# Clinical Performance Indicators
# Data Transfer Specification


# Version 5.6

# Document Information

# Version History

| Version | Date | Author | Description Document |
|---------|------|--------|----------------------|
| 1.0 | 3 April 2006 | Serena Curtis-Lemuelu | First Draft |
| 2.0 | 17 May 2006 | Serena Curtis-Lemuelu | Second Draft:<br>• Changed direction of specification to focus on Practice to PHO, with reference to HealthPAC reporting requirements;<br>• Addition to 3.1.4 – multiple files;<br>• Change to 8.3 – addition of information in ZRD-17-validation identifier;<br>• Change to 2.1.1 – clarification of data sources and methods;<br>• Change to 3.1.1 – clarification of immunisation requirements;<br>• Change to 3.1.2 – extension on patient criteria for monitoring data set;<br>• Change to PID-11 – patient address changed to conditional;<br>• Add 5.6.3.9 - Provider Index to section 5.6;<br>• Correction in PRD-11;<br>• Add Postal Address requirements to section 5.7.3.5 as ZPR-5;<br>• Change to section 5.8.3.8 to reflect conditional trigger for enrolment;<br>• Amendment to ZPI-1 in query description DIABMICROACE adding "or Angiotensin 2 antagonist"; and<br>• Changed ZCN–1-Date of Event by changing invoice date to date of service. |
| 2.1 | 19 May 2006 | Serena Curtis-Lemuelu | Third Draft<br>• Amendment to immunisation data requirements to allow flexibility for quarterly extract;<br>• Removed from Section 4.2.2 and all segments -Table of Fields TBL# & Item rows.<br>• Amendment to Section 4.2.4.2 - AD-Address, to be compatible with HealthPAC Provider List Report requirements; |

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| | | | • Changed RXA to ZIM;<br>• Added Physical and Postal address requirements to Sections 5.6.3 and 5.7.3;<br>• Change to PRD-12 to conditional data requirement;<br>• Additional information added to PRD-13 to define Locum;<br>• Move of segments ZSD-6 Practitioner Type to ZCN-3;<br>• Move of segments ZSD-7 Practitioner Identifier to ZCN-4;<br>• Change to ZRD-7 to conditional data requirement;<br>• Amendment to ZSD-4 to ensure the capture of outcome code for enrolled patients;<br>• Addition to ZSD-4 by adding code EM;<br>• Addition of APPENDIX D – Error Conditions;<br>• Removal of Anxiety, Depression and Substance Abuse queries in ZPI-1. |
| 2.2 | 19 June 2006 | Serena Curtis-Lemuelu | • Fourth Draft<br>• Change to message segment structure in section 5.2;<br>• Addition of notes section for message segment structure in 5.2.1;<br>• Amendment to section 5.5.2 to enable Patient ID to be a repeating field;<br>• Updates in PID and ZRD segments to change the wording under the conditional data requirements to emphasise the funded patient condition;<br>• Amendment to Table in 5.10.2 to change the Usage of the Service ID to optional (O);<br>• Addition to ZIM (immunisation data) to make date/time start of administration mandatory;<br>• Addition of field note ZIM-3- Date/time start of administration;<br>• Change to ZPI segment to simplify the data requirements;<br>• Update of APPENDIX A to reflect the changes made. |
| 2.3 | 27 June 2006 | Serena Curtis-Lemuelu | Final Draft Submitted to group for final endorsement. |
| 2.4 | 17 August 2006 | Serena Curtis-Lemuelu | • Amendment to section 5.6.3.1 to add OTHER providers to the practitioner type;<br>• Addition of new screening segment 5.13<br>• Change to 5.12 to remove CVD risk values |

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| | | | from section and add to 5.13 |
| 2.5 | 2 October 2006 | Serena Curtis-Lemuelu | • Amendment to section 4.2.4 to add alternative address format option for PID and ZRD segments;<br><br>Amendment to sections:<br>　　　A) 5.6.3.3;<br>　　　B) 5.6.3.4;<br>　　　C) 5.7.3.5;<br>　　　D) 5.7.3.6;<br>　　　E) 5.5.3.7; and<br>　　　F) 5.8.3.5; |
| 2.6 | 31 October 2006 | Serena Curtis-Lemuelu | Amendment to Section 5.2 to reflect that:<br><br>A) PRD – is optional;<br><br>B) ZRD – is required, even if there is no data populated - removed the square brackets;<br><br>C) ZCN – is optional; and<br><br>D) ZSD – is required if the patient has had a consult<br><br>• Amendment to Section 5.8 to change usage of 'Date of last consultation' from mandatory to conditional;<br><br>• Update to PID segment for PID-2-Patient ID (external) to include all sub components;<br><br>• Update of APPENDIX A Practice Report Example; and<br><br>• Update to ZPI segment: ZPI-1-Query Description, amend Query 12 from 'The patient has been prescribed statins' **to** 'The patient has been prescribed statins in last 12 months' |
| 2.7 | 21 February 2007 | Serena Curtis-Lemuelu | Wording changes in Sections:<br>• 1.1<br>• 1.3<br>• 2.1 (now 3.1)<br>• 3.1.1 (now 4.1.1)<br>• 3.1.2 (now 4.1.2)<br>• 3.1.3 (now 4.1.3) |

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| | | | • 3.1.4 (now 4.1.4) Adding of new Definitions Section (now Section 2) |
| 3.0 | 26 March 2007 | Serena Curtis-Lemuelu | Clean up of specification at the request of the PMS, PHO and MSO vendor group.<br>• Addition to Definitions to add Date Field Control;<br>• Addition to Definitions to add Data Controls<br>• Addition to 4.1.2 to add information related to maximum times a patient should be on the extract;<br>• Amendment to 4.1.6 to clarify Data Controls;<br>• Amendment to 5.2.2 to ensure OPT and Usage are consistent with 4.1.6 Data Controls;<br>• Amendment to wording in 6.2.1 to reflect that at least one ZSD segment is required if there is a ZCN provided;<br>• Amendments to Table of Fields where a 'R' was previously inserted in the OPT table column and is now replaced with a 'M', which is consistent with Definitions, 4.1.6 and 5.2.2;<br>• Addition to 6.4.3.3 Sending Application to include software version;<br>• Amendment to wording for data fields that have conditional triggers in segments PID and ZRD, which relate to information that is previously capture in CBF register. Explicitly states that if data is provided in CBF register then no data is required to be extracted for this extract;<br>• Amendment to 6.5.3.1 to confirm that the NHI number of a patient is conditional **not** mandatory;<br>• Amendment to 6.5.3.9 to confirm that the patient death date and time is optional;<br>• Amendment to 6.6.3.5 to confirm that the practitioner identifier is conditional **not** mandatory. It is only required where the Practitioner Type is 'M' or 'N';<br>• Amendment to 6.9.3.4 to confirm that the practitioner identifier is conditional **not** mandatory. It is only required where the Practitioner Type is 'M' or 'N';<br>• Addition to 6.10.3.2 to add information about what constitutes a CBF funded patient; |

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| | | | <ul><li>Addition to 6.10.3.3 to include immunisation fee code table;</li><li>Deleted 6.10.3.5 – Amount of consult should not be a required data field;</li><li>Addition to 6.12.3.1 with addition of a Meaning Column in the Query Description Table to clarify what information will be used for which part of the CPI report;</li><li>Amendment to 6.13.2.5 to confirm that the practitioner identifier is conditional **not** mandatory. It is only required where the Practitioner Type is 'M' or 'N';</li><li>Addition of New APPENDIX C Minimum Practice Data Set, to confirm what mandatory information needs to be provided from the PMS to RMS system;</li><li>Previous APPENDIX C becomes APPENDIX D; and</li><li>Previous APPENDIX D becomes APPENDIX E</li></ul> |
| 4.0 | 19 April 2007 | Serena Curtis-Lemuelu | <ul><li>Change made to 6.9.2 to make practitioner identifiers field conditional; and</li><li>Change made to 6.13.2 to make practitioner identifiers field conditional</li><li>Clean up of conditional and optional data requirements in segments PID and ZRD</li></ul> |
| 5.0 | December 2008 | Shane Kerr | Changes for implementation of the CVD/Diabetes indicators:<ul><li>PID Segment Section 6.5.2 - Table of Fields: changed all fields except PID-3 to Not Used (X)</li><li>ZRD Segment Section 6.8.2 – Table of Fields: changed all fields to Not Used (X)</li><li>Section 6.12.3.1 – Query Descriptions changed for Query Value 2, 9 and 10</li><li>Section 6.12.3.1 – New Query Value (13) added for Ischaemic CVD</li><li>Appendix A – example added for Ischaemic CVD</li><li>Appendix D – READ codes added for Ischaemic CVD</li></ul> |
| 5.0.1 | January 2009 | Shane Kerr | Changes for Immunisation Segment<ul><li>Updated segment previously named ZIM - Immunisation Details to RXA - Pharmacy Administration Information to ensure alignment with the HealthPAC GMS & Imms HL7 Electronic Claiming Specification</li><li>Changes for implementation of the</li></ul> |

