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### 1. DOCUMENT CHANGE HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Issue Date</th>
<th>Modified By</th>
<th>Comments/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>06/05/2013</td>
<td>Rhonda May</td>
<td>First draft of Health Action Plan Canonical Guide</td>
</tr>
<tr>
<td>0.2</td>
<td>6/6/2013</td>
<td>Sue Merk</td>
<td>Added XML and xsd samples - editing</td>
</tr>
<tr>
<td>0.3</td>
<td>6/12/2013</td>
<td>Rhonda May</td>
<td>Added PAM and CAM actual score data fields, edited assumptions, edited logic for when new records write to the database</td>
</tr>
<tr>
<td>0.4</td>
<td>6/13/2013</td>
<td>Rhonda May</td>
<td>Edits and corrections after review with developer</td>
</tr>
<tr>
<td>0.5</td>
<td>7/9/2013</td>
<td>Rhonda May</td>
<td>Added clarity on initial HAP for purposes of canonical guide being unrelated to the once-in-a-lifetime payment for initial HAP development for a client.</td>
</tr>
<tr>
<td>1.0</td>
<td>7/19/2013</td>
<td>Rhonda May</td>
<td>• Added new field and related table for pain assessment type&lt;br&gt;• Description corrections in reason code table&lt;br&gt;• Changed Problem List field to required&lt;br&gt;• Matched xml tags to data descriptions as appropriate&lt;br&gt;• Corrected errors in sample XML.</td>
</tr>
<tr>
<td>1.0</td>
<td>7/31</td>
<td>Rhonda May</td>
<td>Changed pain scale assessment type record to optional and pain scale score to conditional, changed telephone number fields size to 10 characters.</td>
</tr>
<tr>
<td>1.0</td>
<td>8/5</td>
<td>Rhonda May</td>
<td>Added assumption for care coordinator change and implications for a new initial HAP. Reason code table for reason for opt out to read “client choice to change LEAD ORGANIZATION, only. Care Coordinator omitted.</td>
</tr>
<tr>
<td>1.0</td>
<td>8/15</td>
<td>Rhonda May</td>
<td>• Added System Access Instructions&lt;br&gt;• Separated xml file validation from xml sample files&lt;br&gt;• Added clarifications in record rejection section 3.3.3</td>
</tr>
<tr>
<td>1.0</td>
<td>8/21</td>
<td>Rhonda May</td>
<td>• Clarification on UTC time with no offset&lt;br&gt;• Clarification on empty field tags&lt;br&gt;• Correction on reporting assumption when client changes lead organizations&lt;br&gt;• Redefined “Date Opted In” in terms and acronyms section. &lt;br&gt;• Clarification on closure of HAP reporting year in section 3.1</td>
</tr>
<tr>
<td>Date</td>
<td>Author</td>
<td>Changes and Updates</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>10/15/2013</td>
<td>Rhonda May</td>
<td>Eliminated “Client choice to change Lead Organization” (reason code 05) from the Reason Code table. A change in lead organization does not remove a patient from being “opted” in to the Health Home program.</td>
<td></td>
</tr>
<tr>
<td>12/3/2013</td>
<td>Rhonda May</td>
<td>Added clarification regarding HAP End Date.</td>
<td></td>
</tr>
<tr>
<td>1/30/2014</td>
<td>Rhonda May</td>
<td>Clarifying information in Terms and Acronyms table for Date Opted In.</td>
<td></td>
</tr>
<tr>
<td>6/13/2014</td>
<td>Rhonda May</td>
<td>Add MCO delegation field and data validation table</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add PSC17 screening field and data validation logic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add PPAM screening field and data</td>
<td></td>
</tr>
</tbody>
</table>

- Logic for determining appropriate HAP period changed to Date Opted In in section 3.3
- Added information about when a new record will be written in section 3.3.2
- Added information about new a record will be rejected in section 3.3.3
- Updated validation rules in data table

Data validation changes were identified by lead organizations. Changes to the data table in section 5 of this document and updates in the HAP upload process have been completed as follows:

- KATZ - Required field
  - If under age 18 - field is not required, cannot accept value
- PHQ-9 - Required field
  - Add 0-27 as a valid score.
  - If under age 16 - field is not required, cannot accept value
- Add additional digit to BMI - 0.0 - 125.9 (required field)
  - If under age 2 - field is not required, cannot accept value
- Add decimal point to PAM 0.0 - 100.0
- Add decimal point to CAM 0.0 - 100.0

Additional report was developed showing multiple instances in the database for the same ProviderOneID number with the same HAP reporting window.
- Add PPAM Survey Date and data validation logic
- Add PPAM activation score and data validation logic
- Revise PAM and CAM validation logic to include PPAM conditions
- Change PHQ9 age requirements and data validation logic
- Add gender field and data validation logic
- Add reason codes and descriptive language to reason code validation table
- Add general comment field
- Provide “could not collect” attribute for required screenings and activation measures where data could not be collected
- Provide comment attribute for every required screening and activation measure that could not be collected
- Change client diagnosis (pertinent to HAP) to optional
- Change data validation logic for DAST screening
- Deprecate AUDIT field
- Deprecate AUDIT Referral field
- Add AUDIT Score field and data validation logic
- Update HAP from version 1.0 to version 2.0
- Eliminate PAM, CAM, assessment level field
- Eliminate PAM, CAM assessment validation table
- Changed, logic for when records are written or overwritten in the database, eliminating use of Last Name, First Name and Date of Birth
- Deprecate Date Opted Out
- Change Reason Code for Transfer or Closure of HAP to optional field
- Removed the UTC “Z” requirement in all date fields except the createtimestamp and updated sample transactions.

| 2.01 | 10/15/2014 | Rhonda May | Corrected typographical error in Transaction Structure Table on Health Home Organization second xml tag. |
2. **INTRODUCTION**

2.1 Overview

The State of Washington Health Care Authority (HCA), Department of Social and Health Services (DSHS) and Aging and Disability Services Administration (ADSA) have established a program designed to sustain improved care for clients covered by both Medicare and Medicaid (“dual-eligibles”), with the Health Care Authority defined as the lead organization for the program. The program is entitled Health Home Washington and calls for clinical care coordination delivered through qualified health homes. A key strategy in support of the plan is to establish person-centered health action plan goals designed to improve health and health-related outcomes. Qualified health home organizations (lead organizations), their designated care coordinators and the entities or persons authorized to provide care, services and support to the clients will engage with the client to create and execute the health action plan. The information included in the health action plan is required to be electronically exchanged between lead organizations and the HCA.

2.2 Scope

This canonical guide defines the electronic exchange requirements for the health action plan and is unique to OneHealthPort HIE.

