

## Transmission Alphabetical Data Dictionary

These data elements are either used to identify the hospital and measure set associated to the transmitted data or are calculated by the vendor using the hospital's patient-level data and measure results. These data elements are not used in the Initial Patient Population Algorithms or Measure Algorithms.

<b>Element Name</b>	<b>Page #</b>	<b>Collected For:</b>
<u><a href="#">CMS Certification Number</a></u>	9-27	All Records <sup>2</sup>
<u><a href="#">Health Care Organization Identifier</a></u> <sup>1</sup>	9-28	Used in transmission of the Joint Commission's aggregate data file and the Hospital Initial Patient Population Data file <sup>1</sup>
<u><a href="#">ICD Population Size</a></u> <sup>1</sup>	9-29	Used in transmission of the Joint Commission's aggregate data file <sup>1</sup>
<u><a href="#">Initial Patient Population Size – Medicare Only</a></u>	9-31	Used in transmission of the Hospital Initial Patient Population Data file
<u><a href="#">Initial Patient Population Size – Non-Medicare Only</a></u>	9-33	Used in transmission of the Hospital Initial Patient Population Data file
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<u><a href="#">National Provider Identifier (NPI)</a></u>	9-36	Optional for All Records
<u><a href="#">Number of Cases with An Influenza Vaccination Shortage</a></u> <sup>1</sup>	9-37	Used in Transmission of the Joint Commission's aggregate data file <sup>1</sup>
<u><a href="#">Number of Cases with UTD Allowable Values</a></u> <sup>1</sup>	9-38	Used in transmission of the Joint Commission's aggregate data <sup>1</sup>
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<u><a href="#">Performance Measurement System (PMS) Identifier</a></u> <sup>1</sup>	9-41	Used in transmission of the Joint Commission's aggregate data file <sup>1</sup>
<u><a href="#">Predicted Value</a></u> <sup>1</sup>	9-42	Used in the calculation of the Joint Commission's aggregate data for Risk Adjusted Measures (AMI-9 <sup>1</sup> , All PR Measures <sup>1</sup> ) and in the transmission of the Hospital Clinical Data file <sup>1</sup>
<u><a href="#">Sample Size – Medicare Only</a></u>	9-44	Used in transmission of the Hospital Initial Patient Population Data file
<u><a href="#">Sample Size – Non-Medicare Only</a></u>	9-46	Used in transmission of the Hospital Initial Patient Population Data file
<u><a href="#">Sampling Frequency</a></u>	9-48	Used in transmission of the Hospital Initial Patient Population Data file
<u><a href="#">Vendor Tracking Identifier</a></u> <sup>1, 3</sup>	9-50	Used in transmission of hospital clinical data to the Joint Commission <sup>1, 3</sup>

<sup>1</sup>The Joint Commission ONLY

<sup>2</sup>CMS ONLY

<sup>3</sup>Collected for The Joint Commission for all patients, optional for CMS.

**Data Element Name:** CMS Certification Number

**Collected For:** All Records (CMS Only)

**Definition:** Hospital's six digit acute care CMS Certification Number (CCN).

**Suggested Data Collection Question:** What is the hospital's six digit acute care CMS Certification Number?

**Format:**  
**Length:** 6  
**Type:** Character  
**Occurs:** 1

**Allowable Values:** Any valid six digit CMS Certification Number.

The first two digits are the numeric state code. The third digit of zero represents an acute facility. The third digit of "1" and fourth digit of "3" represents a Critical Access Hospital (CAH).

**Notes for Abstraction:** None

**Suggested Data Sources:** None

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Health Care Organization Identifier*

**Collected For:** Used in transmission of the Joint Commission’s aggregate data file and in the Hospital Initial Patient Population Data file.(The Joint Commission Only)

**Definition:** A unique identification number for the building, or set of adjacent buildings, where a hospital performs business and from which the patient is discharged or received a substantial amount of services.

