

CAIR2 HEDIS/PATIENT-MATCH DATA REQUEST PROCESS

The following shows the general process of HEDIS report request. Note: to return a match, HEDIS Input fields must match exactly to existing patient fields in CAIR2.

Registration for a secure File Transfer (sFT) Account

1. Submit a signed **CAIR2 Health Plan Data Sharing Agreement** to CAIR.
2. Submit a signed **sFT Server Access Form** to Kavitha.Perumal@cdph.ca.gov. CAIR2 will **create an sFT account** and set you up to access that account.
3. Once the sFT account is set up you will receive a notification email with a link (Click Me) to the account. Save that link in a short-cut or a file (Notepad) so you will be able to connect to the account whenever you want. Your first connection will request you set a password. The password is completely private – you do not have to inform us.

INPUT FILE

The input file is a pipe-delimited (|) text file with a .txt extension. Any file name is OK, e.g.: 'My_filename.txt,' as long as it makes sense to you. Do not let the length of the file name exceed 65 characters.

The required INPUT fields must be in the order and have the exact Column Names as the File Format example below.

INPUT File Format

| INPUT | | | |
|-------------|--------------------------------|-----------|------------|
| Column Name | Column Description | Data Type | Max Length |
| MEMBERKEY | MRN/Other ID (e.g. Med-Cal ID) | Text | 36 |
| PT_FNAME | Patient First Name | Text | 20 |
| PT_LNAME | Patient Last Name | Text | 20 |
| DOB_D | Patient Day of Birth | Number | 2 |
| DOB_M | Patient Month of Birth | Number | 2 |
| DOB_Y | Patient Year of Birth | Number | 4 |

Submit INPUT File to CAIR

1. Login to your sFT account and upload the **INPUT File (Patient Info)** into the account folder.
2. The transfer of files into your sFT account should automatically send a notification to the HEDIS processing team. For double security, send an email to Mark.Foster@cdph.ca.gov with 'HEDIS Data Request' in the subject line and include the name of the uploaded **INPUT File** in the body of the email.

OUTPUT FILE

The output file is a pipe-delimited (|) text file with a .txt extension. Fields are formatted as shown in the table below.

OUTPUT File Format

| OUTPUT 1 (Patient Info) | | |
|-------------------------|--------------------------------|-----------|
| Column Name | Column Description | Data Type |
| MEMBERKEY | MRN/Other ID (e.g. Med-Cal ID) | Text |
| CAIR_PT_ID | CAIR Patient ID | Number |
| PATIENT_STATUS* | Patient Sharing Status | Text |
| PT_FNAME | Patient First Name | Text |
| PT_LNAME | Patient Last Name | Text |

| | | |
|------------|--------------------|-------|
| BIRTH_DATE | Patient Birth Date | Date |
| PROV_ID | Provider ID | BLANK |
| ADDR_1 | Patient Address | Text |
| CITY | Patient City | Text |
| STATE | Patient State | Text |

*Codes: O (Open), L (Locked), U (Undisclosed, no vax)

| OUTPUT 2 (Immunization Info) | | |
|-------------------------------------|---------------------------------|------------------|
| Column Name | Column Description | Data Type |
| MEMBERKEY | MRN/Other ID (e.g. Med-Cal ID) | Text |
| CAIR_PT_ID | CAIR Patient ID | Number |
| VAC_CODE | Vaccine Description | Text |
| VAC_DATE | Vaccination Administration Date | Date |
| CPT_CODE | CPT | Text |
| CVX_CODE | CVX | Text |
| PROV_ID | CAIR2 Org Code | Text |
| OA_LAST | Ordering Authority Last Name | Text |
| OA_FIRST | Ordering Authority First Name | Text |
| OA_NPI | Ordering Authority NPI | Text |
| SYSENER_DATE | Vaccine Entry Date | Date |

Receive OUTPUT Files

1. Wait for email notification, and then login to your sFT account.
2. Retrieve OUTPUT files (Patient info, Immunization info) from the account.
3. The OUTPUT Files will be named:
 - a. results_ **CCC**_[Your filename]_ **FF**_**YYYYMMDD**.txt

The following items are added by our process:

CCC: Client Prefix (Our abbreviation of your account name)

FF: File Type (PT: Patient File, IZ: Immunization File)

YYYYMMDD: Date the output was produced (YYYY: Year, MM: Month, DD: Day)