



CAIR2 Patient Match (HEDIS) Flat File Specifications

Effective January 27, 2017; revised February 9, 2017

CAIR2 Patient Match Specifications

New Patient Match Requirements

Because of the transition to the new CAIR2 software, health plans (HPs) interested in running patient match reports in CAIR will need to submit patient files in a revised format. Submission of patient files to CAIR will continue until the summer of 2017 when CAIR will begin allowing HP staff to login to CAIR2 and run their own patient match reports.

Two files will be required to run a patient match query:

1. A *Patient File* to add new, or missing, HP members and their demographic information along with their Health Plan (HP) member IDs. The information in this file will be used to find matching patients in CAIR and then to assign the HP member ID to them. If no patient is matched, the member (and **HP Patient ID**) will be added to CAIR as a new patient.
2. A *Query File* containing a list of HP members and their First Names, Last Names, DOBs, and the **HP Patient IDs** to be used to retrieve full immunization histories for matching patients in CAIR2.

The *Patient File* can be added at any time before the HEDIS process and additional *Patient Files* submitted as new members are added. The *Query File* will only be used when the HEDIS result are wanted.

Format

In contrast to the previous CAIR format which required fields to be pipe-delimited (|), CAIR2 requires submission of the patient data in files with fixed-length fields where each line of the file holds a single patient record. Each field will be padded with spaces to fill the field's stated width. Furthermore, files that do not adhere to these specifications will be returned to the submitter.

Naming Convention/File Submission

When submitting files, please include your HP CAIR ID, the type of file, and the date submitted in the file name as shown below:

- Patient File: '[CAIR ID]_PatientFile_YYYYMMDD.txt'
- Query File: '[CAIR ID]_QueryFile_YYYYMMDD.txt'

Files can either be submitted via sFTP or secure emails sent to <mailto:ftpadmin@ca-siis.org>

Required Fields

As noted above, CAIR needs to receive a *Patient File* and *Query File* of every health plan member for which a patient match is sought. These files must each contain a unique Record Identifier (**HP Member ID**) to uniquely identify each patient.

Patient File Required Fields

- Patient Identifier (**HP Member ID**)
- Patient First Name
- Patient Last Name
- Patient Birth Date
- At least two additional identifying demographic fields to assist in ensuring correct match
- Patient Disclosure info (used if new patient created in CAIR2)
- Patient sharing info (used if new patient is created in CAIR2)

Query File Required Fields

- Patient Type
- Patient Identifier (**HP Member ID**)
- Patient First Name
- Patient Last Name
- Patient Date of Birth

Field Order and Format Requirements

CAIR2 Patient Match Specifications

The following tables describe the fields to include in each of the flat files discussed. Files need to be generated using the American Standard Code for Information Interchange (ASCII) character set³. ASCII is a character-encoding scheme based on the ordering of the English alphabet. Special characters should not be included in names. Each line of data needs to be terminated with a carriage return/line feed.

Column names and definitions in tables below are:

- *Column*: The name of the data element.
- *Data length*: Each field's data should be left-justified and padded with blanks to the specified length. If the data in a field is numeric (e.g., dates, zip-code, telephone number, SSN, CVX code) only numeric digits should be entered and padded with blanks as needed.
- *Pos #*: The position of the start of the field in the flat file.
- *R/SE*: R = Required field. SE = Strongly Encouraged field (see above).
- *Default*: Default value that will appear in CAIR if the field is blank.
- *Notes*: Description of the column and code sets to use (where applicable).

Character Fields

These fields must be left justified and padded with blanks to reach the field length specified.

Date Fields

Dates must be entered in this format: MMDDYYYY with leading zeroes (e.g., 01012001).

Null Values

All fields must be present in the flat file with the specified length. If a site is unable to supply information for a specified field, the entire field must be padded with blanks.

CAIR recommends submitting as many of the elements listed below for maximum completeness. At a minimum, fields identified with an 'R' in the 'R/SE' column must be submitted for CAIR to process the file.