| | | | CVD/Diabetes indicators: <br> • Section 6.12.3.1 – Query Description changed for Query Value 2 <br> • Section 6.12.3.2 – Added reference to external document for valid codes <br> • Appendix D: Mapping of Diagnosis Codes removed |
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| 5.0.2 | March 2009 | Shane Kerr | Additional changes for Immunisation Segment <br> • Length of RXA-5 <identifier> component increased from 5 to 6 characters <br> • Length of RXA-5 segment increased from 250 to 253 characters <br> • Replaced all instances of ZIM with RXA |
| 5.0.3 | April 2009 | Shane Kerr | • PRD-11-effective start date of role conditional requirements modified <br> • PRD-12-effective end date of role conditional requirements modified <br> • Section 6.12.3.1 – Query Descriptions changed for Query Value 2, 9, 10, 11 and 12 <br> • Section 6.12.3.1 – Meanings updated changed for Query Value 2, 9, 10, 11 and 12 <br> • Additional Query Information for Query Value 2 and 7 <br> • Section 6.12.3.1 – New Query Value (13) added for Ischaemic CVD <br> • Additional *Notes* added in Section 6.12.3.2 to ensure all screening codes - from screening templates, related to queries in the ZPI segment are **mapped** to an accepted read code. <br> • Appendix A – example added for Ischaemic CVD |
| 5.0.4 | November 2009 | | • Section 6.12.3.1 – additional notes for Query 2 and 7 <br> • Section 6.13.2 – Field Length and Data Type changed for Sequence 7 <br> • Section 6.13.3.7 – Valid Values and Field Notes updated |
| 5.1 | March 2010 | Shane Kerr | Changes for implementing the National Health Target for smoking <br> • Section 6.12.3.1 – New Query Value (14) and description added for Smoking brief advice/ cessation support <br> • Section 6.12.3.2 – New coding system (ZCPI) added to coding system valid values <br> • Appendix A – examples added for Smoking <br> • |

| 5.2 | July 2011 | Shane Kerr | • Changes for HbA1c measurement from % to mmol/mol<br>• Section 6.7 - Addition of 2 fields to ZPR segment to capture period of time export applies to<br>• Section 6.12.3.1 – Query Description and Definition changed for Query Value 10<br>• |
|-----|-----------|------------|---|
| 5.3 | January 2016 | IPIF Project Team | • Changes to reflect discontinuation of the PHO Performance Programme and establishment of the Integrated Performance Incentive Framework (IPIF) |
| 5.4 | September 2017 | Julia Scott | • Changes to reflect discontinuation of the IPIF and establishment of System Level Measures (SLM) |
| 5.5 | May 2018 | Alastair McLean | • Addition of additional patient ID fields at 6.5.2 to incorporate the change to NES as the source of enrolment data |
| 5.5 | February 2019 | Anne Goodwin | • Corrections to the 5.5 data types, optionality and repeated number. Updated examples in Appendix A to include new ID fields |

# Distribution List

| Name | Role |
|------|------|
| National (PMS) Vendor Group | Group provides technical and process advice for the transfer of the data. Includes vendors from PMS, PHO and MSO applications, which support primary care. |
| PHO Performance Programme Advisory Group (version 5,2 and prior) | Group provides advice to the Programme on all developmental activities to ensure alignment with sector priorities and identify sector implications. Group includes experts from provider, PHO, academic, funder organisations. |
| PHO Performance Programme Governance Group (version 5.2 and prior) | Group is responsible for approving medium to long term strategic directions for the Programme, taking into account sector engagement, Advisory Group advice; DHB, PHO, Provider and MOH accountabilities, mandating and decision making processes, and a demonstrable focus on population health and health inequalities<br><br>The Group has Decision making responsibilities on:<br>• Indicators (includes data requirements)<br>• Weightings<br>• Transition & Timing |

|  | Group includes mandated representatives from the provider, PHO and funder sectors. |
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| PHO Service Agreement Amendment Protocol Group | Group (consisting of DHB, PHO, Ministry and contracted provider representatives) is responsible for negotiating changes to the PHO Service Agreement |

# Contents

# 1. Brief Description

## 1.1 Introduction

This document defines messaging and communication standards for the electronic data transfer of PHO monitoring data requirements between Practice Management Software (PMS) Systems to Primary Health Organisation (PHO) Register Management Software (RMS) Systems.

For the purpose of this document PHO monitoring data requirements are defined as:

- Service Utilisation Data;
- Immunisation;
- Provider Information; and
- Patient Clinical Diagnosis Information.

The data set recognises the data requirements between a PHO and their affiliated practices and that the information required at this level will be more extensive than the data required for the PHO Monitoring Reports provided to District Health Boards (DHBs) and Ministry of Health (MOH).

## 1.2 Scope

The scope of this document is to define the structure of incoming practice level information to PHOs to subsequently support the PHOs contractual reporting requirements to DHBs and MOH.

The practice level data set utilises existing data fields from the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers document.

# 2. Definitions

| Term | Definition |
|---|---|
| PMS | Practice Management Software |
| RMS | Register Management Software |
| Agreed PHO Contractual Report Recipients | Means the agreed organisation(s) as per the PHO Service Agreement that are entitled to receive contracted reports. The sole recipient is currently: Sector Services, a unit of the MOH National Health Board<br>• |
| NES | National Enrolment Service |
| DHB | District Health Board |
| PHO | Primary Health Organisation |
| MOH | Ministry of Health |
| ACC | Accident Compensation Corporation |
| PHO Service Agreement | Agreement between PHOs and DHBs for the delivery of services |
| CBF | Capitation Based Funding |

| Geocode | Geocoding is the process of assigning a geographical location (X and Y co-ordinates) to records in a table based on location (e.g. address) information |
|---|---|
| Consultation | A consultation **First Level Service** in context to this specification is any service covered under the following 5 services:<br><br>1. Specialist;<br>2. Maternity;<br>3. Repeat Prescriptions;<br>4. Immunisation; and<br>5. ACC<br><br>All other services such as Get Checked, Care Plus and other services provided to funded patients that are not covered by the 5 services above need to be included in the count for service utilisation consultations. |
| Date Field Control | • Date fields must be provided in the following format: CCYYMMDD |
| Data Controls | • Mandatory fields are identified with 'M'. If the 'REQD' column contains an 'M' (Mandatory); then the related data **must** be submitted in the file to the PHO.<br>• Conditional fields are identified with 'C' with conditional triggers defined for each field. If the 'REQD' column contains a 'C' (Conditional); then where the conditional trigger has not been met then, the data **must** be submitted in the file to the PHO<br>• Optional fields are identified with 'O'. If the 'REQD' column contains an 'O' (Optional); then where the related data is captured, it **may** submitted in the file to the PHO |

# 3. PHO Monitoring Data Process

## 3.1 Process for Collection of PHO Monitoring Data

This document intends to provide data flow information that will support the following processes:

- Submission of the practice data set to the PHO via the PHO RMS system extraction functionality; and
- Generation of the aggregated PHO monitoring data set in the PHO RMS system

The intention is to build a practice data set that caters for the needs of PHOs, DHBs and MOH, by ensuring there is flexibility to add or omit information, by making information optional or conditional, dependent on the need of the data.

The PHO is contractually required to submit three quarterly monitoring reports (Service Utilisation, Provider Lists and Clinical Performance Indicators) to the Ministry of Health. The data and format requirements for these reports are covered in separate Data Format Standard documents. These are:

- Data Format Standard; Service Utilisation;
- Data Format Standard; Provider Lists; and
- Data Format Standard; Clinical Performance Indicators

Note: If there are version changes to the documents above these will be managed by the Ministry of Health (via PSAAP)  under a separate change control process.

### 3.1.1 Practice Data Set

The practice data set will result in the following information being provided to the PHO:

- Message Header
- Practice Details
- Practitioner Details
- Patient Details
- Patient Register Details
- Consultation Details
- Service Details
- Pharmacy Administration Information (Immunisation Details)
- Clinical Performance Indicator Details
- Screening Data

**Note:** The Consultation and Service details provided in the practice data set will be sourced from invoice data only.

**Note:** The Clinical Performance Indicator and Pharmacy Administration Information will be sourced from patient clinical information.

**Note:** The provider data will be sourced from the PMS system provider details function or inputted manually by the PHO.

The format of the extract must be compliant with this specification to ensure standardisation of the data set.

# 4.     Practice Data Segment Definitions

## 4.1     Practice to PHO

### 4.1.1     Export Options

The PMS system should provide the user with the following options when exporting the data to the PHO RMS System.

- Export Start Date – Default to the 1st day of the previous quarter
- Export End Date – Default to the last day of the previous quarter
- Ability to extract all practitioner information or for only a specific practitioner
- Default extraction period for Immunisation. Must be a maximum of 3 years.
- Ability to include all consultations or only for a specific funder type. If the functionality to specify the type of consultation is not provided at practice level then the filter will need to occur within the PHO PMS system.

### 4.1.2     Minimum Requirements for PHO Monitoring Data Set

- The PHO Monitoring data set must have the following minimum requirements (a minimum practice data set is attached in APPENDIX C of this document):

- A patient will not be submitted more than once in the extract.

- Where a patient has been confirmed as being funded through the CBF process, **no additional service details or patient demographic (PID or ZRD segments) are required**. This is in order to prevent overwriting the existing CBF details currently held by the PHO.

- Each line in the practice export comprises of one record per visit. This means **a line per consultation** e.g. if the patient has had a consultation with the General Practitioner and then a consultation with a Nurse then these two consultations should be recorded separately.

- The provider who provided the service **will be** identified on the consultation line.

- **All consults for all patients** are to be extracted and sent to the PHO. It is important that all consultations are accompanied by the required data fields to ensure the data can be filtered for the PHO extract to the agreed PHO contractual report recipients.

- Only consults for patients who are **enrolled or registered** at the practice within the PHO within the reporting quarter will be provided in the PHO monitoring data extract from the PHO to the agreed PHO contractual report recipients. It is important that all patients **funded** for the quarter are submitted in the monitoring data set regardless of whether they have been removed from the register within the quarter.