**Suggested Data**

**Collection Question:** What is the Joint Commission’s unique identification number for the provider?

**Format:**                      **Length:** 6  
    **Type:**    Numeric  
    **Occurs:** 1

**Allowable Values:**        1 – 999,999

**Notes for Abstraction:**    None

**Suggested Data Sources:**   Does not apply, assigned by The Joint Commission.

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *ICD Population Size*

**Collected For:** Used in transmission of the Joint Commission's aggregate data file. (The Joint Commission Only)

**Note:**  
Refer to the applicable version of the *ORYX® Technical Implementation Guide* for details.

**Note:**  
This data element has been defined in collaboration with the Centers for Medicare & Medicaid Services (CMS).

**Definition:** Indicates the number of episode of care (EOC) records identified for a hospital, for a specific core measure, prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period.

The data element is based on the hospital's initial identification of episode of care (EOC) records for a measure set, stratum, or sub-population. These records are inclusive of both Medicare and Non-Medicare patients. This initial data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.

For specific measure set, stratum, and sub-population definitions, refer to the appropriate Initial Patient Population discussion in the Measure Information section of this manual.

**Note:**  
If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size.

**Suggested Data**

**Collection Question:** Not Applicable

**Format:**  
**Length:** See *ORYX Technical Implementation Guide*  
**Type:** See *ORYX Technical Implementation Guide*  
**Occurs:** See *ORYX Technical Implementation Guide*

**Allowable Values:** See *ORYX Technical Implementation Guide*

**Notes for Abstraction:** *ICD Population Size* must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.

NOTE TO PROGRAMMERS: The value of *ICD Population Size* is equal to (*Initial Patient Population Size – Medicare Only* + *Initial Patient Population Size – Non-Medicare Only*)

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

<b>Inclusion</b>	<b>Exclusion</b>
None	None

<b>Data Element Name:</b>	<i>Initial Patient Population Size – Medicare Only</i>
<b>Collected For:</b>	Used in transmission of the Hospital Initial Patient Population Data file.
<b>Note:</b>	Refer to the Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.
<b>Definition:</b>	<p>Indicates the number of episode of care (EOC) records identified for a hospital with Medicare listed as a payment source prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period.</p> <p>The data element is based on the hospital's initial identification of Medicare EOC records for a measure set, stratum, or sub-population. <i>Initial Patient Population Size – Medicare Only</i> includes all patients that are billed under Medicare or Title 18. Medicare can be listed as a primary, secondary, tertiary or lower on the list of payment sources for the patient. In addition, patients who are participating as a member of a Medicare HMO/Medicare Advantage are included in the Medicare counts, e.g., Medicare Blue, Humana Gold, Secure Horizons, AARP, Coventry Advantra, etc. This initial data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.</p> <p>For specific measure set, stratum, or sub-population definitions, refer to the appropriate Initial Patient Population discussion in the Measure Information section of this manual.</p> <p><b>Note:</b> If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size.</p>
<b>Suggested Data Collection Question:</b>	Not Applicable

**Format:****Length:** 6**Type:** Numeric**Occurs:** Non-stratified Measure Sets: One *Initial Patient Population Size – Medicare Only* per hospital’s measure set (e.g., AMI, HF, and PN).Stratified Measure Sets: One *Initial Patient Population Size – Medicare Only* per measure set stratum or sub-population the hospital is participating in:

- The SCIP measure set has eight occurrences, one for each stratum.
- The PR measure set has two occurrences, one for each sub-population (mothers and neonates).
- The CAC measure set has three occurrences, one for each age stratum.

**Allowable Values:**

0 through 999,999

**Notes for Abstraction:**

*Initial Patient Population Size – Medicare Only* must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.