2.3 Assumptions

- Lead organizations will include all data in each client record with every XML file reported
- Each record is a “well-formed” XML file
- Repeat records with the same activity period will be overwritten with data from the most current file submission if they are the same patient and the same lead organization
- Any text field that includes invalid xml characters (i.e. &) requires a CDATA text block
- All date/time fields should be indicated as UTC with no offset
- Fields without data are represented by empty tags – “NULL” is not accepted. Empty tags may use either of the following formats:
  - `<sampletag></sampletag>`
  - `<sampletag/>`
- Multi-file selection capability when browsing directory structures will be available to organizations that have Microsoft® Silverlight® installed
- Generally, the database will accept HAP records and overwrite prior HAP records already reported for any given activity window, until such time as one year has passed from the date opted in.
- If Health Home client changes lead organizations, lead organizations will continue the hap reporting periods in sequence through the end of the HAP reporting period, in a patient centric manner
  - Example: Client has an initial HAP with lead organization A. In month 4 of the HAP reporting year, the Client changes to lead organization B. Lead organization B would report its “first HAP” with the client as activity period 2 - Four Month HAP Update
- If Health Home client changes care coordinators, and the new care coordinator is within the network of the same lead organization, a new HAP is not required, unless there has been a significant change.
2.4 Document Content

This canonical guide includes the following:

- High level process flow for reporting the information
- Transaction structure including a table describing the data fields, descriptive language and business logic, the XML descriptors for the data, the data type, the validation that will be used with the field and whether the item is required, optional or conditional
- Transaction Sample

2.5 Terms and Acronyms

<table>
<thead>
<tr>
<th>Terms/Acronyms</th>
<th>Definitions/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA</td>
<td>State of Washington Health Care Authority</td>
</tr>
<tr>
<td>DSHS</td>
<td>Department of Social and Health Services</td>
</tr>
<tr>
<td>ADSA</td>
<td>Aging and Disability Services Administration</td>
</tr>
<tr>
<td>OHP</td>
<td>OneHealthPort - designated by the state as the Lead Organization for Health Information Exchange (HIE)</td>
</tr>
<tr>
<td>Dual-eligible</td>
<td>Describes a client covered by Medicare and Medicaid government health care plans</td>
</tr>
<tr>
<td>Health Home</td>
<td>Refers to a network of entities engaged in caring for clients in the Washington State Health Home program</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>Lead Organization</td>
<td>A group of organizations vetted by and contracted with the State of Washington to establish, lead and manage a Health Home.</td>
</tr>
<tr>
<td>Care Coordinator</td>
<td>People identified in a health home network responsible for engaging with clients to improve overall clinical care coordination and establishing a patient-centered Health Action Plan (HAP)</td>
</tr>
<tr>
<td>HAP</td>
<td>Health Action Plan – provides the documentation of the care plan, goals and progress established between a dual eligible client and their care coordinator, specifically tailored to the patient, their needs and goals.</td>
</tr>
<tr>
<td>XML</td>
<td>Extensible mark-up language defines a set of rules for encoding documents in a format that is both human-readable and machine-readable</td>
</tr>
<tr>
<td>XSD</td>
<td>XML Schema Definition, used to express a set of rules to which an XML document must conform in order to be considered 'valid' according to that schema</td>
</tr>
<tr>
<td>Date Opted In</td>
<td>“Date Opted In” is the date the client agrees to participate in the HAP, signs the consent forms and begins the development of the HAP with the Care Coordinator. The anniversary date for the next HAP reporting year will trigger from the Date Opted In. This date will not change unless the client leaves the program for any period of time. After returning to the program the client is treated as a new patient with a new Date Opted In.</td>
</tr>
<tr>
<td>Anniversary Date</td>
<td>Anniversary date is an internal field in the database used to manage the yearly increments for new initial HAPs. It will be set based on the Date Opted In field, and then increment every 365 days. This data element will never be submitted by the lead organizations.</td>
</tr>
</tbody>
</table>
| Microsoft®           | Silverlight is a free plug-in, powered by the .NET framework and compatible with }
### Terms/Acronyms

<table>
<thead>
<tr>
<th>Terms/Acronyms</th>
<th>Definitions/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silverlight®</td>
<td>multiple browsers, devices and operating systems. It augments business applications to give users richer, deeper interactivity using familiar skills and tools and that work the same everywhere, bringing a new level of Web interactivity.</td>
</tr>
<tr>
<td>Initial HAP</td>
<td>For purposes of this canonical guide, initial HAP refers specifically to the first HAP reporting period in any given reporting year, and is unrelated to the State policy for once-in-a-lifetime payment for development of the initial HAP.</td>
</tr>
</tbody>
</table>

### 3. PROCESS FLOW

#### 3.1 High Level Process

Lead organizations will be required to send client Health Action Plans to the HCA database at a minimum, three times per year. Normal reporting times will be when the initial HAP is established, followed by a 4 and eight month update. If circumstances for the client change during any given period, such that a change in the HAP is required, an updated HAP will be sent to the HCA database. The HAP reporting year closes one year after the “date opted in” date in year 1 or anniversary date in periods after the first year. Clients and care coordinators reassess client goals and create a new “initial HAP” for reporting in the next year.

Electronic data exchange of the HAP is required between the lead organizations and the HCA database. The process by which HAPs are electronically exchanged is described below, with a high-level process flow following.

1. Lead Organizations request access to the HCA database for purposes of reporting and updating HAP data.
2. OneHealthPort manages the HCA HAP database and will provide access credentials and the database URL to lead organizations.
3. Lead Organizations will develop internal processes and procedures (automated or manual) to
   a. Open the URL
   b. Provide appropriate access credentials
   c. Create the data files in the appropriate XML format
   d. Upload the data files to the HCA database for processing
4. OneHealthPort will validate the credentials submitted, accept the files as appropriate, and process records. Records in the file that are invalid for any reason will be rejected. File import results will be displayed showing status of all files. All successful records will be committed to the database; only records with errors will need further action.
5. Lead organizations will review the file import results, make the appropriate corrections to the rejected records and resubmit the records to the HCA database.

#### 3.2 High Level Process Visual Aid
3.3 Business Logic for Message Handling

3.3.1 Logic for determining appropriate HAP period

Lead organizations will be required to make a determination of the appropriate HAP Activity Period to include in the electronic record based on a calculation of the time elapsed since the HAP Date Opted In.

- Periods of time falling into a window of less than or equal to four months since the HAP Date Opted In would be determined to be in the Initial HAP range and reported accordingly
- Periods of time falling into a window of greater than four months and less than eight months since the HAP Date Opted In would be determined to be in Four Month Update range and reported accordingly
- Periods of time falling into a window greater than or equal to 8 months since the HAP Date Opted In would be determined to be in the Eight Month Update range and reported accordingly
- HAP updates occurring as a result of significant changes in the client (i.e. surgery or ER visit), or to reassess the client’s progress towards meeting clinical and patient-centered health action goals will use the same rules shown above for determining the HAP activity period reported in the record submission

3.3.2 For data validation related to age calculations, the system will subtract the Patient Date of Birth from CreateTimeStamp submitted in the record. The age validation logic allows a four-month buffer (historical only) before a record will reject on age related data validations. The buffer provides for age changes occurring between the time the assessment and activation measures were taken versus the time the file was created and submitted.
The HCA data reporting process is not the first time the client date of birth should be used to determine if the correct assessments and scoring are being done. It is the role of the Care Coordinator and Lead Organization to validate the correct age-related test is being done at the time of the screening.

3.3.3 Logic for when records are written or overwritten in the database

- For the same activity (reporting) period the ProviderOne ID number, date opted in, activity period and the lead organization will be used to match a client to an existing record in the database. A new record will be created if the system does not find an exact match on all those elements. In the case where there is an exact match on all four data elements, the new record will overwrite the existing record in the database.

- New records will be written after one year’s elapsed time as shown below
  i. New initial HAP records will be written if submission date is greater than or equal to 365 days past the anniversary date of the date opted in, where 365 days represents 1 year.
  ii. The four month update records will be written for the new year of the HAP if an anniversary date has passed, a new initial HAP is in the database, and the record is identified as a four month update record.
  iii. The eight month update records will be written for the new year of the HAP if an anniversary date has passed, a 4-month record is in the database, and the record is identified as an eight month update record.

- In situations where a client changes lead organizations in the middle of a HAP reporting year, new records will be written for a 4-month, or 8-month HAP if there is the appropriate prior period HAP existing in the database for the patient under their prior lead organization.
  i. It is possible for more than one record for the same patient in the same activity period to exist in the database if the patient has changed lead organizations and one or more lead organizations submits a HAP for the patient with the same activity period in the record.

