

Canonical Guide

Health Action Plan

Revised: **10/15/2014**

Version **2.01**

Table of Contents

1. DOCUMENT CHANGE HISTORY	3
2. INTRODUCTION	6
3. PROCESS FLOW	8
4. FILE NAMING CONVENTIONS	11
5. TRANSACTION STRUCTURE	13
6. DATA VALIDATION TABLES.....	24
7. XML FILE VALIDATION.....	25
8. XML SAMPLES.....	27
9. ACKNOWLEDGEMENT AND ERROR HANDLING PROCESS.....	33
10. HAP REPORTING TO STATE OF WASHINGTON	33
11. SYSTEM ACCESS AND UPLOAD INSTRUCTIONS	36
12. APPENDIX 1.....	43

1. DOCUMENT CHANGE HISTORY

DOCUMENT NAME: Canonical Guide -			
Version	Issue Date	Modified By	Comments/Reason
0.1	06/05/2013	Rhonda May	First draft of Health Action Plan Canonical Guide
0.2	6/6/2013	Sue Merk	Added XML and xsd samples - editing
0.3	6/12/2013	Rhonda May	Added PAM and CAM actual score data fields, edited assumptions, edited logic for when new records write to the database
0.4	6/13/2013	Rhonda May	Edits and corrections after review with developer
0.5	7/9/2013	Rhonda May	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.
1.0	7/19/2013	Rhonda May	<ul style="list-style-type: none"> Added new field and related table for pain assessment type Description corrections in reason code table Changed Problem List field to required Matched xml tags to data descriptions as appropriate Corrected errors in sample XML.
1.0	7/31	Rhonda May	Changed pain scale assessment type record to optional and pain scale score to conditional, changed telephone number fields size to 10 characters.
1.0	8/5	Rhonda May	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.
1.0	8/15	Rhonda May	<ul style="list-style-type: none"> Added System Access Instructions Separated xml file validation from xml sample files Added clarifications in record rejection section 3.3.3
1.0	8/21	Rhonda May	<ul style="list-style-type: none"> Clarification on UTC time with no offset Clarification on empty field tags Correction on reporting assumption when client changes lead organizations Redefined "Date Opted In" in terms and acronyms section. Clarification on closure of HAP reporting year in section 3.1

			<ul style="list-style-type: none"> • 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
1.1	10/15/2013	Rhonda May	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.
1.2	12/3/2013	Rhonda May	<ul style="list-style-type: none"> • Added clarification regarding HAP End Date. • Added section on “Reporting”
1.3	1/30/2014	Rhonda May	<p>Clarifying information in Terms and Acronyms table for Date Opted In.</p> <p>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:</p> <ul style="list-style-type: none"> • KATZ - Required field <ul style="list-style-type: none"> ○ If under age 18 - field is not required, cannot accept value • PHQ-9 - Required field <ul style="list-style-type: none"> ○ 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)∞ <ul style="list-style-type: none"> ○ 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 <p>Additional report was developed showing multiple instances in the database for the same ProviderOneID number with the same HAP reporting window.</p>
2.0	6/13/2014	Rhonda May	<ul style="list-style-type: none"> • Add MCO delegation field and data validation table • Add PSC17 screening field and data validation logic • Add PPAM screening field and data

			<p>validation logic</p> <ul style="list-style-type: none"> • 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

Terms/Acronyms	Definitions/Explanation
HCA	State of Washington Health Care Authority
DSHS	Department of Social and Health Services
ADSA	Aging and Disability Services Administration
OHP	OneHealthPort - designated by the state as the Lead Organization for Health Information Exchange (HIE)
Dual-eligible	Describes a client covered by Medicare and Medicaid government health care plans
Health Home	Refers to a network of entities engaged in caring for clients in the Washington State Health Home program
MCO	Managed Care Organization
Lead Organization	A group of organizations vetted by and contracted with the State of Washington to establish, lead and manage a Health Home.
Care Coordinator	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)
HAP	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.
XML	Extensible mark-up language defines a set of rules for encoding documents in a format that is both human-readable and machine-readable
XSD	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
Date Opted In	“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.
Anniversary Date	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.
Microsoft®	Silverlight is a free plug-in, powered by the .NET framework and compatible with

Terms/Acronyms	Definitions/Explanation
Silverlight®	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.
Initial HAP	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.