- Service Utilisation data provided in the PHO monitoring extract from the PHO to the agreed PHO contractual report recipients will **exclude** visits that are funded under ACC, Immunisation or Maternity.

- The PMS system must ensure that the extraction of Immunisation data provided to the PHO to populate the Service Utilisation Report is up to the **previous 36 months** from the Finish Date of export. This is to ensure that all immunisation reporting provides a true reflection of the fully vaccinated 2 year cohort.

- Complete practitioner information is required for all providers who are part of the practice. It is optional for the PHO to utilise this information in the report that will be submitted to the agreed PHO contractual report recipients. The message structure segment provides the flexibility for the provider information to be submitted as a provider data set at the beginning or the end of the file segment. The Provider should not be attached to a patient as the patient could have seen multiple providers in the practice for multiple services.

### 4.1.3      Submission Format

The format for the submission of the practice data to the PHO PMS system should consist of variable length, pipe delimited character records with a mandatory carriage return and may have an optional line feed after each record. To enable better processing of files if the size is greater than 2MB it is recommended that they are zipped (see 4.1.4 for naming file expectations).

### 4.1.4      File Name

The file name convention for the practice to PHO data file must contain a practice identifier (see note below), followed by the date (format: CCYYMMDD), followed by the timestamp (format: HHMM), with an extension of PMD (PHO Monitoring Data). E.g. AACCYYMMDDHHMM.PMD.

**Note:** The practice identifier must be the same ID that corresponds with the practice ID submitted in the age sex register information to the PHO.

**Note:** If the file size is greater than the 2MB limit then you will need to ensure that the file is able to be broken down and that the file name convention reflects the number of files that make up the entire extract. E.g. AACCYYMMDDHHMM_1_of_ 2.ZIP.

**Note:** If multiple files are submitted to the PHO then the receiving system (PHO) should append all related files before processing (i.e. the individual files do no need to repeat header and or grouping records).

### 4.1.5      Data Delimiter

A data delimiter is required between each field even if the field is optional and data is not included. The characters used as the data delimiters are the same as those defined for the HL7 message standard i.e. '|' as the field delimiter and '^' as the sub-delimiter.

### 4.1.6      Data Controls

- Mandatory fields are identified with 'M'. If the 'REQD' column contains an 'M' (Mandatory); then the related data **must** be submitted in the file to the PHO.
- Conditional fields are identified with 'C' with conditional triggers defined for each field. If the 'REQD' column contains a 'C' (Conditional); then where the conditional trigger has not been met then, the data **must** be submitted in the file to the PHO
- Optional fields are identified with 'O'. If the 'REQD' column contains an 'O' (Optional); then where the related data is captured, it **may** submitted in the file to the PHO

- Date fields must be provided in the following format: CCYYMMDD

## 4.1.7    Example Practice Report

A practice report example is provided in Appendix A of this document.

# 5.     Message Segment Definitions

## 5.1     Introduction

The definitions and formatting standards used here are based on either the Data Format Standard; Provider Lists document or the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers.

Segments are logical groupings of related items of information.  They are the building blocks of messages.

## 5.2     Segment descriptions

The segment descriptions are in a standard format using the following sub-sections.

### 5.2.1     Function

Contains a brief description of the type of data the segment contains or purpose for which it is intended.

### 5.2.2     Table of fields

This sub-section lists the fields contained within each segment, with column headings having the following meanings:

| Column header | Description |
|---|---|
| SEQ | The sequence number showing the ordinal position of the data element within the segment. |
| LEN | The maximum length of the data element. |
| DT | The data type of the data element (see below for definitions). |
| OPT | Whether the data element is required or optional.  Possible values are:<br>M       Mandatory, non-null<br>C       conditional on event trigger<br>O       optional |
| RP# | The number of times the data element can repeat. |
| Name | The unique descriptive name for the data element. |
| Usage | Not all the data elements are used in the transaction set defined in this document.  Possible values are:<br>M       mandatory<br>C       conditional on event trigger<br>O       optional<br>X       not used |

### 5.2.3     Field notes

The field notes provided expand on the information shown in the table of fields giving:
- sub-component formats

- optionality of sub-components
- New Zealand usage and valid values
- A more descriptive meaning of the field's purpose.

### 5.2.4     Data element type descriptions

This implementation uses the data element definitions specified in the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers with the following exceptions.

### 5.2.4.1        PN – Person Name

To allow for transmission of practitioner name data, and prefix information the PN data type has been increased in size from 48 characters in length to 80 characters in all message segments.

| Component | NZ Usage | Notes |
|---|---|---|
| <family name>^ | ST(25) | Mandatory component to enable matching with Medical Council of New Zealand register. |
| <given name>^ | ST(20) | Mandatory component to enable matching with Medical Council of New Zealand register. |
| <middle initial or name> | ST(20) | Conditional component if data is available |
| <suffix (e.g. JR or III)>^ | (not used) | |
| <prefix (e.g. DR)>^ | ST(4) | Optional |
| <degree (e.g. MD)>^ | (not used) | |
| <source table ID> | (not used) | |

### 5.2.4.2        AD – Address (for PID and ZRD segments)

This data set is consistent with the address format in the HL7 Message Standard Definition; Applicable to: Capitation-based Funding Electronic Registers document.

To allow for transmission of NHI address data, address type and New Zealand domicile code, the AD data type differs in size from HL7 standards.

| Sub component | New Zealand usage | Notes |
|---|---|---|
| <street address> ^ | ST(35) | Address line 1; also see Note below. |
| <other designation> ^ | ST(30) | Address line 2 |
| <city> ^ | ST(30) | Suburb |
| <state or province> ^ | ST(30) | City/town |
| <zip> ^ | (not used) | |
| <country> ^ | (not used) | Country |
| <type>^ | (not used) | 'C' – current or temporary<br>'P' – permanent<br>'M' – mailing<br>'B' – business |
| <other geographic designation> | ST(4) | New Zealand domicile code |

Note: For rural / semi-rural addresses that have rapid addressing numbers, these numbers are to be placed where a house number would usually go, for example if an address, Busby Manor in Cheltenham has a rapid addressing number of 1435, <street address> would be 1435 Busby Manor.

## 5.2.4.3    ZAD – Address (for PRD and ZPR segments)

This data set is consistent with the address format in the Data Format Standard; Provider Lists document.

The minimum requirements for provider list information submitted to the Ministry of Health are:

- This is a mandatory data set for each Practice.
- An Address Data Set must follow immediately after each Practice Data Set.
- The Column Name Row is fixed as at Appendix C3 Address Column Name Row.

- There must be two Detail rows, one type 'AST' and one 'APO'

The following column format should be applied:

| Sub component | New Zealand usage | Notes |
|---|---|---|
| Row Type | | 'AST' or 'APO' This is a fixed value: 'AST' for physical address; and 'APO' for postal address |
| Unit Number | Integer < 10,000 Unit number | If required. |
| Unit Alpha | Single Alpha Alphabetic unit suffix | If required. |
| Building Name | ≤ 60 characters Name of the building | If required. |
| Street/Box Number | Integer or Free text Mandatory field | Please see Valid Addresses below. |
| Street Alpha | Single Alpha Alphabetic Street Number suffix | If required. |
| Street Name | ≤ 30 characters | The Street Name without Street Type |
| Street Type | ≤ 16 characters | Type of Street as per Appendix B Street Types. Full name should be in lower/mixed case; Street Type abbreviations in uppercase. |
| Street Extension | ≤ 16 characters | The Street extension (e.g. East, West) if required. |
| Suburb | ≤ 30 characters | Suburb name, if required. |
| Town/City | ≤ 30 characters | Mandatory field. |

Valid Addresses

The following rules must be applied for the address to be deemed valid.

- All addresses loaded into Ministry systems must be viable. Generally this means that physical addresses must resolve to a valid geocode and postal addresses may either be a valid physical address (and subject to the same rules) or an actual PO Box number, Private Bag, Rural Delivery, etc.

- Specifically, addresses are checked to ensure the Street is actually in the Town/City and/or Suburb and Street Numbers to ensure they are actually in the street concerned.

- To ensure a valid Physical Address, the following are mandatory AST elements:
- Street Name
- Street Type
- Town/City

- Street/Box Number is optional, and if not provided, the number one (1) is assigned temporarily to complete the validation process, but not stored permanently.

- There are exceptions to these rules (e.g. 'Corner Riddiford and Constable Streets') and such values may also be entered in the Street/Box Number field, but the Street Name and Street Type (as well as Town/City) must still be provided as well.

- To ensure a valid Postal Address, the following are mandatory APO elements:
- Street/Box Number Without prefix.
- Town/City

- If a number is provided in the Street/Box Number column and the Street Name and Street Type are empty, it will be assumed to be a PO BOX and the only other columns used are:
- Suburb; and
- Town/City

- If a number is provided in the Street/Box Number column and the Street Name and Street Type are provided, the Physical Address rules are applied.

- Where text is provided in the Street/Box Number column (e.g. 'Private Bag', 'RD 1', 'Corner Riddiford and Constable Streets', or even 'PO Box 1234'), it will be treated as a Postal Address unless the Street Name and Street Type are provided. If they are provided (they are not mandatory in APO), the Physical Address rules are applied.

### 5.2.4.4        TN – Telephone

To allow for multiple phone numbers the TN section is in use.

| Sub component | New Zealand usage | Notes |
|---|---|---|
| [NN] | (not used) | Country code |
| [(99)] | NM(2) | Area code |
| 9999999 | NM(7) | Phone number |
| [X99999] | (not used) | Extension |
| [B99999] | (not used) | Pager number |
| [C#<any text>] | CH<text> | Home phone number with up to 15 characters of <text> |
| | CO<text> | Office phone number with up to 15 characters of <text> |
| | CF<text> | FAX phone number with up to 15 characters of <text> |
| | CC<text> | Cellular phone number with up to 15 characters of <text> |
| | CB<text> | Beeper phone number with up to 15 characters of <text> |

## 5.2.5        Additional fields

Additional fields have been added to segments to ensure that all required PHO monitoring data is provided by the practice to the PHO. The majority of the additional fields requested are existing fields in all Practice Management Software Systems.