- HAP records for all activity periods in the first year should be reported within 365 days of the date opted in. In future years HAP records for all activity periods should be reported within 365 days of the anniversary of the date opted in.
  i. In the unusual case or circumstance when a HAP has not been reported within the 365 day window, the only way the system will allow for the record to successfully post to the prior year is by manipulation of the “Createtimestamp”, using a date that falls within the prior 365-day window.

3.3.4 Record rejection

- HAP database will reject any record missing required fields
- HAP database will reject any record missing conditionally required fields, when the condition is “triggered” because of the data submitted in a field to which the conditional field is related
- HAP database will reject any record not that is not a “well formed” xml or properly formatted file
- HAP database will reject a four-month (activity period 2) HAP update if an initial HAP (activity period 1) for the same reporting year is not already in the database
- HAP database will reject an eight-month (activity period 3) HAP update if a four month (activity period 2) HAP update for the same reporting year is not already in the database
- HAP database will reject future year records for patients with the same “ProviderOneId” and “DateOptedIn” if prior year’s activity period 1 is not already in the database
3.3.5 PAM, CAM, PPAM processing logic

- PAM is required if patient is 18 years and no CAM is present
- CAM is required if patient is 18 years and no PAM is present
- If patient is greater than or equal to 18 years a PPAM is not accepted
- If patient is under 18 years PPAM is required and PAM is optional; CAM is not accepted
- See section 3.3.2 for age validation information and APPENDIX 1 for PAM, CAM, PPAM additional guidance.

3.3.6 Unable to collect data for required screenings and activation measures

- In the unusual circumstance when required screenings and activation measures cannot be collected, two XML attribute flags must be set in the file submitted. These are the attribute “could not collect=”, and “comment=”. For example, if the BMI could not be collected the line in the xml file would appear as follows:

```xml
<bmi couldnotcollect=“true” comment=“Unable to collect because the necessary equipment for weight measure was unavailable”></bmi>
```

The program will recognize the required screening could not be collected and will engage in the following logic checks:

- If `couldnotcollect=“true”` and a `comment=` is not present, an error will occur
- If a `comment=` is present and `couldnotcollect=“true”` is not entered or has a value other than true, an error will occur
- If `couldnotcollect=“true”` and `comment=` is present but there is also a value, an error will occur
- All comments must be more than 4 characters and not longer than a total of 255 characters or an error will occur.

- This attribute feature is present on all the following required screenings and activation measures:
  - PHQ9
  - KATZ ADL
  - BMI
  - PSC17
  - PAM
  - CAM
  - PPAM

4. FILE NAMING CONVENTIONS

4.1 Naming Convention Example

The primary purpose of the record name is to quickly identify differences in records for error repair. While formats that match your business system are acceptable, the preferred naming convention for individual records is:

```
ProviderOneID-dateSubmitted.xml  Example:  123456789WA-20130725.xml
```

File names should **NOT** contain
- Personally Identifiable Information (PII)
- Protected Health Information (PHI)
- Special characters
## 5. TRANSACTION STRUCTURE