3. PROCESS FLOW

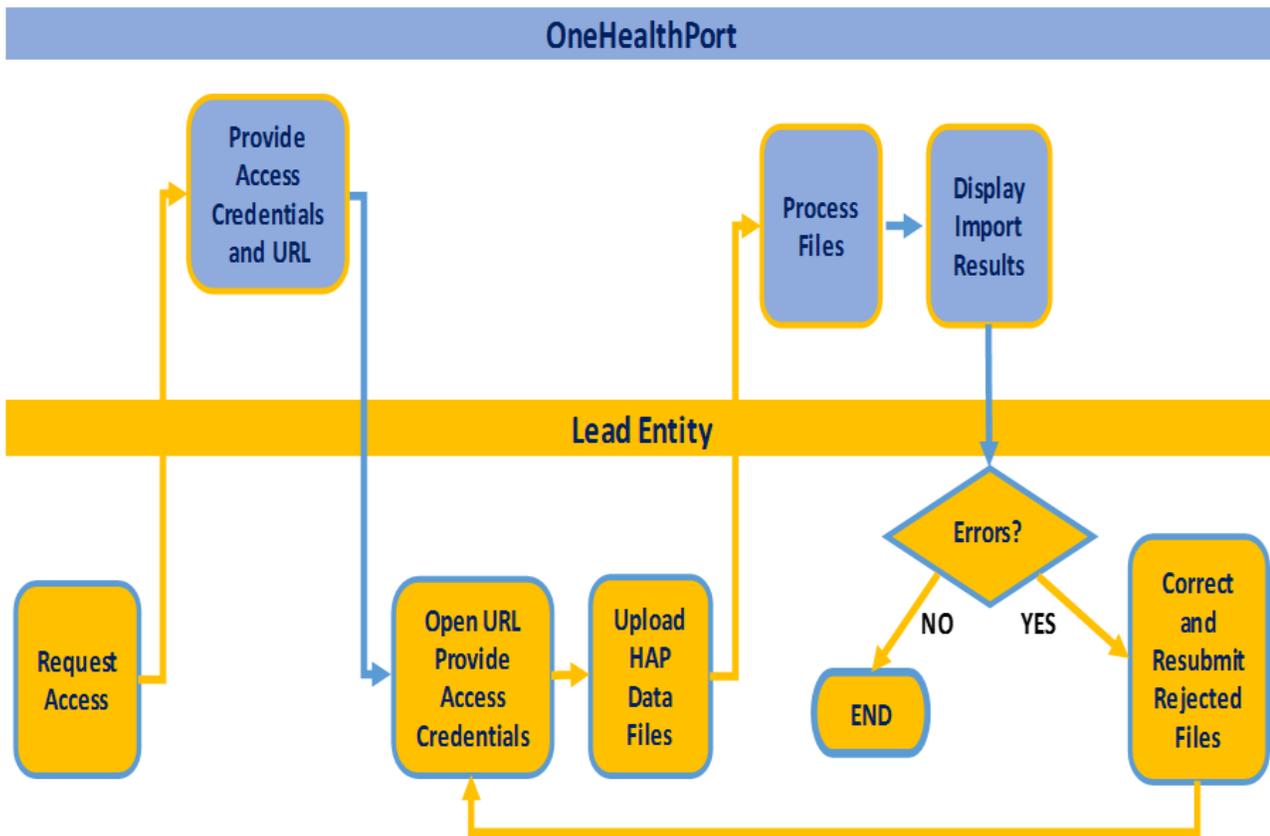
3.1 High Level Process

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:

<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=** 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

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
xml version	standard xml version statement	R	<?xml version="1.0" encoding="iso-8859-1"?>	Text		
Document type and version	Health Homes Health Action Plan version 2. Files submitted with an earlier version of the HAP program will fail.	R	<hhhap Version="2.0">	xml wrapper		
Time stamp for file creation	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.	R	<createtimestamp> </createtimestamp>	Date/time	20	min date = 07/01/2013 Max date !>upload date
Activity Period Reported	Coded from Activity period table choices	R	<activityperiod> </activityperiod>	Numeric	1	Activity Period Table Validation If value of 2 is provided, there must already be a record with 1 for the client. If value of 3 is provided, there must already be a record with 2 for the client.
Lead Organization RoutingID	Lead Organization OHP-HIE routing ID	R	<lorgid> </lorgid>	Text	64	

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
Comment	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.	O	<comment> </comment> Or <comment><![CDATA[filler]]></comment>	Text in CDATA block	255	Comment field must contain more than 4 characters and no more than a total of 255 characters
Client Identifiers		R	<clientidentifiers> </clientidentifiers>	xml wrapper		
Client's First Name	Client's First Name	R	<fn> </fn>	Text	40	
Client's Last Name	Client's Last Name	R	<ln> </ln>	Text	40	
Date of Birth	YYYY-MM-DD - no time is required	R	<dob> </dob>	Date	8	Max date !>upload date
Gender	Client gender – only allowable content is M, F, U, O.	R	<gender> </gender>	Text	1	Data validation: M = male F = female U = unknown O = other
ProviderOne Client ID	Generally 9 numbers followed by WA	R	<provideroneid> </provideroneid>	Text	11	WA required at the end
Health Home Organization		R	<hhorganization> </hhorganization>	xml wrapper		
Managed Care Organization	Use when an MCO has delegated to a Lead Organization	O	<mco> </mco>	Numeric	1	MCO Validation Table
Lead Organization Name	Submitting organizations name	R	<lorgname> </lorgname>	Text	100	
Lead Organization Phone Number	Phone number including area code and no	O	<lorgphone> </lorgphone>	Text	10	no decoration

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
	extension. Numbers only, no spaces.					
Care Coordination Organization	Name of Care Coordination Organization	R	<ccorgname> </ccorgname>	Text	50	
Care Coordinator Organization Routing ID	Care Coordination Organization OHP-HIE routing identification - included only if OHP HIE is used to route the message to the Care Coordination organization.	O	<ccorgid> </ccorgid>	Text	64	
Care Coordinator's Name	Individual care coordinator's name	R	<carecoordinatorname> </carecoordinatorname>	Text	50	
Care Coordinator's Telephone Number	Phone number including area code and no extension for contacting Care Coordinator. Numbers only, no spaces.	R	<carecoordinatorphone> </carecoordinatorphone>	Text	10	no decoration
Dates		R	<dates> </dates>	xml wrapper		
HAP Begin Date	Start Date for the HAP YYYY-MM-DD - no time.	R	<hapbegindate> </hapbegindate>	Date	11	min date = 07/01/2013 Max date !>upload date
HAP End Date	End Date for the HAP YYYY-MM-DD - no time.	O	<hapenddate> </hapenddate>	Date	11	cannot be less than Hap begin date or greater than 1 year from HAP begin date
Date Opted In	Date client opted in. YYYY-MM-DD - no time.	R	<dateoptedin> </dateoptedin>	Date	11	min date = 07/01/2013 Max date !>upload date
Date Opted Out DO	THIS FIELD HAS BEEN	D	<dateoptedout> </dateoptedout>	Date	11	Cannot be less

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
NOT USE!	DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED Date client opted out. YYYY-MM-DD - no time.					than opted in date or greater than !>upload date
Reason Code for Transfer or Closure of HAP	Code is defined by HCA table - one code per HAP	O	<reasoncode> </reasoncode>	Numeric	2	Reason Code Table validation
Client Information		R	<clientinformation> </clientinformation>	xml wrapper		
Client's Long-Term Goal	Textual description of client's long-term goal. • Free-form text should be enclosed in CDATA blocks if special characters are included.	R	<clientlongtermgoal> <![CDATA[Sample]]> </clientlongtermgoal>	Text in CDATA block	1500	
Client Introduction	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.	R	<clientintroduction> <![CDATA[Sample]]></clientintroduction>	Text in CDATA block	1500	
Client Diagnosis		R	<clientdiagnosis> </clientdiagnosis>	xml wrapper		
Problem List	Listing of patient friendly description of client	R	<problemlist> <![CDATA[Sample]]></problemlist>	Text in CDATA block	140	1 - N entries