# 6.    PHO Monitoring Data PMS to PHO RMS System

## 6.1    Practice Level Data Requirements for PHO monitoring data

The following table outlines the high level data elements for the practice level data extract.

| Segment ID | Segment Name | Description |
|---|---|---|
| MSH | Message Header | Data which specifies the sender/receiver, purpose and formatting syntax |
| ZPR | Practice Details | Data which relates to the practice that the information has come from |
| PRD | Provider Details | Data which relates to practitioners who are affiliated with the practice |
| PID | Patient Details | Data which relates to the patient that has had a consultation |
| ZRD | Patient Register Details | Data which relates to the enrolment register information for the patient |
| ZCN | Consultation Details | Data which relates to the consultation type provided to the patient |
| ZSD | Service Details | Data which relates to the service that was provided to the patient |
| RXA | Pharmacy Administration Information | Data which relates to the immunisation consultation provided to the patient |
| ZPI | Clinical Performance Indicator Details | Data which relates to the clinical performance indicators related to the patient |
| ZSN | Screening Data | Data which relates to screening that the patient has had |

## 6.2    Structure of the Practice Level Data

In the following tables Braces, {...}, indicate one or more repetitions of the enclosed group of segments.  The group may contain only a single segment.  Brackets, [...], show that the enclosed group of segments is optional.  If a group of segments is optional and may repeat it is enclosed in brackets and braces, {[...]}.  {[...]} and [{...}] are equivalent.

| Column Code | Segment ID | Reqd |
|---|---|---|
| MSH | Message Header | R |
| ZPR | Practice Details | R |
| {[PRD]} | Provider Details | O |
| { | | |
|    PID | Patient Details | R |
|    ZRD | Register Details | R |
|      {[ | | |
|      ZCN | Consultation Details | O |
|        {ZSD} | Service Details | C |
|      ]} | | |
|      {[ | | |

| RXA      | Pharmacy Administration Information Details (immunisations) | O |
| ]}       |                                          |   |
| {[       |                                          |   |
| ZPI      |                                          | O |
| ]}       | Clinical Performance Indicator Details   |   |
| {[       |                                          |   |
| ZSN      |                                          | O |
| ]}       | Screening Data                           |   |
| }        |                                          |   |
| ]}       |                                          |   |

### 6.2.1    Notes on message Structure

- The message structure segment provides the flexibility for the provider information to be submitted as a provider data set at the beginning or the end of the file segment.
- The PRD should not be attached to a PID because the patient could have seen multiple providers in the practice for multiple services.
- The ZRD and PID are only required if the patient has had a ZCN and/or ZSD and/or RXA and/or ZPI and/or ZSN.
- The ZRD segment is required, even if there is no data populated in the segment.
- At least one ZSD segment is conditional if there is a ZCN provided.
- The message structure also provides the flexibility for the practice to submit the RXA and ZPI segment information without a ZCN (consultation) taking place.

## 6.3     MSA – Message Acknowledgement Segment

### 6.3.1     Function

This segment contains information sent to acknowledge a message.  It may contain error, notification, reject or acceptance messages.

### 6.3.2     Table of fields – MSA segment

The following table outlines the detailed data that is required for the Message Acknowledgement Segment.

| Seq | Len | DT | Opt | RP/# | Element name | Usage |
|---|---|---|---|---|---|---|
| 1 | 2 | ID | M | | Acknowledgement code | M |
| 2 | 20 | ST | M | | Message control ID | M |
| 3 | 80 | ST | O | | Text message | X |
| 4 | 15 | NM | O | | Expected sequence number | X |
| 5 | 1 | ID | O | | Delayed acknowledgement type | X |
| 6 | 100 | CE | O | | Error condition | O |

### 6.3.3     Field notes

#### 6.3.3.1     MSA-1-acknowledgement code

| Valid values | Description |
|---|---|
| AA | Acknowledgement accept |
| AE | Acknowledgement error |

#### 6.3.3.2     MSA-2-message control ID

| Sub component | New Zealand usage | Notes |
|---|---|---|
| < Message control ID > | ST(20) | Unique identifier of the message being acknowledged. This will be the same as the Message Control ID provided in the MSH-10 segment. |

#### 6.3.3.3     MSA-6-error condition

| Sub component | New Zealand usage | Notes |
|---|---|---|
| <identifier> ^ | ID(4) | Error condition code |
| <text> ^ | ST(90) | Error text description |
| <name of coding system> ^ | 'PMD' | PHO Monitoring Data |

Note: Please refer to Appendix E for list of Error conditions.

## 6.4     MSH - Message Header

### 6.4.1      Function

This segment is common to all messages and is a control segment which specifies the message sender and receiver, and formatting syntax.

### 6.4.2      Table of Fields

The following table outlines the detailed data that is required for the Message Header Section.

| Seq | Len | DT | Opt | RP/# | Element name | Usage |
|---|---|---|---|---|---|---|
| 1 | 1 | ST | M | | Field separator | M |
| 2 | 4 | ST | M | | Encoding characters | M |
| 3 | 180 | HD | M | | Sending application | M |
| 4 | 180 | HD | M | | Sending facility | M |
| 5 | 180 | HD | | | Receiving application | O |
| 6 | 180 | HD | | | Receiving facility | O |
| 7 | 26 | TS | M | | Date/time of message | M |
| 8 | 40 | ST | | | Security | O |
| 9 | 7 | CM | M | | Message type | M |
| 10 | 20 | ST | M | | Message control ID | M |
| 11 | 3 | PT | | | Processing ID | M |
| 12 | 8 | ID | | | Version ID | M |
| 13 | 15 | NM | | | Sequence number | X |
| 14 | 180 | ST | | | Continuation pointer | X |
| 15 | 2 | ID | | | Accept acknowledgement type | X |
| 16 | 2 | ID | | | Application acknowledgement type | X |
| 17 | 2 | ID | | | Country code | X |

### 6.4.3      Field Notes

#### 6.4.3.1        MSH-1-Field Separator

| Valid values | Description |
|---|---|
| '|' | Field/element separator |

#### 6.4.3.2        MSH-2-Encoding Characters

| Valid values | Description |
|---|---|
| '^~\&' | To ensure messaging consistency the preceding encoding characters must be used. Where: '^' – Component separator '~' – Repetition separator '\' – Escape character '&' – Sub-component separator |

### 6.4.3.3          MSH-3-Sending Application

The identifying code of the PMS software system and version used. E.g. MedTech32 v15.5.

### 6.4.3.4          MSH-4-Sending Facility

The name of the practice submitting the data

### 6.4.3.5          MSH-5-receiving application

The identifying code of the PHO system that will process the claim

### 6.4.3.6          MSH-6-Receiving Facility

Name of facility who will receive the data.

### 6.4.3.7          MSH-7-Date/Time of Message

| Component | New Zealand usage | Notes |
|---|---|---|
| < Date/time of message> | TS(14) | CCYYMMDDHHMMSS (example: 20010507192132) |

### 6.4.3.8          MSH-8-Security

It is optional and its use is not further specified.

### 6.4.3.9          MSH-9-Message Type

| Sub components | New Zealand usage | Notes |
|---|---|---|
| <Message type>^ | 'PMD' 'ACK' | PHO Monitoring Data Acknowledgement |

### 6.4.3.10          MSH-10-Message Control ID

| Components | New Zealand usage | Notes |
|---|---|---|
| < Message control ID > | ST(31) | Unique Identifier for the message assigned by the sending system. |

### 6.4.3.11          MSH-11-Processing ID

| Valid values | Description |
|---|---|
| 'D' | Development / debugging |
| 'P' | Production |
| 'T' | Test / training / trial |
| 'L' | Pilot |

Note: The PMD report should only contain a Processing ID of 'P'.

### 6.4.3.12          MSH-12-Version ID

| Valid values | Description |
|---|---|
| Version Number | To specify the version of the data transfer specification is being used. |

The valid value for this field will change when a new version of the data transfer specification is released.

# 6.5    PID - Patient

## 6.5.1    Function

This segment provides information related to the patients who have been provided the service.

