OneHealthPort | HIE

Canonical Guide

Admission/Discharge Notification :
A Community Defined Local Standard

Version 2.2

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1. DOCUMENT CHANGE HISTORY

Document Name: **Admission/Discharge Notification**			
Version	Issue Date	Modified By	Comments/Reason
1.0	12/06/2012	Rhonda May	First release of Production ADN Canonical Guide
1.1	01/15/2013	Rhonda May	Correction in error handling for files with a record that has no health plans participating in the ADN transaction
1.2	01/17/2013	Rhonda May	Correction in error handling when Health Plans are not available for delivery of ADN_CENSUS files.
1.3	02/04/2013	Rhonda May	Clarification on line terminators.
1.4	3/27/2013	Rhonda May	Section 3.2 - Updated high-level process graphic. Section 3.3 - Updated graphic for flat files delivered to health plans. Section 5.2.1 – Updated for maximum record row count Section 6.1 – - Change in CoreID field to accommodate hospital acknowledgment returning health plan name included in submission file, for ADN_Census payload. - Deleted health plan preferences. This information should be shared, discussed, and agreed upon in business discussions. Section 7 – Updated for changes in CoreID Section 10.2 – Updated for changes in CoreID Section 11 – Added Molina Healthcare
1.4	11/11/2013	Rhonda May	Updated Trading partner routing id map with additional entity information.
2.0	12/12/2013	Sue Merk	Change for routing by routing identifier rather than insurance plan name. Addition of payload record limit of 1,000 records for hospital file submissions. Routing identifier section update.
2.1	9/17/2014	Rhonda May	Eliminate time window restrictions Add Discharge Disposition Update table for new trading partners
2.2	10/8/2014	Rhonda	Corrected error in table of routing identifiers

2. INTRODUCTION

2.1 Overview

The Washington State Administrative Simplification Program Admission/Discharge Notification (ADN) process team identified a minimum data set to simplify and automate the communication between inpatient facilities and health plans and payers when a patient is admitted and discharged.

Organizations trading the ADN transaction can expect to:
- meet the legislative voluntary-adoption expectation for administrative simplification prior to regulatory mandate
- eliminate the inefficient manual telephonic and fax notifications and follow-up calls that exist in current processes

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- operate with a transaction standard and consistent reporting processes
- electronically exchange and record a core identification number that acts as proof of notification
- experience operational efficiencies through automation of data exchanged into operational workflows

2.2 In Scope

This Canonical Guide defines the Admission/Discharge Notification standard transaction and is unique to OneHealthPort. The document consists of the following sections:

- A high level message process flow
- Message structure of the ADN:
  - ○ ADN Header Representation
  - ○ ADN Body Representation
- Sample File Formats

Due to the lack of a widely accepted national standard, this community defined local standard is limited to a pipe-delimited flat-file format. In May, 2014 customers currently trading and planning for the adoption of the ADN transaction gathered and discussed movement toward adoption of the X12 5010 278N Health Care Services Review – Notification standard. The group determined the current local standard being traded was sufficient for their needs, contained substantially the same content as the X12 standard, and there would be little value gained by a change to the X12 5010 278N standard at this time.

2.3 Connectivity Options

- Health Plans must be able to provide an AS2 protocol that provides a receipt or MDN message back to the HIE HUB when ADN files are delivered to the individual Health Plan, or Health Plans can utilize an HIE supplied Activator to provide the required receipt for files from the HIE. In all cases, the HIE will create the line-level ACK file for each hospital from the receipt or MDN acknowledgement of the ADN file supplied to the Health Plan by the HIE.

- Hospitals submitting Admission Notification files can use an HIE approved connectivity method such as an HIE Activator or AS2 for secure transmission of transactions to and from HIE.

2.4 Assumptions for ADN Transaction

- It is generally expected that hospitals will deliver ADN files daily between 00:01 and 04:00 shortly after the hospital census is typically run,
- Additional submissions of ADN files throughout the day may happen as patient discharges or additional admissions occur
- Hospitals using the CENSUS option are generally expected to submit only one file daily

- Health plans will accept the ADN file submissions as they occur and incorporate the information into their downstream reporting and/or care management processes as appropriate for their organizational workflows
- The HIE will produce acknowledgement messages and deliver to hospitals based on receipt of the ADN submissions by health plans as evidenced by message delivery notifications (MDNs)
- The HIE will have normally recurring polling intervals where it looks for transactions to process; polling window periods will be set in 15 minute increments of time between 04:01 and 23:59. Polling intervals can be adjusted to best support business needs of trading partners as a whole.
- Trading partners will receive alerts if the expected hospital file submissions do not occur between 00:01 and 04:00.
- Changes in disposition codes on previously reported discharged patients should not cause a record to be re-sent from hospitals to health plans.

3. PROCESS FLOW

3.1 High Level Process

- Patient is admitted to an In-Patient Facility.
- In-Patient Facility must inform Health Plans of the admission within the timeframe established by agreement with the health plan.
- In-Patient Facility creates an ADN or census message in a flat file with the required data fields and sends to the OHP HIE
- The hospital may have multiple naming conventions for the health plan by product or line of business. The routing ID published by the health plan will be used by the hospital to normalize the data and map to the correct routing ID. If the health plan enumerates a unique routing ID for different products or lines of business, separate files will be created for those records. If a health plan enumerates only one routing ID, all health plan naming conventions will be aggregated in a single file for that health plan. For health plans with multiple routing IDs, the HIE will map routing IDs to one or more delivery points (separate Activators or distinct AS2 connections). The OHP HIE will aggregate all hospital file submissions within an open polling window and route to the appropriate trading partner based on the routing id in the message and in the format expected by the trading partner. Any hospital record submissions not included in the initial polling window will be aggregated and sent with the next polling window until all have been delivered.
    - Health Plans listed in the patient record will receive a "Discharge Notice" – defined as an admission notice that contains the Discharge DateTime – as soon as the Discharge DateTime appears in the patient record. Time stamps will be Pacific Time.
    - Hospitals will send data in the discharge disposition field if such information is in the patient record at the time the discharge notice occurs.
- Upon receipt of delivery from Health plans, OHP HIE will create and package acknowledgements from health plans for each hospital, within an open polling

window, and send to the hospitals. Any acknowledgements not included in the initial polling window will be aggregated and sent with the next polling window until all have been delivered

