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| Mass Health CSV File Format Specifications |
| Version 3.13 |
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| Last Updated April 30, 2024  Valid for Q1 2024 to Q2 2024 |

# Version Control

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| --- | --- | --- | --- |
| **Last Updated** | **Updated By** | **Comments/Reasons** | **Version** |
| 12/16/2019 | Hyok-Hee Yoo | Initial Revision | 1.0 |
| 1/6/2020 | Hyok-Hee Yoo | Minor edits to Mass Health Common and Names Specs  Addition of following file specs:  1. Mass Health Coordination of Care (CCM)  2. Mass Health Cesarean Section (MAT-4)  3. Mass Health Exclusive Breast Milk Feeding (NEWB-1) | 2.0 |
| 1/17/2020 | Hyok-Hee Yoo | Minor formatting changes. | 2.0 |
| 9/29/2020 | Xianmei Tai | Changed Admit Date/Discharge Date Optional  Removed Operation field | 2.1 |
| 10/21/2020 | Xianmei Tai | Changed the Medisolv Address in the footer sections | 2.2 |
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| 3/23/2021 | Russell Cosner | Added clarification text to Key Constraints section pertaining to “Required” data elements | 2.3 |
| 10/7/2021 | Russell Cosner | Replaced Payer Source Code 116 with Code 207 | 2.4 |
| 10/12/2021 | Russell Cosner | Added new data element for CCM Patient Refusal of Transmission (Effective 2022) | 3.0 |
| 11/1/2021 | Russell Cosner | Added optional Psychiatric Flag column to CCM, MAT-4, NEWB-1, MACommon and Mass Health Names file | 3.1 |
| 11/19/2021 | Russell Cosner | **REMOVED**: optional Psychiatric Flag column to CCM, MAT-4, NEWB-1, MACommon and Mass Health Names file | 3.2 |
| 10/20/2022 | Russell Cosner/ Kimberley Murray | Added Field RECONMEDLIST to Coordination of Care (CCM) file | 3.3 |
| 10/31/2022 | Russell Cosner/Kimberley Murray | -Updated Mass Health Payer Codes for Q3/Q4 2022 discharges  -Added 2023 Mass Health Payer Codes for Q1-Q4 discharges | 3.4 |
| 12/9/2022 | Russell Cosner/Kimberley Murray | Addition of following file spec  -Mass Health Exclusive Breast Milk Feeding (NEWB-3)  -Updated MHRIDNO field to max length from 12 characters to 20 characters in MACommon file | 3.5 |
| 1/12/2023 | Russell Cosner/Kimberley Murray | Addition of following file spec  -Mass Health Global (MH Global) | 3.6 |
| 1/23/2023 | Kimberley Murray | Added optional Psychiatric Flag column to MACommon and Mass Health Names file | 3.7 |
| 2/20/2023 | Kimberley Murray | Retired Specs and fields  -NEWB1 clinical spec (Retired) – Removed from document | 3.8 |
| 5/5/2023 | Kimberley Murray | Added “Required for MassHealth Measure Qualification” to Optional/Required Column within Medicaid Payment Source field (PMTSRCEMA) | 3.9 |
| 7/14/2023 | Kimberley Murray | Added field NUMPD to MAT-4 core measure. Applies to discharge dates on/after 7/1/2023 | 3.11 |
| 7/14/2023 | Kimberley Murray | -Updated 2023 Mass Health Payer Codes for Q1-Q4 discharges | 3.11 |
| 4/24/2024 | Kimberley Murray | -Updated 2024 Mass Health Payor Codes for Q1/Q2 discharges | 3.12 |
| 4/30/2024 | Kimberley Murray | -Updated PMTSRCEMA (Medicaid Payment Source) possible values column. | 3.13 |