CAIR2 Patient Match Specifications

Patient File

Column	Data Length	Pos #	R/SE	Default	Notes
HP Member ID	32	1	R		
Patient Status	1	33	R	A	Use the CAIR code set for Patient Status . (Note: Right click and select 'Open Hyperlink' to view corresponding code sets for all hyperlinks).
First Name	50	34	R		Note: Patients with no first name or who have special characters within the name will cause entire patient record not to import
Middle Name	50	84	SE		
Last Name	50	134	R		Patients with no last name or who have special characters within the name will cause entire patient record not to import
Name Suffix	10	184			JR, III, etc.
Birth Date	8	194	R		MMDDYYYY
Death Date	8	202			MMDDYYYY
Mother's First Name	50	210	SE		CAIR will accept imported data but WILL NOT populate this field on export.
Mother's Maiden Last Name	50	260	SE		CAIR will accept imported data but WILL NOT populate this field on export.
Mother's HBsAg Status	1	310			Use the IIS code set for Mother's HBsAg Status . CAIR will accept imported data but WILL NOT populate this field on export.
Sex (Gender)	1	311	SE		Use the CAIR code set for Sex (Gender) .
American Indian or Alaska Native	1	312			'Y' if Yes
Asian	1	313			'Y' if Yes
Native Hawaiian or Other Pacific Islander	1	314			'Y' if Yes
Black or African-American	1	315			'Y' if Yes
White	1	316			'Y' if Yes
Other Race	1	317			'Y' if Yes
Ethnicity	2	318			Use the CAIR code set for Ethnicity .
Social Security Number	9	320			Leave blank: CAIR does not accept or store SSN .
Contact Allowed	2	329		02	Controls whether notices are sent. Use the CAIR code set for Contact . If <null> default to '02' - contact allowed.
Patient ID (MRN, Medicaid ID, Medicare ID, Kaiser ID)	32	331	SE		Use HP Member ID . This field is returned in any export. Also can be used to directly access patient records through the user interface.
Medi-Cal ID	20	363	SE		

CAIR2 Patient Match Specifications

Column	Data Length	Pos #	R/SE	Default	Notes
Responsible Party First Name	50	383			Responsible party would be a parent or guardian or someone responsible for the care of this patient.
Responsible Party Middle Name	50	433			
Responsible Party Last Name	50	483			
Responsible Party Relationship	3	533			Use the CAIR code set for Relationship to the patient.
Street Address Line	55	536	SE		Address is loaded for the patient and the responsible person. Primary address information (i.e. 100 TAFT ST.)
Other Address Line	55	591			Secondary address information (i.e. APT 104, STE 530) Do not place a secondary address in this field. Additional addresses for the patient or responsible parties may be added through the user interface.
PO Box Route Line	55	646			If patient has PO Box mailing address, enter here.
City	52	701	SE		
State	2	753	SE		2 character state abbreviation, State Codes
Zip Code	9	755	SE		5 or 9 digits without separators (padded with blanks if 5) ex. 97123**** or 971235678.
County	5	764			Use the CAIR code set for County .
Phone	17	769	SE		Format as digits only starting with the area code, ex. 6081234567. Extension up to 7 digits allowed.
Sending Organization	12	786	R		This is your <u>HP CAIR ID</u> .
Has Patient Been Disclosed?	1	798	R	Y	Entry must be 'Y'. ^
Disclosed Date	8	799	R		Date format: MMDDYYYY. Use submission date if actual disclosure date is unknown. ^
Disclosed By	12	807	R		Acceptable Values: <u>HP CAIR ID</u> ^
Sharing Status	1	819	R		Has Patient agreed to share? Acceptable Values: 'Y' or 'N' ^
Effective Date	8	820	R		Date format: MMDDYYYY ^
Updated By	12	828	R		Acceptable Values: <u>HP CAIR ID</u> ^
Total	840				

^Only used if *Patient File* submission created a new patient in CAIR2.