- The hospital that delivers reports for multiple facilities can submit all data in a single file or submit separate files for each facility if the facilities have unique routing IDs. The hospital that submits for multiple facilities can also have multiple delivery points based on the mapping to multiple delivery points (Activators or unique AS2 connections).

3.2 High Level Process Flow Diagram
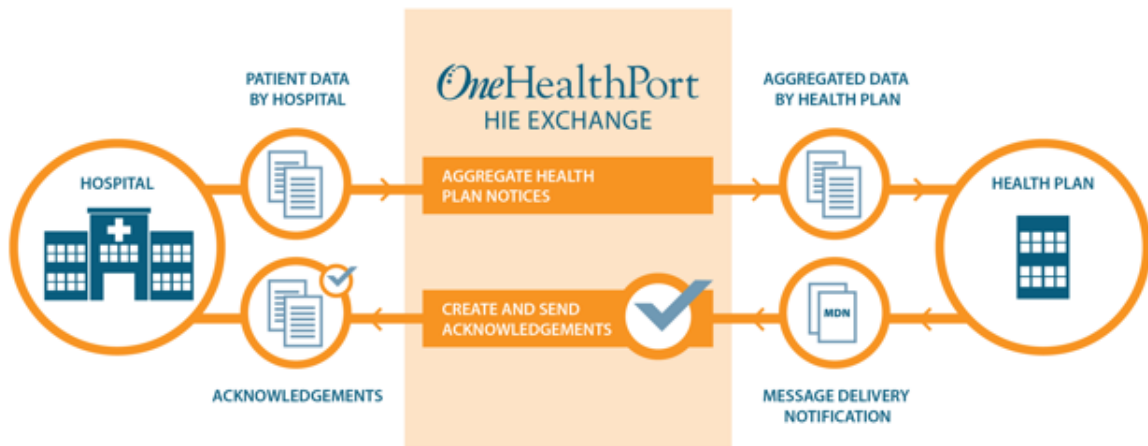
3.3 Process detail in the HIE HUB:

Step 1: Flat files to HIE from multiple hospitals

Hosp A   Hosp B   Hosp C   Hosp X

HP 1   HP 2   HP 3   HP 4

Step 2: Flat files created for multiple health plans
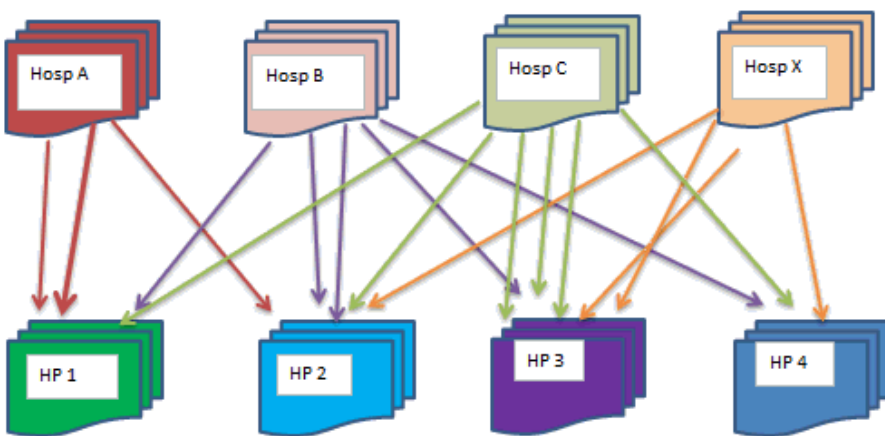
Sort of Hospital records:

1. Every Health Plan listed as Primary, Secondary or Tertiary with a routing ID receives a copy of the patient record they are mentioned in.

2. Every patient record copied includes 1, 2 or 3 health plans - copy is of a full patient record.

3. A Health Plan listed as primary, secondary or tertiary may not be participating with the HIE and in that case will not have a routing ID but is included in the patient record for use by the other Health Plans coordinating benefits on the patient.

DETAIL: Copies of Patient Records based on Health Plan Routing ID fields Populated
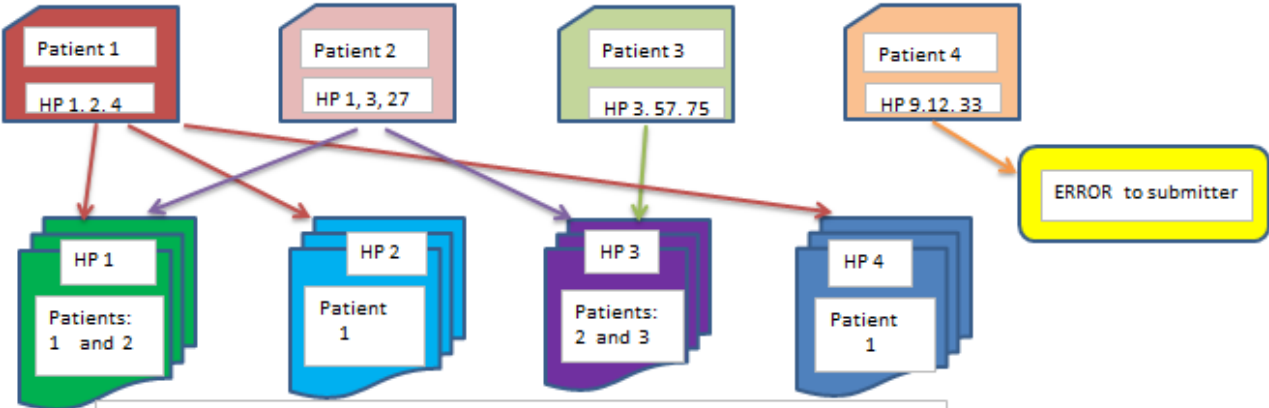
Example: Four Health Plans are participating and have routing IDs, all else are informational. Error message created if a patient sent with NO routing IDs for health plan delivery.

