



Medisolv OPPS Pipe-Delimited Text File Format Specifications Manual

Version 5.6

Last Updated March 23, 2021

Valid for Q1 2021 to Q4 2021



Version Control

<u>Last Updated</u>	<u>Updated By</u>	<u>Comments/Reasons</u>	<u>Version</u>
2020-12-16	Xianmei Tai	Initial Revision of 2021 specification with below updates: New Fields (Optional) -Base demographic spec - Add field ED Physician Code Retired fields -All specs – Removed retired legacy fields (no modifications needed to file uploads. Retired legacy fields received will be ignored.) -Base demographic spec – Add encounter requirement description -Update STK-OP-1 file naming convention	5.0
2021-01-05	Xianmei Tai	-Update Optional/Required field description for below column(s): OTHRDX	5.1
2021-01-14	Xianmei Tai	-Update Optional/Required field description for below column(s): FIRST_NAME, LAST_NAME	5.2
2021-01-20	Xianmei Tai	-Base Demographic – Update Race field possible values: Remove “5-Native Hawaiian or Pacific Islander”	5.3
2021-01-28	Xianmei Tai	-Base Demographic – Update Race value 4 description. (Asian -> Asian or Pacific Islander) -Update PATIENT_ID, MEDICAL_RECORD_NUMBER possible value description. (Character -> Special Character)	5.4
2021-02-23	Russell Cosner	Updated all optional date/time fields with additional instructions	5.5
2021-03-23	Russell Cosner	Added clarification text to Key Constraints and General Guidelines section pertaining to “Required” data elements	5.6

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Document Summary

This document contains the available specifications for uploading/submitting OPPS data to Medisolv as part of a file-upload mechanism for core abstracted measures support. The following sections contain detailed specifications for the outpatient base demographic file type. Files are required to be submitted in a pipe-delimited, text file format with a ".csv" extension.

Key Constraints and General Guidelines

Please note the following key constraints when populating and/or submitting files via these formats:

- A header is required at the beginning of each pipe-delimited file as specified in the file header column in this document.
- Field values in pipe-delimited elements must not be separated by a comma; no comma separators within a value. For example, **4,000** is invalid while **4000** is valid.
- Upload files must end with a ".csv" extension.
- Records with invalid values in non-mandatory fields will cause that specific field value to be rejected, but the overall record will be accepted.
- 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.
- Files may be uploaded multiple times, each new upload will overwrite the previously uploaded values and/or abstracted values.
 - Leaving an updatable field blank in the upload file **will not** maintain the original field value that was either stored by a previous upload **or** manually entered into the system. A new file will add or update **all** the data contained in the previous upload. Values that have not changed **must** be included in the subsequent uploads or reentered manually after the subsequent upload.
- When uploading files, a unique file name for each file is required. If a file is uploaded with the same file name as a previously submitted file, even if submitted on a previous date, it will be ignored
- 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.
- Demographic data is required, in all cases, even if other file formats are submitted in the future. In no case will data be processed from submitted files (other than the base demographic file itself) unless a matching row 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.

For Vizient Transition Clients

For clients that transitioned from Vizient's Core Measure Tool, please note the following:

- If a file is not listed in these specifications, that file has been retired and is no longer supported for upload. This may be due to a retired measure.
- If a column is no longer listed as an element in these specifications, then that column has been retired. You can continue to send that column if the file is still supported for upload, but that column will be ignored.



File Delivery and Frequency

Files should be uploaded to Medisolv's SFTP server, located at: <https://sftp.medisolvccloud.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.



Demographic Data (Base Data-Outpatients)

This data set should include at least the emergency department and colonoscopy/endoscopy patients.

