

# Home Health CAHPS® InfoTurn Technical Transmission Instructions

A GUIDE FOR SENDING PATIENT DATA TO PRESS GANEY

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# Press Ganey’s InfoTurn® System

Home Health CAHPS® surveys are available in English, Spanish, Russian, Chinese, and Vietnamese. Using Press Ganey’s InfoTurn System is a requirement for Home Health surveying. To use InfoTurn, you send us a “data file” that contains your patients’ information. We refer to the data file as your “upload.” Each data file includes multiple “records.” Each record, which represents one patient, is comprised of many “fields.” Each field carries a different piece of information (e.g., ZIP code). The data file should include only the patient records for the specified sample month. For example, if the *current month* is February, then the *sample month* would be January, the data file transmitted to Press Ganey should contain only records for patients who had skilled visits in January.

The HHCAHPS survey administration guideline allow only one official sample to be selected per sample month. This means that your home health agency can only send one file to Press Ganey for each month of patient visits. Failing to include all patients that received skilled visits in your initial data submission to Press Ganey will result in a discrepancy.

By the 15<sup>th</sup>, upload the previous month’s data file separate from all other Press Ganey uploads. For example, before February 15<sup>th</sup>, upload January’s data.

A successful upload must be received by Press Ganey no later than the 15<sup>th</sup> in order to meet the survey administration timing requirements. If the data file is not successfully received by the 15<sup>th</sup>, a discrepancy may be required.

All HH-CAHPS records must be uploaded using the following file naming convention: HHCAHPS\_CLIENT ID\_SAMPLE MONTH.csv. For example, HHCAHPS\_1234\_01.csv, where 1234 is the Client ID and 01 is the Sample Month of January. Please note that due to the unique method of processing HH-CAHPS records, they must be sent separate from any other service in which Press Ganey is administering for your facility.

Under some circumstances, a customer **should not receive** a HH-CAHPS survey. These customer records **must be removed before** the file is transmitted to Press Ganey.

Demographic Type	Exclude Record for All Services
Deceased patients	Exclude
Patients currently receiving Hospice Care	Exclude
Patients who requested not to have their name released	Exclude
Routine Maternity Care patients	Exclude
Patients with Zero (0) Skilled Visits	Exclude
Patients whose health information is restricted by state law (when applicable, these typically involve patients with HIV, alcohol/substance abuse, or mental health conditions)	Exclude

For purposes of this survey, the basis for a skilled home health visit is the classification of the agency employee who visited the patient, not the reason for the visit.

They must be made by:

- a registered nurse (RN) or licensed practical nurse (LPN),

- a physical therapist or physical therapist assistant,
- an occupational therapist or occupational therapist assistant, or
- a speech therapist or speech therapist assistant

Skilled visits do not include visits by social workers, home health or personal care aides, or nursing aides.

Examples of skilled Home Health Services include:

- wound care for pressure sores or a surgical wound
- respiratory care, like oxygen or a nebulizer
- physical and occupational therapy
- speech-language therapy
- patient and caregiver education
- intravenous or nutrition therapy
- injections
- monitoring serious illness and unstable health status

The HH-CAHPS Coordination Team has indicated that Routine Maternity Care would include, but is not limited to, assistance in breast feeding and other educational services.

Although only patients whose home health care is paid for by Medicare or Medicaid (wholly or in part) are eligible for the HH-CAHPS survey, Press Ganey encourages you to submit all patients, except for the exclusions. Our process will automatically determine eligibility based on the required information you provide.

Patients not eligible to receive the HH-CAHPS survey, for example, because they 1) were non-Medicare or non-Medicaid, 2) had only Private Duty/Non-skilled visits, or 3) had only routine maternity care visits, may still be surveyed under another survey instrument administered by Press Ganey.

To survey these populations, you must contact your Press Ganey Account Manager to accurately set up this process. Additional fields will be required to identify and exclude these records from the HH-CAHPS survey.

For clients not wanting to sample these patient populations, the identified exclusions in the table above must not be included in the upload file to Press Ganey.

To be clear, any patient who had a Skilled Visit is to be included in the upload file **regardless if the patient has a discharge date or not**. For example, if a patient receives a Skilled Visit and additional Private Duty/Non-skilled visits, he is to be included in the upload file. **If a patient receives a skilled visit but is not yet discharged, the patient is to be included in the upload file**. If a patient receives only private Duty/Non-skilled visits, he is to be **excluded** from the upload file, *unless the Private Duty/Non-skilled patient population is to be sampled for an unofficial or standard Press Ganey survey, requiring additional fields in the upload file to identify these populations*.

# Data File Formats

Press Ganey can accept standard ASCII text files in either fixed or comma-delimited format. Null characters are not permitted. The maximum record length is 1000 characters, and each record should be terminated by a carriage return line feed (CRLF), which is equivalent to pressing the ENTER key. Each field should be no longer than 50 characters. Each line is considered one record and should not span across multiple lines. Note: Microsoft Excel XLS, Microsoft Word, and Microsoft Access documents are not permitted.

Please note, the monthly Home Health CAHPS data files must be sent separately from records of other service lines.

## Pulling Data from Your System

Because we are unfamiliar with your internal information systems, Press Ganey cannot offer advice on the specifics of how to extract your patient data. For assistance, you may contact your EMR vendor, check online forums, consult with other facilities in your system, or contact your IT vendor.