Step 3: Flat files delivered to Health Plans
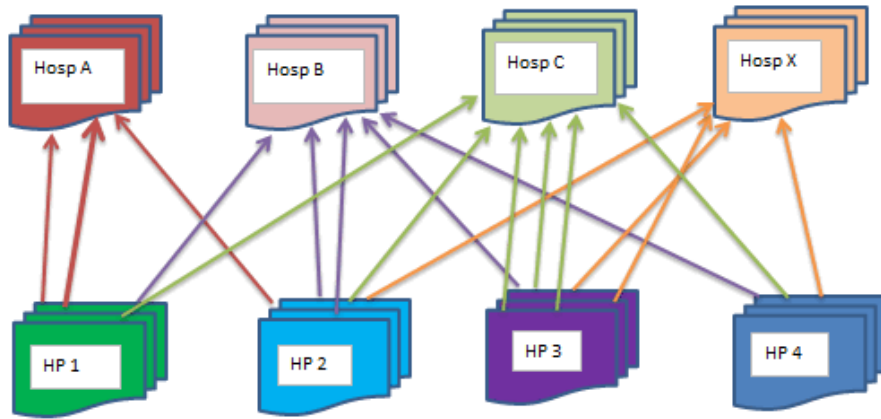
Management of ACKs

1. Retain a copy of the Hospital file - assign a unique CoreID for each patient record.
2. Insert CoreID in the Health Plan file with the individual patient record.
3. ACK from health plan Activator contains only CoreID for each record.
4. Verify CoreID for each record is returned in the Hospital file.
5. Transform submitted Hospital flat file to ACK file by dropping unneeded fields and adding ACK or FAIL.

Step 4: HIE HUB creates ACK flat file for each Hospital from each Health Plan

Step 5: Deliver flat file of ACKs to Hospitals

4.   BUSINESS LOGIC – CENSUS vs. ADN

4.1 Flat File formats for the ADN or Census input

The HIE will accept flat file formats for the Admission/Discharge Notification rules and the Census rules. The difference between ADN and Census is the trigger from which the data is created. File format and content in both file types are the same.

4.1.1 Census

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Typically, a daily file feed of all admissions, inpatient days and discharges from a single facility for all health plans requiring notification.

- The HIE will route to each health plan (with a routing ID), identified in the daily file, the patient records associated with that individual health plan.
- The health plan will receive flat files for each patient for whom they are identified as providing primary, secondary or tertiary coverage based on business rules maintained by the hospital for each health plan.
- The HIE will route copies to multiple health plans if multiple health plans are identified in the messages with routing ID. A full copy of the patient record is sent to each health plan including the health plan information for coordination of benefits.

4.1.2 ADN
An option for hospitals.
- The ADN is an event notice for admission or discharge only.
- All records from ADN submissions will be routed to all identified health plans using similar copy routing as described under the census.
- All notices have the same content as the census but are generated once at admission and once at discharge and reported in the next reporting window.

4.1.3 Acknowledgments or ACK
A requirement for each message sent to each health plan. The HIE will generate an ACK at the HUB based on the receipt or delivery of the flat file from the HIE to the health plan (see ACK format below).

5. STRUCTURE OF PAYLOAD FILES

5.1 Flat file general information

The ADN file format (an input or output option) are OHP HIE local standards that specify the structure and encoding of a patient ADN. Each consists of two sections:
- ADN Header Section
- ADN Patient Record Section

For hospital file submissions a payload record limit of 1000 records has been established. If the payload record count exceeds 1,000 records, submitters will receive a message processing error.

The Patient Records section (shown in the "field specification" table below) of the ADN contains facility related information and patient related information. Each section has been organized to show:
- the best practice recommendation data element
- the narrative block containing the business logic behind the data element
- the HL7 data element equivalent for reference
- whether the data element is required or optional
- the data length
- the data type
- other miscellaneous HL7 reference information for the data field

o "usual" message type
o "usual" message segment
o "usual" sequence

File Data Types are defined as follows:

C = Character. (Can be alpha, numeric, special character and/or combinations of all types)
D = Date/Time (field validated for not to exceed 17 characters, all times are Pacific, time portion may be dropped or "0" filled if unknown i.e., Date of Birth)
N = Numeric

5.2 Admission/Discharge Notification Header Representations

The ADN Header includes various summary parameters as described below:

5.2.1 Hospital Flat File Header Record format: Submission from Hospital to the HIE.

The file format requires a specific file header, one per file. The following file format is for files submitted by the hospitals to the HIE Hub.

Input File Format:

OHP requires the file supplied be a pipe ('|') separated file.

- Each file should contain a single header row with the following **header fields**:

    - "HDR" is the first string in the header record indicating it is a header record.

    - Document Type = ADN or Census **(case sensitive)**

    - File Creation Date/Time (yyyymmdd hhmmssss) (Pacific Time)

    - Record count

    - Sender OrgID (format is ccccccnn)

    - Name of Sending Organization

The header field names do not appear in the header row.
Row ends are designated by 3 or more pipe delimiters and a line feed (Hex 0A).
The maximum record row count for any given file cannot exceed 1000.