### 5.1 Health Action plan data table

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description/Business Logic</th>
<th>Req</th>
<th>Opt</th>
<th>Cond</th>
<th>XML</th>
<th>Data Type</th>
<th>Field Size</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>xml version</td>
<td>standard xml version statement</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td><code>&lt;?xml version=&quot;1.0&quot; encoding=&quot;iso-8859-1&quot;?&gt;</code></td>
<td>Text</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Document type and version</td>
<td>Health Homes Health Action Plan version 2. Files submitted with an earlier version of the HAP program will fail.</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td><code>&lt;hhhap Version=&quot;2.0&quot;&gt;</code></td>
<td>xml wrapper</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Time stamp for file creation</td>
<td>Date and time the file was created by the sender. UTC, standard format: YYYY-MM-DDThh:mm:ssZ End all UTC date fields with a Z.</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td><code>&lt;createtimestamp&gt;    &lt;/createtimestamp&gt;</code></td>
<td>Date/time</td>
<td>20</td>
<td>min date = 07/01/2013 Max date &gt; upload date</td>
</tr>
<tr>
<td>Activity Period Reported</td>
<td>Coded from Activity period table choices</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td><code>&lt;activityperiod&gt;    &lt;/activityperiod&gt;</code></td>
<td>Numeric</td>
<td>1</td>
<td>Activity Period Table Validation</td>
</tr>
<tr>
<td>Lead Organization RoutingID</td>
<td>Lead Organization OHP-HIE routing ID</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td><code>&lt;lorgid&gt;    &lt;/lorgid&gt;</code></td>
<td>Text</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Data Element</td>
<td>Description/Business Logic</td>
<td>Req = R</td>
<td>Opt = O</td>
<td>Cond = C</td>
<td>Deprecated = D</td>
<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>-----------</td>
<td>----------------</td>
<td>---------------------------------------------</td>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Comment</td>
<td>General comments about the patient. May be used to document outstanding events, such as ER, surgery, hospitalizations, homelessness, change in life circumstances like death in family, divorce, moving, etc. Free-form text should be enclosed in CDATA blocks if special characters are included.</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>&lt;comment&gt; &lt;/comment&gt; Or &lt;comment&gt;&lt;![CDATA[filler]]&gt;&lt;/comment&gt;</td>
<td>Text in CDATA block</td>
<td>255</td>
</tr>
<tr>
<td>Client Identifiers</td>
<td></td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;clientidentifiers&gt; &lt;/clientidentifiers&gt;</td>
<td>xml wrapper</td>
<td></td>
</tr>
<tr>
<td>Client’s First Name</td>
<td>Client’s First Name</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;fn&gt; &lt;/fn&gt;</td>
<td>Text</td>
<td>40</td>
</tr>
<tr>
<td>Client’s Last Name</td>
<td>Client’s Last Name</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;ln&gt; &lt;/ln&gt;</td>
<td>Text</td>
<td>40</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>YYYY-MM-DD - no time is required</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;dob&gt; &lt;/dob&gt;</td>
<td>Date</td>
<td>8</td>
</tr>
<tr>
<td>Gender</td>
<td>Client gender – only allowable content is M, F, U, O.</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;gender&gt; &lt;/gender&gt;</td>
<td>Text</td>
<td>1</td>
</tr>
<tr>
<td>ProviderOne Client ID</td>
<td>Generally 9 numbers followed by WA</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;provideroneid&gt; &lt;/provideroneid&gt;</td>
<td>Text</td>
<td>11</td>
</tr>
<tr>
<td>Health Home Organization</td>
<td>Use when an MCO has delegated to a Lead Organization</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;hhorganization&gt; &lt;/hhorganization&gt;</td>
<td>xml wrapper</td>
<td></td>
</tr>
<tr>
<td>Managed Care Organization</td>
<td>Use when an MCO has delegated to a Lead Organization</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>&lt;mco&gt; &lt;/mco&gt;</td>
<td>Numeric</td>
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<td>Submitting organizations name</td>
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<td>&lt;lorgname&gt; &lt;/lorgname&gt;</td>
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<tr>
<td>Lead Organization Phone</td>
<td>Phone number including area code and no</td>
<td>O</td>
<td></td>
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<td></td>
<td>&lt;lorgphone&gt; &lt;/lorgphone&gt;</td>
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<tr>
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<td>Req</td>
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<td>Cond</td>
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<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<td>Care Coordination Organization</td>
<td>Name of Care Coordination Organization</td>
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<td>&lt;ccorgname&gt; &lt;/ccorgname&gt;</td>
<td>Text</td>
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<tr>
<td>Care Coordinator Organization Routing ID</td>
<td>Care Coordination Organization OHP-HIE routing identification - included only if OHP HIE is used to route the message to the Care Coordination organization.</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>&lt;ccorgid&gt; &lt;/ccorgid&gt;</td>
<td>Text</td>
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<td>Care Coordinator's Name</td>
<td>Individual care coordinator's name</td>
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<td></td>
<td></td>
<td></td>
<td>&lt;carecoordinatorname&gt;</td>
<td>Text</td>
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</tr>
<tr>
<td>Care Coordinator's Telephone Number</td>
<td>Phone number including area code and no extension for contacting Care Coordinator. Numbers only, no spaces.</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;carecoordinatorphone&gt;</td>
<td>Text</td>
<td>10</td>
</tr>
<tr>
<td>Dates</td>
<td></td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;dates&gt; &lt;/dates&gt;</td>
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</tr>
<tr>
<td>HAP Begin Date</td>
<td>Start Date for the HAP YYYY-MM-DD - no time.</td>
<td>R</td>
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<td>&lt;hapbegindate&gt; &lt;/hapbegindate&gt;</td>
<td>Date</td>
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</tr>
<tr>
<td>HAP End Date</td>
<td>End Date for the HAP YYYY-MM-DD - no time.</td>
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<td></td>
<td></td>
<td></td>
<td>&lt;hapenddate&gt; &lt;/hapenddate&gt;</td>
<td>Date</td>
<td>11</td>
</tr>
<tr>
<td>Date Opted In</td>
<td>Date client opted in. YYYY-MM-DD - no time.</td>
<td>R</td>
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<td>&lt;dateoptedin&gt; &lt;/dateoptedin&gt;</td>
<td>Date</td>
<td>11</td>
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<tr>
<td>Date Opted Out</td>
<td><strong>THIS FIELD HAS BEEN</strong></td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td>&lt;dateoptedout&gt; &lt;/dateoptedout&gt;</td>
<td>Date</td>
<td>11</td>
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<td>Description/Business Logic</td>
<td>Req</td>
<td>Opt</td>
<td>Cond</td>
<td>Deprecated</td>
<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
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<td>----------------------------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>NOT USE!</strong></td>
<td>DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED Date client opted out. YYYY-MM-DD - no time.</td>
<td></td>
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<td></td>
<td></td>
<td>&lt;reasoncode&gt;   &lt;/reasoncode&gt;</td>
<td>Numeric</td>
<td>2</td>
</tr>
<tr>
<td>Reason Code for Transfer or Closure of HAP</td>
<td>Code is defined by HCA table - one code per HAP</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>&lt;reasoncode&gt;   &lt;/reasoncode&gt;</td>
<td>Numeric</td>
<td>2</td>
</tr>
<tr>
<td><strong>Client Information</strong></td>
<td>Textual description of client's long-term goal. • Free-form text should be enclosed in CDATA blocks if special characters are included.</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;clientinformation&gt;   &lt;/clientinformation&gt;</td>
<td>xml wrapper</td>
<td></td>
</tr>
<tr>
<td>Client's Long-Term Goal</td>
<td>Brief introductory statement about the client. May include gender, ethnicity, language, living arrangement, contact preferences or other information describing client for the reader of the HAP. • Free-form text should be enclosed in CDATA blocks if special characters are included.</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;clientlongtermgoal&gt;   &lt;/clientlongtermgoal&gt;</td>
<td>Text in CDATA block</td>
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<tr>
<td>Client Introduction</td>
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<td>&lt;clientintroduction&gt;   &lt;/clientintroduction&gt;</td>
<td>Text in CDATA block</td>
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</tr>
<tr>
<td>Client Diagnosis</td>
<td>Listing of patient friendly description of client</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>&lt;clientdiagnosis&gt;   &lt;/clientdiagnosis&gt;</td>
<td>xml wrapper</td>
<td></td>
</tr>
<tr>
<td>Problem List</td>
<td>Listing of patient friendly description of client</td>
<td>R</td>
<td></td>
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<td>&lt;problemlist&gt;   &lt;/problemlist&gt;</td>
<td>Text in CDATA block</td>
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<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
<td>Validation</td>
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</tr>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|                       | problems relevant to the HAP  
• Free-form text should be enclosed in CDATA blocks if special characters are included.                                                                                                                                               | <diagnosis>  
<diagnosis>  
<diagnosis>  
<diagnosis>  
<diagnosis>  
(etc.)  
This field must be populated with one or more ICD codes. One item per xml tag field.                                                                 | Text      | 140        | 1 - N entries |
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description/Business Logic</th>
<th>Req</th>
<th>Opt</th>
<th>Cond</th>
<th>XML</th>
<th>Data Type</th>
<th>Field Size</th>
<th>Validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>and no data is accepted. If information could not be collected, set attribute couldnotcollect=&quot;true&quot; comment=&quot;reason for couldnotcollect&quot;</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td></td>
<td>XML</td>
<td></td>
<td>and no more than a total of 255 characters</td>
</tr>
<tr>
<td>PSC-17</td>
