

*Massachusetts Division of Health Care Finance and Policy*

*Health Safety Net*

*Special Circumstances Pharmacy Data*

# **Electronic Records Submission Specifications**

February 2009

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## **Health Safety Net Special Circumstances Pharmacy Data Submission Overview**

### Data to Include in Health Safety Net Special Circumstances Pharmacy Data Electronic Submissions

Pharmacy Data shall be reported for all confidential pharmacy prescriptions which result in a confidential Health Safety Net pharmacy claim for all persons eligible to receive services under 114.6 CMR 13.04(2)(b)4. This includes minors eligible to receive confidential services.

### ***Definitions***

**Patient:** Person for whom the prescription is being filled.

**Health Safety Net Special Circumstances Pharmacy Claim:** Prescription administered to Health Safety Net covered patients whose eligibility application was processed through the Health Safety Net Special Circumstances Application.

**National Drug Code (NDC):** As per the US Food and Drug Administration: "Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, 3-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is any firm that manufactures, repacks or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code identifies package sizes. Both the product and package codes are assigned by the firm." For the Divisions' Special Circumstances Pharmacy Data Submission, the NDC will be in the following configurations 5-4-2. Each segment shall be zero filled to obtain the complete 11 digit NDC.

### ***Data File Format***

The data for Health Safety Net Special Circumstances Pharmacy Data must be submitted in a fixed-length text file format. Providers must submit data using the following format specifications:

<b>Records</b>	98-character rows of text
<b>Record Separator</b>	Carriage return and line feed must be placed at the end of each record

### ***Data Transmission Media Specifications***

Data will be transferred to the Division via the Internet. In order to do that in a secure manner the Division's Secure Encryption and Decryption System (SENDS) must be utilized. You must first download a copy of the Secure Encryption and Decryption System (SENDS) from the DHCFP web site. There is a separate installation guide for installing the SENDS program. SENDS will take your submission file and compress, encrypt and rename it in preparation of transmitting to the Division. The newly created encrypted file shall be transferred to the Division via its INET website.

## Health Safety Net Special Circumstances Pharmacy Data Record Specification

### Record Specification Elements

The Health Safety Net Special Circumstances Pharmacy Data File is made up of a series of 98 character records. The Record Specifications that follow provide the following data for each field in the record:

<b>Data Element</b>	<b>Definition</b>
<b>F#</b>	Sequential number for the field in the record ( <b>Field Number</b> ).
<b>Field Name</b>	Name of the Field.
<b>Type</b>	Data format required for field ( <b>Field Type</b> ). Refer to <b>Field Types</b> section below.
<b>Lgth</b>	Record length, or number of characters in the field.
<b>Pos Frm</b>	Beginning position of the field in the #### character record.
<b>Pos To</b>	Ending position of the field in the #### character record.
<b>R?</b>	Field Requirement Indicator. R = Required, N = Not Required, C = Conditionally Required. Refer to Edit Specifications data (below) for details about requirements.
<b>Field Definition</b>	Definition of the field name and/or description of the expected contents of the field.
<b>Edit Specifications</b>	Explanation of Conditional Requirements. List of edits to be performed on fields to test for validity of File, Batch, and Claim.

### Field Types

Field Type	Field Use	Definition	Examples
<b>Text</b>	Date field	Date fields are 8 characters. The field is formatted as follows:  CCYYMMDD	February 14, 2000 would be entered as:  20000214
	Field containing alpha-numeric data, which will not be used in a numeric calculation	Alphanumeric characters (A- Z and 0-9), left justified with trailing spaces.	a) Patient's Last Name (a 20 character field) might be entered as:  Jones
<b>Numeric (Num)</b>	A numeric field which will be used in a calculation	Numeric, whole, unsigned, integer digits, right-justified with leading zeros.	Days Supplied (a 3 character field) might be entered as:  030
<b>Currency (Curr)</b>	A numeric field which will contain a currency amount	(Unformatted) numeric, whole, unsigned integer digits, right-justified.  Last two fields will indicate cents. Always include cents, but no decimal.  <b>Do NOT</b> use EBCDIC signed fields.	20 dollars in a 10 character field might be entered as:  0000002000

**Special Circumstances Pharmacy Data Record**

- Required for every Health Safety Net Special Circumstances Prescription Claim.

<b>F#</b>	<b>Field Name</b>	<b>Type</b>	<b>Lgth</b>	<b>Pos Frm</b>	<b>Pos To</b>	<b>R?</b>	<b>Edit Specifications</b>	<b>Field Definition</b>
1.	Patient Social Security Number	Text	9	1	9	<b>C</b>	Include if provided by patient.  If provided:  Must be numeric.  Must be nine digits.  Must be valid social security.	Patient's social security number
2	Prescription Number	Text	7	10	16	<b>R</b>	Must be present.	Pharmacy generated number for the prescription.
3.	Patient's First Name	Text	9	17	25	<b>R</b>	Must be present.  Must be at least 2 characters.	Enter the first name of the individual for whom the prescription is being filled.
4.	Patient's Last Name	Text	20	26	45	<b>R</b>	Must be present.  Must be at least 2 characters.	Enter the last name of the individual for whom the prescription is being filled.