**Suggested Data Sources:**

Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

<b>Data Element Name:</b>	<i>Initial Patient Population Size – Non-Medicare Only</i>
<b>Collected For:</b>	Used in transmission of the Hospital Initial Patient Population Data file.
<b>Note:</b>	Refer to the Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.
<b>Definition:</b>	<p>Indicates the number of episode of care (EOC) records identified for a hospital with Medicare NOT listed as a payment source prior to the application of data integrity filters, measure exclusions, and/or sampling methodology for the specified time period.</p> <p>The data element is based on the hospital's initial identification of non-Medicare EOC records for a measure set, stratum, or sub-population. This initial data pull utilizes administrative data such as ICD-9-CM diagnosis and procedure codes, admission date, and birthdate.</p> <p>For specific measure set, stratum, or sub-population definitions, refer to the appropriate Initial Patient Population discussion in the Measure Information section of this manual.</p> <p><b>Note:</b> If the hospital's data has been sampled, this field contains the population from which the sample was originally drawn, NOT the sample size.</p>
<b>Suggested Data Collection Question:</b>	Not Applicable

**Format:** **Length:** 6  
**Type:** Numeric  
**Occurs:** Non-stratified Measure Sets: One *Initial Patient Population Size – Non-Medicare Only* per hospital’s measure set (e.g., AMI, HF, and PN).

Stratified Measure Sets: One *Initial Patient Population Size – Non-Medicare Only* per measure set stratum or sub-population the hospital is participating in:

- The SCIP measure set has eight occurrences, one for each stratum.
- The PR measure set has two occurrences, one for each sub-population (mothers and neonates).
- The CAC measure set has three occurrences, one for each age stratum.

**Allowable Values:** 0 through 999,999

**Notes for Abstraction:** *Initial Patient Population Size – Non-Medicare Only* must contain the actual number of patients in the population even if the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data.

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Measure Set*

**Collected For:** Used in transmission of the Hospital Initial Patient Population Data file and the Hospital Clinical Data file

**Definition:** Indicates which measure set (topic) is being transmitted for a hospital.

**Suggested Data Collection Question:** Not Applicable

**Format:**                   **Length:** Not Applicable  
                                   **Type:** Character  
                                   **Occurs:** Not Applicable

**Allowable Values:** Refer to the Hospital Clinical Data XML File Layout and the Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

**Notes for Abstraction:** None

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *National Provider Identifier (NPI)*

**Collected For:** Optional for All Records

**Definition:** All Health Insurance Portability and Accountability Act of 1996 (HIPAA) covered healthcare providers must obtain a National Provider Identifier (NPI). The NPI may be provided in addition to the Medicare provider number.

**Suggested Data**

**Collection Question:** What is the NPI for this provider?

**Format:**                   **Length:** 10  
                                   **Type:** Character  
                                   **Occurs:** 1

**Allowable Values:** Any valid 10 digit NPI number.  
 The 10<sup>th</sup> digit is a numeric check digit based off the first 9 digits.

**Notes for Abstraction:** None

**Suggested Data Sources:** UB-04, Field Location: 56

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Number of Cases with An Influenza Vaccination Shortage*

**Collected For:** Used in Transmission of the Joint Commission’s aggregate data file. (The Joint Commission Only)

**Definition:** The total number of cases that are not in the measure’s population (*Measure Category Assignment* = “B”) because the value of the data element *Influenza Vaccination Status* = ‘6’ (vaccine has been ordered, but not yet received).

Do not include cases in the count that have been excluded from the measure’s population due to another reason.

The current flu season begins when this season’s flu vaccine is made available to the public (i.e., if the vaccine is available in September, the flu season is September – March). However, a value for this data element is only transmitted to The Joint Commission for October through March. From April through September, a null should be transmitted. Please see the applicable version of the *ORYX® Technical Implementation Guide* for more transmission details.

**Suggested Data**

**Collection Question:** Not Applicable

**Format:**                      **Length:** 9  
    **Type:** Numeric  
    **Occurs:** 1 (for PN-7)

**Allowable Values:** 0 through 999,999,999

**Notes for Abstraction:** None

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Number of Cases with UTD Allowable Values*

**Collected For:** Used in transmission of the Joint Commission’s aggregate data file. (The Joint Commission Only)

**Note:**  
 Please see the applicable version of the *ORYX® Technical Implementation Guide* for details.

**Definition:** The total number of cases that contain a Date, Time, or Numeric data element with a value of ‘UTD’ which prevents the calculation of the *Measurement Value* of a continuous variable measure.

This data element represents a COUNT of all records with a *Measure Category Assignment* of “Y” for the individual measure during the specified time period.