<td>Required if client is 2 years of age or older. Enter actual Body Mass Index. If client is less than 2 years of age, field is not required and no data is accepted. If information could not be collected, set attribute couldnotcollect=&quot;true&quot; comment=&quot;reason for couldnotcollect&quot;</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td>XML</td>
<td></td>
<td>0.0 – 125.9 If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters</td>
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<td>Optional Screenings</td>
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<td></td>
</tr>
<tr>
<td>DAST</td>
<td>Enter score</td>
<td>R</td>
<td>O</td>
<td></td>
<td></td>
<td>XML</td>
<td></td>
<td>0 - 10</td>
</tr>
<tr>
<td>AUDIT Score</td>
<td>Enter score</td>
<td>R</td>
<td>O</td>
<td></td>
<td></td>
<td>XML</td>
<td></td>
<td>0 - 40</td>
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<td>Description/Business Logic</td>
<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
<td>Validation</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| AUDIT                 | **DO NOT USE!**  
  THIS FIELD HAS BEEN DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED
  Either completed (=1) or not completed (=0)                                                                 | D <audit>        | Bit Value   | 1          |            |
| AUDIT Referral        | **DO NOT USE!**  
  THIS FIELD HAS BEEN DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED
  Enter either yes (=1) or no (=0) if AUDIT resulted in a referral                                                                 | D <auditref>     | Bit Value   | 1          |            |
| GAD-7                 | Enter score                                                                                   | O <gad7>         | Numeric     | 2          | 0 - 21     |
| Pain Scale Assessment Type | Selection from a list of predefined pain scale assessment types.                              | O <painscaleassessmenttype> | Numeric     | 1          | Pain Scale Assessment Type Table |
| Pain Scale Score      | Enter score                                                                                   | C <painscalescore> | Numeric     | 2          | 0 - 10     |
| Falls Risk            | Enter score                                                                                   | O <fallsrisk>    | Numeric     | 2          | 0 - 11     |
| Activation Measures   | **R**  
  PAM = Patient Activation Measure.  yes (=1)  
  REQUIRED if CAM not present and patient is 18 years or older.  If information could not be collected, set attribute couldnotcollect="true" comment="reason for couldnotcollect".  Optional if patient is less than 18                                                                 | R <activationmeasures> | xml wrapper |            |
| PAM                   | **C**  
  Or  
  <pam couldnotcollect="true" comment="xxxxx"/> </pam>  
  If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters | C <pam>          | Bit Value   | 1          |            |
<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description/Business Logic</th>
<th>Req</th>
<th>Opt</th>
<th>Cond</th>
<th>Deprecated</th>
<th>XML</th>
<th>Data Type</th>
<th>Field Size</th>
<th>Validation</th>
</tr>
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<tbody>
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<td>years of age.</td>
<td></td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAM Survey Date</td>
<td>YYYY-MM-DD Include if PAM =1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;pamsurveydate&gt;</td>
<td>Date</td>
<td>11</td>
<td>min date = 07/01/2013 Max date &gt;upload date</td>
</tr>
<tr>
<td>PAM Score</td>
<td>Enter activation score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt;pamscore&gt; &lt;/pamscore&gt;</td>
<td>Decimal</td>
<td>5</td>
<td>0.0 – 100.0</td>
</tr>
<tr>
<td>PAM Assessment Level</td>
<td>DO NOT USE!</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>PAM Table Validation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td>&lt;pamassessmentlevel&gt;</td>
<td>Numeric</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CAM</td>
<td>Caregiver Activation Measure. yes (=1) - REQUIRED if PAM not present and patient is 18 years or older. If information could not be collected, set attribute couldnotcollect=&quot;true&quot; comment=&quot;reason for couldnotcollect&quot; . Optional if PAM is present. Not used if Patient is less than 18 years of age.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters</td>
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<tr>
<td>CAM Survey Date</td>
<td>YYYY-MM-DD Include if CAM =1.</td>
<td></td>
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<td>&lt;camsurveydate&gt;</td>
<td>Date</td>
<td>11</td>
<td>min date = 07/01/2013 Max date &gt;upload date</td>
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<td>Data Element</td>
<td>Description/Business Logic</td>
<td>Req = R</td>
<td>Opt = O</td>
<td>Cond = C</td>
<td>Deprecated = D</td>
<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
<td>Validation</td>
</tr>
<tr>
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<td>------------</td>
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<tr>
<td>CAM Score</td>
<td>Enter activation score <strong>Required if CAM value = 1</strong></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td><code>&lt;camscore&gt;  &lt;/camscore&gt;</code></td>
<td>Decimal</td>
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<td>0.0 – 100.0</td>
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<td>CAM Assessment</td>
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<td>CAM Table Validation</td>
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<td>Level</td>
<td>Selection from a list of predefined CAM assessment levels. Conditionally required if PAM selected</td>
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<td>&lt;/camassessmentlevel&gt;</td>
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</tr>
<tr>
<td>PPAM</td>
<td>Parent Patient Activation Measure.  yes (=1) Required if client is less than 18 years of age. If client is 18 years of age or older, field is not required and no data is accepted. If information could not be collected, set attribute <code>couldnotcollect=&quot;true&quot; comment=&quot;reason for couldnotcollect&quot;</code></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td><code>&lt;ppam&gt;  &lt;/ppam&gt;</code></td>
<td>Bit Value</td>
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<td>If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters</td>
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<tr>
<td>PPAM Survey Date</td>
<td>YYYY-MM-DD  Include if PPAM =1.</td>
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<td></td>
<td><code>&lt;ppamsurveydate&gt;  &lt;/ppamsurveydate&gt;</code></td>
<td>Date</td>
<td>11</td>
<td>min date = 07/01/2013Max date !&gt;upload date</td>
</tr>
<tr>
<td>PPAM Score</td>
<td>Enter activation score <strong>Required if PPAM value = 1</strong></td>
<td>C</td>
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<td></td>
<td><code>&lt;ppamscore&gt;  &lt;/ppamscore&gt;</code></td>
<td>Decimal</td>
<td>5</td>
<td>0.0 – 100.0</td>
</tr>
<tr>
<td>Goals / Actions</td>
<td>This section begins the discussion of specific goals and actions for the client</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td><code>&lt;goalsactions&gt;  &lt;/goalsactions&gt;</code></td>
<td>xml wrapper</td>
<td></td>
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</tr>
<tr>
<td>Data Element</td>
<td>Description/Business Logic</td>
<td>XML</td>
<td>Data Type</td>
<td>Field Size</td>
<td>Validation</td>
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<td>--------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal</td>
<td>Within goals / actions there can be multiple short term goals. This section can repeat as many times as needed.</td>
<td>&lt;goal&gt; &lt;/goal&gt;</td>
<td>XML wrapper</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term Goal</td>
<td>Specific, measurable, achievable, realistic, time-based, client-identified goals. Subgrouped under Goals. Multiple short term goals.</td>
<td>&lt;shorttermgoal&gt; &lt;![CDATA[Sample]] &lt;/shorttermgoal&gt;</td>
<td>Text in CDATA block</td>
<td>200</td>
<td>min date = 07/01/2013 Max date !&gt;upload date</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Goal Start Date</td>
<td>YYYY-MM-DD - no time.</td>
<td>&lt;goalstartdate&gt; &lt;/goalstartdate&gt;</td>
<td>Date</td>
<td>11</td>
<td>!&gt;goalstartdate Max date !&gt;upload date</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Goal End Date</td>
<td>YYYY-MM-DD - no time. <strong>Required if Short-Term Goal is completed.</strong></td>
<td>&lt;goalandenddate&gt; &lt;/goalandenddate&gt;</td>
<td>Date</td>
<td>11</td>
<td>!&gt;goalandenddate Max date !&gt;upload date</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term Goal</td>
<td>Value from table defined for outcomes. <strong>Required if Goal End Date is completed.</strong></td>
<td>&lt;shorttermgoaloutcome&gt;</td>
<td>Numeric</td>
<td>2</td>
<td>Outcome assessment table look-up</td>
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<td></td>
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<tr>
<td>Outcome Assessment</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Steps</td>
<td>Within short term goals there can be multiple action steps subgrouped. This section can repeat as many times as needed.</td>
<td>&lt;actionsteps&gt; &lt;/actionsteps&gt;</td>
<td>XML wrapper</td>
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<td></td>
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</tr>
<tr>
<td>Step</td>
<td>This sub section to action steps identifies that a new step has started in the</td>
<td>&lt;step&gt; &lt;/step&gt;</td>
<td>XML wrapper</td>
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<td></td>
<td></td>
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<tr>
<td>Data Element</td>
<td>Description/Business Logic</td>
<td>Req</td>
<td>Opt</td>
<td>Cond</td>
<td>Deprecated</td>
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<td></td>
</tr>
<tr>
<td>Data Element</td>
<td>Description/Business Logic</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XML file</td>
<td>Within short term goals there can be multiple action steps subgrouped under steps. • Free-form text should be enclosed in CDATA blocks if special characters are included.</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>YYYY-MM-DD - no time. Repeat for additional actions steps and increment the action step number</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Action Date</td>
<td>YYYY-MM-DD - no time. Required if Action Step is completed.</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Completion Date</td>
<td>YYYY-MM-DD - no time. Required if Action Completion Date is completed.</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Outcome Assessment</td>
<td>Value from table defined for outcomes. Required if Action Completion Date is completed.</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing tag</td>
<td>close the record with a document close tag</td>
<td>R</td>
<td>O</td>
<td>C</td>
<td>D</td>
<td>XML</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**XML**