## 6.5.2    Table of Fields - Patient

The following table outlines the detailed data that is required for the Patient Section.

| Seq | Len | DT | Opt | RP/# | Element name | Usage |
|-----|-----|-----|-----|------|--------------|-------|
| 1 | 4 | SI | | | Set ID | X |
| 2 | 16 | CX | O | | Patient ID (external ID) | O |
| 3 | 20 | CX | M | | Patient ID (internal ID) | M |
| 4 | 15 | NM | O | | NES Enrolment ID | O |
| 5 | 100 | PN | | | Patient name | X |
| 6 | 100 | PN | | | Mother's maiden name | X |
| 7 | 26 | TS | | | Date of birth | X |
| 8 | 1 | IS | | | Gender | X |
| 9 | 100 | PN | | Y | Patient alias | X |
| 10 | 2 | IS | | | Race | X |
| 11 | 180 | AD | | Y | Patient address | X |
| 12 | 4 | IS | | | County code | X |
| 13 | 40 | TN | | Y | Phone number – home | X |
| 14 | 40 | TN | | Y | Phone number – business | X |
| 15 | 60 | CE | | | Primary language | X |
| 16 | 1 | IS | | | Marital status | X |
| 17 | 3 | IS | | | Religion | X |
| 18 | 20 | CX | | | Patient account number | X |
| 19 | 16 | ST | | | SSN number | X |
| 20 | 25 | CM | | | Driver's licence number | X |
| 21 | 20 | CX | | | Mother's identifier | X |
| 22 | 3 | CE | | Y | Ethnic group | X |
| 23 | 60 | CE | | | Birth place | X |
| 24 | 2 | ID | | | Multiple birth indicator | X |
| 25 | 2 | NM | | | Birth order | X |
| 26 | 4 | IS | | Y | Citizenship | X |
| 27 | 60 | CE | | | Veteran's military status | X |
| 28 | 80 | CE | | | Nationality | X |
| 29 | 26 | TS | | | Patient death date and time | X |
| 30 | 1 | ID | | | Patient death indicator | X |

### 6.5.3       Field Notes

#### 6.5.3.1        PID-2-patient ID (external ID)

This is a unique identifier allocated by approved health providers for patients. This should match with the patient ID on the National Enrolment Service (NES) register which is submitted to the PHO from the Ministry of Health. This **should** be the patient' National Health Index (NHI) number.
The NHI number is optional to allow for the transition to NES. All patients receiving healthcare in NZ must be allocated an NHI number. This field should always be populated after the transition to NES. In the interim when no NHI number is available the field should be left blank.

**Note:** If the practice changes PMS systems or merges with another practice, the NHI number will remain the same.

#### 6.5.3.2        PID-3-patient ID (internal ID)

This is a mandatory unique identifier allocated by PMS for patient. Unique identifier as allocated by PMS for this patient, this **must** uniquely identify a patient amongst other patients present on PMS system.

If there is no external Patient ID or NES Enrolment ID match, the PHO will need to be able to identify the patient using the internal Patient ID.

#### 6.5.3.3        PID-4-NES Enrolment ID

This is a unique identifier allocated by NES for a patient when they are enrolled.

This should match with the most recent Enrolment ID on the NES register which is submitted to the PHO from the Ministry of Health.  If the person's enrolment has ended during the export period the last NES Enrolment ID should be supplied. When the enrolment ID is not present the field should be left blank.

# 6.6     PRD – Practitioner

## 6.6.1     Function

Detail of the practitioners providing services to patients within the practice.  The inclusion of this segment is required for the generation of the PHO Provider List monitoring report.

## 6.6.2     Table of fields – PRD segment

The following table outlines the detailed data that it required for the Practitioner Section.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 3 | CE | M | | Practitioner type | M |
| 2 | 100 | PN | M | | Practitioner name | M |
| 3 | 180 | AD | | | Practitioner physical address | O |
| 4 | 180 | AD | | | Practitioner postal address | O |
| 5 | 60 | CM | | | Practitioner location | X |
| 6 | 20 | TN | | | Practitioner phone number | X |
| 7 | 60 | CM | | | Electronic address | X |
| 8 | 200 | CE | | | Preferred method of contact | X |
| 9 | 90 | CN | C | | Practitioner identifiers | C |
| 10 | 90 | CN | O | | Provider Index | O |
| 11 | 26 | TS | M | | Effective start date of role | C |
| 12 | 26 | TS | C | | Effective end date of role | C |
| 13 | 10 | TX | C | | Locum Status | C |

## 6.6.3     Field notes

### 6.6.3.1     PRD-1-practitioner type

This is a mandatory data requirement.

| Sub component | Valid values |
|---------------|--------------|
| <Practitioner type>^ | 'M' = MCNZ registered |
| | 'N' = NCNZ registered |
| | 'O' = Other |

### 6.6.3.2     PRD-2-practitioner name

Practitioner's name, minimum requirement is for practitioner's surname and given name.  See 'Data Element Type' section 5.2.4.1 for PN format.

### 6.6.3.3     PRD-3-practitioner physical address

Practitioner's residential or home address (see ZAD - Address format).

| Valid value | Notes |
|-------------|-------|
| 'AST' | Represents which AD section to use. |

### 6.6.3.4     PRD-4-practitioner postal address

Practitioner's postal address (see ZAD - Address format).

| Valid value | Notes |
|---|---|
| 'APO' | Represents which AD section to use |

### 6.6.3.5        PRD-9-practitioner identifiers

The Ministry of Health's usage is the practitioner's New Zealand professional registration number. Valid characters are 0–9. This should be 5 digits and contain leading zero(s) when there are 4 or less digits.

**Conditional Trigger:** Required only where PRD-1-Practitioner Type is 'M' or 'N'.

### 6.6.3.6        PRD-10-Provider Index

This field is reserved for the Health Provider Index number.

### 6.6.3.7        PRD-11-effective start date of role

This is a conditional data requirement.

| Valid values | Notes |
|---|---|
| Valid dates | The practitioners effective start date in the practice.  Date format is CCYYMMDD. |

**Conditional Trigger:** Required only where PRD-1-Practitioner Type is 'M' or 'N' and if captured in the PMS system. If not recorded in the PMS system the PHO will need to derive this information for the PHO Provider List monitoring report submitted to the Ministry of Heatlh.

### 6.6.3.8        PRD-12-effective end date of role

This is a conditional data requirement.

| Valid values | Notes |
|---|---|
| Valid dates | The practitioners effective end date in the practice.  Date format is CCYYMMDD. |

**Conditional Trigger:** Required only where PRD-1-Practitioner Type is 'M' or 'N' and if captured in the PMS system. If not recorded in the PMS system the PHO will need to derive this information for the PHO Provider List monitoring report submitted to the Ministry of Health.

### 6.6.3.9        PRD-13-locum status

This is a conditional data requirement.

| Valid values | Notes |
|---|---|
| Valid status | 'Y'  = practitioner is a locum in the practice<br>'N' =  practitioner is not a locum in the practice |

For a valid status of 'Y' to be selected the practitioner must meet the following definition:
**Locum** means a **Medical Practitioner** (with a current practising certificate) who provides the **Services** in place of another **Practitioner** during that **Practitioner's** normal working hours. A **Locum** may:
   a)  work providing consultation Services to the patients of the Practitioner during those working hours if the Practitioner is performing work other than providing ordinary Services to patients or is on temporary leave (for whatever reason);
   b)  provide Services in place of more than one Practitioner during any period of time;
   c)  not consult with patients of the Practitioner at the same times as the Practitioner; and
   d)  not be used to extend the normal working hours of the Practitioner.

**Conditional Trigger:** Only required if the Practitioner Type is MCNZ.

# 6.7    ZPR - Practice

## 6.7.1    Function

This segment is provides information related to the practice submitting the data file to the PHO.

## 6.7.2    Table of Fields

The following table outlines the detailed data that it required for the Practice Section.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 35 | ST | M | | Practice name | M |
| 2 | 6 | NM | M | | Practice ID | M |
| 3 | 9 | NM | | | Payee number | O |
| 4 | 9 | NM | O | | PerOrg ID | O |
| 5 | 180 | AD | M | | Practice Physical address | M |
| 6 | 180 | AD | M | | Practice Postal address | C |
| 7 | 26 | TS | M | | Start Date of Export | M |
| 8 | 26 | TS | M | | End Date of Export | M |

## 6.7.3    Field Notes

### 6.7.3.1    ZPR-1-Practice Name

The name of the practice the practitioners and patients are affiliated with.

### 6.7.3.2    ZPR-2-Practice Identifier

The practice identifier is the key number that the PHO will use to identify where the practice information has been provided from. The practice identifier **must** correspond with the practice ID submitted in the age sex register information to the PHO.

### 6.7.3.3    ZPR-3-Payee number

The practices Ministry of Health assigned payee number (if applicable).

### 6.7.3.4    ZPR-4-PerOrg ID

A unique practice identifier assigned by the Ministry of Health.

### 6.7.3.5    ZPR-5-Practice Physical Address

The physical address of the practice (see ZAD - Address format).

| Valid value | Notes |
|-------------|-------|
| 'AST' | Represents which AD section to use |

### 6.7.3.6    ZPR-6-Practice Postal Address

The postal address of the practice (see ZAD - Address format).

| Valid value | Notes |
|-------------|-------|

| 'APO' | Represents which AD section to use |
|-------|-----------------------------------|

**Conditional Trigger:** If the practice postal address is different from the physical address.

### 6.7.3.7        ZPR-7-Start Date of Export

The first day of the period for which the Clinical Data Transfer applies to.

E.g.  For Transfer covering Apr-Jun 2011, ZPR-7 segment would contain 20110401

| Valid value | Notes |
|-------------|-------|
| Valid dates | Date format is CCYYMMDD. |

### 6.7.3.8        ZPR-8-End Date of Export

The last day of the period for which the clinical data extract applies to.

E.g.  For Transfer covering Apr-Jun 2011, ZPR-8 segment would contain 20110630

| Valid value | Notes |
|-------------|-------|
| Valid dates | Date format is CCYYMMDD. |

## 6.8    ZRD - Patient Register Details

### 6.8.1    Function

This segment provides patient information not provided in the PID segment.

No patient identification data (except for internal patient ID, NHI Number and NES Enrolment ID) will be sent to PHOs through the CPI Data Extract.

The purpose of this extract is to provide PHOs with data related to their enrolled populations. Because the patient demographic data required in ZRD segment is already provided to PHOs as part of the PHO enrolment register process there is no reason to duplicate this process. Therefore every field in this segment has been set to **Not Used (X)**.

This extract may be used in the future to send all (includes Casual) patient identification data to PHOs therefore the ZRD segment is still required as part of the extract but null information will be provided.