## Fixed File Format

A fixed format file simply means that a particular field in every record always starts in the same column. As shown below, for example, every patient record appears on a separate line and the last name for each patient always begins in column 14, the patient’s middle initial is always listed in column 25, and so on. Fixed format files are left justified and space padded. The records may not be tab delimited.

Survey	C_ID	Last	First	Mid	Addr 1	Addr2	City	St	Zip	Various demographic data...	E.O.R.
OU0101	1234	SMITH	MARY ANNE		410 N MAINE ST	APT 2	RED VILLAGE	IN	46601	43 052505 052705 3W 0130 LAB	123456\$ 123456 \$
OU0101	1234	JONES	THOMAS	R.	100 W CIRCLE COURT	APT 16-A	GREENTOWN	IN	46600	27 052605 052905 4N 1620 RAD	987654J 123123 \$
OU0101	1234	BROWN	SHEILA	E.	42 E 63RD		BLUEVILLE	IN	46601	54 052405 052605 16E 4321 MAMMO	889988B 112233 \$

## Comma-Delimited File Format

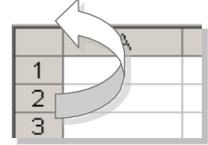
Where fields begin within a comma-delimited file depends on the length of the information in each field. The fields must always be listed in the same order and are separated by commas. The commas indicate where one field ends and the next begins. Some systems add quotation marks to each field automatically, which is permissible. It is recommended that you add quotation marks to ensure that a comma within a field is not misinterpreted as a field separator (e.g., “Stephen, J.” could represent the FIRSTNAME field by enclosing the text in quotation marks).

Survey,ClientID,Lastname,Firstname,Middle,Addr1,Addr2,City,State,Zip,Various demographic data...	E.O.R.
OU0101,1234,SMITH,MARY ANNE,,410 N MAINE ST,APT 2,RED VILLAGE,IN,46601,43,052505,052705,3W,0130,LAB,123456\$,123456,\$	
OU0101,1234,JONES,THOMAS,R.,100 W CIRCLE COURT,APT 16-A,GREENTOWN,IN,46600,27,052605,052905,4N,1620,RAD,987654J,123123,\$	
OU0101,1234,BROWN,SHEILA,E.,42 E 63RD,BLUEVILLE,IN,46601,54,052405,052605,16E,4321,MAMMO,889988B,112233,\$	

## Excel CSV Format

We recommend that you send files in standard ASCII text format, but if Microsoft Excel is used the file should be saved as a CSV (comma-delimited) file. Records saved in CSV format can be viewed in text editors separated by commas. These instructions walk you through the process of creating an Excel CSV file. Note: Menu options may vary depending on your version of Microsoft Office. Microsoft Excel XLS, Microsoft Word, and Microsoft Access documents are not permitted.

1. Open a new Excel spreadsheet. Click the empty cell above row heading “1” and left of column heading “A.” This highlights the entire spreadsheet.

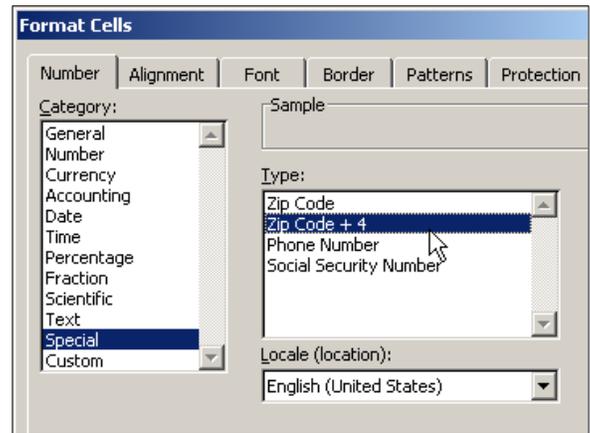


Tip: You may also select the entire spreadsheet by pressing **CTRL + A**.

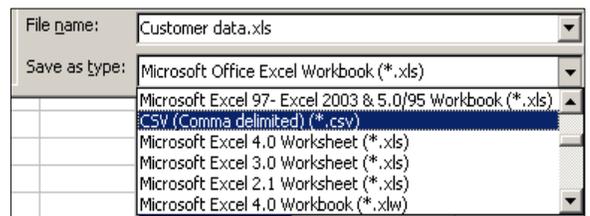
2. From the main menu, select **FORMAT > CELLS > NUMBER > TEXT** and click **OK**. This formats all cells in the spreadsheet as “Text.”

3. To populate your spreadsheet with your patient data, use the main menu to select **DATA > IMPORT EXTERNAL DATA > IMPORT DATA**. Select your source data and follow the prompts to import your text file.

4. Format the ZIP Code field as “ZIP Code.” To do this, highlight the ZIP Code column and select **FORMAT > CELLS > NUMBER > SPECIAL > ZIP CODE** or **ZIP CODE + 4**. This prevents Excel from truncating leading zeros at the beginning of ZIP Codes.



5. Save your file after import by selecting **FILE > SAVE AS**. Choose “CSV (Comma delimited) (\*.csv)” under “Save as type.” This will automatically save your data as a comma-delimited file.