- `<description> <![CDATA[Sample]]> <![CDATA[]]></description>`
- `<startactiondate> </startactiondate>`
- `<actioncompletiondate> </actioncompletiondate>`
- `<actionoutcome> </actionoutcome>`
- `</hhhap>`

**Validation**

- Text in CDATA block: 200
- Date: min date = 07/01/2013, Max date => upload date
- Date: >Start Action Date, Max date => upload date
- Numeric: Outcome assessment table look-up
- xml wrapper
6. DATA VALIDATION TABLES

Data validation tables are used

Managed Care Organization

<table>
<thead>
<tr>
<th>MCO</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>1</td>
</tr>
<tr>
<td>Molina 4, 5, 7</td>
<td>2</td>
</tr>
</tbody>
</table>

Reason Code Table

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Opted Out</td>
<td>01</td>
<td>Use this reason code when a beneficiary has signed an Opt-out form and has clearly indicated they do not want to participate in the Health Home program</td>
</tr>
<tr>
<td>Moved</td>
<td>02</td>
<td>Use this code when a beneficiary has changed their residential address</td>
</tr>
<tr>
<td>Death</td>
<td>03</td>
<td>Use this code when a beneficiary has died</td>
</tr>
<tr>
<td>No Longer Eligible</td>
<td>04</td>
<td>Use this code when a beneficiary has lost Medicaid eligibility</td>
</tr>
<tr>
<td>Change to another CCO or Lead Organization</td>
<td>05</td>
<td>Use this code when a beneficiary moves from their current Care Coordination Organization to a different Care Coordination Organization or moves from their current Lead Organization to a different Lead Organization</td>
</tr>
<tr>
<td>Eligibility Changed</td>
<td>06</td>
<td>Use this code when a beneficiary moves from voluntary Fee-for-Service to mandatory Managed Care or vice versa</td>
</tr>
</tbody>
</table>

Pain Scale Assessment Type

<table>
<thead>
<tr>
<th>Pain Scale Assessment</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLACC</td>
<td>1</td>
</tr>
<tr>
<td>FACES</td>
<td>2</td>
</tr>
<tr>
<td>NUMERIC</td>
<td>3</td>
</tr>
</tbody>
</table>

Activity Period

<table>
<thead>
<tr>
<th>Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial HAP</td>
<td>1</td>
</tr>
<tr>
<td>Four Month Update</td>
<td>2</td>
</tr>
<tr>
<td>Eight Month Update</td>
<td>3</td>
</tr>
</tbody>
</table>

Outcome Assessment

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>1</td>
</tr>
<tr>
<td>Revised</td>
<td>2</td>
</tr>
<tr>
<td>No longer pertinent – life or health change</td>
<td>3</td>
</tr>
<tr>
<td>Client request to discontinue</td>
<td>4</td>
</tr>
</tbody>
</table>
7. XML FILE VALIDATION

Prior to testing HAP xml files, files should be validated. To validate an XML file open the file in Internet Explorer (or FireFox).

Depending on how the file “renders” you can determine if the format is valid.
A “good” file looks something like the following:

```xml
<?xml version="1.0" encoding="ISO-8859-1"?>
<hhhap Version="1.0">
  <createtimestamp>2013-05-29T00:49:00Z</createtimestamp>
  <activityperiod>1</activityperiod>
  <lorgid>UHC12300</lorgid>
  <clientidentifiers>
    <fn>John</fn>
    <ln>General</ln>
    <dob>19860704</dob>
    <pid>123456789WA</pid>
  </clientidentifiers>
  <hhrganization>
    <lorgname>United HealthCare</lorgname>
    <lorgphone>8881112345</lorgphone>
    <ccorgname>WeCare, Inc</ccorgname>
    <ccorgid>W3DR5600</ccorgid>
    <ccname>Ferdinand Magellan</ccname>
    <ccphone>3602191122</ccphone>
  </hhrganization>
  <dates>
    <hapbegindate>2012-07-09Z</hapbegindate>
    <hapenddate/>
    <dateoptedin>2012-07-01Z</dateoptedin>
    <dateoptedout>2012-12-01Z</dateoptedout>
    <reasoncode>02</reasoncode>
  </dates>
</hhhap>
```

An invalid xml file will appear as plain text or will display an error message, something like the following:

**Plain text invalid xml example:**

```
2013-05-29T00:49:00Z 1 UHC12300 John General 19860704 123456789WA
```
8. XML SAMPLES

8.1 HAP XML Sample

```xml
<?xml version="1.0" encoding="iso-8859-1"?>
<hhap Version="2.0">
<createtimestamp>2013-05-29T00:49:00Z</createtimestamp>
<activityperiod>1</activityperiod>
<lorgid>UHC12300</lorgid>
<comment> <![CDATA[This is where you make general comments like “patient is moving”]]></comment>
<clientidentifiers>
  <fn>John</fn>
  <ln>General</ln>
  <dob>1986-07-04</dob>
  <gender>M</gender>
  <provideroneid>123456789WA</provideroneid>
</clientidentifiers>
<hhorganization>
  <mco>1</mco>
  <lorgname>United HealthCare</lorgname>
  <lorgphone>8881112345</lorgphone>
  <ccorrgname>WeeCare, Inc</ccorrgname>
  <ccorrgid>w3dr5600</ccorrgid>
  <carecoordinatorme>1</carecoordinatorme>
  <lorgid>UHC12300</lorgid>
</hhorganization>
<dates>
  <hapbegindate>2012-07-09</hapbegindate>
  <hapenddate></hapenddate>
  <dateoptedin>2012-07-01</dateoptedin>
  <reasoncode>02</reasoncode>
</dates>
<clientinformation>
  <clientlongtermgoal>
```
<clientlongtermgoal>
</clientlongtermgoal>

<clientintroduction>
</clientintroduction>

<clientinformation>

<clientdiagnosis>
<problemlist>Diabetes</problemlist>
<problemlist>Developmental Disability</problemlist>
<problemlist>Something else</problemlist>
<diagnosis>493.2</diagnosis>
<diagnosis>250.1</diagnosis>
<diagnosis>315</diagnosis>
</clientdiagnosis>

<requiredscreenings>
<phq9>2</phq9>
<katzadl>1</katzadl>
<bmi couldnotcollect="true" comment="Unable to collect, weight measure equip was unavailable"></bmi>
</requiredscreenings>

<optionalscreenings>
<dast>3</dast>
<auditscore>1</auditscore>
<gad7>12</gad7>
<painscaleassessmenttype>2</painscaleassessmenttype>
<painscalescore>1</painscalescore>
<fallsrisk>2</fallsrisk>
</optionalscreenings>

<activationmeasures>
<pam>1</pam>
<pamsurveydate>2012-08-15</pamsurveydate>
<pamscore>35</pamscore>
<cam>1</cam>
<camsurveydate>2012-07-02</camsurveydate>
<camscore>42</camscore>
<ppam>1</ppam>
<ppamsurveydate></ppamsurveydate>
<ppamscore></ppamscore>
</activationmeasures>

<goalsactions>
<goal>
<shorttermgoal>
<shorttermgoaloutcome></shorttermgoaloutcome>
</goalstartdate>2012-07-02</goalstartdate>
<goalenddate></goalenddate>
<shorttermgoaloutcome></shorttermgoaloutcome>
</goalsactions>

<description>
<step>
<description>High level general action steps in text for #1 goal. Walking & bending.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate>2013-03-19</actioncompletiondate>
<actionoutcome>2</actionoutcome>
</step>
<step>
<description>Another action step for first immediate goal.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate></actioncompletiondate>
<actionoutcome></actionoutcome>
</step>
</step>
<step>
<description>High level general action steps in text for #2 goal. Kneeling & skipping.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate>2013-03-19</actioncompletiondate>
<actionoutcome>2</actionoutcome>
</step>
<step>
<description>Another action step for second immediate goal.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate></actioncompletiondate>
<actionoutcome></actionoutcome>
</step>
</step>
</goal>
<goal>
<shorttermgoal>
<description>This is a narrative description of the #2 goal set by the Client. HCA/DSHS can define the character length of this field.</description>
<goalstartdate>2012-07-02</goalstartdate>
<goalenddate></goalenddate>
<shorttermgoaloutcome></shorttermgoaloutcome>
</shorttermgoal>
<actionsteps>
<step>
<description>High level general action steps in text for #2 goal. Kneeling & skipping.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate>2013-03-19</actioncompletiondate>
<actionoutcome>2</actionoutcome>
</step>
<step>
<description>Another action step for second immediate goal.</description>
<startactiondate>2012-07-05</startactiondate>
<actioncompletiondate></actioncompletiondate>
<actionoutcome></actionoutcome>
</step>
</step>
</goal>
</goalsactions>
</hhhap>