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
	problems relevant to the HAP • Free-form text should be enclosed in CDATA blocks if special characters are included.					
Client Diagnosis (Pertinent to HAP)	Listing of Diagnosis(es) codes pertinent to the HAP. Provide actual ICD codes. Include as many diagnosis lines as needed. Note: A one-one correlation between problem list and diagnosis is NOT required.	O	<diagnosis> </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
Required Screenings		R	<requiredscreenings> </requiredscreenings>	xml wrapper		
PHQ-9	Required if client is 18 years of age or older. Enter actual score. If client is less than 18 years of age, field is not required and no data is accepted. If information could not be collected, set attribute couldnotcollect="true" comment="reason for couldnotcollect"	C	<phq9> </phq9> Or <phq9 couldnotcollect="true" comment="xxxxx"> </phq9>	Numeric	2	0 – 27 If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters
KATZ ADL	Activities of daily living. Enter actual points. Required if client is 18 years of age or older. If client is less than 18 years of age, field is not required	C	<katzadl> </katzadl> Or <katzadl couldnotcollect="true" comment="xxxxx"> </katzadl>	Numeric	1	0 – 6 If present, comment attribute must contain more than 4 characters

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
	and no data is accepted. If information could not be collected, set attribute couldnotcollect="true" comment="reason for couldnotcollect"					and no more than a total of 255 characters
BMI	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="true" comment="reason for couldnotcollect"	C	<bmi> </bmi> Or <bmi couldnotcollect="true" comment="xxxxx"> </bmi>	Decimal	5	0.0 – 125.9 If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters
PSC-17	Pediatric System Checklist – 17 Required if client is ages 4 - 17, enter actual score. If client is less than 4 years old or more than 17 years of age, field is not required and no data is accepted. If information could not be collected, set attribute couldnotcollect="true" comment="reason for couldnotcollect"	C	<psc17> </psc17> Or <psc17 couldnotcollect="true" comment="xxxxx"> </psc17>	Numeric	2	0 – 34 If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters
Optional Screenings		R	<optionalscreenings> </optionalscreenings>	xml wrapper		
DAST	Enter score	O	<dast> </dast>	Numeric	1	0 -10
AUDIT Score	Enter score	O	<auditscore> </auditscore>	Numeric	2	0 - 40

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
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> </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> </auditref>	Bit Value	1	
GAD-7	Enter score	O	<gad7> </gad7>	Numeric	2	0 - 21
Pain Scale Assessment Type	Selection from a list of predefined pain scale assessment types.	O	<painscaleassessmenttype> </painscaleassessmenttype>	Numeric	1	Pain Scale Assessment Type Table
Pain Scale Score	Enter score	C	<painscalescore> </painscalescore>	Numeric	2	0 - 10
Falls Risk	Enter score	O	<fallsrisk> </fallsrisk>	Numeric	2	0 - 11
Activation Measures		R	<activationmeasures> </activationmeasures>	xml wrapper		
PAM	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	C	<pam> </pam> Or <pam couldnotcollect="true" comment="xxxxx"> </pam>	Bit Value	1	If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
	years of age.					
PAM Survey Date	YYYY-MM-DD Include if PAM =1.	C	<pamsurveydate> </pamsurveydate>	Date	11	min date = 07/01/2013 Max date !>upload date
PAM Score	Enter activation score Required if PAM value = 1	C	<pamscore> </pamscore>	Decimal	5	0.0 – 100.0
PAM Assessment Level DO NOT USE!	THIS FIELD HAS BEEN DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED Selection from a list of predefined PAM assessment levels. Conditionally required if PAM selected	D	<pamassessmentlevel> </pamassessmentlevel>	Numeric	1	PAM Table Validation
CAM	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="true" comment="reason for couldnotcollect" . Optional if PAM is present. Not used if Patient is less than 18 years of age.	C	<cam> </cam> Or <cam couldnotcollect ="true" comment="xxxxx"> </cam>	Bit Value	1	If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters
CAM Survey Date	YYYY-MM-DD Include if CAM =1.	C	<camsurveydate> </camsurveydate>	Date	11	min date = 07/01/2013 Max date !>upload date

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
CAM Score	Enter activation score Required if CAM value = 1	C	<camscore> </camscore>	Decimal	5	0.0 – 100.0
CAM Assessment Level DO NOT USE!	THIS FIELD HAS BEEN DEPRECATED AND WILL NO LONGER BE INCLUDED IN XML FILES OR SUPPORTED Selection from a list of predefined CAM assessment levels. Conditionally required if PAM selected	D	<camassessmentlevel> </camassessmentlevel>	Numeric	1	CAM Table Validation
PPAM	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 couldnotcollect="true" comment="reason for couldnotcollect"	C	<ppam> </ppam> Or <ppam couldnotcollect="true" comment="xxxxx"> </ppam>	Bit Value	1	If present, comment attribute must contain more than 4 characters and no more than a total of 255 characters
PPAM Survey Date	YYYY-MM-DD Include if PPAM =1.	C	<ppamsurveydate> </ppamsurveydate>	Date	11	min date = 07/01/2013Max date !=>upload date
PPAM Score	Enter activation score Required if PPAM value = 1	C	<ppamscore> </ppamscore>	Decimal	5	0.0 – 100.0
Goals / Actions	This section begins the discussion of specific goals and actions for the client	R	<goalsactions> </goalsactions>	xml wrapper		