CAIR2 Patient Match Specifications

Query File Format

Column	Data Length	Pos #	R/SE	Notes
Patient Type	1	1	R	'C' for Commercial, 'M' for Medicaid
Health Plan Member ID	32	2	R	
First Name	50	34	R	
Middle Name	50	84	SE	
Last Name	50	134	R	
Birth Date	8	184	R	MMDDYYYY
Total	192			

Query Output Files

Returns two txt files:

Patient Return File

Column	Data Length	Pos #
Health Plan Member ID	32	1
CAIR2 Patient ID	12	33
First Name	50	45
Middle Name	50	95
Last Name	50	145
Birth Date	8	195
Total	203	

Immunization Return File

Column	Data Type	Pos #
Health Plan Member	32	1
CAIR2 Patient ID	12	33
CVX Code	50	45
Vaccine Group	50	95
Vaccine Date Admin	50	145
Total	195	

Examples

Records need to be blank-filled (i.e., padded with spaces on the right to the required field length). In the following example, **blanks are represented with the '*' character for illustrative purposes.**

Patient File Single Record

This Information:

Record ID (**HP Member ID**): 17727736
 Status Active: A
 Name: Courtney Lee Brown
 Birth Date: 9/10/1994
 Maiden Name: Anne Green

CAIR2 Patient Match Specifications

HbsAg Status: Positive
Gender: Female
Race: White
Ethnicity: Not Hispanic
SSN: 111223333
Contact Allowed: Yes
Patient ID: CHART33321
Medicaid ID: MEDID11011
Responsible Party: Tim Daniel Brown
Relationship: Father
Address: 1234 Test Street, Apt 491 Richmond, CA 94801
PO Box: PO Box 740
County: Contra Costa
Phone: 5105555555
Sending Organization: AL9999
Disclosed?: Y
Disclosed Date: 9/10/1994
Disclosed By: AL9999
Sharing Status: Y
Sharing Date: 9/10/1994
Updated By: AL9999

Results in the following Patient record:

```
17727736*****ACOURTNEY*****  
*LEE*****BROWN*****  
*****09101994*****ANNE*****  
*****GREEN*****3F***Y*NH11122333302CH  
ART33321*****MEDID11011*****TIM*****  
*****DANIEL*****BROWN****  
*****FTH1234*Test*Street*****  
*****Apt*491*****PO*Box*740***  
*****RICHMOND*****  
*****CA94804***CA013510555555*****AL9999*****Y09101994AL9999*****Y0910  
1994AL9999*****
```

Query File Single Record

This Information:

Record ID (**HP Member ID**): 17727736
First Name: Courtney
Middle Name: Lee
Last Name: Brown
Birth Date: 9/10/1994

Results in the following Query File Record:

```
17727736*****COURTNEY*****  
LEE*****BROWN*****  
*****09101994
```

CAIR2 Flat File Transfer Specification

CAIR Code Sets

Table Item	Code	Description
Contact	01	No Contact Allowed – Notices are not to be sent.
	02	Contact Allowed – Notices will be sent.
County	CA001	Alameda
	CA003	Alpine
	CA005	Amador
	CA007	Butte
	CA009	Calaveras
	CA011	Colusa
	CA013	Contra Costa
	CA015	Del Norte
	CA017	El Dorado
	CA019	Fresno
	CA021	Glenn
	CA023	Humboldt
	CA025	Imperial
	CA027	Inyo
	CA029	Kern
	CA031	Kings
	CA033	Lake
	CA035	Lassen
	CA037	Los Angeles
	CA039	Madera
	CA041	Marin
	CA043	Mariposa
	CA045	Mendocino
	CA047	Merced
	CA049	Modoc
	CA051	Mono
	CA053	Monterey
	CA055	Napa
	CA057	Nevada
	CA059	Orange
	CA061	Placer
	CA063	Plumas
CA065	Riverside	
CA067	Sacramento	
CA069	San Benito	
CA071	San Bernardino	
CA073	San Diego	
CA075	San Francisco	
CA077	San Joaquin	
CA079	San Luis Obispo	
CA081	San Mateo	
CA083	Santa Barbara	
CA085	Santa Clara	

