



The Commonwealth of Massachusetts Center for Health Information and Analysis

Data Search Submission Guide

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Commonwealth of Massachusetts

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Revision History

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims and acute hospital discharge data. CHIA has the authority to collect, store and maintain health care information under regulation 957 CMR 8.00: APCD and Case Mix Data Submission.

Except as specifically provided otherwise by CHIA or under Chapter 12C, data collected by CHIA under regulation 957 CMR 8.00: APCD and Case Mix Data Submission is not a public record under clause 26 of section 7 of chapter 4 or under chapter 66. No disclosure of data shall be made unless specifically authorized pursuant to 957 CMR 5.00. CHIA has developed the data release procedures defined in CHIA regulations to ensure that the release of such data is in the public interest, as well as consistent with applicable Federal and State privacy and security laws.

CHIA understands that specific searches of these rich data sources, in a de-identified fashion, would be extremely valuable in the promotion of public health initiatives as well as aiding in improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. In order to facilitate this approach CHIA has created software called Generic FileSecure which will mask patient identifying information prior to submitting the data to CHIA while ensuring the masking handles the data consistently allowing CHIA to input masked data into our search process.

This submission guide outlines the fields that may be submitted to CHIA, via Generic FileSecure, to initiate a de-identified search and enable CHIA to return matched records with a random study ID.

Patient Identifying Information

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document. Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

File Formatting Rules

1. The text file must be of variable field length.
2. **There must be a header record and at least one search record at the beginning of each new file sent to CHIA.**
 - a) **The header record is mandatory.**
 - i. It is represented as Record Type 1 shown in the Data Elements table at the end of this document.
 - ii. There are two fields which must be separated by an asterisk.
 - iii. The second field must be followed by a carriage return.
 - iv. See the circled item 1 in the sample text file.
 - b) The search record has a total of 14 fields:
 - i. The search record is represented as Record Type 2 shown in the Data Elements table at the end of this document.
 - ii. The first field in the search record, the user's requestor key (random study ID), is mandatory and must be different for each search record.
 - iii. Each search record must be followed by a carriage return.
 - iv. The remaining 13 fields in the search record are optional.
 - Whether or not data is represented in these fields, there must be an asterisk delimiter as a place holder for a total of 14 data elements in the search record.
 - No data shall be entered to fields 12 through 14.
 - **Note that a minimum number of 'Optional' fields will be required for the Search to be successful.**
 - See the circled item 2 in the sample text file.
3. You may add as many search records as is necessary on subsequent lines. Follow the same instructions as in 2b).
Sample Text file:

```
1 DOH*3
2 222*John*Q*Doe*014553994*20041118*123 Deer St.*Boston*MA*02210*M***
3 333*Jane*S*Doe*014551234*20100904*123 Whitetail Ave.*Cambridge*MA*02114*F***
4 444*Shirley**Doe*012348425*19800204****02116****
```

4. You may also add other fields at the very end of a search record (i.e.: after the three ending blank fields).
Additional fields will also be delimited by asterisks. For example:

```
333*Jane*S*Doe*014551234*20100904*123 Whitetail Ave.*Cambridge*MA*02114*F*** Custom Field 1*Custom Field 2
```

If additional fields are necessary, please contact Scott Curley for instructions:

Scott.Curley@MassMail.State.MA.US
Center for Health Information and Analysis
501 Boylston Street
Boston, MA 02116

5. Additional data element details for both record types are in the Data Elements table below.

Data Elements

| Record Type | Data Element Name | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition *Note - a minimum number of 'Optional' fields will be required for the Search to be successful. |
|-------------|-------------------------|---------------------|-----------------------------------|-----------------|------------------------|--|--|
| 1 | Requestor Name - Entity | Text | Name of Data Requestor | char [30] | Organization Name | Organization requesting data linkage | MANDATORY - Must be present. |
| 1 | Number of Records | numeric | | int[9] | Number of Records | Number of records in Finder File excluding the Header Record. Must match number of records found in the file. | MANDATORY - Must be present. |
| | | | | | | | |
| 2 | Random Study ID | Text | Study ID | varchar[9] | Random Study ID | Random Study ID that will be returned to data requestor with the found/linked records (Also called the Requestor Key) | MANDATORY - Must be present. |
| 2 | First Name | Text | Name First | varchar[25] | First name | Report the first name of the patient /member here. Used to create Unique ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE | OPTIONAL - If present, must be correct format/valid value. |
| 2 | Middle Initial | Text | Name Middle | char[1] | Middle initial | Report the middle initial of the patient /member when available. | OPTIONAL - If present, must be correct format/valid value. |
| 2 | Last Name | Text | Name Last | varchar[60] | Last name | Report the last name of the patient /member here. Used to create Unique ID. Last name should exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE | OPTIONAL - If present, must be correct format/valid value. |
| 2 | SSN | Numeric | ID Tax | char[9] | Social Security Number | Report the social security number here; used to validate linkage; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here. (Will be hashed via CHIA's FileSecure application.) | OPTIONAL - If present, must be correct format/valid value. |
| 2 | Date of Birth | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Date of birth | Report the date the person was born in CCYYMMDD Format. | OPTIONAL - If present, must be correct format/valid value. |

| Record Type | Data Element Name | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition *Note - a minimum number of 'Optional' fields will be required for the Search to be successful. |
|-------------|-------------------|-------------------------------|--|-----------------|--|---|--|
| 2 | Street Address | Text | Street Address | varchar[30] | Street Address of person in hospital discharge/visit data. | Street Address of person. (Include for Hospital Discharge/Visit data ONLY. Not used in MA APCD linkage/search.) | OPTIONAL - If present, must be correct format/valid value. |
| 2 | City | Text | City Name | varchar[25] | City/Town Name of the person in hospital discharge/visit data. | City/Town of person's residence. (Include for Hospital Discharge/Visit data ONLY. Not used in MA APCD linkage/search.) | OPTIONAL - If present, must be correct format/valid value. |
| 2 | State | External Code Source 2 - Text | Address State External Code Source 2 - States | char[2] | State / Province | Report the state of the person's residence as defined by the US Postal Service. | OPTIONAL - If present, must be correct format/valid value. |
| 2 | ZIP Code | External Code Source 2 - Text | Address Zip External Code Source 2 - Zip Codes | varchar[5] | Zip Code | Report the 5 digit Zip Code of the person's residence as defined by the United States Postal Service. Must not submit the 9-digit Zip Code. | OPTIONAL - If present, must be correct format/valid value. |
| 2 | Gender | Lookup Table - Text | tlkpGender | char[1] | Gender | Report as reported in alpha format. EXAMPLE: F = Female | OPTIONAL - If present, must be correct format/valid value. |
| | | | | | | Code | Description |
| | | | | | | F | Female |
| | | | | | | M | Male |
| 2 | Filler | Text | For CHIA use only | | Filler | Do not populate with any data. Required to be NULL. | NOTE: The asterisk delimiter is mandatory. |
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