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
Goal	Within goals / actions there can be multiple short term goals. This section can repeat as many times as needed.		<goal> </goal>	xml wrapper		
Short-Term Goal	Specific, measurable, achievable, realistic, time-based, client-identified goals. Subgrouped under Goals. Multiple short term goals. • Free-form text should be enclosed in CDATA blocks if special characters are included.	R	<shorttermgoal> <![CDATA[Sample]] </shorttermgoal>	Text in CDATA block	200	
Goal Start Date	YYYY-MM-DD - no time.	R	<goalstartdate> </goalstartdate>	Date	11	min date = 07/01/2013 Max date !>upload date
Goal End Date	YYYY-MM-DD - no time. Required if Short-Term Goal is completed.	O	<goalenddate> </goalenddate>	Date	11	>goalstartdate Max date !>upload date
Short-Term Goal Outcome Assessment	Value from table defined for outcomes. Required if Goal End Date is completed.	C	<shorttermgoaloutcome> </shorttermgoaloutcome>	Numeric	2	Outcome assessment table look-up
Action Steps	Within short term goals there can be multiple action steps subgrouped. This section can repeat as many times as needed.	R	<actionsteps> </actionsteps>	xml wrapper		
Step	This sub section to action steps identifies that a new step has started in the	R	<step> </step>	xml wrapper		

Data Element	Description/Business Logic	Req = R Opt = O Cond = C Deprecated = D	XML	Data Type	Field Size	Validation
	XML file					
Description	<p>Within short term goals there can be multiple action steps subgrouped under steps.</p> <ul style="list-style-type: none"> Free-form text should be enclosed in CDATA blocks if special characters are included. 	R	<description> <![CDATA[Sample]]> </description>	Text in CDATA block	200	
Start Action Date	YYYY-MM-DD - no time. Repeat for additional actions steps and increment the action step number	R	<startactiondate> </startactiondate>	Date	11	min date = 07/01/2013 Max date !>upload date
Action Completion Date	YYYY-MM-DD - no time. Required if Action Step is completed.	O	<actioncompletiondate> </actioncompletiondate>	Date	11	>Start Action Date Max date !>upload date
Action Outcome Assessment	Value from table defined for outcomes. Required if Action Completion Date is completed.	C	<actionoutcome> </actionoutcome>	Numeric	2	Outcome assessment table look-up
Closing tag	close the record with a document close tag	R	</hhhap>	xml wrapper		

6. DATA VALIDATION TABLES

Data validation tables are used

Managed Care Organization

MCO	Code
Amerigroup	1
Molina 4, 5, 7	2

Reason Code Table

Reason	Code	Description
Beneficiary Opted Out	01	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
Moved	02	Use this code when a beneficiary has changed their residential address
Death	03	Use this code when a beneficiary has died
No Longer Eligible	04	Use this code when a beneficiary has lost Medicaid eligibility
Change to another CCO or Lead Organization	05	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
Eligibility Changed	06	Use this code when a beneficiary moves from voluntary Fee-for-Service to mandatory Managed Care or vice versa

Pain Scale Assessment Type

Pain Scale Assessment	Code
FLACC	1
FACES	2
NUMERIC	3

Activity Period

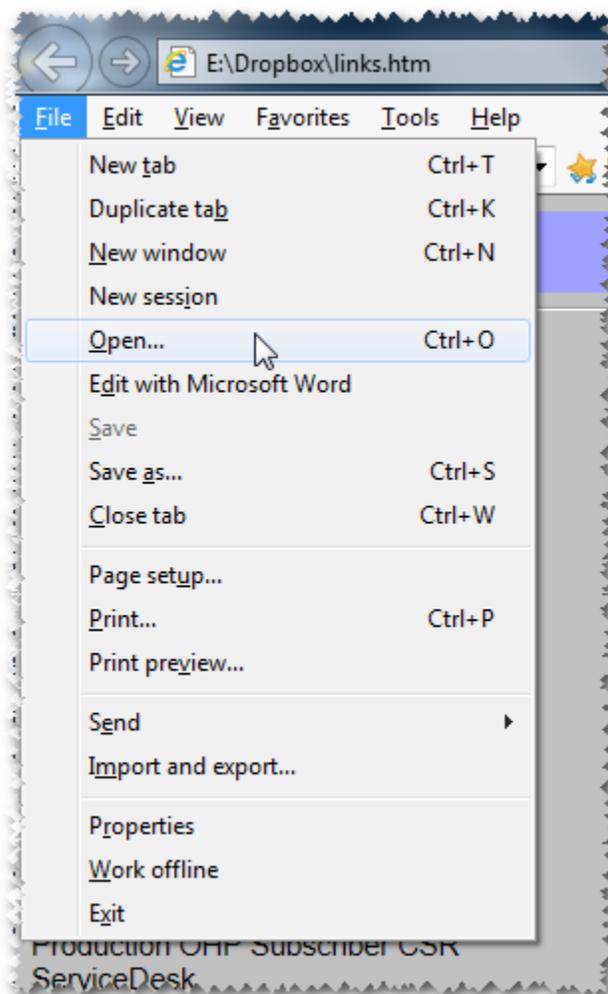
Period	Code
Initial HAP	1
Four Month Update	2
Eight Month Update	3

Outcome Assessment

Assessment	Code
Completed	1
Revised	2
No longer pertinent – life or health change	3
Client request to discontinue	4

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 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>
  - <horganization>
    <lorgname>United HealthCare</lorgname>
    <lorgphone>8881112345</lorgphone>
    <ccorgname>WeeCare, Inc</ccorgname>
    <ccorgid>w3dr5600</ccorgid>
    <ccname>Ferdinand Magellan</ccname>
    <ccphone>3602191122</ccphone>
  </horganization>
  - <dates>
    <hapbegindate>2012-07-09Z</hapbegindate>
    <hapenddate/>
    <dateoptedin>2012-07-01Z</dateoptedin>
    <dateoptedout>2012-12-01Z</dateoptedout>
    <reasoncode>02</reasoncode>
```

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
```

Error message invalid xml example:

XML Parsing Error: mismatched tag. Expected: </hhhap>.
Location: file:///E:/Dropbox/HAPInformation/HH_HAP_04.xml
Line Number 18, Column 5:

```
</hhorganization>
-----^
```