Example header row for ADN file:

HDR|ADN|20120807 18301800|16|ixvpym00|Seattle Childrens||||||

The sample file is a ADN document and was created by Seattle Childrens on August 7, 2012 at 6:30 PM and 18:00 seconds with 16 records. The OHP OrgID for Seattle Childrens is "ixvpym00".

Example header row for Census file :

HDR|Census|20120807 18301800|16|ixvpym00|Seattle Childrens||||||

5.2.2 File Header Record format: Submission from the HIE to the Insurance Plan

Health Plans will receive a flat file with the following format :

One header record per file

- HDR as header identifier
- File name of ADN_CENSUS
- HIE DateTimestamp (Pacific Time) supplied by OHP HIE HUB at file creation
- Record count in file
- Receiving Insurance Plan
- Receiving Insurance Plan routing ID

Field names do not appear in header or rows
Each row represents a full and unique patient record with all facility information
Each row line terminator will be a line feed (Hex 0A).

Example header row (informational):

HDR|ADN_CENSUS|HIE DateTimestamp|record count|ReceivingInsurancePlan|Receiving InsurancePlan Routing ID|||||||

Example of Data content using field names (informational):

SenderOrgID|RecordType|CreateDateTime|
FacilityName|FacilityTaxID|FacilityNPI|FacilityAddress|FacilityCity|FacilityState|
FacilityZip|ContactPerson|ContactPhone|ContactFax|Encounternumber|
PatientName|PtDOB|primaryInsuranceName|primaryInsuranceRoutingID|
primaryInsuranceIdentifier|secondaryInsuranceName|secondaryInsuranceRoutingID|
secondaryInsuranceIdentifier|tertiaryInsuranceName|tertiaryInsuranceRoutingID|
tertiaryInsuranceIdentifier|FacilityPtID|HomePhone|AdmissionDateTime|
AttendingDocName|AdmittingDocName|TypeofAdmit|ClinicalServiceType|
AdmissionSource|AdmitDiagnosis|ProcedureDescriptionCodes|EstimatedLOS|
DischargeDateTime|DischargeDisposition|CoreID||||||
 (Highlighted fields are echoed back in the acknowledgement).

6. FIELD SPECIFICATIONS FOR PAYLOAD

The ADN contains the facility and patient-specific admission data for each patient record. Each row represents a fully contained patient record with one or more health plans identified in the insurance element.

The table below specifies the fields and associated data types for the ADN.

Note: For Insurance plan information, the first instance of insurance data in the record will be considered primary, the second instance of insurance data in the record will be considered secondary and the third instance of insurance data in the record will be considered tertiary.

6.1 Field Specifications for Payload

Best Practice Work Team Data Element	Business Logic (yellow highlighted fields are in Health Plan payload files only and come from the header record of the Hospital files)	Data Element Name or HL7 Data Element (Equivalent)	Required Optional	Length	Data Type	HL7 Message	HL7 Message Segment	HL7 Data Type
SenderOrgID	Routing ID of the hospital to receive the confirmation – echo from submission	HIE custom identifier	Required	8	C			
SenderDocumentType	Record type submitted by the hospital. Either Admission or Discharge Notification = "ADN" or "CENSUS" – echo from submission	Custom data type	Required	6	C			
FacilityCreateDateTime	This is the date/time the document was created by the sender organization. Format is yyyymmdd hhmmssss (Pacific Time). This is the CreateDateTime submitted in the record submitted to the health plan – echo from the submission		Required	17	D			
FacilityName	The facility where the patient is physically located will be the facility of record in the transaction. For the remaining facility related fields, the facility will create and maintain a table of values, and map the data in the table that relates to the facility they are sending in the transaction.	Assigned Patient Location	Required	80	C	ADT	PV1 seq 3	PL
FacilityTaxID	The tax ID will be for the facility where the patient is physically located	Provider Organization Name and Identifier	Required	9	C		PRD seq 10	XON
FacilityNPI	The NPI # for the facility where the patient is physically located. This number includes the check digit.	Provider Organization Name and Identifier	Required	10	C		PRD seq 10	XON
FacilityAddress	The facility address will be the actual address of the facility where the patient is physically located	Provider Organization Address	Required	250	C		PRD seq 11	XAD
FacilityCity	The facility city location	Provider Organization Address	Required	100	C		PRD seq 11	XAD
FacilityState	The facility state – two letter postal code abbreviation	Provider Organization Address	Required	2	C		PRD seq 11	XAD
FacilityZip	Zip code – five or five plus 4 with dash	Provider Organization Address	Required	10	N		PRD seq 11	XAD