# New Setup Test File Checklist



## Create a test file

After you've reviewed this guide and have discussed what patient data needs to be included in your upload files, a test file will need to be sent to Press Ganey for review. Real patient data should be used in this test file to help ensure the formatting and layout matches what will appear in the live files.

A file layout (the “map” that tells us which demographic field will appear in each column of your uploaded records) must be provided, either as a header row within the file or in a separate document that is uploaded along with your test file to the MFT Test folder. Files must consistently follow the layout that is tested and approved. Deviations will result in processing failures. If you need to alter the layout, please work with your Account Manager to coordinate.

Provide Press Ganey with a **file layout**, either as a **header** or **separate file**.

Files should be sent in either comma delimited or fixed format. Please see the section on [Data File Formats](#) for additional details.

As we are unfamiliar with your internal information systems, Press Ganey cannot offer advice on the specifics of how to extract your patient data. We recommend that individuals familiar with your databases extract the information or contact the vendor that supports your applications.



## Determine who will send test files

Determine who will transmit test files and send your Account Manager their name and email address. Login credentials will be sent from the File Transfer Portal system upon creation



## Email your file name and layout to your Account Manager

Once you're ready to send your test file, please email your Account Manager the name of the file and how you will be communicating your file's layout, either with a header row within your file or by sending a separate layout document. If you are sending a separate layout document, include it in the email to the Account Manager or upload it to your test folder along with your test file.

Test files must contain the word **TEST** and your **client ID** as part of the file name.

Use the naming convention HHCAHPS\_CLIENT ID\_TEST.csv. This will help ensure your data is easily identified and placed in the correct queue for testing.



## Upload your test file to Press Ganey via the File Transfer Portal

Patient data must be uploaded to Press Ganey via HTTPS or SFTP to ensure patient PHI is protected. You can find more information about transmitting data in the section [Transmitting Patient Data to Press Ganey](#).

The name of your file must include both your client ID and the word “test”. This will help ensure your data is easily identified and placed in the correct queue for testing.



## Receive feedback from Press Ganey regarding your test file / Send revisions as needed

A Press Ganey EDI will be assigned to review your test file and will provide feedback on any changes needed, if any. When resubmitting a test file, please follow the same process as when sending your initial test file.



## Receive approval of test file

Once your test file has been approved and we are ready to receive live patient data, either a member of the Press Ganey EDI team or your Account Manager will notify you that we are ready for live patient data.



## Upload first live file via the File Transfer Portal Inbox

The MFT test folder is only for test files, therefore all live files moving forward must be sent to Inbox. **Files uploaded to the test folder will not process or generate surveys.** Before sending your first live file, check with your Account Manager to verify the first visit/discharge date that should be included.

Live data file specifications:

- Use the naming convention HHCAHPS\_CLIENT ID\_SAMPLE MONTH.csv. For example, HHCAHPS\_1234\_03.csv, where 1234 is the Client ID and 03 is the sample month of March.
- Avoid using special characters in the file name as it may cause your file to be rejected.
- If you are sending multiple client IDs in one file, just use one client ID as part of the naming convention. If you send multiple files daily, file names must be unique (i.e., XXXXXMMDDYYYY\_1, XXXXXMMDDYYYY\_2).
- Files should not be any larger than 2GB



## Review Upload Confirmation emails on an ongoing basis to ensure successful uploads

Your Account Manager will provide you with a guide to help interpret Upload Confirmation emails.



## Notify your Account Manager of any planned EMR upgrades or conversions

Any changes made to your EMR will likely affect the patient data you are uploading to Press Ganey. Things that are often changed with these upgrades/conversions, like coding, can affect your extract queries and cause patients to be excluded or included from your upload files inappropriately. If your facility plans on upgrading or changing their EMR, please check with your internal data extraction team to determine whether the proposed upgrade will affect the data. If the data will change, please contact your Account Manager as soon as possible to discuss how it may change the way your patient data is being uploaded.

# Required Data Fields

**Between the 1<sup>st</sup> and 15<sup>th</sup>, upload the previous month's data file separate from all other Press Ganey uploads.** For example, before April 15, upload March's data. Use the naming convention HHCAHPS\_CLIENT ID\_SAMPLE MONTH.csv. For example, HHCAHPS\_1234\_03.csv, where 1234 is the Client ID and 03 is the sample month of March. **A successful upload must be received by Press Ganey no later than the 15<sup>th</sup> in order to meet the survey administration timing requirements. If the data file is not successfully received by the 15<sup>th</sup>, a discrepancy may be required.**

Below are listed required fields. A few optional fields are highlighted in yellow. Press Ganey will work with you to ensure your compliance with HH-CAHPS protocol. To meet CMS guidelines, it is required that you provide as much demographic information as possible in the data file. Please note that all "M00" variables refer to the OASIS E dataset.

