



# Mass Health CSV File Format Specifications

## Version 3.3

Last Updated October 20, 2022

Valid for Q1 2022 to Q4 2022



## Version Control

<u>Last</u>	<u>Updated By</u>	<u>Comments/Reasons</u>	<u>Version</u>
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
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, MACCommon and Mass Health Names file	3.1
11/19/2021	Russell Cosner	<b>REMOVED:</b> optional Psychiatric Flag column to CCM, MAT-4, NEWB-1, MACCommon 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

## Document Contact Information

<u>Name</u>	<u>E-Mail</u>	<u>Comments</u>
Data Intake	<a href="mailto:DataIntake@medisolv.com">DataIntake@medisolv.com</a>	



## Table of Contents

Version Control.....	2
Document Contact Information .....	2
Document Summary .....	4
Key Constraints.....	4
File Delivery and Frequency .....	5
Mass Health Common File Specifications.....	6
Mass Health Common File Naming Convention .....	8
Mass Health Names File Specifications .....	9
Mass Health Names File Naming Convention.....	10
Mass Health Coordination of Care (CCM) File Specifications .....	11
Mass Health Coordination of Care (CCM)File Naming Convention .....	12
Mass Health Cesarean Section (MAT-4) File Specifications.....	13
Mass Health Cesarean Section (MAT-4) File Naming Convention .....	14
Mass Health Exclusive Breast Milk Feeding (NEWB-1) File Specifications.....	15
Mass Health Exclusive Breast Milk Feeding (NEWB-1) File Naming Convention.....	16



## 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>
- 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 MACCommon 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 (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the encounter.)	40	MAT1234567890A	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Character	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient.)	15	12345678910112	Required
Ethnicity Code	ETHNICCODE	Character	Y, N Hispanic Ethnicity	6	Y	Optional
Medicaid Payment Source	PMTSRCEMA	Character	103,104,208,119,118,207,274,311,312,313,314,315,316, 317,318,320,322,323,321,324,325,326,327,328  See Table 1 for Medicaid payer code definitions	3	103	Required
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 12 characters	12	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



## Mass Health Common File

Table 1 - Medicaid Payer Source Codes	
103	Medicaid: Includes MassHealth Fee-for-service and MassHealth Limited
104	Medicaid: Primary Care Clinician (PCC) Plan
208	Medicaid Managed Care – Boston Medical Center HealthNet Plan
207	Medicaid Managed Care – Tufts Health Together Plan
119	Medicaid Managed Care – Other (not listed elsewhere)
118	Medicaid Managed Care – Massachusetts Behavioral Health Partnership
274	Medicaid Managed Care – Tufts Health Together Plan
311	Medicaid: Other ACO
312	Medicaid: Fallon 365 Care (ACO)
313	Medicaid: Be Healthy Partnership with Health New England (ACO)
314	Medicaid: Berkshire Fallon Health Collaborative (ACO)
315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)
316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)
317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)
318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
320	Medicaid: Community Care Cooperative (ACO)
322	Medicaid: Partners Healthcare Choice (ACO)
323	Medicaid: Steward Health Choice (ACO)
321	Medicaid: My Care Family with Allways Health Partners (ACO)
324	Medicaid: Tufts Health Together with Atrius Health (ACO)
325	Medicaid: Tufts Health Together with BIDCO (ACO)
326	Medicaid: Tufts Health Together with Boston Children's (ACO)
327	Medicaid: Tufts Health Together with CHA (ACO)
328	Medicaid: Wellforce Care Plan (ACO)

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



## Mass Health Common File

### File Naming Convention

The Mass Health Common file must conform to the following naming convention:

**6digitCCN\_MACCommon\_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\_MACCommon\_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 (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the encounter.)	40	MAT1234567890A	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Character	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient.)	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



## Mass Health Names File

### File Naming Convention

The Mass Health Names file must conform to the following naming convention:

**6digitCCN\_MAHHealth\_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\_MAHHealth\_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 (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the encounter.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient.)	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



## Mass Health Coordination of Care (CCM)

### 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 (For client's submitting Vizient CPDF data, should match CPDF encounter ID. Otherwise, should be the unique identifier of the encounter.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (For client's submitting Vizient CPDF data, should match CPDF Patient ID. Otherwise, should be the unique identifier of the patient.)	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
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



## MA Health Cesarean Section (MAT-4)

### File Naming Convention

The Mass Health Cesarean Section (MAT-4) file must conform to the following naming convention:

**6digitCCN\_MAHHealth\_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\_MAHHealth\_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.



## MA Health Exclusive Breast Milk Feeding (NEWB-1)

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
Admit Date	ADMIT_DATE	Date	MM-DD-YYYY	10	02-12-2016	Optional
Discharge Date	DISCHARGE_DATE	Date	MM-DD-YYYY	10	03-13-2016	Optional
Hospital Bill Number	HOSPBILL	Char	Alpha/Numeric field size up to 20	20	Aa20692579	Optional
Patient's Mass Health Member number	MHRIDNO	Char	Alphanumeric characters, alpha must be upper case, max 12 characters	20	H00031118	Optional
Is there documentation that the newborn was at term or $\geq$ 37 completed weeks of gestation at the time of birth?	TRMNB	Char	Y,N	1	Y	Optional
Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?	ADMNICU	Char	Y,N	1	Y	Optional
Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?	EXBRSTFD	Char	Y,N	1	Y	Optional



## MA Health Exclusive Breast Milk Feeding (NEWB-1)

### File Naming Convention

The Mass Health Exclusive Breast Milk Feeding (NEWB1) file must conform to the following naming convention:  
**6digitCCN\_MAHealth\_NEWB1\_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\_NEWB1\_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.