8. XML SAMPLES**8.1 HAP XML Sample**

```
<?xml version="1.0" encoding="iso-8859-1"?>
<hhhap 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>
    <ccorgname>WeeCare, Inc</ccorgname>
    <ccorgid>w3dr5600</ccorgid>
    <carecoordinatorname>Ferdinand Magellan</carecoordinatorname>
    <carecoordinatorphone>3602191122</carecoordinatorphone>
  </hhorganization>
  <dates>
    <hapbegindate>2012-07-09</hapbegindate>
    <hapenddate></hapenddate>
    <dateoptedin>2012-07-01</dateoptedin>
    <reasoncode>02</reasoncode>
  </dates>
  <clientinformation>
    <clientlongtermgoal>
```

```

    <![CDATA[This is where a text message is outlined about the client goal! This is a space as large as the HCA/DSHS
wishes to allow & useful.]]>
  </clientlongtermgoal>
  <clientintroduction>
    <![CDATA[This is another text space for the Care Coordinator to introduce the client to the Provider community
& this length can be defined by HCA/DSHS.]]>
  </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>
  <psc17></psc17>
</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>
    <![CDATA[This is a narrative description of the goal set by the Client'. HCA/DSHS can define the character length
of this field.]]>
  </shorttermgoal>
  <goalstartdate>2012-07-02</goalstartdate>
    <goalenddate></goalenddate>
    <shorttermgoaloutcome></shorttermgoaloutcome>
  </goal>
  <actionsteps>
  <step>
  <description>

```

```

    <![CDATA[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>
</actionsteps>
</goal>
<goal>
  <shorttermgoal>
    <![CDATA[This is a narrative description of the #2 goal set by the Client'. HCA/DSHS can define the character
length of this field.]]>
  </shorttermgoal>
  <goalstartdate>2012-07-02</goalstartdate>
  <goalenddate></goalenddate>
  <shorttermgoaloutcome></shorttermgoaloutcome>
<actionsteps>
  <step>
    <description>
      <![CDATA[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>
</actionsteps>
</goal>
</goalsactions>
</hhhap>

```

8.2 HAP XSD Sample

```

<?xml version="1.0" encoding="iso-8859-1"?>
<xs:schema attributeFormDefault="unqualified" elementFormDefault="qualified"
xmlns:xs="http://www.w3.org/2001/XMLSchema">
  <xs:element name="hhhap">
    <xs:complexType>
      <xs:sequence>
        <xs:element name="createtimestamp" type="xs:dateTime" />
        <xs:element name="activityperiod" type="xs:unsignedInt" />

```

```

<xs:element name="lorgid" 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="horganization">
  <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:sequence>
</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: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" />

```




Summary for All Lead Organizations

Measure	Count	Notes
Lead organizations reporting	3	Shows total count of lead organizations sending HAPs electronically
Clients opted in	119	Shows total count of client records with an Opt-In Date in one or more Lead Organization
Clients opted out	0	Shows total count of client records with an Opt-Out Date in one or more Lead Organization
PHQ-9s	119	Shows total count of client records clients with a PHQ-9 score
KATZ ADLs	119	Shows total count of client records clients with a KATZ ADL score
BMI	119	Shows total count of client records clients with a BMI score
DASTs	0	Shows total count of client records with a DAST score
AUDITs	0	Shows total count of client records with an AUDIT score = 1
AUDIT Referrals	0	Shows total count of client records where the AUDIT resulted in a referral
GAD-7	3	Shows total count of client records with a GAD-7 score
FLACC Pain Scale	0	Shows total count of client records with Pain Scale Assessment Type = 1
FACES Pain Scale	0	Shows total count of client records with Pain Scale Assessment Type = 2
NUMERIC Pain Scale	6	Shows total count of client records with Pain Scale Assessment Type = 3
Falls Risk	0	Shows total count of client records with a Falls Risk score
PAM	109	Shows total count of client records with PAM = 1
CAM	14	Shows total count of client records with CAM = 1
Initial HAPs	119	Shows total count of initial HAPs
4-month HAPs	0	Shows total count of 4-month HAPs
8-month HAPs	0	Shows total count of 8-month HAPs
HAPs ended	31	Shows total count of HAPs with end dates
HAPs ended for beneficiary opt-out	0	Shows total count of HAPs with end date and reason code 01
HAPs ended for client relocation	0	Shows total count of HAPs with end date and reason code 02
HAPs ended for client death	0	Shows total count of HAPs with end date and reason code 03
HAPs ended for client ineligibility	0	Shows total count of HAPs with end date and reason code 04
HAPs ended for change in care coordination organization or lead organization	0	Shows total count of HAPs with end date and reason code 05
Short term goals ended	1	Shows total count of short term goals with end date
Short term goals ended with outcome assessment completed	1	Shows total count of short term goals with end date and outcome assessment code 1
Short term goals ended with outcome assessment revised	0	Shows total count of short term goals with end date and outcome assessment code 2
Short term goals ended with outcome assessment no longer pertinent	0	Shows total count of short term goals with end date and outcome assessment code 3
Short term goals ended with outcome assessment client request to discontinue	0	Shows total count of short term goals with end date and outcome assessment code 4
Action steps ended	5	Shows total count of action steps with end date