Field Name	Description
Survey Designator	Alphanumeric code indicates survey type. Assigned to you by Press Ganey
Client Number	Client identification number assigned to you by Press Ganey
First Name	Patient's first name – (M0040)
Middle Initial	Patient's middle initial – (M0040)
Last Name	Patient's last name – (M0040)
Address 1	Address survey should be mailed to. Abbreviations may be rejected
Address 2	Apartment, Suite, etc.
City	City spelled out. Abbreviations may be rejected
State	Standard U.S.P.S. two-letter state abbreviation
ZIP Code	Five digits. Additional four-digit extension is acceptable
Phone**	Patient's phone number including the three-digit area code
Home Health Visit Type	Type of visits patient received: 1 = Private Duty Only 2 = Medicare Certified Skilled Home Health Only 3 = Both
Start of Care Date	Date of start of care (mm/dd/yyyy) – (M0030)
Assessment Reason	1 = Start of care, further visits planned 3 = Resumption of care (after inpatient stay) 4 = Recertification (follow-up) reassessment 5 = Other follow-up 6 = Transferred to an inpatient facility, not discharged from agency 7 = Transferred to an inpatient facility, discharged from agency 8 = Death at home 9 = Discharge from agency – (M0100)

Field Name	Description
Discharge Date	Date of discharge, transfer, or death (mm/dd/yyyy) – <b>(M0906)</b>
Date of Birth**	Patient's date of birth (mm/dd/yyyy) – <b>(M0066_PAT_Birth_DT)</b>
Language	Patient's primary spoken language: 0 = English 1 = Spanish 3 = Russian 10 = Chinese - Traditional 12 = Chinese - Simplified 13 = Vietnamese
Gender	Patient's gender: 1 = Male 2 = Female – <b>(M0069_PAT_Gender)</b>
Patient ID Number	Patient's HHA medical record number or patient identifier. Unique number assigned to patient to allow tracking and documentation of care provided – <b>(M0020_PAT_ID)</b>
Surgical Discharge	Care related to a surgical discharge: 1 = Yes 2 = No M = Unknown/Missing
End Stage Renal Disease	Patient has end-stage renal disease: 1 = Yes 2 = No M = Unknown/Missing
Payment Source – None	No charge for current services: 0 = No 1 = Yes – <b>(M0150_CPAY_NONE)</b>
Payment Source – Medicare	Medicare: 0 = No 1 = Yes – <b>(M0150_CPAY_MCARE)</b>
Payment Source – Medicare HMO	Medicare, HMO/managed care: 0 = No 1 = Yes – <b>(M0150_CPAY_MCARE_HMO)</b>
Payment Source – Medicaid	Medicaid: 0 = No 1 = Yes – <b>(M0150_CPAY_MCAID)</b>
Payment Source – Medicaid HMO	Medicaid, HMO/managed care: 0 = No 1 = Yes – <b>(M0150_CPAY_MCAID_HMO)</b>
Payment Source – Workers' Comp	Workers' compensation: 0 = No 1 = Yes – <b>(M0150_CPAY_WRKCOMP)</b>
Payment Source – Title	Title programs (e.g., Title III, V, or XX):

Field Name	Description
programs	0 = No 1 = Yes – (M0150_CPAY_TITLEPRGMS)
Payment Source – Other Government	Other government (e.g., CHAMPUS, VA, etc.): 0 = No 1 = Yes – (M0150_CPAY_OTH_GOVT)
Payment Source – Private Ins.	Private insurance: 0 = No 1 = Yes – (M0150_CPAY_PRIV_INS)
Payment Source – Private HMO	Private HMO/managed care: 0 = No 1 = Yes – (M0150_CPAY_PRIV_HMO)
Payment Source – Self-pay	Self-pay: 0 = No 1 = Yes – (M0150_CPAY_SELFPAY)
Payment Source – Other	Other: 0 = No 1 = Yes – (M0150_CPAY_OTHER)
Payment Source – Unknown	Unknown: 0 = No 1 = Yes – (M0150_CPAY_UK)
HMO	Patient is in an HMO – Health Maintenance Organization: 1 = Yes 2 = No M = Unknown/Missing
Source of Admission – NF	Past 14 – Days Discharged from long term nursing facility (NF): 0 = No 1 = Yes – (M1000_DC_LTC_14_DA)
Source of Admission – SNF	Past 14 Days – Discharged from skilled nursing facility (SNF): 0 = No 1 = Yes – (M1000_DC_SNF_14_DA)
Source of Admission – IPP S	Past 14 Days – Discharged from short stay acute hospital (IPP S): 0 = No 1 = Yes – (M1000_DC_IPPS_14_DA)
Source of Admission – LTCH	Past 14 Days – Discharged from long term care hospital: 0 = No 1 = Yes – (M1000_DC_LTCH_14_DA)
Source of Admission – IRF	Past 14 Days – Discharged from inpatient rehabilitation hospital or unit (IRF): 0 = No 1 = Yes – (M1000_DC_IRF_14_DA)