Performance measurement systems can refer to the *ORYX Data Quality Manual* for more information concerning this data element.

**Suggested Data**

**Collection Question:** Not Applicable

**Format:**  
**Length:** 9  
**Type:** Numeric  
**Occurs:** One *Number of Cases with UTD Allowable Value* count is expected for every continuous variable measure that a hospital is participating in.

**Allowable Values:** 0 through 999,999,999

**Notes for Abstraction:** None

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Number of Rejected Cases*

**Collected For:** Used in Transmission of the Joint Commission’s aggregate data file. (The Joint Commission Only)

**Notes:**

- Please see the applicable version of the *ORYX® Technical Implementation Guide* for details
- Episode of care records that calculate with a *Measure Category Assignment* of “X” (missing data) for one or more measures will be rejected by the QIO Clincial Warehouse and the Joint Commission’s Data Warehouse. For more information concerning when a record will be rejected, refer to the Missing and Invalid Data section in this manual.

**Definition:** The total number of cases that have been rejected from an algorithm because of missing data.

This data element represents a COUNT of all records with a *Measure Category Assignment* of “X” for the individual measure during the specified time period.

Performance measurement systems can refer to the *ORYX Data Quality Manual* for more information concerning this data element.

**Suggested Data**

**Collection Question:** Not Applicable

**Format:**

**Length:** 9

**Type:** Numeric

**Occurs:** One *Number of Rejected Cases* count is expected for every measure that a hospital is participating in.

**Allowable Values:** 0 through 999,999,999

**Notes for Abstraction:** None

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Performance Measure Identifier*

**Collected For:** Used in transmission of the Joint Commission’s aggregate data file.(The Joint Commission Only)

**Note:**  
 Please see the Transmission section in this manual or the applicable version of the *ORYX® Technical Implementation Guide* for details.

**Definition:** A unique numeric identification number that The Joint Commission assigns to measures. This number may be used to identify Health Care Organization (HCO)-Level performance measure data. Measures may frequently be referred to by the alphanumeric set measure ID# that starts each measure short name (i.e., AMI-7, HF-3, PN-4, etc.). This code is only used for reference purposes and should NOT be used during data transmission.

**Note:**  
 A complete list of performance measure identifiers used to transmit data to The Joint Commission is found in the Data Transmission section in this manual.

**Suggested Data Collection Question:** Not Applicable

**Format:**                   **Length:** 10  
                                   **Type:**    Numeric  
                                   **Occurs:** 1

**Allowable Values:** 1-999999

**Notes for Abstraction:** None

**Suggested Data Sources:** Does not apply, assigned by The Joint Commission.

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Performance Measurement System (PMS) Identifier*

**Collected For:** Used in transmission of the Joint Commission’s aggregate data file. (The Joint Commission Only)

**Note:**  
Please see the applicable version of the *ORYX® Technical Implementation Guide* for details.

**Definition:** A unique identification number that The Joint Commission assigns to contracted and candidate performance measurement systems.

**Suggested Data Collection Question:** Not Applicable

**Format:**  
**Length:** 7  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:** Assigned by The Joint Commission  
0001-01 to 9999-99 (including dashes)

**Notes for Abstraction:** None

**Suggested Data Sources:** Please refer to the most current version of the *ORYX Technical Implementation Guide* for additional details.

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Predicted Value*

**Collected For:** Used in the calculation of the Joint Commission’s aggregate data for risk-adjusted measures (AMI-9, PR-1, PR-2, PR-3), and in the transmission of the Hospital Clinical Data file. (The Joint Commission Only)

**Note:**  
The performance measurement system’s calculated *Predicted Value* will be transmitted to The Joint Commission on a quarterly basis with the associated hospital clinical data. These measure results will be used in the Joint Commission’s data quality analysis and continuous measure verification process. Performance measurement systems can refer to the Joint Commission’s *ORYX Data Quality Manual* and *ORYX Risk Adjustment Guide* for more information.

**Definition:** This data element is used to store the calculated predicted value that results from applying the appropriate Joint Commission risk model to the data.