HealthPath
Washington

Lead Organization HAP Reporting Status and Client Assignment

ProviderOne	Client ID	Lead Organization	Date Opted-In	Initial HAP (Record Create Date)	Four Month Update (Record Create Date)	Eight Month Update (Record Create Date)	HAP End Date	Date Opted-Out
10	WA	SE WA ALTC (CQS27600)	7/29/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	7/24/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	7/24/2013	11/5/2013				
10	WA	Community Health Plan of Wa	11/4/2013	11/19/2013			11/4/2014	
10	WA	Community Health Plan of Wa	9/19/2013	11/15/2013			9/19/2014	
10	WA	SE WA ALTC (CQS27600)	8/9/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/31/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	8/22/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/31/2013	11/5/2013				
10	WA	Community Health Plan of Wa	9/10/2013	11/15/2013			9/10/2014	
10	WA	SE WA ALTC (CQS27600)	7/30/2013	11/5/2013				
10	WA	Community Health Plan of Wa	11/19/2013	11/26/2013			11/19/2014	
10	WA	SE WA ALTC (CQS27600)	7/31/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	10/17/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/26/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	10/11/2013	11/27/2013				
10	WA	Community Health Plan of Wa	11/19/2013	11/26/2013			11/19/2014	
10	WA	SE WA ALTC (CQS27600)	8/27/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/24/2013	11/5/2013				
10	WA	Community Health Plan of Wa	11/15/2013	11/19/2013			11/15/2014	
10	WA	Community Health Plan of Wa	11/5/2013	11/15/2013			11/5/2014	
10	WA	SE WA ALTC (CQS27600)	10/9/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/25/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	7/25/2013	11/5/2013				
10	WA	Community Health Plan of Wa	11/13/2013	11/19/2013			11/13/2014	
10	WA	SE WA ALTC (CQS27600)	7/25/2013	11/5/2013				
10	WA	SE WA ALTC (CQS27600)	7/25/2013	11/27/2013				
10	WA	SE WA ALTC (CQS27600)	7/29/2013	11/5/2013				
20	WA	Community Health Plan of Wa	11/13/2013	11/19/2013			11/13/2014	

Client Report

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

OneHealthPort Direct Link Image 

User ID: rmay001
Password:

[Log In](#)

Please enter a user name and password before submitting.

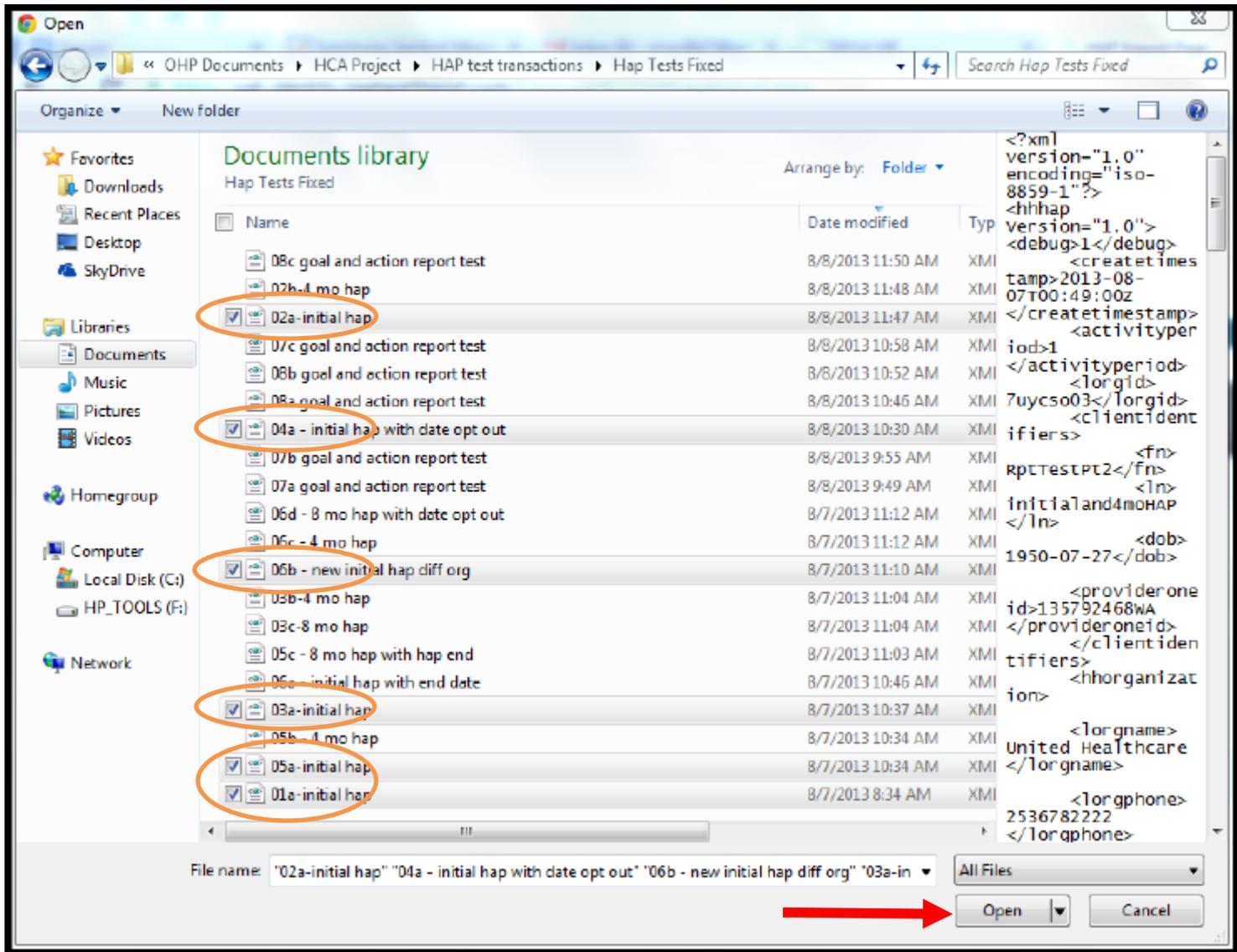
This login page requires that you have registered as a OneHealthPort subscriber.
Be sure to enter your OHP User ID correctly - it contains only lower case letters, followed by three numbers.