8.2 HAP XSD Sample

<?xml version="1.0" encoding="iso-8859-1"?>
<x:schema attributeFormDefault="unqualified" elementFormDefault="qualified"
xmlns:x="http://www.w3.org/2001/XMLSchema">
  <x:element name="hhhap">
    <x:complexType>
      <x:sequence>
        <x:element name="createtimestamp" type="x:dateTime" />
        <x:element name="activityperiod" type="x:unsignedInt" />
      </x:sequence>
    </x:complexType>
  </x:element>
</x:schema>
<xs:element name="lor gid" type="xs:string" />
<xs:element name="comment" type="xs:string" />
<xs:element name="clientidentifiers">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="fn" type="xs:string" />
      <xs:element name="ln" type="xs:string" />
      <xs:element name="dob" type="xs:date" />
      <xs:element name="gender" type="xs:string" />
      <xs:element name="provideroneid" type="xs:string" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="hhorganization">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="mco" type="xs:unsignedByte" />
      <xs:element name="lorgname" type="xs:string" />
      <xs:element name="lorgphone" type="xs:string" />
      <xs:element name="ccorgname" type="xs:string" />
      <xs:element name="ccorgid" type="xs:string" />
      <xs:element name="carecoordinatorname" type="xs:string" />
      <xs:element name="carecoordinatorphone" type="xs:string" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="dates">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="hapbegindate" type="xs:date" />
      <xs:element name="hapenddate" type="xs:date" />
      <xs:element name="dateoptedin" type="xs:date" />
      <xs:element name="reasoncode" type="xs:unsignedInt" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="clientinformation">
  <xs:complexType>
    <xs:sequence>
      <xs:element name="clientlongtermgoal" type="xs:string" />
      <xs:element name="clientintroduction" type="xs:string" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="clientdiagnosis">
  <xs:complexType>
    <xs:sequence>
      <xs:element maxOccurs="unbounded" name="problemlist" type="xs:string" />
      <xs:element maxOccurs="unbounded" minOccurs="1" name="diagnosis" type="xs:string" />
    </xs:sequence>
  </xs:complexType>
</xs:element>
<xs:element name="requiredscreenings"/>
<xs:complexType>
  <xs:sequence>
    <xs:element name="phq9">
      <xs:complexType>
        <xs:simpleContent>
          <xs:extension base="xs:unsignedByte ">
            <xs:attribute name="couldnotcollect" type="xs:boolean" />
            <xs:attribute name="comment" type="xs:string" />
          </xs:extension>
        </xs:simpleContent>
      </xs:complexType>
    </xs:element>
    <xs:element name="katzadl">
      <xs:complexType>
        <xs:simpleContent>
          <xs:extension base="xs:unsignedByte ">
            <xs:attribute name="couldnotcollect" type="xs:boolean" />
            <xs:attribute name="comment" type="xs:string" />
          </xs:extension>
        </xs:simpleContent>
      </xs:complexType>
    </xs:element>
    <xs:element name="bmi">
      <xs:complexType>
        <xs:simpleContent>
          <xs:extension base="xs:decimal ">
            <xs:attribute name="couldnotcollect" type="xs:boolean" />
            <xs:attribute name="comment" type="xs:string" />
          </xs:extension>
        </xs:simpleContent>
      </xs:complexType>
    </xs:element>
    <xs:element name="psc17">
      <xs:complexType>
        <xs:simpleContent>
          <xs:extension base="xs:unsignedByte ">
            <xs:attribute name="couldnotcollect" type="xs:boolean" />
            <xs:attribute name="comment" type="xs:string" />
          </xs:extension>
        </xs:simpleContent>
      </xs:complexType>
    </xs:element>
    <xs:element name="optionalscreenings">
      <xs:complexType>
        <xs:sequence>
          <xs:element name="dast" type="xs:unsignedByte" />
          <xs:element name="auditscore" type="xs:unsignedByte" />
          <xs:element name="gad7" type="xs:unsignedByte" />
          <xs:element name="painscaleassessmenttype" type="xs:unsignedByte" />
          <xs:element name="painscalescore" type="xs:unsignedByte" />
        </xs:sequence>
      </xs:complexType>
    </xs:element>
  </xs:sequence>
</xs:complexType>
<xs:element name="fallsrisk" type="xs:unsignedByte" />
</xs:sequence>
</xs:complexType>
</xs:element>
<xs:element name="activationmeasures">
<xs:complexType>
<xs:sequence>
<xs:element name="pam">
<xs:complexType>
<xs:simpleContent>
<xs:extension base="xs: boolean ">
<xs:attribute name="couldnotcollect" type="xs:boolean" />
<xs:attribute name="comment" type="xs:string" />
</xs:extension>
</xs:simpleContent>
</xs:complexType>
</xs:element>
<xs:element name="pamsurveydate" type="xs:date" />
<xs:element name="pamscore" type="xs:decimal" />
<xs:element name="cam">
<xs:complexType>
<xs:simpleContent>
<xs:extension base="xs: boolean ">
<xs:attribute name="couldnotcollect" type="xs:boolean" />
<xs:attribute name="comment" type="xs:string" />
</xs:extension>
</xs:simpleContent>
</xs:complexType>
</xs:element>
<xs:element name="camsurveydate" type="xs:date" />
<xs:element name="camscore" type="xs:decimal" />
<xs:element name="ppam">
<xs:complexType>
<xs:simpleContent>
<xs:extension base="xs: boolean ">
<xs:attribute name="couldnotcollect" type="xs:boolean" />
<xs:attribute name="comment" type="xs:string" />
</xs:extension>
</xs:simpleContent>
</xs:complexType>
</xs:element>
<xs:element name="ppamsurveydate" type="xs:date" />
<xs:element name="ppamscore" type="xs:decimal" />
</xs:sequence>
</xs:complexType>
</xs:element>
<xs:element name="goalsactions">
<xs:complexType>
<xs:sequence>
<xs:element maxOccurs="unbounded" name="goal">
<xs:complexType>
<xs:sequence>
<xs:element name="shorttermgoal" type="xs:string" />
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:sequence>
</xs:complexType>
</xs:element>
9. ACKNOWLEDGEMENT AND ERROR HANDLING PROCESS

The current data loading process will not provide a standard acknowledgement. Each record loaded will be displayed on the data loading screen with a success or error status. No additional error reporting will be available.