Best Practice Work Team Data Element	Business Logic	Data Element Name or HL7 Data Element (Equivalent)	Required Optional	Length	Data Type	HL7 Message	HL7 Message Segment	HL7 Data Type
ContactPerson	The facility will name and appropriately update the contact person/department	Contact Name	Required	250	C		CTD seq 2	XCN
ContactPhone	The facility will identify and appropriately update the phone number for the contact person. No dashes or parentheses should be sent in this data field.	Contact Communication Information	Required	20	N		CTD seq 5	XTN
ContactFax	The facility will identify and appropriately update the fax number to be used by payers. No dashes or parentheses should be sent in this data field.	Contact Communication Information	Optional	20	N		CTD seq 5	XTN
EncounterNumber	Facility specific encounter number to allow easier match for admission if same patient has multiple admission dates.		Optional	25	C			
PtName	Last Name (including Sr. Jr. I, II, III if present), First Name, Middle Name/MI (if present). Data first presented in the field will be presumed to be last name. Data presented after the first comma will be presumed to be first name. Any data presented after a second comma will be presumed to be Middle Name or Middle Initial. First name will always be followed by a comma, whether or not middle initial is present. Note: Hyphenated names will include the hyphen.	Patient Name	Required	250	C	ADT	PID seq 5	XPN
PtDOB	The facility will send birthdate and time using the following convention: YYYYMMDD HHMMSSSS (Pacific Time)	Date/Time of Birth	Required	17	D	ADT	PID seq 7	DTM
primaryInsuranceName	The facility will send the primary insurance company name	Insurance Name	Required	250	C	ADT	IN1 seq 4	XON
primaryInsuranceRoutingID	The facility will need to create and maintain table of the OHP-HIE orgid numbers for its trading partners. The facility will send OHP-HIE routing id for the insurance company listed as primary using the following convention: cccccccnn.	Insurance HIE OrgID	Optional	8	C	ADT	MSH seq 4	
primaryInsuranceIdentifier	The facility will send the primary insurance patient member number (see plan preference table below).	Insurance Member Number	Optional	250	C	ADT	IN2 seq 61	CX
secondaryInsuranceName	The facility will send the secondary insurance company name	Insurance Name	Optional	250	C	ADT	IN1 seq 4	XON
secondaryInsuranceRoutingID	The facility will need to create and maintain table of the OHP-HIE orgid numbers for its trading partners. The OHP-HIE routing ID for the insurance company listed as secondary using the following convention: cccccccnn.	Insurance HIE OrgID	Optional	8	C	ADT	MSH seq 4	
secondaryInsuranceIdentifier	The facility will send the secondary insurance patient member number (see plan preference table below).	Insurance Member Number	Optional	250	C	ADT	IN2 seq 61	CX

Best Practice Work Team Data Element	Business Logic	Data Element Name or HL7 Data Element (Equivalent)	Required Optional	Length	Data Type	HL7 Message	HL7 Message Segment	HL7 Data Type
tertiaryInsuranceName	The facility will send the tertiary insurance company name	Insurance Name	Optional	250	C	ADT	IN1 seq 4	XON
tertiaryInsuranceRoutingID	The facility will need to create and maintain table of the OHP-HIE orgid numbers for its trading partners. The OHP-HIE routing ID for the insurance company listed as tertiary using the following convention: ccccccnn.	Insurance HIE OrgID	Optional	8	C	ADT	MSH seq 4	
tertiaryInsuranceIdentifier	The facility will send the tertiary insurance patient member number (see plan preference table below).	Insurance Member Number	Optional	250	C	ADT	IN2 seq61	CX
FacilityPtID	The facility will send the FACILITY'S preferred INTERNAL identifying patient number they want the plans to use in inquiries, discussions or information requests about the patient.	Patient ID	Required	20	C	ADT	PID seq 2	CX
HomePhone	The facility will send the home phone number of the patient. No dashes or parentheses should be sent in this data field.	Phone Number - Home	Optional	20	N	ADT	PID seq 13	XTN
AdmissionDateTime	The facility will send admission date and time using the following convention: YYYYMMDD HHMMSSSS (Pacific Time)	Admit Date/Time	Required	17	D	ADT	PV1 seq 13	DTM
AttendingDocName	Last Name (credentials if present), First Name, Middle Name/MI (if present). Data first presented in the field will be presumed to be last name. Data presented after the first comma will be presumed to be first name. Any data presented after a second comma will be presumed to be Middle Name or Middle Initial. First name will always be followed by a comma, whether or not middle initial is present. Note: Hyphenated names will include the hyphen.	Attending Doctor	Required	250	C	ADT	PV1 seq 7	XCN
AdmittingDocName	Last Name (credentials if present), First Name, Middle Name/MI (if present). Data first presented in the field will be presumed to be last name. Data presented after the first comma will be presumed to be first name. Any data presented after a second comma will be presumed to be Middle Name or Middle Initial. First name will always be followed by a comma, whether or not middle initial is present. Note: Hyphenated names will include the hyphen.	Admitting Doctor	Required	250	C	ADT	PV1 seq 17	XCN
TypeOfAdmit	The facility will send one of the following values: E (emergency), I (inpatient), O (outpatient), P (preadmit), R (recurring), B (obstetric), C (clinic), N (not applicable), U (unknown)	Patient Class	Required	1	C	ADT	PV1 seq 2	IS

Best Practice Work Team Data Element	Business Logic	Data Element Name or HL7 Data Element (Equivalent)	Required Optional	Length	Data Type	HL7 Message	HL7 Message Segment	HL7 Data Type
ClinicalService	The facility will send a three character representation of the hospital service, such as MED (Medical), (SUR) Surgical, URO (Urology), PUL (Pulmonary), CAR (Cardiology), CTS (Cardio-Thoracic Surgery), ONC (Oncology), GYN (Gynecology), ORT (Orthopedic), OTO (Otolaryngology) etc.	Hospital Service	Required	3	C	ADT	PV1 seq 10	IS
AdmissionSource	The facility will send data that values the UB92FL20 Source of Admission field. The values include 1 (physician referral), 2 (clinic referral), 3 (HMO referral), 4 (Transfer from Hospital), 5 (Transfers from SNF), 6 (Transfer from another healthcare facility), 7 (Emergency room), 8 (Court/law enforcement), 9 (information not available)	Admit Source	Required	1	N	ADT	PV1 seq 14	IS
AdmitDiagnosis	The facility will send admit reason	Admit Reason	Required	705	C	ADT	PV2 seq 3	CWE
ProcedureDescriptionCodes	The facility will send procedure code(s) if the field(s) have values at the time the ADN is generated. Data will be iterative when multiple procedure codes exist. Multiple procedure codes or Reasons for admission are separated by an ^.	Procedure Code	Optional	705	C	ADT	PR1 seq 3	CNE
EstimatedLOS	The facility will send estimated length of stay if the field is valued at the time the ADN is generated.	Estimated Length of Inpatient Stay	Optional	3	N	ADT	PV2 seq 10	NM
DischargeDateTime	If the patient has discharged by the time the ADN is generated, discharge information will be included. If the patient has not discharged at the time the ADN is generated this data field is not valued and becomes optional. If present, the facility use the following convention: YYYYMMDD HHMMSSSS (Pacific Time)	Discharge Date/Time	Optional	17	D	ADT	PV1 seq 45	DTM
Discharge Disposition	This field contains the disposition of the patient at time of dishcharge (i.e., discharged to home, expired, etc.). This is a two-digit code. It appears in Form Locator 17 on a UB-04 claim form or its electronic equivalent in the HIPAA compliant 837 format. Once source of the codes and definitions can be found at the following link: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0801.pdf	Discharge Disposition	Optional	2	N	ADT	PV1 seq 36	IS
CoreID	The CoreID is the field housing the unique Acknowledgement number for each file submitted by a hospital. In the hospital data submission file, this field will be a null value. The CoreID data will be inserted into the record by the HIE Hub during file processing. The primary, secondary, or tertiary		Required	255	C			