Field Name	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
Birth Date	BIRTHDATE	Date	MM-DD-YYYY (must be a valid date)	10	01-01-1990	Required
Sex	SEX	Char	M, F, U	1	M	Required
Race	RACE	Number	1-white 2-black 3-American Indian 4- Asian or Pacific Islander 7-UTD	1	2	Required
Hispanic Ethnicity	ETHNIC	Char	Y-Hispanic or Latino N-not Hispanic or Latino or unable to determine	1	N	Required
Postal Code	POSTALCODE	Char	(5- or 9-digit without hyphen, "homeless," or "Non-US") Use hospital's postal code if unknown	9	60523	Required
Attesting Physician Code	ATTESTING_PHYSICIAN_CODE	Char	Valid 15-character physician code (hospital's internal code)	15	100099	Optional
ED Physician Code	ED_PHYSICIAN_CODE	Char	Valid 15-character physician code	15	100099	Optional
Arrival Time	ARRIVAL_TIME	Char	HH:MM or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	5	12:12	Recommended for CMS OP-2, OP-3, OP-18, OP-23
Encounter Date	ENCOUNTER_DATE	Date	MM-DD-YYYY	10	01-01-2001	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 Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AM190000090	Required



Demographic Data (Base Data-Outpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or 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. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	999999999901	Required
Discharge Code	DISCHGCODE	Char	1 – Home 2 - Hospice Home 3 - Hospice Health Care Facility 4a-Acute Care - General Inpatient Care 4b-Acute Care - Critical Access Hospital 4c-Acute Care - Cancer Hospital or Children's Hospital 4d-Acute Care - Dept of Defense or Veteran's 5 - Other Health Care 6 – Expired 7 - Left against Medical Advice 8 - Not Documented/UTD	2	2	Recommended for CMS OP-2, OP-3, OP-18, OP-23 Required for OP-2, OP-3 qualification
Payment Source	PMTSRCE1	Char	1-Medicare 2-Not Medicare	1	1	Required
E/M Code	EMCODE	Char	99281-Emergency department visit, new or established patient 99282-Emergency department visit, new or established patient 99283-Emergency department visit, new or established patient 99284-Emergency department visit, new or established patient 99285-Emergency department visit, new or established patient 99291-Critical care, evaluation and management Refer to CMS Specification manual Appendix A, OP Table 1.0, E/M Codes for Emergency Department Encounters	5	99291	Required for CMS OP-2, OP-3, OP-18, OP-23 qualification
ICD-10-CM Principal Diagnosis Code	PRINDX	Char	Any valid ICD-10-CM diagnosis code - without decimal point or dot - upper or lower case	3-7	0679	Required



Demographic Data (Base Data-Outpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
ICD-10-CM Other Diagnosis Codes	OTHRDX# (# can be between 1 and 24) Example: OTHRDX1 OTHRDX2 ... OTHRDX24	Char	Any valid ICD-10-CM diagnosis code - without decimal point or dot - upper or lower case <i>Include up to 24 additional encounter diagnosis codes. Diagnosis codes submitted in the OTHERDX# columns can also qualify for measures.</i>	3-7	K352	Required if present
CPT Code	CPTCODE# (# can be from 1 to 5) Example: CPTCODE1 CPTCODE2 CPTCODE5	Char	Any valid CPT Code - without decimal point or dot - upper or lower case	6	8111	Required for CMS OP-29, OP-31 (if reporting) and TJC THKR-OP qualification
CPT Modifier	CPTMODIFIER# (# can be from 1 to 5) Example: CPTMODIFIER1 CPTMODIFIER2 ... CPTMODIFIER5	Char	CPT MODIFIER (One modifier per CPT Code only) Please submit only one of the following Modifiers if applicable: 52, 53, 73, 74. If more than one of these modifiers are applicable, please submit only the first modifier. If one of the above modifiers does not apply, please leave this column NULL or exclude the column header completely.	2	52	Required for CMS OP-29 disqualification which includes the following modifiers: 52, 53, 73, 74
CPT Code Date	CPTCODEDT# (# can be from 1 to 5) Example: CPTCODEDT1 CPTCODEDT2 ... CPTCODEDT5	Char	MM-DD-YYYY or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	10	01-01-2010	Optional
HCPCS Code	HCPCSCODE# (# can be from 1 to 5) Example: HCPCSCODE1 HCPCSCODE2 ... HCPCSCODE5	Char	HCPCS code from 2014 HCPC codes specification	6	L3202	Required for CMS OP-29 and OP-31 qualification (OP-31 is an optional measure)
HCPCS Code Date	HCPCSCODEDT# (# can be from 1 to 5) Example: HCPCSCODEDT1 HCPCSCODEDT2 ... HCPCSCODEDT5	Char	MM-DD-YYYY or UTD or NULL NOTE: Submit UTD if unable to determine. If UTD is used it will overwrite any previously sent or abstracted value unless the case is locked.	10	01-01-2010	Optional