# Document Contact Information

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# Document Summary

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

# Key Constraints

**Please note the following key constraints when populating and/or submitting Mass Health data in csv formats:**

* Files must be uploaded to the Medisolv SFTP site located at: [https://sftp.medisolvcloud.com](https://sftp.medisolvcloud.com/)
* Uploaded files must end with a “.csv” extension.
* Each file upload should be given a unique file name using the specified file naming convention in this document.
* A header is required at the beginning of each pipe-delimited file as specified in the file header column in this document.
* All the encounters of a participating hospital for a specific date range can be included in a single .csv file.
* Encounter dates can span calendar months and quarters.
* Encounters may be uploaded multiple times; each new upload will overwrite the previously uploaded encounter specific values and/or abstracted values.
* In the event the uploaded file does not comply with the file format specified by this document, the file will be rejected, and the user will be notified by Medisolv staff.
* Records with valid values in mandatory fields will be accepted and uploaded into the database.
* Note: If a field is marked as “required” and that field is left blank for a particular record then that record will be rejected during processing.  This would also apply for values that do not match the specifications in those required fields.
* Records with invalid values or NULL values in required elements will cause that record to be rejected, but the overall file will be accepted.
* Leaving an updatable field blank in the upload file will not maintain the original field value that was: (1) manually entered into the database or (2) stored by a previous upload. A new upload file should add to or update all the data contained in the previous upload; values that have not changed must be re-entered in the new file.
* All date fields must be reported in a MM-DD-YYYY format. All times must be reported in a 24-hour format with zero padding on hours and minutes.
* Field values in pipe-delimited elements must not be separated by a comma, no comma separators within a value. Example: 4,000 is invalid while 4000 is valid.
* No records will be processed from any of the Mass health files unless a matching encounter is found in a previously uploaded base demographic file.
  + In the case of multiple file-uploads of different types, the base demographic file will always be processed first to ensure that this constraint is correctly accounted for by Medisolv systems.
* No records will be processed from the MA Names, CCM, MAT4 or NEWB1 files unless a matching encounter is found in a previously uploaded or concurrently uploaded MACommon file.

# File Delivery and Frequency

Files should be uploaded to Medisolv’s SFTP server located at: <https://sftp.medisolvcloud.com/>. A Medisolv Network Engineer will work with you to provide access.  
  
Files may be uploaded to our SFTP server on a daily, weekly, or monthly basis. All files uploaded to our SFTP server by 11:59 PM EST will be processed in batch during our nightly file load process. Please work with your Medisolv implementation team to define a file delivery frequency that meets your organization’s needs.

# Mass Health Common File

| **Field Name** | **CSV File Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID | CM\_MEDICARE\_ID | Character | 6 digit CMS Certification Number | 6 | 123456 | Required |
| Admit Date | ADMIT\_DATE | Date | MM-DD-YYYY | 10 | 01-01-2020 | Optional |
| Discharge Date | DISCHARGE\_DATE | Date | MM-DD-YYY | 10 | 01-01-2020 | Optional |
| Patient Identifier | PATIENT\_ID | Character | Up to 40 characters | 40 | MAT1234567890A | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Character | Up to 15 characters | 15 | 12345678910112 | Required |
| Ethnicity Code | ETHNICCODE | Character | Y, N  Hispanic Ethnicity | 6 | Y | Optional |
| Medicaid Payment Source | PMTSRCEMA | Character | **See Table 1 for Medicaid payer code definitions (Q1/Q2 2024 Discharges Only)**  4,7,24,103,118,288,311,320,322,323,328 | 3 | 118 | Required for MassHealth Measure Qualification |
| Hospital Bill Number | HOSPBILL | Character | Alpha/Numeric field size up to 20 | 20 | Aa20692579 | Optional |
| Patient’s Mass Health Recipient ID | MHRIDNO | Character | Alphanumeric characters, alpha must be upper case, max 20 characters | 20 | H00031118 | Optional |
| MH Race | MHRACE | Character | R1, R2, R3, R4, R5, R9, UNKNOW See table 2 for list of Race Category Code definitions | 6 | R3 | Required |
| Psychiatric flag | PSYCHIATRIC\_FLAG | Character | 0-No 1-Yes | 1 | 1 | Optional |