Field Name	Description
Source of Admission – Psych	Past 14 Days – Discharged from psychiatric hospital or unit: 0 = No 1 = Yes – (M1000_DC_PSYCH_14_DA)
Source of Admission – Other	Past 14 Days – Discharged from other: 0 = No 1 = Yes – (M1000_DC_OTH_14_DA)
Source of Admission – None	Past 14 Days – Patient not discharged from an inpatient facility: 0 = No 1 = Yes – (M1000_DC_NONE_14_DA)
Dual Eligibility	Patient is dually eligible for MEDICAID and MEDICARE: 1 = Yes 2 = No 3 = Not Applicable M = Unknown/Missing
Primary Diagnosis – ICD-10	Primary Diagnosis for the underlying reason for the home health care – (M1021/1023)
Other Diagnosis	Other conditions/diagnosis requiring home health care – (M1021/1023)
Other Diagnosis	Other conditions/diagnosis requiring home health care – (M1021/1023)
Other Diagnosis	Other conditions/diagnosis requiring home health care – (M1021/1023)
Other Diagnosis	Other conditions/diagnosis requiring home health care – (M1021/1023)
Other Diagnosis	Other conditions/diagnosis requiring home health care – (M1021/1023)
Referral Source	1 = Physician's Office 2 = Hospital 3 = Social Worker 4 = Family 5 = Friend 6 = Self-referred 7 = Other
Physical Therapy	Patient received Physical Therapy service: 1 = Yes; 2 = No
Home Health Aide	Patient received Home Health Aide service: 1 = Yes; 2 = No
Social Service	Patient received Social Services: 1 = Yes; 2 = No
Occupational Therapy	Patient received Occupational Therapy service: 1 = Yes; 2 = No
Companion/Homemaker	Patient received Companion/Homemaker service: 1 = Yes; 2 = No
Speech Therapy	Patient received Speech Therapy services: 1 = Yes; 2 = No

Field Name	Description
ADL – Dress Upper Body	0 = Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance 1 = Able to dress upper body without assistance if clothing is laid out or handed to the patient 2 = Someone must help the patient put on upper body clothing 3 = Patient depends entirely upon another person to dress the upper body UK = Unknown – <b>(M1810)</b>
ADL – Dress Lower Body	0 = Able to obtain, put on, and remove clothing and shoes without assistance 1 = Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient 2 = Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes 3 = Patient depends entirely upon another person to dress lower body UK = Unknown– <b>(M1820)</b>
ADL – Bathing	0 = Able to bathe self in shower or tub independently, including getting in and out of tub/shower 1 = With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower 2 = Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas 3 = Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision 4 = Unable to use the shower or tub, but able to bathe self independently, with or without the use of devices, at the sink, in chair, or on commode 5 = Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath 6 = Unable to participate effectively in bathing and is bathed totally by another person UK = Unknown – <b>(M1830)</b>
ADL – Toileting	0 = Able to get to and from the toilet independently with or without a device 1 = When reminded, assisted, or supervised by another person, able to get to and from the toilet 2 = Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance) 3 = Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently 4 = Is totally dependent in toileting UK = Unknown – <b>(M1840)</b>
ADL – Transferring	0 = Able to independently transfer 1 = Transfers with minimal human assistance or with use of an assistive device 2 = Unable to transfer self but is able to bear weight and pivot during the transfer process 3 = Unable to transfer self and is unable to bear weight or pivot when transferred by another person 4 = Bedfast, unable to transfer but is able to turn and position self in bed 5 = Bedfast, unable to transfer and is unable to turn and position self UK = Unknown – <b>(M1850)</b>

Field Name	Description
ADL – Feeding or Eating	0 = Able to independently feed self 1 = Able to feed self independently but requires: (a) meal setup, OR (b) intermittent assistance or supervision from another person, OR (c) a liquid, pureed, or ground meat diet 2 = Unable to feed self and must be assisted or supervised throughout the meal/snack 3 = Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy 4 = Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy 5 = Unable to take in nutrients orally or by tube feeding UK = Unknown – <b>(M1870)</b>
Viscount	Total number of Skilled Home Health visits <i>in the sample month</i>
Lookback	Total number of Skilled Home Health visits <i>in the sample month and the month before the sample month</i>
Sample Month	Patient's sample month (mm)
Sample Year	Patient's sample year (yyyy)
Branch	Branch ID or description if multiple branches
Team	Used if there are multiple teams or units beneath a branch
Total Patients Served	Provide the total number of patients served during the sample month; this should be a total count of ALL patients served, including exclusions
Email	Patient's Email address
Race	Patient's Race (See below for more information)
Ethnicity	Patient's Ethnicity (See below for more information)
E.O.R. Indicator	End-of-record marker (i.e., \$)
**Denotes required field for Phone methodology <b>Do not include SSN or patient insurance/Medicare/Medicaid account numbers</b>	

# Race and Ethnicity Field Information

- Organizations **should** upload fields for Race and Ethnicity for all PX services.
  - Organizations should upload separate fields for Race and Ethnicity rather than combining into a single field.
- When organizations send data about Race and Ethnicity, they should minimize sending blank fields or fields that indicate an unknown (e.g., unknown, missing, not available).
- The values for the Race and Ethnicity fields should be text based and interpretable to any user. That is, they should be words like 'Asian' not be a list of codes (e.g., 1, A, AS, R1) that need a key to define them.
  - Note that if your organization is already using FHIR code standards within HL7 to code for Race and Ethnicity, Press Ganey can accept that national standard of codes in lieu of text based value labels.
- The values being sent to define Race and Ethnicity should be consistent across locations and survey populations within the system. That is, the same group should be represented with the same spelling and abbreviations, rather than several different formats, spellings or abbreviations to denote the same group.
- At minimum, the values being sent should define the broad racial groups for Race and denote membership within the Hispanic/Latino identify for Ethnicity. In addition, there should be options to denote 'Prefer not to answer' as well as 'Other' and 'Two or more races' (for the Race variable).
  - Below is the minimum set of categories that should be provided – note that your spelling/abbreviations may vary but each of the below should be represented.
    - RACE
      - American Indian or Alaskan Native
      - Asian
      - Black or African American
      - Native Hawaiian or other Pacific Islander
      - White or Caucasian
      - Other
      - Two or more races
      - Prefer not to answer
    - ETHNICITY
      - Hispanic/Latino
      - Not Hispanic/Latino
      - Prefer not to answer
  - It is also possible to provide additional values that provide more specific information about an individual's background such as 'Chinese' as a value for Race or 'Cuban' as a value for Ethnicity.