Demographic Data (Base Data-Outpatients)

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
First Name	FIRST_NAME	Char	Up to 30 characters	30	<i>John</i>	Recommended for measure abstraction, where applicable
Last Name	LAST_NAME	Char	Up to 30 characters	30	<i>Doe</i>	Recommended for measure abstraction, where applicable
Hospital Unit	HOSPITAL_UNIT	Char	Up to 50 Characters (must be participating in NQDB)	50	<i>HCH4</i>	Optional

File Naming Convention

The outpatient base demographic file must conform to the following naming convention:

6digitCCN_CMOPPS_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_CMOPPS_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.



ED-Throughput (ED)

Field Name	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 (Unique identifier of the Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
ED Departure Date	EDDEPARTDT	Char	(MM-DD-YYYY) Or UTD or <i>NULL</i> NOTE: Leaving this column <i>NULL</i> is acceptable. Use UTD if unknown.	10	01-02-2019	Optional
ED Departure Time	EDDEPARTTM	Char	(HH:MM) or UTD or <i>NULL</i> NOTE: Leaving this column <i>NULL</i> is acceptable. Use UTD if unknown.	5	01-02-2019	Optional

File Naming Convention

The outpatient ED Throughput Core Measure file must conform to the following naming convention:

6digitCCN_OppsEd_CoreMeasure_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_OppsEd_CoreMeasure_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.



Stroke-Outpatient (OP-23)

Field Name	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 (Unique identifier of the Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	AMI900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Date Last Known Well	DATELASTWELL	Char	(MM-DD-YYYY) Or UTD or NULL NOTE: Leaving this column NULL is acceptable. Use UTD if unknown.	10	UTD	Optional
Time Last Known Well	TMLSTKWNWELL	Char	(HH:MM) or UTD or NULL NOTE: Leaving this column NULL is acceptable. Use UTD if unknown.	5	UTD	Optional
Last Known Well	LSTKNWELL	Char	Y, N	1	N	Optional
Head CT or MRI Scan Order	SCANORD	Char	Y, N	1	Y	Optional
Head CT or MRI Scan Interpretation Date	SCANINTDT	Char	(MM-DD-YYYY) Or UTD	10	01-01-2010	Optional
Head CT or MRI Scan Interpretation Time	SCANINTTM	Char	(HH:MM) or UTD	5	12:12	Optional



Stroke-Outpatient (OP-23)

File Naming Convention

The outpatient Stroke Core Measure file must conform to the following naming convention:

6digitCCN_OPSTK_CoreMeasure_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_OPSTK_CoreMeasure_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.



Stroke-Outpatient 1 (STK-OP-1)

Field Name	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 (Unique identifier of the Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	STKOP100000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
ED Departure Date	EDDEPARTDT	Char	(MM-DD-YYYY) Or UTD or NULL NOTE: Leaving this column NULL is acceptable. Use UTD if unknown.	10	01-01-2010	Optional
ED Departure Time	EDDEPARTTM	Char	(HH:MM) or UTD or NULL NOTE: Leaving this column NULL is acceptable. Use UTD if unknown.	5	12:12	Optional
Comfort Measures Only	COMFORTMX	Char	1,2,3,4	1	2	Optional
IV Alteplase Initiation	IVTHROMINIT	Char	Y, N	1	Y	Optional
Large Vessel Occlusion	LVO	Char	Y, N	1	N	Optional
MER Eligibility	MER	Char	Y, N	1	Y	Optional



Stroke-Outpatient 1 (STK-OP-1)

File Naming Convention

The outpatient Stroke 1 Core Measure file must conform to the following naming convention:

6digitCCN_STKOP_CoreMeasure_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_STKOP_CoreMeasure_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.