### 6.8.2    Table of Fields

The following table outlines the detailed data that is required for the Patient Register Section.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 100 | PN | | | Maiden name | X |
| 2 | 12 | NM | | | Residential X co-ordinate | X |
| 3 | 12 | NM | | | Residential Y co-ordinate | X |
| 4 | 1 | IS | | | Residential status | X |
| 5 | 180 | AD | | | Postal address | X |
| 6 | 15 | TN | | | Mobile/other phone | X |
| 7 | 8 | DT | | | Date of enrolment | X |
| 8 | 8 | DT | | | Date of enrolment confirmation | X |
| 9 | 8 | DT | | | Date of last consultation | X |
| 10 | 1 | IS | | | Registration status | X |
| 11 | 6 | NM | | | HUHC number | X |
| 12 | 8 | DT | | | HUHC expiry date | X |
| 13 | 16 | NM | | | CSC number | X |
| 14 | 8 | DT | | | CSC expiry date | X |
| 15 | 7 | ST | | | Meshblock | X |
| 16 | 2 | NM | | | Quintile | X |
| 17 | 3 | ST | | | Validation indicator | X |
| 18 | 30 | NM | | | DHB | X |
| 19 | 1 | IS | | | Care Plus Enrolment Status | X |
| 20 | 8 | DT | | | Care Plus Enrolment Start Date | X |
| 21 | 8 | DT | | | Care Plus Enrolment End Date | X |

### 6.8.3    Field Notes

Non Applicable means no data is required to be submitted for this segment.

# 6.9     ZCN - Consultation Details

## 6.9.1     Function

This segment contains the information common to all types of services provided and when they took place.

## 6.9.2     Table of Fields

The following table outlines the detailed data that it required for the Consultation Section.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 8 | DT | M | Y | Date of Event | M |
| 2 | 15 | ST | M | Y | PMS Visit ID | M |
| 3 | 3 | CE | M | Y | Practitioner type | M |
| 4 | 90 | CN | M | Y | Practitioner identifiers | C |

## 6.9.3     Field Notes

### 6.9.3.1       ZCN–1-Date of Event

This is a mandatory data requirement.

| Valid values | Notes |
|--------------|-------|
| Valid dates | The date of the event, also known as the date of service. The Date format is CCYYMMDD. |

### 6.9.3.2       ZCN-2-PMS Visit ID

This is a mandatory unique Id allocated by PMS for this patients visit. This would normally correspond to the invoice number or similar. This is used to distinguish between two events recorded on the same day.

### 6.9.3.3       ZCN-3-Practitioner Type

This is a mandatory data requirement. This information confirms the practitioner type of the practitioner providing the service.

| Sub component | Valid values |
|---------------|--------------|
| <Practitioner type>^ | 'M' = MCNZ registered<br>'N' = NCNZ registered<br>'O' = Other |

### 6.9.3.4       ZCN-4-Practitioner Identifiers

The Ministry of Health's usage is the practitioner's New Zealand professional registration number. Valid characters are 0–9.

**Conditional Trigger:** Required only where ZCN-3- Practitioner Type is 'M' or 'N'.

# 6.10   ZSD - Service Details

## 6.10.1   Function

This segment provides information related to the type of service the patient was provided.

## 6.10.2   Table of Fields

The following table outlines the detailed data that is required for the Service Section

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 15 | ST | M | Y | Service ID | O |
| 2 | 5 | ST | M | Y | Funder Type | M |
| 3 | 10 | ST | C | Y | Claim Code | C |
| 4 | 5 | ST | C | Y | Outcome Code | C |

## 6.10.3   Field Notes

### 6.10.3.1      ZSD-1-Service ID

Unique ID allocated by the PMS system for the patient's service event.

### 6.10.3.2      ZSD-2-Funder Type

This is a mandatory data requirement. It defines the Funder (most commonly the agreement) of the service.

| Valid Values | Note |
|--------------|------|
| PCP | Patient Payment |
| GMS | GMS (casual patients) |
| PHO | PHO Services |
| IMM | Immunisation |
| ACC | ACC Service Consultation |
| MAT | Maternity Service Consultation |
| INS | Insurance Company |
| DHB | District Health Boards |
| CBF | Capitation Based Funding – Patient is Enrolled and Funded |
| DIAP | Diabetes Get Checked Claim Type |

Funder type CBF is mandatory for all patients that are enrolled and funded based on the information received from the Ministry of Health on the capitation based funding register. Practices must ensure that the register from the Ministry of Health is downloaded into the PMS application to update the appropriate fields.

If the **Funder Type is CBF** then no additional service information will be submitted.

If the service is an immunisation consultation then the event information will be submitted in the Immunisation Consultation data set.

### 6.10.3.3      ZSD-3-Claim Code

This is a conditional data requirement. This data set will identify when a GMS claim or IMM (Immunisation) claim was claimed through the Ministry of Health.  This will be blank for a GMS visit for a patient funded under CBF.

**Conditional Trigger:** If the patient is a casual patient then the following GMS claim code should be submitted.

| Code | Alt Codes | Note |
|------|-----------|------|
| A1 | | Adult CSC holder |
| A3 | | Adult Non CSC Holder |
| AZ | A1Z,A3Z | Adult HUHC Holder |
| J1 | | Juvenile CSC Holder |
| J3 | | Juvenile Non CSC Holder |
| JZ | J1Z,J3Z | Juvenile HUHC Holder |
| Y1 | | Young CSC Holder |
| Y3 | | Young Non CSC Holder |
| YZ | Y1Z,Y3Z | Young HUHC Holder |

**Conditional Trigger:** If the patient is funded under Immunisation then the following IMMS fee code should be submitted.

| Fee Code | Description |
|----------|-------------|
| OA | Administration of Standard Immunisation |
| FA | Administration of Influenza Immunisation |
| FV | Influenza Vaccination |
| MB | Administration of MeNZB Immunisation |
| EA | Administration of Emergency Immunisation |

### 6.10.3.4    ZSD-4–Outcome Code

This is a conditional data requirement. This data set will identify the type of service the patient was provided.

**Conditional Trigger:** If the patient is a casual patient then the outcome code should be submitted. If the patient is funded then it is optional if the First Level Service visit is captured and submitted.

| Type | Code | Note |
|------|------|------|
| CON | CP | Consultation in person |
| CON | CT | Telephone consultation or non-face to face consultation. |
| CON | FU | Follow Up consultation |
| CON | EM | Email consultation |

## 6.11 RXA – Pharmacy Administration Information

### 6.11.1 Function

This segment is only required for Immunisation, where the **ZSD-2-Funder Type is IMM**. This segment is used to store the details of exactly what vaccine was given.

**NOTE:** If immunisation code is not compliant with RXA segment requirements then the code is not valid and is not to be submitted as part of this extract.

**NOTE:** The Immunisation Consultation records a single Immunisation event. Where multiple events occur within the same Consultation, multiple Immunisation Consultation records are generated.

### 6.11.2 Table of Fields

The following table outlines the detailed data that is required for the Immunisation Consultation Section. Note 1: The valid combinations of the fields which together constitute the Vaccine Code (RXA-5, RXA-2 and RXA-19) are specified in the Vaccine Code Table in the Ministry of Health's GMS & Imms HL7 Electronic Claiming Specification.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|-----|-----|------|------|-------|
| 1 | 4 | NM | | | Give Sub-ID Counter | X |
| 2 | 4 | NM | M | | Administration Sub-ID Counter | M |
| 3 | 26 | TS | M | | Date/Time Start of Administration | M |
| 4 | 26 | TS | | | Date/Time End of Administration | X |
| 5 | 253 | CE | M | | Administered Code | M |
| 6 | 20 | NM | | | Administered Amount | X |
| 7 | 250 | CE | | | Administered Units | X |
| 8 | 250 | CE | | | Administered Dosage Form | X |
| 9 | 250 | CE | | | Administered Notes | X |
| 10 | 250 | XCN | | | Administered Provider | X |
| 11 | 200 | CM | | | Administered at Location | X |
| 12 | 20 | ST | | | Administered Per (Time Unit) | X |
| 13 | 20 | NM | | | Administered Strength | X |
| 14 | 250 | CE | | | Administered Strength Units | X |
| 15 | 28 | ST | | | Substance Lot Number | X |
| 16 | 26 | TS | | | Substance Expiration Date | X |
| 17 | 250 | CE | | | Substance Manufacturer Name | X |
| 18 | 250 | CE | | | Substance/Treatment Refusal Reason | X |
| 19 | 250 | CE | M | Y | Indication | M |
| 20 | 2 | ID | M | | Completion Status | M |
| 21 | 2 | ID | | | Action Code RXA | X |
| 22 | 26 | TS | | | System Entry Date/Time | X |

### 6.11.3      Field Notes

#### 6.11.3.1         RXA-2- Administration Sub-ID Counter

For vaccination data this field records the dose number of the vaccine is being given. If a vaccine has three administrations then this field will hold either '1', '2', or '3' to indicate which dose of the vaccine has been completed. This field must always contain a positive non-zero integer.

For standard vaccines the valid range of values will normally be 1 to 99 inclusive while other vaccines will carry specific range values. Please refer to the Vaccine Code Table in the Ministry of Health's GMS & Imms HL7 Electronic Claiming Specification for valid combinations.