<b>F#</b>	<b>Field Name</b>	<b>Type</b>	<b>Lgth</b>	<b>Pos Frm</b>	<b>Pos To</b>	<b>R?</b>	<b>Edit Specifications</b>	<b>Field Definition</b>
5.	Patient Gender	Text	1	46	46	<b>R</b>	Must be present. Must be valid code: M...Male F...Female U...Unknown	Patient's gender.
6.	Patient Birth date	Text	8	47	54	<b>R</b>	Must be present. Must be Date format (CCYYMMDD). Must be between 1885 and end of reporting month.	The date of birth of the patient.
7.	Servicing Provider Number	Text	8	55	62	<b>R</b>	Must be present. Must be a valid Provider number as specified in Data Code Tables (Table I).	Unique provider number assigned by for the pharmacy filling the prescription
8.	Prescription Filled Date	Text	8	63	70	<b>R</b>	Must be present. Must be Date format (CCYYMMDD). Must be within reporting month.	Date the prescription is filled.



<b>F#</b>	<b>Field Name</b>	<b>Type</b>	<b>Lgth</b>	<b>Pos Frm</b>	<b>Pos To</b>	<b>R?</b>	<b>Edit Specifications</b>	<b>Field Definition</b>
9.	National Drug Code	Text	11	71	81	<b>R</b>	<p>Must be present.</p> <p>Must be a valid National Drug Code as per the US Food and Drug Administration.</p> <p>Must be in the following configuration: 5-4-2. Each segment shall be zero filled to obtain the complete 11 digit NDC.</p>	<p>US Food and Drug Administration National Drug Code</p> <p>For the Divisions' HSN Special Circumstances Pharmacy Data Submission, the NDC will be in the following configurations 5-4-2. Each segment shall be zero filled to obtain the complete 11 digit NDC.</p>
10.	Actual Acquisition Cost/Actual Charge	Curr	10	82	91	<b>R</b>	<p>Must be present.</p> <p>Must be unformatted currency format. Include cents. Do not include decimal.</p> <p>Must not be less than zero.</p>	<p>Actual drug acquisition cost must be used for 340B pharmacies.</p> <p>Actual Charge must be used for hospital based non-340B pharmacies.</p>
11.	Quantity	Num	4	92	95	<b>R</b>	<p>Must be present.</p> <p>Must be numeric.</p> <p>Must be greater than zero.</p>	Units prescribed.

<b>F#</b>	<b>Field Name</b>	<b>Type</b>	<b>Lgth</b>	<b>Pos Frm</b>	<b>Pos To</b>	<b>R?</b>	<b>Edit Specifications</b>	<b>Field Definition</b>
12.	Days Supplied	Num	3	96	98	<b>R</b>	Must be present. Must be numeric. Must be greater than zero.	Number of days the prescription should last if taken as prescribed.

## Health Safety Net Special Circumstances Pharmacy Data Code Tables

### l) Provider Numbers

<b>Filing Org ID</b>	<b>Organization Name</b>	<b>DPH/VPN/ MHPN/DMR No</b>
4	Baystate Medical Center	2339
10	Beth Israel Deaconess Medical Center - East Campus	2069
15	Boston Health Care for the Homeless Program	0406970
3107	Boston Medical Center	2307
22	Brigham and Women's Hospital	2921
26	Brockton Neighborhood Health Center	1309927
27	Cambridge Health Alliance - Cambridge Campus	2108
4051	Community Health Connections Family Health Center	1319833
51	Dana-Farber Cancer Institute	2335
58	Family Health Center of Worcester	401421
63	Great Brook Valley Health Center	443891
64	Greater Lawrence Family Health Center, Inc.	1303775
65	Greater New Bedford Community Health Center, Inc.	01303503
69	Harvard Street Neighborhood Health Center	1305409
74	Hilltown Community Health Centers, Inc.	
76	Holyoke Health Center	1300237
86	Lynn Community Health Center	0406112
91	Massachusetts General Hospital	2168
1456	North Shore Community Health, Inc.	1302868
120	South Cove Community Health Center	1301586

104	Tufts Medical Center	2299
3115	UMass Memorial Medical Center	2841

## Health Safety Net Special Circumstances Pharmacy Data Quality Standards

The data will be edited for compliance with the edit specifications set forth in this document. The standards to be employed for rejecting data submissions from providers will be based upon the presence of errors as listed for each data element under the following conditions:

All errors will be recorded for each patient Record and for the Submission as a whole. An Edit Report will be provided to the provider displaying detail for all errors found in the Submission.

A patient **Record** will be rejected if there is:

- Presence of one or more errors.

An entire providers' data **Submission** will be rejected if:

- File format is incorrect.
- Provider submitting the data via INET is not listed as a pharmacy data submitter.
- 1% or more of records are rejected.
- 50 consecutive records are rejected.

*Acceptance of data under the edit check procedures identified in this document shall not be deemed acceptance of the factual accuracy of the data contained therein.*

## Submittal Schedule

Health Safety Net Special Circumstances Pharmacy Data must be submitted within 90 days of dates of service included in the filing. We require that the data be batched and submitted monthly.

January	Close Jan. 31 <sup>st</sup>	Due by May 1st
February	Close Feb. 28 <sup>th</sup>	Due by June 1st
March	Close March 31 <sup>st</sup>	Due by July 1st
April	Close April 30 <sup>th</sup>	Due by August 1st
Etc.		

## Compliance

- a) Any HSN pharmacy provider submitting claims for special circumstances patients receiving eligible prescribed drugs must comply with the provisions of 115.6 CMR 13.07(1), (2) and (5).

## Protection of Confidentiality of Data

The Division shall institute appropriate administrative procedures and mechanisms to ensure that it is in compliance with the provisions of M.G.L. c. 66A, the Fair Information Practices Act, to the extent that the data collected there under are "personal data" within the meaning of that statute. In addition, the Division shall ensure that any contract entered into with other parties for the purposes of processing and analysis of this data shall contain assurances such other parties shall also comply with the provisions of M.G.L.c. 66A.