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| **Table 1 - Medicaid Payer Source Codes for Q1/Q2 2024 Discharges** | |
| 103 | MassHealth FFS Network, MassHealth Limited Plans |
| 103 | Primary Care Clinician Management (PCCM) Plan |
| 118 | Medicaid Managed Care: Massachusetts Behavioral Health Partnership |
| 103 | Medicaid Managed Care: Other (not listed elsewhere) |
| 288 | Medicaid Managed Care: WellSense Health Plan |
| 7 | Medicaid Managed Care: Tufts Health Plan |
| 311 | Medicaid Other ACO |
| 4 | Fallon Health-Atrius Health Care Collaborative |
| 4 | Berkshire Fallon Health Collaborative |
| 4 | Fallon 365 Care |
| 24 | Be Healthy Partnership with Health New England |
| 288 | East Boston Neighborhood Health WellSense Alliance |
| 288 | WellSense Beth Israel Lahey Health (BILH) Performance Network ACO |
| 288 | WellSense Boston Children’s ACO |
| 288 | WellSense Care Alliance |
| 288 | WellSense Community Alliance |
| 288 | WellSense Mercy Alliance |
| 288 | WellSense Signature Alliance |
| 288 | WellSense Southcoast Alliance |
| 320 | Community Care Cooperative |
| 322 | Mass General Brigham Health Plan with Mass General Brigham (ACO) |
| 323 | Steward Health Choice (ACO) |
| 7 | Tufts Health Together with UMass Memorial Health |
| 7 | Tufts Health Together with Cambridge Health Alliance |
| 328 | Tufts Medicine (ACO) |

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| **Table 2 - Massachusetts CHIA Race Group Codes** | |
| R1 | American Indian or Alaska Native |
| R2 | Asian |
| R3 | Black or African American |
| R4 | Native Hawaiian or Pacific islander |
| R5 | White |
| R9 | Other Race |
| UNKNOWN | Unknown/Not Specified |

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# File Naming Convention

The Mass Health Common file must conform to the following naming convention:   
 **6digitCCN\_MACommon\_YYYYMMDDhhmmss.csv**  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_MACommon\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.

# Mass Health Names File

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **CSV File Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| Provider ID | CM\_MEDICARE\_ID | Character | 6 digit CMS Certification Number | 6 | 123456 | Required |
| Patient Identifier | PATIENT\_ID | Character | Up to 40 characters | 40 | MAT1234567890A | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Character | Up to 15 characters | 15 | 12345678910112 | Required |
| First Name | FIRST\_NAME | Character | Alphanumeric field size up to 30 characters | 30 | John | Required |
| Last Name | LAST\_NAME | Character | Alphanumeric field size up to 30 characters | 30 | Doe | Required |
| Encounter Date (Discharge Date of the patient.) | ENCOUNTER\_DATE | Date | MM-DD-YYY  Discharge Date of inpatient encounter or Encounter date of outpatient encounter. | 10 | 01-01-2020 | Optional |
| Psychiatric flag | PSYCHIATRIC\_FLAG | Character | 0-No 1-Yes | 1 | 1 | Optional |

# File Naming Convention

The Mass Health Names file must conform to the following naming convention:   
**6digitCCN\_MAHealth\_Names\_YYYYMMDDhhmmss.csv**  
  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_ MAHealth\_Names\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.