#### 6.11.3.2         RXA-3- Date/Time Start of Administration

The date and time that the vaccination was administered.

| Valid values | Notes |
|---|---|
| Valid date/time | Date and time that the vaccination was administered.  Date/Time format is CCYYMMDDHHMM. |

#### 6.11.3.3         RXA-5- Administered Code

| Components | NZ Usage | Notes |
|---|---|---|
| <identifier> ^ | ST(6) | NZ name for this component is Code. HL7 standard Codes are up to 3 digits. NZ specific Codes are up to 6 digits. |
| <text > ^ | ST(241) | NZ Name for this component is Brief Description. |
| <name of coding system > | ST(4) | HL7 standard Codes take the value of CVX. NZ specific Codes take the value of NZVX. |

This field identifies the vaccine given. Values from the CVX coding system are used, except where this has been extended to take into account different vaccines that are accepted by the Ministry of Health's claiming system. Values with three or less digits are from the CVX tables and must record CVX in the coding system. Codes with 4 or 5 digits are from the New Zealand extensions and should be coded with NZVX.

Example: Value from CVX.
RXA||1|||03^MMR^CVX||||||||||||||||15M|CM

Example: Value from NZVX
RXA||1|||99001^DTaP^NZVX||||||||||||||||15M|CM

The vaccine codes are divided into two tables. In the first table are the vaccines that the NIR is stated to accept. The second table documents vaccines that are available for administration in New Zealand but which are not currently messaged by the NIR. Systems should be able to process the values in both tables.

Please refer to the Ministry of Health's GMS & Imms HL7 Electronic Claiming Specification for valid vaccinations.

### 6.11.3.4     RXA-19- Indication

| Components | NZ Usage | Notes |
|---|---|---|
| <identifier> | ST(5) | This field records the number of the indication. See below for the list of valid values and for a further explanation of this component / field. |
| <text > ^ | (not used) | |
| <name of coding system (ST)> | (not used) | |

The indication is the reason that the vaccine was administered. The scheduled reason (e.g. six weeks) is used to report where the vaccination falls on the NZ vaccination schedule. Where a scheduled immunisation has not been completed the messaging of vaccine code and scheduled reason is still required in order to identify the event that has been declined or rescheduled.

Please refer to the Ministry of Health's GMS & Imms HL7 Electronic Claiming Specification for valid indication values.

### 6.11.3.5     RXA-20- Completion Status

The completion status determines where a patient has decided to opt off or decline a service.

| Value | Meaning |
|---|---|
| CM | Complete |
| RE | Refused. This code should be used when the vaccine has been declined. |
| GE | Given Elsewhere – not at practice where patient is enrolled or registered. |
| AG | Alternative given.  This code should be used in the event that an immunisation cycle has been completed with an Alternative vaccine. |

**Variance to HL7:**  The Code AG is not present in HL7 Table 0322.  To meet the requirements of the NIR this code has been added.

## 6.11.4    Vaccine Code Table

A vaccine code requires the presence of a specific combination of three fields, RXA-5 (HL7 Code), RXA-2 (Sequence) and RXA-19 (Indication).

Please refer to the Ministry of Health's GMS & Imms HL7 Electronic Claiming Specification for valid code combinations.

## 6.12   ZPI - Clinical Performance Indicator Data

### 6.12.1    Function

This segment provides information related to the clinical indicators for the patients within the Practice.

### 6.12.2    Table of Fields

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|----|-----|------|------|-------|
| 1 | 100 | CF | M | | Query Description | M |
| 2 | 250 | CE | M | Y | Code | M |

### 6.12.3    Field Notes

#### 6.12.3.1       ZPI-1-Query Description

This is a mandatory data requirement and provides information on the clinical performance indicator query that is being recorded. The valid values for this field are:

| Query Value | Query Description | Meaning (Consistent with Data Format Standard; Clinical Performance Indicators) |
|-------------|-------------------|--------------------------------------------------------------------------------|
| 1 | Smoking status ever recorded | Patient with system codes indicating they have ever had a smoking status recorded. |
| 2 | Diabetes patients who have had an annual review in the last year | Patient who has had an annual diabetes review carried out during the last 12 months.<br><br>Note: Any annual diabetes review service that is provided within 12 months of the last day of the Clinical data Extract period (and is recorded in the PMS) must be included in the extract. This query needs to measure every service that has been provided in the last 12 months, not just the last quarter. |
| 3 | A Diabetes code ever recorded against the patient | Patient with system codes indicating they have ever had Diabetes. |
| 4 | A Stroke code ever recorded against the patient | Patients with a system code indicating that the patient has ever had a stroke. |
| 5 | A Myocardial Infarction code ever recorded against the patient | Patients with a system code indicating that the patient has ever had Myocardial Infarction |
| 6 | A Heart Failure code ever recorded against the patient | Patients with a system code indicating that the patient has ever had Heart Failure |
| 7 | A CVD risk recorded in the last 5 years against the patient | Patients with a CVD risk recorded in the last 5 years<br><br>Note: Any CVD Risk Assessment service that |

| | | is provided within 5 years of the last day of the Clinical data Extract period (and is recorded in the PMS) must be included in the extract. This query needs to measure every service that has been provided in the last 5 years, not just the last quarter. |
|---|---|---|
| 8 | Diabetes patients recorded as having a microalbuminuria test in the last 18 months | Patients where the microalbuminuria test has been recorded as being ordered in the last 18 months |
| 9 | Diabetes patients who have had a positive microalbuminuria test and are on ACE inhibitor or A2 receptor agonist | Patients where the microalbuminuria test was positive and are on a ACE inhibitor in the last 18 months<br><br>Note: A positive microalbuminuria test means;<br>• for men, albumen:cretine ration >2.5 and<br>• for women, albumen:cretine ration >3.5 or<br>• for either gender a negative microalbumin stick test<br><br>Patients where the microalbuminuria test was positive and are on an ACE inhibitor or A2 receptor agonist in the last 18 months<br><br>Note: A positive microalbuminuria test means;<br>• for men, albumen:cretine ration >2.5 and<br>• for women, albumen:cretine ration >3.5 or<br>• for either gender a negative microalbumin stick test |
| 10 | Diabetes patients with HbA1C test result of 8% or less OR 64 mmol/mol or less in the last year | Patients with an HbA1C test result of 8% or less OR 64 mmol/mol or less in the 12 months up to and including the last day of the reporting period.<br><br>Note: For a patient to be included in this query they must have a system code indicating that they have been diagnosed with diabetes, i.e. a ZPI segment with a Query Value of 3 has been generated for the patient |
| 11 | Patient has a CVD Risk >= 15% | Patients with a CVD risk of 15% or more. The CVD risk has been recorded in the 5 years up to and including the end of the reporting period |
| 12 | Patient has a CVD Risk >= 15% and has | Patients with a CVD risk of 15% or more who |

| | been prescribed statins in last 12 months | have been prescribed statins, where the statins have been prescribed in the twelve months up to and including the end of the reporting period |
|---|---|---|
| 13 | Ischaemic CVD event ever recorded | Patients who have had an Ischaemic CVD event or diagnosis of an Ischaemic CVD event. |
| 14 | Smoking brief advice or cessation support activity has been undertaken with the patient in the last 12 months | Patient with system codes indicating smoking brief advice or cessation support activity has been undertaken in the last 12 months |

### 6.12.3.2      ZPI-2-Code

This is a **mandatory** data requirement and provides information on the code, code type and the date used to generate the query information.

| Components | NZ Usage | Notes |
|---|---|---|
| <code> | ST(10) | This field identifies the code used. |
| <coding system> | ST(30) | This field identifies the coding system used. |
| <date coded> | ST(10) | This field identifies the date the code was entered. |

The code is the numeric or text classification code in the PMS system, which identifies a patient's diagnosis. The code must be from one of the existing coding system values.

For a list of valid read <code> values refer to the document titled ***Code Mappings for Data Transfer Specification/CPI Data Format Standard Queries; Version 1.0***,

The coding system valid values are:

| Value | Meaning |
|---|---|
| READ | READ codes |
| ICD-9 | International Classification of Diseases; Edition 9 |
| ICD-10 | International Classification of Diseases; Edition 10 |
| DSMIV | Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition |
| ICPC | International Classification of Primary Care |
| PRAC | Practice defined codes |
| SCRN | Screening codes |
| ICPC2 | International Classification of Primary Care; Version 2 |
| ICPC+ | International Classification of Primary Care; Version 2 Plus |
| SNOMED | SNOMED codes |
| ZCPI | New Zealand Specific Clinical Performance Indicator Code |

The date value confirms when the code was entered into the PMS system.

| Valid values | Notes |
|---|---|
| Valid dates | The Date format is CCYYMMDD. |

Example of ZPI-2-Code is:

|C1020^READ^20051231

**NOTE:** The <date coded> component  is **mandatory** for all coding.

**NOTE:** If a PMS <u>vendor</u> has a screening template in their PMS system, where data from that template is required to populate information for any query in the ZPI Segment, the screening code/value **must be mapped** to an accepted READ code, SCRN code or ZCPI code (as per the document titled *Code Mappings for Data Transfer Specification/CPI Data Format Standard Queries*) to ensure completeness of information relating to that query.

**NOTE:** If a PMS <u>user</u> has a screening template in their PMS system, where data from that template is required to populate information for any query in the ZPI Segment, the screening code/value **must be mapped** to an accepted READ code, SCRN code or ZCPI code (as per the document titled *Code Mappings for Data Transfer Specification/CPI Data Format Standard Queries*) to ensure completeness of information relating to that query.

**NOTE:** If any <u>Other</u> vendor (includes <u>Decision Support</u>) has a screening template in their system - and it writes back into the PMS system; where data from that template is required to populate information for any query in the ZPI Segment, the screening code/value **must be mapped** to an accepted READ code, SCRN code or ZCPI code (as per the document titled *Code Mappings for Data Transfer Specification/CPI Data Format Standard Queries*) to ensure completeness of information relating to that query.