**Note:**  
Used in conjunction with Measure Category Assignment when its allowable value = “D” (In Measure Population) or “E” (In Numerator Population).

**Suggested Data Collection Question:**

Not Applicable

**Format:**

**Length:** 2-9 (including decimal)

**Type:** Numeric

**Occurs:** One *Predicted Value* is expected per EOC for every risk-adjusted measure that a hospital is participating in.

**Allowable Values:** .00000001 – .99999999

**JOINT COMMISSION NOTE TO PROGRAMMERS:**

- Round to 8 decimal positions.
- Use only the seventeen ICD-9-CM Diagnosis Codes that are transmitted as part of the patient record when evaluating the patient against the risk model. Do not use additional ICD-9-CM Diagnosis Codes that may be available in the medical record or from the UB download.

**Notes for Abstraction:** None

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

<b>Inclusion</b>	<b>Exclusion</b>
None	None

**Data Element Name:** *Sample Size – Medicare Only*

**Collected For:** Used in transmission of the Hospital Initial Patient Population Data file.

**Note:**

For more information refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

**Definition:**

Indicates the number of episode of care (EOC) records identified for a hospital with Medicare listed as a payment source for a hospital to perform data abstraction on. This count is after the appropriate sampling methodology, if any, has been applied for the specific time period.

**Notes:**

- If the hospital **is** sampling the measure set, then the *Sample Size – Medicare Only* will be less than the *Initial Patient Population Size – Medicare Only* for the set, stratum, or sub-population.
- If the hospital **is not** sampling the measure set, then the *Sample Size – Medicare Only* will equal the *Initial Patient Population Size – Medicare Only* for the set, stratum, or sub-population.

**Suggested Data**

**Collection Question:** Not Applicable

**Format:**

**Length:** 6

**Type:** Numeric

**Occurs:** Non-stratified Measure Sets: One *Sample Size – Medicare Only* per hospital’s measure set (e.g., AMI, HF, and PN).

Stratified Measure Sets: One *Sample Size – Medicare Only* per measure set stratum or sub-population the hospital is participating in:

- The SCIP measure set has eight occurrences, one for each stratum.
- The PR measure set has two occurrences, one for each sub-population (mothers and neonates).
- The CAC measure set has three occurrences, one for each age stratum.

**Allowable Values:** 0 through 999,999

**Notes for Abstraction:** When *Sampling Frequency* = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, *Sample Size – Medicare Only* equals zero.

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

<b>Inclusion</b>	<b>Exclusion</b>
None	None

**Data Element Name:** *Sample Size – Non-Medicare Only*

**Collected For:** Used in transmission of the Hospital Initial Patient Population Data file.

**Note:**  
 For more information, refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.

**Definition:** Indicates the number of episode of care (EOC) records identified for a hospital with Medicare NOT listed as a payment source for a hospital to perform data abstraction on. This count is after the appropriate sampling methodology, if any, has been applied for the specific time period.

- Notes:**
- If the hospital **is** sampling the measure set, then the *Sample Size – Non-Medicare Only* will be less than the *Initial Patient Population Size – Non-Medicare Only* for the set, stratum, and sub-pouplation.
  - If the hospital **is not** sampling the measure set, then the *Sample Size – Non-Medicare Only* will equal the *Initial Patient Population Size – Non-Medicare Only* for the set, stratum, and sub-pouplation.

**Suggested Data Collection Question:** Not Applicable

**Format:**

**Length:** 6

**Type:** Numeric

**Occurs:** Non-stratified Measure Sets: One *Sample Size – Non-Medicare Only* per hospital’s measure set (e.g., AMI, HF, and PN).

Stratified Measure Sets: One *Sample Size – Non-Medicare Only* per measure set stratum or sub-population the hospital is participating in:

- The SCIP measure set has eight occurrences, one for each stratum.
- The PR measure set has two occurrences, one for each sub-population (mothers and neonates).
- The CAC measure set has three occurrences, one for each age stratum.