CAIR2 Flat File Transfer Specification

Table Item	Code	Description
	CA087	Santa Cruz
	CA089	Shasta
	CA091	Sierra
	CA093	Siskiyou
	CA095	Solano
	CA097	Sonoma
	CA099	Stanislaus
	CA101	Sutter
	CA103	Tehama
	CA105	Trinity
	CA107	Tulare
	CA109	Tuolumne
	CA111	Ventura
	CA113	Yolo
	CA115	Yuba
Ethnicity	NH	Not Hispanic or Latino
	H	Hispanic or Latino
Mother's HBsAg	1	Negative
	2	Not Screened
	3	Positive
	4	Unknown
Patient Status	A	Active
	I	Inactive-Other
	M	Inactive-MOGE
	P	Inactive-Permanently (deceased)
	L	Inactive-Lost to Follow Up
	O	Inactive-One Time Only
	S	Inactive-MOOSA
	U	Inactive-Unknown
Race	Y	American Indian or Alaska Native
	Y	Asian
	Y	Native Hawaiian or Other Pacific Islander
	Y	Black or African-American
	Y	White
	Y	Other
Relationship	ASC	Associate
	BRO	Brother
	CGV	Care giver
	CHD	Child
	DEP	Handicapped dependent
	DOM	Life partner

CAIR2 Flat File Transfer Specification

Table Item	Code	Description
	EMC	Emergency contact
	EME	Employee
	EMR	Employer
	EXF	Extended family
	FCH	Foster Child
	FND	Friend
	FTH	Father
	GCH	Grandchild
	GRD	Guardian
	GRP	Grandparent
	MGR	Manager
	MTH	Mother
	NCH	Natural child
	NON	None
	OAD	Other adult
	OTH	Other
	PAR	Parent
	SCH	Stepchild
	SEL	Self
	SIB	Sibling
	SIS	Sister
	SPO	Spouse
	UNK	Unknown
	WRD	Ward of court
Sex (Gender)	F	Female
	M	Male
	U	Unknown
State Codes	AL	ALABAMA
	AK	ALASKA
	AZ	ARIZONA
	AR	ARKANSAS
	CA	CALIFORNIA
	CO	COLORADO
	CT	CONNECTICUT
	DE	DELAWARE
	DC	DISTRICT OF COLUMBIA
	FL	FLORIDA
	GA	GEORGIA
	OK	OKLAHOMA
	HI	HAWAII
	ID	IDAHO
	IL	ILLINOIS
	IN	INDIANA
	IA	IOWA
	KS	KANSAS

CAIR2 Flat File Transfer Specification

Table Item	Code	Description
	KY	KENTUCKY
	LA	LOUISIANA
	ME	MAINE
	MD	MARYLAND
	MA	MASSACHUSETTS
	MI	MICHIGAN
	MN	MINNESOTA
	MS	MISSISSIPPI
	MO	MISSOURI
	MT	MONTANA
	NE	NEBRASKA
	NV	NEVADA
	NH	NEW HAMPSHIRE
	NJ	NEW JERSEY
	NM	NEW MEXICO
	NY	NEW YORK
	NC	NORTH CAROLINA
	ND	NORTH DAKOTA
	OH	OHIO
	OR	OREGON
	PA	PENNSYLVANIA
	RI	RHODE ISLAND
	SC	SOUTH CAROLINA
	SD	SOUTH DAKOTA
	TN	TENNESSEE
	TX	TEXAS
	UT	UTAH
	VA	VIRGINIA
	WA	WASHINGTON
	WV	WEST VIRGINIA
	WI	WISCONSIN
	WY	WYOMING
	AS	AMERICAN SAMOA
	FM	FEDERATED STATES OF MICRONESIA
	GU	GUAM
	MH	MARSHALL ISLANDS
	MP	NORTHERN MARIANA ISLANDS
	PW	PALAU
	PR	PUERTO RICO
	UM	US MINOR OUTLYING ISLANDS
	VI	US VIRGIN ISLANDS
	VT	VERMONT

CAIR2 Flat File Transfer Specification

Published / Revised Date	Version #	Author	Section / Nature of Change
01/23/2017	1.0	HP	CAIR2 version