	insurance plan name submitted by the hospital will be appended to the CoreID, depending on whether the record is for the primary, secondary or tertiary insurance. This character field will always end with "@insurancename". This field will always be valued when delivered to the health plan and echoed in the ACK.							

7. ACKNOWLEDGEMENTS (ADN_ACK)

7.1 File Header Record format: Acknowledgement from the Health Plan or the HIE to the Hospital

The CoreID is the field housing the unique Acknowledgement number for each file submitted by a hospital. In the hospital data submission file, this field will be a null value. A CoreID number will be inserted into each patient record in a given file by the HIE Hub during file processing. The primary, secondary, or tertiary insurance plan name submitted by the hospital will be appended to the CoreID, depending on whether the record is for the primary, secondary or tertiary insurance.   This character field will always end with "@insurancename".   The CoreID field will always be valued when delivered to the health plan and echoed in the ACK. The CoreID is <u>unique to the file submission</u>, not unique to the patient.

The HIE Hub will create ACKs to hospitals based on the non-repudiated delivery of the ADN or Census file to the Health Plans. The insurance plan name included in the ACK will echo back what the hospital submitted. The CoreID (acknowledgement number) inserted in every hospital submission file initially processed at the hub, will be echoed back in the ACK file to the hospital. The ACK will include only the basic CoreID (character stream up to and including the "@").

It will be up to the individual trading partners to identify how their systems will store acknowledgement numbers received, which acknowledgement numbers they keep, and which acknowledgement number they use in their reconciliation processes.

Scenarios:
- For a hospital that submits Census files, the same patient could appear in the daily file submission for multiple days. The CoreID (acknowledgement number) generated each day will be different on day 1, day 2 and day 3 for the same patient during their stay.
- When patient records contain multiple insurance plan coverage, the acknowledgements returned from different carriers may have the same CoreID for the patient, since the records sent to the health plans were generated from the same file.
- When multiple patient records are included in a single file submission to the hub, all of the patient records in the file will have the same CoreID.
- If a hospital file submission ends up being delivered during more than one polling interval, each separate file delivered will have a unique CoreID.

The following format will be used for all Acknowledgements:

One header record per file
      1. HDR as header identifier
      2. File name of ADN_ACK
      3. HIE DateTimestamp (Pacific Time) supplied by Hub at file delivery

4. Record count in file
5. Receiving Hospital
6. Receiving Hospital Org or routing ID

Field names do not appear in header or rows

Each row represents a full and unique patient record with all facility information

Each row line terminator will be a line feed (Hex 0A)

Example header row format (informational):

HDR|ADN_ACK|HIE DateTimestamp|record count|Receiving Hospital|OrgID|||||

Example header row for ACK file :

HDR|ADN_ACK|20120520 14201200|120|ABC Hospital|gw9nh77|||||

The sample file from the OHPHIE is a batch of Acknowledgements for ABC Hospital with OrgID gw9nh77 and with a DateTime stamp and record count of 120.

7.2 Field Specifications for Acknowledgements

The ADN_ACK contains health plan, facility and patient-specific data for each patient record. Each row represents a fully contained record.

The table below specifies the fields and associated data types for the ADN_ACK.

7.3 Field Specifications for Acknowledgement (ADN_ACK) from HEALTH PLAN or HIE to Hospital

OHP Data Element	Business Logic	Data Element Name or HL7 Data Element (Equivalent)	Required Optional	Length	Data Type	HL7 Message	HL7 Message Segment	HL7 Data Type
InsuranceRoutingID	The OHP-HIE routing id for the insurance company generating the ACK or on their behalf by the HIE	Insurance HIE OrgID	Required	8	C			
InsuranceName	The insurance company name (echoed from submission by the hospital)	Insurance Name	Required	50	C			
HealthPlan ACK TimeStamp	DateTime (Pacific Time) when ACK was created on message arrival at the health plan. ACK is an acknowledgement that a patient record was received. This is not an approval or acknowledgement of processing for coverage.		Required	17	D			
DocumentType	Document type from HIE = "ACK" or "FAIL" if unable to confirm the delivery, unable to deliver or message delivery failed for routingID error.		Required	4	C			
SenderOrgID	Routing ID of the hospital to receive the confirmation – echo from submission		Required	8	C			
SenderDocumentType	Record type submitted by the hospital. Either Admission or Discharge Notification = "ADN" or "CENSUS" – echo from submission		Required	6	C			
FacilityCreateDateTime	This is the date/time the document was created by the sender organization. Format is yyyymmdd hhmmsssss (Pacific Time). This is the CreateDateTime submitted in the record submitted to the health plan – echo from the submission		Required	17	D			
FacilityPtID	Facility Patient Identifier submitted to the Health Plan – echo from the hospital submission	Patient ID	Required	20	C	ADT		
EncounterNumber	Facility assigned encounter number for the specific admission – echo from the hospital submission		Optional	25	C			
CoreID	The CoreID data is the field housing the unique Acknowledgement number for a submission file. The CoreID is assigned at the HIE and included in the Health Plan file and the ACK files back to the hospital.. It is a character field that will always end with "@".– echo from the hospital submission		Required	255	C			