**Allowable Values:** 0 through 999,999

**Notes for Abstraction:** When *Sampling Frequency* = 'N/A' because the hospital has five or fewer discharges (both Medicare and non-Medicare combined) in a quarter and has decided to not submit patient level data, *Sample Size – Non-Medicare Only* equals zero.

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

<b>Inclusion</b>	<b>Exclusion</b>
None	None

<b>Data Element Name:</b>	<i>Sampling Frequency</i>
<b>Collected For:</b>	Used in transmission of the Hospital Initial Patient Population Data file.
<b>Note:</b>	Refer to the Population and Sampling Specifications section and Hospital Initial Patient Population Data XML File Layout in the Transmission section of this manual.
<b>Definition:</b>	Indicates if the data being transmitted for a hospital has been sampled (either monthly or quarterly), or represents an entire population for the specified time period.
<b>Suggested Data Collection Question:</b>	Not Applicable
<b>Format:</b>	<b>Length:</b> 1 <b>Type:</b> Character <b>Occurs:</b> Non-stratified Measure Sets: One <i>Sampling Frequency</i> per hospital's measure set (e.g., AMI, HF, and PN).  Stratified Measure Sets: One <i>Sampling Frequency</i> per measure set stratum or sub-population the hospital is participating in: <ul style="list-style-type: none"><li>• The SCIP measure set has eight occurrences, one for each stratum.</li><li>• The PR measure set has two occurrences, one for each sub-population (mothers and neonates).</li><li>• The CAC measure set has three occurrences, one for each age stratum.</li></ul>
<b>Allowable Values:</b>	1 Yes, the hospital is sampling data monthly. 2 Yes, the hospital is sampling data quarterly. 3 No, the hospital is not sampling. 4 N/A, submission of patient level data is not required.

**Notes for Abstraction:**

- *Sampling Frequency* must be consistent across a discharge time period.  
Example:  
If the *Sampling Frequency* for April is monthly, then the *Sampling Frequency* for May and June must also be monthly.
- Hospitals with five or fewer discharges (both Medicare and non-Medicare combined) in a quarter are not required to submit patient level data.

**Suggested Data Sources:** Not Applicable

**Guidelines for Abstraction:**

Inclusion	Exclusion
None	None

**Data Element Name:** *Vendor Tracking Identifier*

**Collected For:** Used in transmission of hospital clinical data to The Joint Commission (The Joint Commission Only)

**Definition:** A performance measurement system-generated identifier that uniquely identifies this patient's stay or episode of care. It is a fictitious identifier generated by the measurement system to differentiate between individual patient records across hospitals.

This identifier cannot be derived from or related to information about the patient in such a way that it is possible to identify the patient via a review or manipulation of the data.

Since this identifier is transmitted to The Joint Commission, measurement systems must be able to link this tracking identifier to the original record (patient and hospital) in the event that data quality issues arise. Any data that require correction and re-transmission must use the same tracking identifier as that used in the original transmission or a duplication of data within the Joint Commission's database will occur.

**Suggested Data**

**Collection Question:** Not applicable, this data element is not data entered.

**Format:**                   **Length:** 100  
                                  **Type:** Character  
                                  **Occurs:** 1

**Allowable Values:** The identifier cannot be a space (blank) or be the patient's social security number, Medicare number, driver license number, medical record number, account number, or other identifier assigned to the patient for purposes other than transmission of data to The Joint Commission. In addition, this identifier cannot be a combination of data in which one portion of the data directly identifies the patient or the combination of data identifies the patient.

**Notes for Abstraction:** None

**Suggested Data Sources:** Unique measurement system generated identifier

**NOTE TO PROGRAMMERS:**

- A measurement system may have its own case identifier. We are not requesting that systems change their internal processes; rather, this tracking identifier is needed for transmission of the hospital clinical data to The Joint Commission.
- Since The Joint Commission is not receiving the Health Care Organization Identifier in the hospital clinical data, this tracking identifier identifies both the episode of care and the hospital. A tracking identifier cannot be reused for multiple hospitals.

**Guidelines for Abstraction:**

<b>Inclusion</b>	<b>Exclusion</b>
None	None