# Mass Health Coordination of Care (CCM)

| **Field Name** | **CSV File Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID | CM\_MEDICARE\_ID | Char | Valid 6-digit Medicare Provider Number | 6 | 123456 | Required |
| Patient ID | PATIENT\_ID | Char | Up to 40 characters | 40 | AMI900000090 | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Char | Up to 15 characters | 15 | 9999999999901 | Required |
| Admit Date | ADMIT\_DATE | Date | MM-DD-YYYY | 10 | 02-12-2016 | Optional |
| Discharge Date | DISCHARGE\_DATE | Date | MM-DD-YYYY | 10 | 03-12-2016 | Optional |
| Transition record at the time of discharge | TRREC | Char | Y,N | 1 | Y | Optional |
| Transition Record include the Reason for Inpatient Admission | INPTADMREAS | Char | Y,N | 1 | Y | Optional |
| Transition Record include the Major Procedure(s) and Test(s) and a Summary of Results | PROCTEST | Char | Y,N | 1 | N | Optional |
| Transition Record include the Principal Diagnosis at discharge | PRINDXDC | Char | Y,N | 1 | N | Optional |
| Transition Record include a Current Medication List | MEDLIST | Char | Y,N | 1 | N | Optional |
| Transition Record include documentation of Studies Pending | STUDPENDDC | Char | Y,N | 1 | N | Optional |
| Transition Record include Patient Instructions | PATINSTR | Char | Y,N | 1 | Y | Optional |
| Transition Record include an Advance Care Plan | ADVCAREPLN | Char | Y,N | 1 | Y | Optional |
| Transition Record include 24 hr /7-day Contact Information | CONTINFOHRDY | Char | Y,N | 1 | Y | Optional |
| Transition Record include Contact Information | CONTINFOSTPEND | Char | Y,N | 1 | Y | Optional |
| Transition Record include a Plan for Follow-up Care | PLANFUP | Char | Y,N | 1 | Y | Optional |
| Transition Record include the Primary Physician or other Health Care Professional | PPFUP | Char | Y,N | 1 | Y | Optional |
| Date the Transition Record was transmitted | TRDATE | Char | MM-DD-YYYY or UTD | 10 | 2/12/2016 | Optional |
| Patient Refusal of Transmission | PATROT | Char | Y,N | 1 | Y | Optional |
| Transition Record includes a Reconciled Medication List at time of Discharge | RECONMEDLIST | Char | Y,N | 1 | Y | Optional |

# File Naming Convention

The Mass Health Coordination of Care (CCM) file must conform to the following naming convention:   
**6digitCCN\_MAHealth\_CCM\_YYYYMMDDhhmmss.csv**  
  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_ MAHealth\_CCM\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.

# MA Health Cesarean Section (MAT-4)

| **Field Name** | **CSV File Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID | CM\_MEDICARE\_ID | Char | Valid 6-digit Medicare Provider Number | 6 | 123456 | Required |
| Patient ID | PATIENT\_ID | Char | Up to 40 characters | 40 | AMI900000090 | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Char | Up to 15 characters | 15 | 9999999999901 | Required |
| Admit Date | ADMIT\_DATE | Date | MM-DD-YYYY | 10 | 02-12-2016 | Optional |
| Discharge Date | DISCHARGE\_DATE | Date | MM-DD-YYYY | 10 | 02-12-2016 | Optional |
| Hospital Bill Number | HOSPBILL | Char | Alpha/Numeric field size up to 20 | 20 | Aa20692579 | Optional |
| Did patient experience any deliveries resulting in a live birth, prior to current hospitalization? | NUMPLB | Char | Y, N | 1 | Y | Optional  \*Applicable for cases with discharge date prior to 7/1/2023\* |
| Did the patient experience a birth prior to current hospitalization? | NUMPB | Char | Y, N | 1 | Y | Optional  \*Applicable for cases with discharge date on/after 7/1/2023\* |
| What was the infant’s gestational age at the time of delivery? | GESTAGE | Char | Numeric, 2 digit, no leading zero or UTD | 10 | 39 | Optional |

# File Naming Convention

The Mass Health Cesarean Section (MAT-4) file must conform to the following naming convention:   
**6digitCCN\_MAHealth\_MAT4\_YYYYMMDDhhmmss.csv**  
  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_ MAHealth\_MAT4\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any questions.