## Exclusions (based upon CMS requirements for HHCAHPS)

Under some circumstances, a customer should not receive a survey. These customer records must be removed before the file is transmitted to Press Ganey:

- Deceased patients
- Patients currently receiving Hospice care
- Routine Maternity Care patients
- Patients with Zero (0) Skilled Visits
- No publicity patients
- Patients restricted due to state regulation

# Transmitting Patient Data to Press Ganey

In our role as your Business Associate under the HIPAA Security Rule, Press Ganey is responsible for protecting your patient data once we receive it. We also want to make sure you transmit the data to us in the most secure way possible. We support several methods for file transfer, and some are more secure than others. You should consult with your own security and privacy resources if you have concerns about which of these transmission methods is appropriate for you.

## Methods of Transmission

Press Ganey accepts files via **SFTP** (SSH File Transfer Protocol), **FTPS** (FTP Over SSL) and **HTTPS** (Hyper Text Transfer Protocol Secure).

The EDI Specialist will create an account for your data transmissions. This account will contain an Inbox, Outbox and Test folder. Only the test folder will be available during the onboarding phase. Once we are ready to begin survey administration, your Inbox and Outbox will be activated. Regular patient data uploads used for survey administration will be sent to the Inbox. The Outbox will be used to send files back to you. These may include raw data files (xml), bad address and upload results files, to mention a few.

Because email is not secure, we **DO NOT** accept Protected Health Information (PHI) via email.

## Press Ganey File Transfer Portal Information

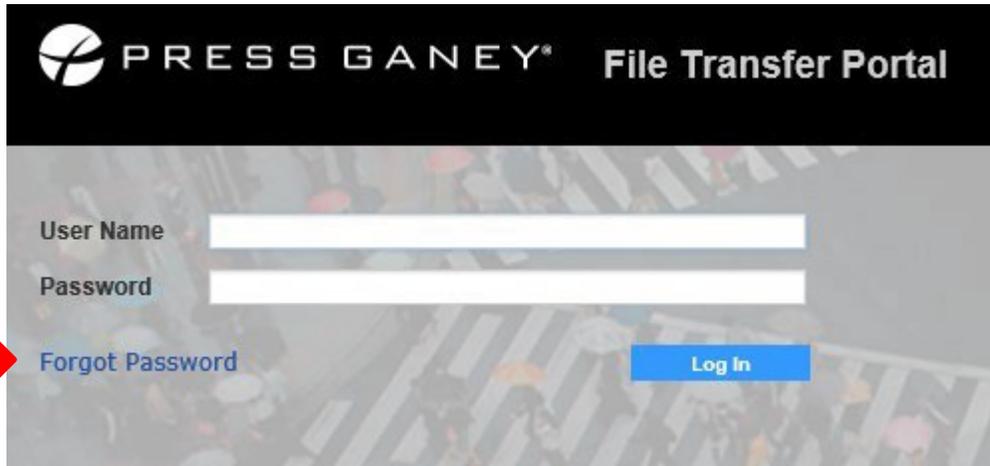
File Transfer Portal can be accessed through a standard web browser. From there, you will be able to connect and transfer data to and from the available folders. A master account will be created, and individual users will be given their own login credentials. These credentials will follow standard Press Ganey security procedures for password changing and reset. You will find the Press Ganey File Transfer Portal here: <https://pgds.pressganey.com>.

## Receiving Your New Credentials

You will receive a pair of emails from Press Ganey MFT. The first will have your new USER ID. The second will contain the password for this account. If you are also maintaining an automated upload account, there will be a pair of emails that go with the automated (SERVICE) account.

Individual accounts will have passwords that expire every 90 days. To change your password, go to the web portal and type in your user id. Then click on the Forgot Password button.

Automated (SERVICE) account passwords do not expire. However, you can change the password on these accounts as well.



There are several secure methods of transferring files to or from Press Ganey. You can transfer data using our File Transfer Portal website, [pgds.pressganey.com](https://pgds.pressganey.com) or an FTP Client software application (there are several free options, such as FileZilla, or Core FTP Lite). The address is the same for both the File Transfer Portal and FTP Client Software Applications.

The connection will be encrypted using HTTPS, SFTP or FTPS. This makes it unnecessary to encrypt files before sending them to Press Ganey. However, you may do so if you wish. If you choose to encrypt your files, they must be encrypted with the Press Ganey PGP Public key.