[I'm not an OHP subscriber, need information on subscribing](#)
[Forgot My Password](#)
[Forgot My User ID](#)
[Go Back](#)

2. Click on the Add files button

The screenshot displays the HealthPath Washington OneHealthPort interface. At the top left is the logo for the Medicare & Medicaid Integration Project, featuring a map of Washington and the text "A MEDICARE & MEDICAID INTEGRATION PROJECT". To its right is the "HealthPath Washington" logo. On the top right is the "OneHealthPort" logo. Below these logos is a dark teal horizontal bar. The main content area has a dark grey header with a white plus sign icon and the text "Add XML files" and "Add XML files to the upload queue and click the start upload button." Below this header is a table with columns for "Filename", "Size", and "Status". The table is currently empty, with the text "Drag files here." centered in the main area. At the bottom of the table, there are two buttons: "Add files" (with a green plus icon) and "Start upload" (with an upward arrow icon). The "Add files" button is circled in orange. The table footer shows "0 b" and "0%".

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.



Add XML files
Add XML files to the upload queue and click the start upload button.

Filename	Size	Status
01a-initial hap.xml	3 KB	0%
02a-initial hap.xml	3 KB	0%
03a-initial hap.xml	3 KB	0%
04a - initial hap with date opt out.xml	2 KB	0%
05a-initial hap.xml	2 KB	0%
	16 KB	0%

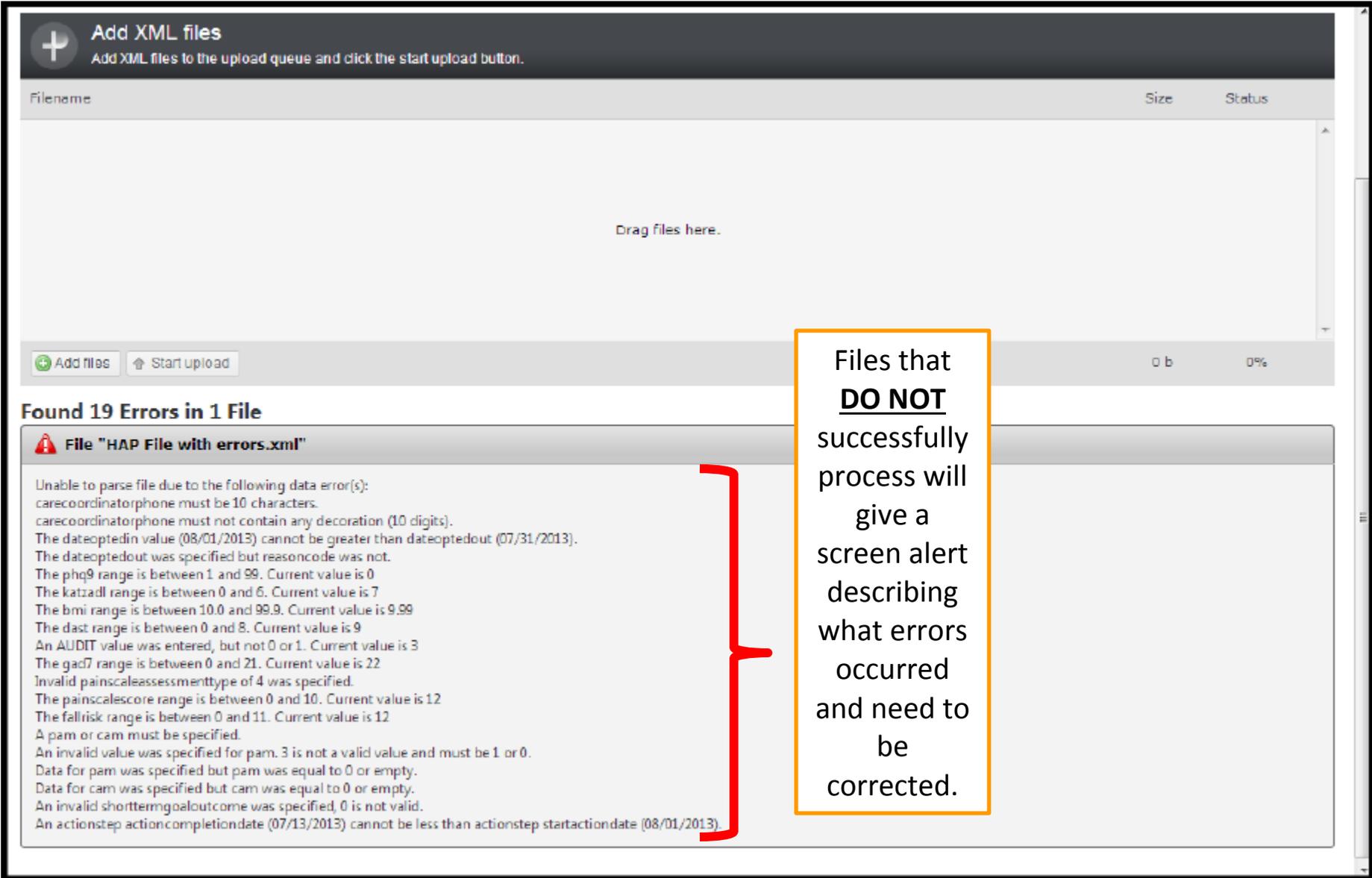
- 6. To delete a file and not upload it, click on the **red circle** shown in the last column.

The screenshot shows a web browser window with the URL <https://uat-identity.onehealthport.com/EmpowerID/OHPHapImport.aspx>. The page title is "Add XML files" with the instruction "Add XML files to the upload queue and click the start upload button." Below this is a large grey area with the text "Drag files here." At the bottom of this area are buttons for "Add files" and "Start upload", and a progress indicator showing "0 b" and "0%".

Below the upload area, a summary states "Found 0 Errors in 6 Files". A list of five files is shown, each with a green checkmark and a success message: "Success, new record written." Red arrows point from a central callout box to these success messages.

Files that successfully process will give a screen alert that the record was written to the database.

Filename	Size	Status
File "01a-initial hap.xml"		Success, new record written.
File "02a-initial hap.xml"		Success, new record written.
File "03a-initial hap.xml"		Success, new record written.
File "04a - initial hap with date opt out.xml"		Success, new record written.
File "05a-initial hap.xml"		



Add XML files
Add XML files to the upload queue and click the start upload button.

Filename	Size	Status
Drag files here.		