# Unexpected Complications in Term Newborns (NEWB-3)

| **Field Name** | **Column Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID | CM\_MEDICARE\_ID | Char | Valid 6-digit Medicare Provider Number | 6 | 123456 | Required |
| Patient ID | PATIENT\_ID | Char | Up to 40 characters | 40 | AMI900000090 | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Char | Up to 15 characters | 15 | 9999999999901 | Required |
| Is there documentation that the newborn was at term or ≥ 37 completed weeks of gestation at the time of birth? | TRMNB | Char | 1 – Yes,  2 – No,  3 - UTD | 1 | 1 | Optional |

# File Naming Convention

The Mass Health Unexpected Complications in Term Newborns (NEWB3) file must conform to the following naming convention:   
**6digitCCN\_MAHealth\_NEWB3\_YYYYMMDDhhmmss.csv**  
  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_MAHealth\_NEWB3\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any question.

# Mass Health Global (MH Global)

| **Field Name** | **Column Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Provider ID | CM\_MEDICARE\_ID | Char | Valid 6-digit Medicare Provider Number | 6 | 123456 | Required |
| Patient ID | PATIENT\_ID | Char | Up to 40 characters | 40 | AMI900000090 | Required |
| Master Account Number | MEDICAL\_RECORD\_NUMBER | Char | Up to 15 characters | 15 | 9999999999901 | Required |
| When is the earliest physician/APN/PA documentation of comfort measures only? | COMFORTMX | Char | 1 - Day 0 or 1: The earliest day the physician/APN/PA documented comfort measures only was the day of arrival (Day 0) or day after arrival (Day 1).  2 - Day 2 or After: The earliest day the physician/APN/PA documented comfort measures were only two or more days after arrival day (Day 2+).  3 - Timing Unclear: There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earliest documentation of comfort measures only was on day 0 or 1 OR after day 1 is unclear.  4 - Not Documented / Unable To Determine: There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation. | 1 | 1 | Optional |

| **Field Name** | **Column Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| What is the patient’s alcohol use status? | ALCSTATUS | Char | 1 - The patient is screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.  2 - The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.  3 - The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.  4 - The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.  5 - The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).  6 - The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation.  7 - The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment. | 1 | 1 | Optional |

| **Field Name** | **Column Header** | **Data Type** | **Possible Values** | **Size** | **Example** | **Optional or Required** |
| --- | --- | --- | --- | --- | --- | --- |
| Was a referral for addictions treatment made for the patient prior to discharge? | REFADDTX | Char | 1 - The referral to addictions treatment was made by the healthcare provider or health care organization at any time prior to discharge.  2 - Referral information was given to the patient at discharge, but the appointment was not made by the provider or health care organization prior to discharge.  3 - The patient refused the referral for addictions treatment and the referral was not made.  4 - The patient’s residence is not in the USA.  5 - The referral for addictions treatment was not offered at any time prior to discharge or unable to determine from the medical record documentation. | 1 | 1 | Optional |
| Was one of the FDA-approved medications for alcohol or drug disorder prescribed at discharge? | RXALCDRGMED | Char | 1 - A prescription for an FDA-approved medication for alcohol or drug disorder was given to the patient at discharge.  2 - A prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused.  3 - The patient’s residence is not in the USA.  4 - A prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge, or unable to determine from medical record documentation. | 1 | 1 | Optional |
| Did patients with a positive screening result for unhealthy alcohol use or alcohol use disorder (abuse or dependence) receive a brief intervention prior to discharge? | BRFINTVTN | Char | 1 - The patient received the components of a brief intervention.  2 - The patient refused/declined the brief intervention.  3 - Brief counseling was not offered to the patient during the hospital stay or unable to determine if a brief intervention was provided from medical record documentation. | 1 | 1 | Optional |

# File Naming Convention

The Mass Health Global (MHGlobal) file must conform to the following naming convention:   
**6digitCCN\_MAHealth\_sub\_YYYYMMDDhhmmss.csv**  
  
The first part of the file name should be the hospital’s CMS Certification Number (CCN). The last part of the file name should be the date/time stamp of the file generation. This will ensure that we load data in the appropriate order if multiple files are submitted.  
  
For Example: **123456\_MAHealth\_sub\_20190701235959.csv**

Note: If multiple sites share a common CCN and abstraction should occur separately, then an assigned virtual CCN can be used to differentiate between sites. Please speak to your Medisolv implementation team if you have any question.