([https://helpandtraining.pressganey.com/pg\\_public\\_04162024/](https://helpandtraining.pressganey.com/pg_public_04162024/))

After logging in, you will see a number of folders like this:

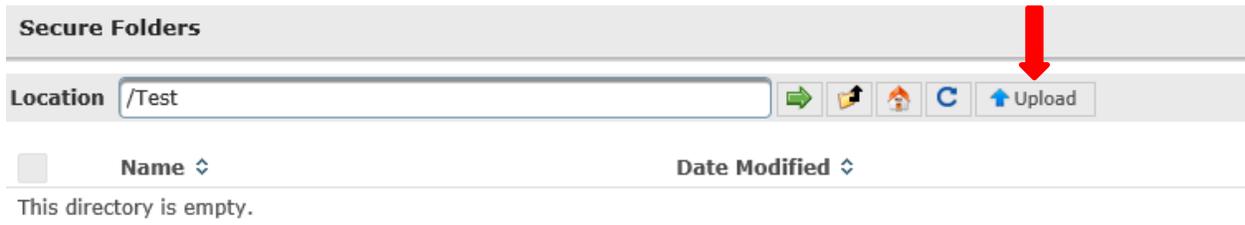
Secure Folders		
Location	/	
<input type="checkbox"/>	Name	Date Modified
<input type="checkbox"/>	<b>Inbox</b>	8/16/18 8:05:02 A
<input type="checkbox"/>	<b>Test</b>	8/16/18 9:10:43 A
<input type="checkbox"/>	<b>XML_Outbox</b>	8/16/18 9:10:44 A

- **Inbox** - live uploads
- **Test** - test files
- **Outbox** or **XML Outbox** - files downloaded from Press Ganey

You may see more than one Inbox if you upload to more than one client number and these will be clearly marked. The same is true for the Outbox if you download information from more than one client number.

## Uploading Files to Press Ganey

To upload a file, click into the appropriate folder. Click the upload button and navigate to the file you wish to upload to Press Ganey.



Files placed in the test folder will be moved by the Press Ganey system to an internal staging folder that is monitored by the EDI team. This happens rather quickly, so don't be surprised if the files disappear from your folder after just a few seconds.

Files placed in the inbox folder will be picked up and placed in the queue for processing. If you receive email confirmations with upload results, these will continue as they have in the past.

## Downloading Files from Press Ganey

If you received reports from Press Ganey, you will be able to access those reports from your MFT account instead of having a separate userid and password. The Outbox or XML Outbox folder will be linked to the folders where your reports are stored. Click on the appropriate folder and you will see the reports listed and the download button to assist you in downloading these reports. If you access more than one download folder for your organization, you may have multiple outboxes, and these will be clearly marked.



It's that simple. The File Transfer Portal provides a secure and easy way to send and receive your data files to and from Press Ganey.

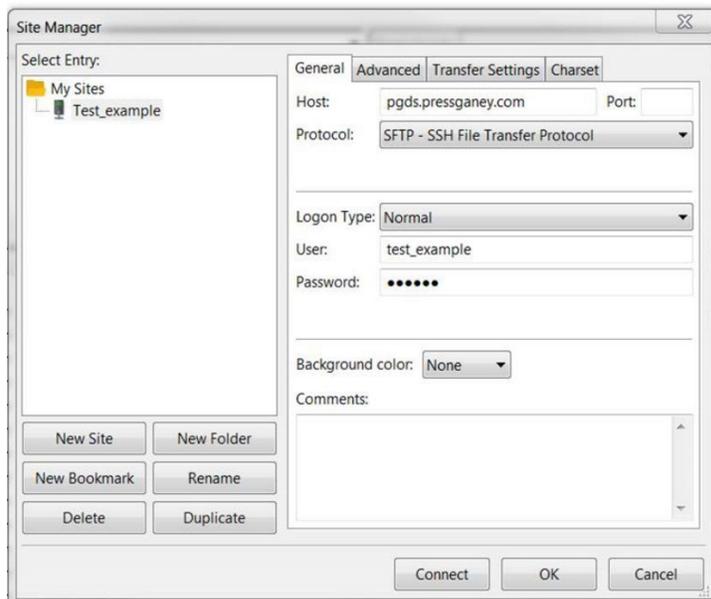
If you encounter any issues logging into the FTP System, please contact Press Ganey at 1-888-773-7742 and ask for the EDI team. If you have any questions about the creation or contents of your patient data files, please contact your IT administrator or EMR Vendor for assistance.

## Using FTP Client Software to Transfer Data

You may also access your file transfer account via commonly used FTP client software such as FileZilla, WS\_FTP & WinSCP. You may also use your own script to automate the transfer process. Please inform the EDI Specialist that you will be automating your transfer and they will setup a server/service user account that follows a separate security procedure (less frequent required password changes).

- Data uploaded to the InfoTurn server is automatically imported into the system. The next production run processed by InfoTurn will include the data.
- Do not ZIP files.
- All files must be uploaded in BINARY MODE.
- FTP site = [pgds.pressganey.com](https://pgds.pressganey.com)
- The IP address for [pgds.pressganey.com](https://pgds.pressganey.com) is 204.13.94.133
- Please notify your Account Manager when a test file has been transmitted. Be sure to include your Client ID, the test file name and the file layout that describes the content and order of the fields in your file.
- ***Press Ganey does not provide support for automating the transfer process. Please contact your software vendor for assistance.***

Within your FTP Client software, enter [pgds.pressganey.com](https://pgds.pressganey.com) (or IP Address 204.13.94.133) as the host and the system generated User Name and Password you received via email. After your initial login, you are able to create a new password. Your login credentials are the same for the File Transfer Portal and FTP Client software.



