 | 1 | Optional |
| VR-12 Q7: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? | VR\_12Q7\_SOCLACT | Number | 1 = All of the time  2 = Most of the time  3 = Some of the time  4 = A little of the time  5 = None of the time | 1 | 1 | Optional |
| PROMIS-10 {GLOBAL02}: In general, would you say your quality of life is: | PROMISGLQ2\_QUALITYLIFE | Number | 1=Poor  2=Fair  3=Good  4=Very Good  5=Excellent | 1 | 1 | Optional |
| PROMIS-10 {GLOBAL04}: In general, how would you rate your mental health, including your mood and your ability to think? | PROMISGLQ4\_MENTALHEALTH | Number | 1=Poor  2=Fair  3=Good  4=Very Good  5=Excellent | 1 | 1 | Optional |
| PROMIS-10 {GLOBAL05}: In general, how would you rate your satisfaction with your social activities and relationships? | PROMISGLQ5\_ACTIVITIES | Number | 1=Poor  2=Fair  3=Good  4=Very Good  5=Excellent | 1 | 1 | Optional |
| PROMIS-10{GLOBAL 10r}: In past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? | PROMISGLQ10r\_ANXIOUS1 | Number | 1=Never  2=Rarely  3=Sometimes  4=Often  5=Always | 1 | 1 | Optional |
| PROMIS-10{GLOBAL 10r}: In past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? | PROMISGLQ10r\_ANXIOUS2 | Number | 1=Always  2=Often  3=Sometimes  4=Rarely  5=Never | 1 | 1 | Optional |

File Naming Convention

THA/TKA – Total Hip Arthroplasty/Total Knee Arthroplasty Inpatient file must conform to the following naming convention:

**6digitCCN\_PROPMPrep\_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\_ PROMPrep\_CoreMeasure \_20210607063200.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.