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8. ERROR AND EXCEPTION HANDLING

8.1 Error Handling for File Format Errors

Files submitted by the hospital to the HIE will go through a syntactical formatting validation process at the HIE hub. Hospitals will receive a mapping error message for any file that does not pass validation, showing as **ResMPE** (**Res**ponse **M**essage **P**rocessing **E**rror).

Example mapping error message :

< ?xml version= »1.0 » encoding= »ISO-8859-1 » ?>
-<ErrorResponse status= »Failure »>
  <Product>HIE Integrator Engine</Product>
  <Date>2012-11-01 22 :36 :50</Date>
  <SenderID>ZZHL7user</SenderID>
  <CoreID>ci1351823808412.34154@axway-vm101.axway.com_te</CoreID>
  <DocumentName>Data Formatting ADN_revised.txt</DocumentName>
  <DocumentType>ADN</DocumentType>
  <Message>[MON – 1043] : Unable to check BusinessDocument instance
(MAPSERVICE.ADN.HospitalADN) [XOB – 105] : Facets check failed [XOB – 101] : Conversion to
internal format has failed : Field too long (30), defined length is 25. Field name is
Payload[33]\EncounterNumber[1] [XOB – 103] : Null value not allowed for Business-Document
Element (Payload[30]\AdmitDiagnosis[1]) in Business-Document (MAPSERVICE.ADN.HospitalADN)
[XOB – 103] : Null value not allowed for Business-Document Element
(Payload[28]\AdmissionSource[1]) in Business-Document (MAPSERVICE.ADN.HospitalADN) [XOB –
101] : Conversion to internal format has failed : Field too long (4), defined length is 3. Field name is
Payload[27]\ClinicalService[1] [XOB – 103] : Null value not allowed for Business-Document Element
(Payload[26]\ClinicalService[1]) in Business-Document </Message> </ErrorResponse>

Note : Highlighted fields show the error explanation, the record in the payload file that had the error and the field description.

8.2 Error handling related to non-participating health plans

Where an individual patient record, submitted as part of an appropriately formatted file, has no information for health plans participating in the ADN transaction, the entire file submission will reject with a ResMPE message indicating the reason for the error.

8.3 Error Handling related to Health Plan File Deliveries

When Health Plans are unable to take receipt of a transaction, the HIE will :

- produce a standard message processing error notification to alert the health plan that the transaction failed to deliver

- All hospitals sending to the health plan that is not taking delivery of the ADN_CENSUS files will receive "fail" status for the records for that health plan in the acknowledgement file.

8.4 Exception Handling

8.4.1 File Specifications for "No Patients to Report" from a Facility

In the event a **hospital has no patients to report** between 00 :01 and 04 :00, the file should be sent with a header record indicating zero records to report. This serves as notice to the HIE that the hospital ran their process for the day.

Example header row for ADN file from facility with no records to report:

HDR|ADN |20120807 18301800|0|ixvpym00|Seattle Childrens||||||

It is only between 00 :01 and 04 :00 that a header record indicating zero records to report should be sent.

The HIE **will not send** a separate file format to the health plan when a zero-record header file is received. The health plan will know that the HIE has received a file from every participating hospital every day and parsed out the records that are relevant to that health plan.

If a health plan has no records from a specific facility, but does have records from other facilities, the health plan will receive its daily ADN_Census file and may assume that no records were received from that specific facility .

8.4.2 If a **hospital fails to submit** to the HIE between 00:01 and 04:00, the HIE will:
- produce a standard email notification to notify all participating health plans that the hospital failed to report for that date
- produce a standard email notification to notify the hospital that no file was received for that time period

8.5 Exception handling related to non-delivery from the HIE hub.

In the event the HIE fails to complete all or any of the steps during the scheduled times, List Serve notices will be used to alert trading partners of issues, status and resolution. **The List Serve notices for HIE System notifications are required of all participating sites.**

- Hospitals that do not receive ACKs should resubmit all data.

- Health Plan trading partners that do not receive files and do not receive an email notification that there are no records from any facilities for that partner on that day should look for a separate email List Serve alert.

Each plan should receive one file during the 15 minute polling interval beginning at 04:01 unless a delivery failure occurs between the HIE and the participant. When no file is delivered, an error message is communicated via List Serve.