+ Add files ↑ Start upload

Found 19 Errors in 1 File

File "HAP File with errors.xml"

Unable to parse file due to the following data error(s):
carecoordinatorphone must be 10 characters.
carecoordinatorphone must not contain any decoration (10 digits).
The dateoptedin value (08/01/2013) cannot be greater than dateoptedout (07/31/2013).
The dateoptedout was specified but reasoncode was not.
The phq9 range is between 1 and 99. Current value is 0
The katzadl range is between 0 and 6. Current value is 7
The bmi range is between 10.0 and 99.9. Current value is 9.99
The dast range is between 0 and 8. Current value is 9
An AUDIT value was entered, but not 0 or 1. Current value is 3
The gad7 range is between 0 and 21. Current value is 22
Invalid painscaleassessmenttype of 4 was specified.
The painscalescore range is between 0 and 10. Current value is 12
The fallrisk range is between 0 and 11. Current value is 12
A pam or cam must be specified.
An invalid value was specified for pam. 3 is not a valid value and must be 1 or 0.
Data for pam was specified but pam was equal to 0 or empty.
Data for cam was specified but cam was equal to 0 or empty.
An invalid shorttermgoaloutcome was specified, 0 is not valid.
An actionstep actioncompletiondate (07/13/2013) cannot be less than actionstep startactiondate (08/01/2013).

Files that **DO NOT** successfully process will give a screen alert describing what errors occurred and need to be corrected.



Add XML files

Add XML files to the upload queue and click the start upload button.

Filename

Size

Status

Drag files here.

Add files

Start upload

0%

Found 4 Errors in 3 Files

File "Initial HAP Test 1.xml"

Success, new record written.

Successful

File "ValidationTest 2.xml"

Unable to parse file due to the following data error(s):
No initial HAP activityperiod has been entered please ensure the activityperiod and hapbegindate specified are accurate.
A pam or cam must be specified.
An invalid value was specified for pam. 3 is not a valid value and must be 1 or 0.
Data for pam was specified but pam was equal to 0 or empty.

Unsuccessful

File "01f - initial hap with end date.xml"

Success, original record overwritten.

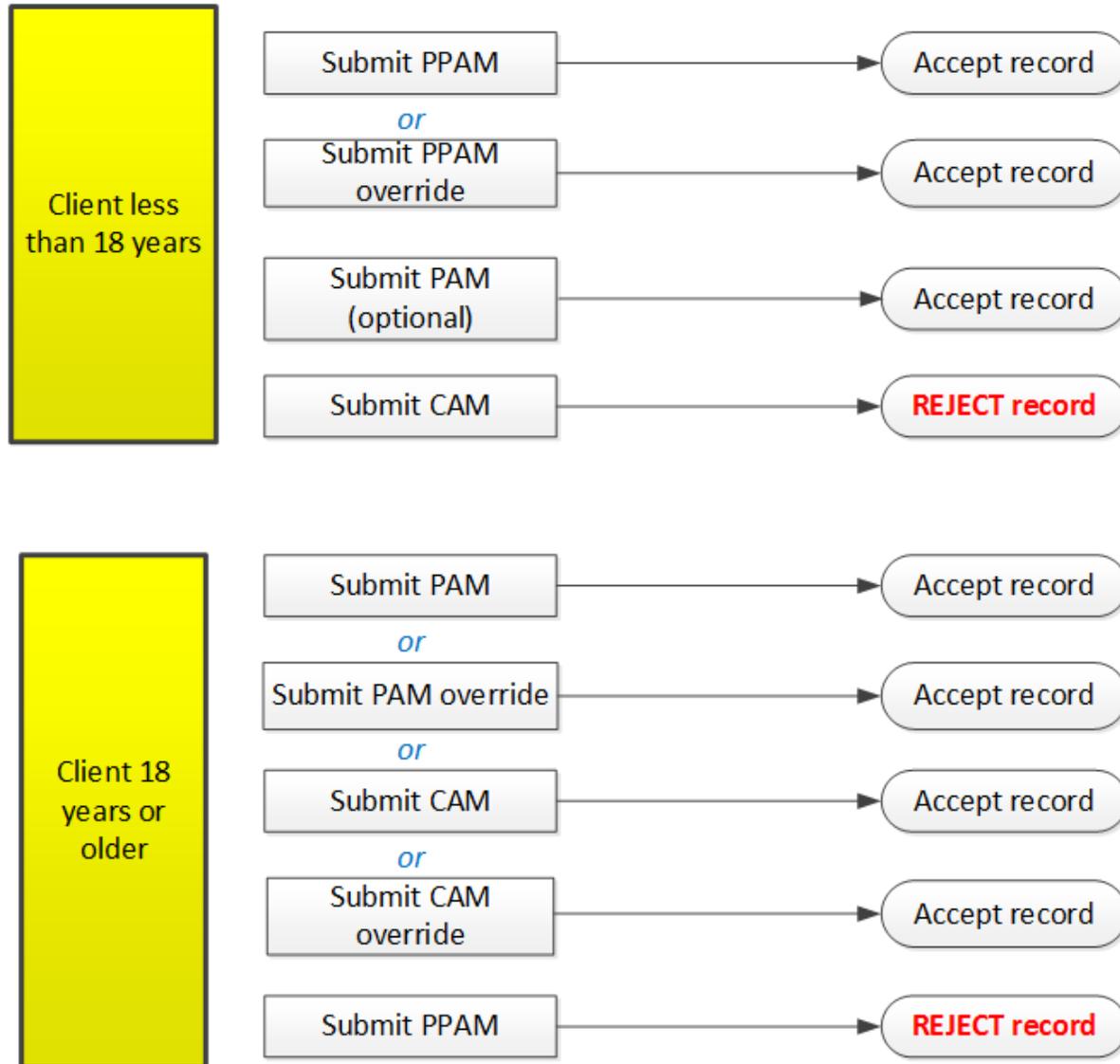
Successful

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



Overview of Data Elements for Required Screenings and Activation Measures
 HAP V 2.0 7/3/2014

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