# Understanding Update Files

It is not always possible to include all demographic data in the original data file uploaded to Press Ganey. You may send “update files” at a later time to populate empty fields or to correct data in fields that were incorrect in the original upload. Update files are especially important for HH-CAHPS public reporting. For HH-CAHPS, update files are necessary because some data **required** for HH-CAHPS are not known at the time of upload. Data in update files are used to enhance reporting; update files should never be processed for mailing.

Please note, if the data you need to update is the “Numbers of Patients Served” value for a given sample month, please also notify your Account Manager, so they can ensure the new value is copied to all appropriate locations in our systems.

Following are the requirements for an update file:

- **Every original and updated patient record sent to Press Ganey must include the Survey Designator, Client ID, Patient ID, Sample Month, and Sample Year.** The Survey Designator, Client ID, Patient ID, Sample Month, and Sample Year in the original file and the update file must be identical and specific to a particular patient in the specific month.
- The update file must use the naming convention: HHCAHPS\_UPDATE\_SAMPLE MONTH.csv. For example, HHCAHPS\_UPDATE\_08.csv, where 08 is the sample month of August.
- A Patient ID field must also be included in your file layout (i.e., the “map” that tells us which demographic variable will appear in each column or field of your uploaded records). Both original and updated records must follow the file layout that was approved by the Press Ganey Electronic Data Interchange (EDI) Specialist during the upload testing phase.

**Your update file must match the layout of the original upload and follow this naming convention so that the records are not processed and mailed.**

The following graphic shows how the update process works.

FILE LAYOUT	Survey Desig	Client ID	First name	Middle initial	Last name	Address	City	State	ZIP	Assessment	Discharge date	Date of birth	Lang.	Gender	Patient ID	Skilled visits	Sample month	Sample year	EOR
ORIGINAL RECORD	HH0101	1234	John	R.	Smith	123 Main	Towne	IN	46601			10161967	1	F	ABC653		08	2010	\$
UPDATE RECORD	HH 0101	1234	Jon	R.	Smith	123 Main	Towne	IN	46601	5		10161967		M	ABC653	6	08	2010	\$
RESULT	HH 0101	1234	John	R.	Smith	123 Main	Towne	IN	46601	5		10161967	1	M	ABC653	6	08	2010	\$

- Once the original and updated patient records are matched using the Survey Designator, Client ID, Patient ID, Sample Month, and Sample Year, the system compares the data in the two records.
- A blank field in the update record will not overwrite the corresponding field in the original record (as in the “Lang.” column below).
- A populated field in the update record will overwrite the corresponding field in the original record (as in the “Gender” column below).
- An exception to this rule can be seen in the “First name” column—the Survey Designator, Client ID, Patient ID, Sample Month, Sample Year, first/middle/last names, and address cannot be overwritten.
- The Survey Designator, Client ID, Patient ID, Sample Month, and Sample Year must appear in every record and must be identical in the original record and the update record.

# Troubleshooting & Technical Support

## Technical Support

For questions or concerns about file requirements, data transmission, encryption, or general questions about getting started with InfoTurn, please contact a member of the EDI team at **888.773.7742**.

## Wrong File Uploaded – Live Data

If you have uploaded a file or record that should not be processed immediately contact your Press Ganey Account Manager or any member of the EDI team at **888.773.7742**. Please be ready to provide the filename or information about a specific record, such as medical record number, first and last name, or mailing information for that patient spelled exactly as it appears in your files. We will not stop individual records from processing; the entire file will need to be removed.

## Editing & Returning Uploaded Files

To be HIPAA compliant, Press Ganey's EDI staff **cannot edit** files sent in for processing or testing. Your staff must perform any needed changes. Additionally, we **cannot return** uploaded files. We strongly encourage you to keep a copy of all files that you transmit to Press Ganey.

To see detailed results of your uploads (which records processed, skipped, errored, etc.), you need to request InfoTurn Results File be posted to your PaGER account in the online tools. These files will post after each upload and will include the full patient record uploaded along with a note about how each record processed.

Note: These files are not available for some official CAHPS services due to CMS guidelines. Please consult your Account Manager for further details.

For other questions or concerns regarding Press Ganey's handling of HIPAA-related issues, please contact your Press Ganey Account Manager.

## Support for Third Party-Applications

Because we are unfamiliar with your internal information systems, Press Ganey cannot offer advice on the specifics of how to extract your patient data. We recommend that individuals familiar with your databases extract the information or contact the vendor that supports your applications.

Press Ganey cannot provide technical support for the third-party encryption products discussed in this guide. For help with PGP encryption, please contact [www.pgp.com](http://www.pgp.com) or [www.mcafee.com](http://www.mcafee.com), as appropriate. For GnuPG, please contact [www.gnupg.org](http://www.gnupg.org).

## HIPAA, HITECH, and the FTP Process

File transfers between business partners are permitted under HIPAA/HITECH, but those transfers must protect the data being transmitted. While Press Ganey cannot directly control the methods you use to transmit data, we will only process files sent via one of our approved transmission methods. Other approaches (paper files, emails, unencrypted FTP files) will not be processed by Press Ganey and will be deleted as soon as they are detected.

*Revised July 2025*