9. FILE NAMING CONVENTIONS

The following file naming conventions will be used for the specific pipe-delimited flat files shared via the HIE as .txt files:

Census File Type = SenderID_CENSUS_datetime.txt   (for Hospitals to the HIE)

*One*HealthPort HIE

ADN File Type = SenderID_ADN_datetime.txt   (for Hospitals to the HIE)

Health Plan File Type = OHPHIE_ADN_CENSUS_datetime.txt   (for Health Plans from the HIE)

ACK File Type = OHPHIE_ADN_ACK_datetime.txt(for Hospitals from the HIE)

10. SAMPLE TRANSACTIONS

10.1 Sample ADN_Census file from Hospitals to HIE

Sample A : Census record

HDR|Census|20140615 183018|1|7uycso03|OHP General Hospital||||||

|OHP General Hospital|917865431|1299780110|123 East Middlebury|Seattle|WA|98141|Buehler, Sybil,|4254531234|4254531222|OGH1239873|Trueblood, Sally,G|19651001|Premera|bhofg300|abc1222789012|Cigna|k7kxgm00|iab85856565|Molina| by2dup00|TNA774563|100239789|4251230098|20140613|Jekyl, Jerry,|Hyde, Henry,|I|PSY|2|Physician referral for psych evaluation||2|20140615 070000|01|||||||||

Sample B : ADN record

HDR|ADN|20140615 123018|1|7uycso00|OHP Medical Center||||||

|OHP Medical Center|917865431|1299780110|246 South Street|Seattle|WA|98141|Stewart, Maggie,|4254531555|4254531552|OMC24681357|Trueblue, Bob,|19551201|Premera|bhofg300|abc536541785|Cigna|k7kxgm00|iab698741325|Molina| by2dup00|TNA445566112|100239789|4251230098|20140613|Jekyl, Jerry,|Hyde, Henry,|I|CAR|2|Cardiversion|99.61|1|20140615 100000|01|||||||||

10.2 Sample files from HIE to Health Plans (mixed ADN and Census)

HDR|ADN_CENSUS|20120412 18301800|2|Premera|bhofg300|||||

az34th00|Census|20120412 16103000| Middleton Hospital|917865431|1299780110|123 East St|Middleton|WA|98141|Buehler, Ida,|4254531234|4254531222|MH338713747|Trueblood, Sally, G|19650101 12000000|Premera|pr032m00|abc1222789012|Regence||gfb9822276100239789||||1234567|4251230098|20120412 14081400|Jekyl, Jerry,|Hyde, Henry,|I|PSY|2|Physician referral for psych evaluation||3|||zxy32043mfer33@Premera|||||||

xyz99301|ADN|20120412 12103000| Uptown Hospital|917865444|1299784443|999 North St|Middleton|WA|98141|Brown, Joe,|4254531444|4254531111|6en2334000|Does, John,|19760704 00000000|Cigna|cg66na00|337891110|Premera|pro32m00|abc1285903||||2341234|2066181234|20120412 16122000|Welby, Marcus,|Daily, Adam,|P|PUL|1|Evaluate lung nodule||1|||3f13235fwf999@Cigna|||||||

Highlighted fields will be returned in ACK from Health Plan.

10.3 Sample ACK file from the HIE (or Health Plan) to an individual Hospital

HDR|ADN_ACK|20120712 14201200|4|UptownHospital|xyz99301|||||

k7kxgm00|CIGNA|20120712 13103000|ACK|xyz99301|ADN|20120712 12103000| 2341234|6en2334000| ci1348509621345.801@||||||

k7kxgm00|CIGNA|20120712 13104500|FAIL|xyz99301|ADN|20120712 12103056| 2341791|6en19474776r| ci1348509621345.801@||||||

bhofg300|Premera|20120712 14103000|ACK|xyz99301|ADN|20120712 13103000| 1234567|6en9347562| ci1348509621345.801@||||||

bhofg300|Premera|20120712 14103000|ACK|xyz99301|ADN|20120712 13103033| 1234851|7en92143455| ci1348509621345.801@|||||

Note : All ACK files will be returned to hospitals by the HIE based on a receipt of Message Delivery Notification (MDN) from a health plan.

11. ROUTING IDENTIFIERS

The participating health plans and hospitals for the ADN transaction each have an assigned OneHealthPort identifier that will be used as the routing identifiers in the header and payload fields where a routing ID is required. The following table lists the identifiers for participating organizations (all routing ID letters are lower case, no special characters):

Organization	Hospital – Individual Facility (ies) / Health Plan – Products/Lines of Business	OHPHIE Routing ID
Hospitals		
MultiCare Health System	Allenmore Hospital	cevv2400
MultiCare Health System	Auburn Medical Center	cevv2400
MultiCare Health System	Good Samaritan Hospital	cevv2400
MultiCare Health System	Mary Bridge Children's Hospital	cevv2400
MultiCare Health System	Tacoma General Hospital	cevv2400
Providence Health and Services	Providence Regional Medical Center Everett	prhesy00
Providence Health and Services	Providence Holy Family Medical Center	prhesy00
Providence Health and Services	Providence Mt. Carmel Hospital	prhesy00
Providence Health and Services	Providence Sacred Heart Medical Center	prhesy00
Providence Health and Services	Providence St. Joseph's Hospital	prhesy00
Providence Health and Services	Providence St. Mary Medical Center	prhesy00
Providence Health and Services	Providence Centralia Hospital	prhesy00
Providence Health and Services	Providence St. Peter Medical Center	prhesy00
Seattle Children's	Seattle Children's	ixvpym00
Virginia Mason Medical Center	Virginia Mason Medical Center	ccm55b00
Health Plans		
Cigna	Cigna	k7kxgm00
Cigna	Great West	k7kxgm00
Group Health Cooperative	HMO Plans	wcap2r00
Group Health Cooperative	Access PPO	wcap2r00
Group Health Cooperative	Group Health Options	wcap2r00
Group Health Cooperative	GHC Self-funded Plans	wcap2r00
Group Health Cooperative	Medicare Advantage	wcap2r00
Group Health Cooperative	Kitsap Physicians Services PPO Plans	wcap2r00
Molina	Molina Healthcare	by2dup00
Premera	Blue Cross Blue Shield of Alaska	bhofg300
Premera	Lifewise of Oregon	bhofg300
Premera	Lifewise of Washington	bhofg300
Premera	Lifewise Student	bhofg300
Premera	Premera Blue Cross	bhofg300
Premera	Premera Blue Cross – self funded plans	bhofg300