Acute Myocardial Infarction (AMI)

Field Name	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 (Unique identifier of the Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	STKOP100000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Initial ECG Interpretation	INITECGINT	Char	Y, N	6	N	Optional
Fibrinolytic Administration	FIBADMIN	Char	Y, N	6	N	Optional
Fibrinolytic Administration Date	FIBADMINDT	Char	(MM-DD-YYYY) Or UTD	6	UTD	Optional
Reason for Delay in Fibrinolytic Therapy	REASONDELFIB	Char	Y, N	10	N	Optional
Reason for Not Administering Fibrinolytic Therapy	REASONNOFIBADMIN	Char	1, 2, 3	1	1	Optional
Fibrinolytic Administration Time	FIBADMINTM	Char	(HH:MM) or UTD	5	UTD	Optional
Transfer for Acute Coronary Intervention	TRANSFERCORINT	Char	1, 2, 3	1	1	Optional
ED Departure Date	EDDEPARTDT	Char	(MM-DD-YYYY) Or UTD	10	UTD	Optional
ED Departure Time	EDDEPARTTM	Char	(HH:MM) or UTD	5	UTD	Optional



Acute Myocardial Infarction (AMI)

File Naming Convention

The outpatient Acute Myocardial Measure file must conform to the following naming convention:

6digitCCN_OPAMI_CoreMeasure_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_OPAMI_CoreMeasure_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.



Endo Future Care (OP-29)

Field Name	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 (Unique identifier of the Outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	STKOP100000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	Required
Does patient have a screening colonoscopy where a polyp or biopsy was removed?	PLYBPBSYRMVD	Char	Y, N	1	Y	Optional
Not recommending at least a 10 year follow-up interval	NTRCMND10FF	Char	Y, N	1	Y	Optional
Recommending at least a 10 year follow-up interval for repeat colonoscopy	RPRT10COL	Char	Y, N	1	N	Optional



Endo Future Care (OP-29)

File Naming Convention

The Endo Future Care Measure file must conform to the following naming convention:

6digitCCN_OPENDFC_CoreMeasure_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_OPENDFC_CoreMeasure_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



Provider Dictionary

Field Name	File Header	Data Type	Possible Values	Size	Example	Optional or Required
Physician/Provider ID	ProviderID	Char	Valid up to 35-character physician code (Unique identifier for the physician corresponding to the same unique identifier used in the ATTESTING_PHYSICIAN_CODE/ED_PHYSICIAN_CODE column of the Demographic Base File)	35	123456	Required
Physician Name	ProviderName	Char	Up to 250 characters	250	John Doe	Required

File Naming Convention

The Provider Dictionary file must conform to the following naming convention:

6digitCCN_ProviderDictionary_YYYYMMDDhhmmss.csv

The provider dictionary table is common and shared across all hospitals belonging to one organization. With that, a single provider dictionary listing all providers throughout the organization can be submitted in one file; or multiple provider files, one per hospital CCN can be submitted. Either option requires that the ProviderID be unique across all hospitals within an organization.

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_ProviderDictionary_20190701235959.csv**



Names

Field Name	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 (Unique identifier of the inpatient/outpatient encounter. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	40	TTR900000090	Required
Master Account Number	MEDICAL_RECORD_NUMBER	Char	Up to 15 characters (Unique identifier of the patient. Note: The only allowed special characters are spaces, hyphens, dashes and under-scores.)	15	9999999999901	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

File Naming Convention

The Names file must conform to the following naming convention:

6digitCCN_NAMES_CoreMeasure_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_NAMES_CoreMeasure_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