10. HAP REPORTING TO STATE OF WASHINGTON

HAP database reports have been developed and are available to the State of Washington. The reports contain no protected health information (PHI) or patient identifiable information (PII). The dashboard reports show overall counts and by lead-organization counts of HAP data submissions. Additional reports showing multiple records existing in the database for the same ProviderOneID number in the same HAP reporting period and the HAP client assignment and HAP reporting status by lead organization were also developed. Any additional reports that may be needed by the state for program monitoring and reporting will be provided on an ad hoc basis. Any reported information that contains PHI or PII would be securely transmitted to an authorized recipient at the Washington State Health Care Authority. Examples of the overall dashboard and the HAP client assignment and lead organization reporting status reports are shown below:
### Summary for All Lead Organizations

<table>
<thead>
<tr>
<th>Measure</th>
<th>Count</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead organizations reporting</td>
<td>5</td>
<td>Shows total count of lead organizations sending HAPs electronically</td>
</tr>
<tr>
<td>Clients opted In</td>
<td>119</td>
<td>Shows total count of client records with an Opt-In Date in one or more Lead Organization</td>
</tr>
<tr>
<td>Clients opted out</td>
<td>0</td>
<td>Shows total count of client records with an Opt-Out Date in one or more Lead Organization</td>
</tr>
<tr>
<td>PHQ-8</td>
<td>119</td>
<td>Shows total count of client records clients with a PHQ-8 score</td>
</tr>
<tr>
<td>Katz ADLs</td>
<td>115</td>
<td>Shows total count of client records clients with a Katz ADL score</td>
</tr>
<tr>
<td>MIDs</td>
<td>119</td>
<td>Shows total count of client records clients with a BMI score</td>
</tr>
<tr>
<td>DASTs</td>
<td>0</td>
<td>Shows total count of client records with a DAST score</td>
</tr>
<tr>
<td>AUDITS</td>
<td>0</td>
<td>Shows total count of client records with an AUDIT score ≤ 1</td>
</tr>
<tr>
<td>AUDIT Referrals</td>
<td>0</td>
<td>Shows total count of client records where the AUDIT resulted in a referral</td>
</tr>
<tr>
<td>MDS</td>
<td>3</td>
<td>Shows total count of client records with a MDS-Pain Scale</td>
</tr>
<tr>
<td>LACC Pain Scale</td>
<td>0</td>
<td>Shows total count of client records with Pain Scale Assessment Type = 1</td>
</tr>
<tr>
<td>FACES Pain Scale</td>
<td>0</td>
<td>Shows total count of client records with Pain Scale Assessment Type = 2</td>
</tr>
<tr>
<td>NUMERIC Pain Scale</td>
<td>0</td>
<td>Shows total count of client records with Pain Scale Assessment Type = 3</td>
</tr>
<tr>
<td>Falls ThA</td>
<td>0</td>
<td>Shows total count of client records with a Falls Risk score</td>
</tr>
<tr>
<td>PAM</td>
<td>109</td>
<td>Shows total count of client records with PAM ≥ 2</td>
</tr>
<tr>
<td>CAM</td>
<td>14</td>
<td>Shows total count of client records with CAM ≥ 5</td>
</tr>
<tr>
<td>Initial HAPs</td>
<td>119</td>
<td>Shows total count of initial HAPs</td>
</tr>
<tr>
<td>1-month HAPs</td>
<td>0</td>
<td>Shows total count of 1-month HAPs</td>
</tr>
<tr>
<td>2-month HAPs</td>
<td>0</td>
<td>Shows total count of 2-month HAPs</td>
</tr>
<tr>
<td>HAPs ended for beneficiary death</td>
<td>31</td>
<td>Shows total count of HAPs with end date and reason code 01</td>
</tr>
<tr>
<td>HAPs ended for client relocation</td>
<td>0</td>
<td>Shows total count of HAPs with end date and reason code 02</td>
</tr>
<tr>
<td>HAPs ended for client's death</td>
<td>0</td>
<td>Shows total count of HAPs with end date and reason code 03</td>
</tr>
<tr>
<td>HAPs ended for change in care coordination organization or lead organization</td>
<td>0</td>
<td>Shows total count of HAPs with end date and reason code 04</td>
</tr>
<tr>
<td>Short term goals started</td>
<td>5</td>
<td>Shows total count of short form goals with a date</td>
</tr>
<tr>
<td>Short term goals ended with outcome assessment completed</td>
<td>1</td>
<td>Shows total count of short term goals with end date and outcome assessment code 1</td>
</tr>
<tr>
<td>Short term goals ended with outcome assessment in progress</td>
<td>0</td>
<td>Shows total count of short term goals with end date and outcome assessment code 2</td>
</tr>
<tr>
<td>Short term goals ended with outcome assessment no longer pertinent</td>
<td>0</td>
<td>Shows total count of short term goals with end date and outcome assessment code 3</td>
</tr>
<tr>
<td>Action steps entered</td>
<td>5</td>
<td>Shows total count of action steps with end date</td>
</tr>
<tr>
<td>Client ID</td>
<td>Lead Organization</td>
<td>Date Opted-In</td>
</tr>
<tr>
<td>----------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>7/29/2013</td>
<td>11/5/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>7/24/2013</td>
<td>11/5/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>7/24/2013</td>
<td>11/5/2013</td>
</tr>
<tr>
<td>10 WA Community Health Plan of Wa</td>
<td>9/19/2013</td>
<td>11/15/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>8/8/2013</td>
<td>11/22/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>7/31/2013</td>
<td>11/5/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>8/22/2013</td>
<td>11/22/2013</td>
</tr>
<tr>
<td>10 WA SE WA ALTIC (CQS27600)</td>
<td>7/31/2013</td>
<td>11/5/2013</td>
</tr>
<tr>
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11. SYSTEM ACCESS AND UPLOAD INSTRUCTIONS

For testing transactions, lead organizations will be assigned a temporary test identification and password to the tests system. To receive the temporary testing privileges, lead organizations are required to have signed OHP-HIE contracts, and a user account set up in the OneHealthPort Single Sign-On application.

For production transaction processing, lead organizations’ individuals assigned to upload HAP data will have specific user identification and log-in credentials.

11.1 Specific system access instructions

1. Log in using User ID and Password
2. Click on the Add files button
3. Browse to the location of the files you want to submit. Click on the files to submit and click “open”.
4. Files selected will appear in the submission window.

5. Click the start upload file button to upload the files to the system.

6. To delete a file and not upload it, click on the red circle shown in the last column.
Files that successfully process will give a screen alert that the record was written to the database.
Files that DO NOT successfully process will give a screen alert describing what errors occurred and need to be corrected.
This sample screen shot shows how the system will display a mix of successful and unsuccessful Files.
12. APPENDIX 1

Guidance on PPAM, PAM and CAM Logic for HAP Transaction

<18 years of age - PPAM or PPAM override required, PAM ACCEPTED, CAM **not** accepted

->18 years of age - PAM and/or CAM, or PAM and/or CAM override required, PPAM **not** accepted

**Client less than 18 years**

- Submit PPAM
  - or
  - Submit PPAM (optional)
  - or
  - Submit CAM
  - Accept record
  - Accept record
  - Accept record
  - REJECT record

**Client 18 years or older**

- Submit PAM
  - or
  - Submit PAM override
  - or
  - Submit CAM
  - Accept record
  - Accept record
  - Accept record
  - Accept record
  - Accept record
  - or
  - Submit PPAM
  - REJECT record
Overview of Data Elements for Required Screenings and Activation Measures

**HAP V 2.0  7/3/2014**

- **ONLY submit if patient 18 or older**
  - PHQ-9 Score
- **ONLY submit if patient 18 or older**
  - KATZ ADL Points
- **ONLY submit if 2 or older**
  - BMI Body Mass Index
- **ONLY submit if between the ages of 4 and 17**
  - PSC-17 Pediatric System Checklist Score
- **ONLY submit if patient is less than 18**
  - PPAM
    - 1) Survey Date
    - 2) Activation Score
- **If patient is 18 or older, PAM or CAM required**
  - Optional if patient is less than 18
    - PAM
      - 1) Survey Date
      - 2) Activation Score
  - If patient is 18 or older, PAM or CAM required,
    NOT accepted if patient less than 18
    - CAM
      - 1) Survey Date
      - 2) Activation Score

**If unable to collect any measure, for EACH not collected:**

1) Indicate “couldnotcollect” AND

2) Indicate “comment” representing the reason why the measure could not be collected

**When unable to collect actual data for required screenings and activation measures,**
instead of the scores or values normally associated with those fields, the required information will be collected through use of the xml attributing processes. When attributes are valued, no data should be sent in the xml tags. Please discuss the Canonical Guide with your development team to identify the process for collecting and conveying the information to be included in the files.