# 6.13   ZSN – Screening Data

## 6.13.1      Function

This segment is only required for Screening. This segment is used to store the details of screenings performed.

## 6.13.2      Table of Fields

The following table outlines the detailed data that it required for Screening.

| Seq | Len | DT | Opt | RP/# | Name | Usage |
|-----|-----|----|-----|------|------|-------|
| 1 | 250 | CE | R | | Screening Code | M |
| 2 | 8 | DT | R | | Date of Screening | M |
| 3 | 15 | ST | R | | PMS Visit ID | M |
| 4 | 3 | CE | R | | Practitioner type | M |
| 5 | 90 | CN | | | Practitioner identifiers | C |
| 6 | 2 | ID | | | Outcome Status | O |
| 7 | 200 | ST | | | Value1 | C |
| 8 | 4 | NM | | | Value2 | O |

## 6.13.3      Field Notes

### 6.13.3.1        ZSN-1- Screening Code

| Components | NZ Usage | Notes |
|-----------|----------|-------|
| <identifier> ^ | ST(5) | NZ name for this component is Code. |
| <text > ^ | ST(241) | NZ Name for this component is Brief Description. |

Table 1: Screening Codes currently recognised

| Code | Short Description |
|------|-------------------|
| CVX | Cervical Smear |
| MAM | Mammography |
| CVDR | CVD Risk |

### 6.13.3.2        ZSN–2-Date of Screening

This is a mandatory data requirement.

| Valid values | Notes |
|-------------|-------|
| Valid dates | The date of the event/recording. The Date format is CCYYMMDD. |

### 6.13.3.3        ZSN-3-PMS Visit ID

This is a mandatory unique Id allocated by PMS for this screening entry. This is used to distinguish between two events recorded on the same day or when data is transmitted several times.

### 6.13.3.4    ZSN-4-Practitioner Type

This is a mandatory data requirement. This information confirms the practitioner type of the practitioner responsible for this screening.

| Sub component | Valid values |
|---|---|
| <Practitioner type>^ | 'M' = MCNZ registered |
| | 'N' = NCNZ registered |
| | O' = Other provider |

### 6.13.3.5    ZSN-5-Practitioner Identifiers

The Ministry of Health usage is the practitioner's New Zealand professional registration number. Valid characters are 0–9.

**Conditional Trigger:** Required only where ZCN-3- Practitioner Type is 'M' or 'N'.

### 6.13.3.6    ZSN-6- Outcome Status

The outcome status. (Optional)

| Value | Meaning |
|---|---|
| AB | Abnormal |
| BE | Benign |
| NO | Normal |
| RE | Refused, This code should be used when the screening has been declined. |
| EX | Exempt, Not clinically warranted or contraindicated |

### 6.13.3.7    ZSN-7- Optional Data Value 1

This is a conditional data requirement and provides information on any optional data value that has been requested as part of a screening result. This field may change overtime if new screening entries are required.

| Valid values | Notes |
|---|---|
| <number>% | 5 year absolute cardiovascular risk, calculated using the New Zealand Cardiovascular Risk Charts published by the NZGG (or a compliant software tool) |
| Clinically High | 5 year absolute cardiovascular risk has been calculated as "clinically high" (risk calculated to be some value >20%) |

**Conditional trigger:** This field will only be populated to record the CVD risk% of the patient to where screening is CVDR

### 6.13.3.8    ZSN-8- Optional Data Value 2

This is a conditional data requirement and provides information on any optional data value that has been requested as part of a screening result. This field is not currently used.

# 7. APPENDIX A Practice Report Example

Below is an example of the Practice Report that the Practice will provide to the PHO. The PHO will send a Message Acknowledgement file (see Appendix B) on receipt of this.

```
MSH|^~\&|SoftwareProduct|BrownStreetPractice|PHOSYS|BrownPHO|20010829152500||PMD|12345
082915|P|2.6|||||
ZPR|BrownStreetPractice|127984||600000|AST^^^^1245^^Chaplin^Street^^Candletown^Dunedin
|APO^^^^1012^^^^^Dunedin
PRD|M|Smith~Michael~Donald^DR~MD^|AST^^^^1245^^Chaplin^Street^^Candletown^Dunedin|
APO^^^^1012^^^^^Dunedin |||||12345||20040401||N
PRD|M|Lift~Carol~Anne^DR~MD^|AST^^^^1245^^Chaplin^Street^^Candletown^Dunedin|APO^
^^^1012^^^^^Dunedin |||||14896||20040101||N
PRD|M|James~Bradley~Tom^DR~MD^|AST^^^^1245^^Chaplin^Street^^Candletown^Dunedin|A
PO^^^^1012^^^^^Dunedin |||||8977||20060101||N
PRD|N|Tow~Susan~Mary^^^^|AST^^^^1245^^Chaplin^Street^^Candletown^Dunedin|APO^^^
^1012^^^^^Dunedin |||||125589||20040301||
PID||ZZZ0008|51|123456789|^^^^^^||||||||||||||||||||^^^|||||||||
ZRD||||||||||||||||||^^||||
ZCN|20060129|123456A|M|12345
ZSD|1234588|CBF|||
ZCN|20060229|123456B
ZSD|1444588|MAT|A3|CP|15.00
PID||ZZZ0016|221||^^^^^^||||||||||||||||||||^^^|||||||||
ZRD||||||||||||||||||^^||||
ZCN|20060301|123456A|M|12345
ZSD|1234588|CBF|||
ZPI|1|1373^READ^20051212
ZPI|2|^^^
ZPI|7|CVD^SCRN^20051231
ZPI|8|^^^
ZPI|11|^^^
ZSN|CVX^Cervical Screening|20041104|1234|N|125589|NO||
ZSN| CVDR^CVD Risk |20051231|1200|N|125589||16%|20051231
PID|||911||^^^^^^||||||||||||||||||||^^^|||||||||
ZRD|||||||||||0123456791011|20060708||||5|^||N||
ZCN|20060121|122456A|N|125589
ZSD|258698|IMM|YZ|CP|18.00
RXA||1|200601211221||03^MMR^CVX|||||||||||||||15M|CM|
ZSN|MAM^ Mammography |20030113|1254|M|12345|NO||
PID||^^^^|907||^^^^^^||||||||||||||||||||^^^|||||||||
ZRD||||||||||||||||||^||||
ZCN|20060904|498|M|77665
ZSD||CBF||CP|
ZSD||DIAP||CP|
ZPI|2|DIAP^SCRN^20060904
ZPI|3|C109^READ^20060904
ZPI|8|DIAP^SCRN^20060904
ZPI|10|DIAP^SCRN^20060904
PID||ZZZ0354|11|240071|^^^^^^||||||||||||||||||||^^^|||||||||
```

ZRD|||||||||||||||||||^||||
ZCN|20060215|123489A|M|8977
ZSD|258699|CBF|||
ZCN|20060215|123489B|N|125589
ZSD|IMM||18.00
RXA||1|200602151533||99006^Influenza^NZVX||||||||||||||3|CM|
ZPI|4|018^ICD-9^20041102
PID||ZZC6523|3389||^^^^^^||||||||||||||||||^^^||||||||||
ZRD|Turner||||||||||||||0|^||N||
ZCN|20010821|1256A|N|125589
ZSD|258658|GMS|Y1|CP|20.00
PID|||108||^^^^^^||||||||||||||||||^^^||||||||||
ZRD|||||||||||||||||||^||||
ZCN|20060904|491|M|77665
ZSD||CBF||CP|
ZSD||DIAP||CP|
ZPI|1|137Q^READ^20060904
ZPI|2|DIAP^SCRN^20060904
ZPI|3|C109^READ^20060904
ZPI|4|G61^READ^20060904
ZPI|5|G308^READ^20060904
ZPI|6|G58^READ^20060904
ZPI|7|CVD^SCRN^20060904
ZPI|9|DIAP^SCRN^20060904
ZPI|11|CVD^SCRN^20060904
ZPI|13| G308^READ^20060904
ZSN|CVDR|20060904|0409125446|M|77665||15%|
PID||ZZB6542|688|23881|^^^^^^||||||||||||||||||^^^||||||||||
ZRD||||Y|||19950316||20060905|C|||||||^||||
ZCN|20060905|500|M|77665
ZSD||PCP||CP|4000
ZSD||GMS|A3|CP|
ZPI|1|137P^READ^20060904
PID||ZZZ7734|999|240086|^^^^^^||||||||||||||||||^^^||||||||||
ZRD|||||||||||||||||||^||||
ZCN|20080731|520|M|23456
ZSD||CBF||CP
ZPI|1|137Q^READ^20060904
ZPI|2|DIAP^SCRN^20060904
ZPI|3|C109^READ^20060904
ZPI|5|G…^READ^20060904
ZPI|6|G58^READ^20060904
ZPI|13|G3…^READ^20080731
PID||ZZA8873|987|240093|^^^^^^||||||||||||||||||^^^||||||||||
ZRD|||||||||||||||||||^||||
ZCN|20080808|540|M|98765
ZSD||CBF||CP
ZPI|7|CVD^SCRN^20080808
ZPI|13| G70..^READ^20070905
ZSN|CVDR|20080808|540|M|98765||20%|
PID||ZZZ0024|700||^^^^^^||||||||||||||||||^^^||||||||||

ZRD|||||||||||||||||^||||
ZCN|20100822|11654|M|98765
ZSD||CBF||CP
ZPI|1|137R.^READ^20050403
ZPI|14|6791.00^READ^20100822
PID|||711||^^^^^^|||||||||||||||||^^^|||||||||||
ZRD|||||||||||||||||^||||
ZCN|20100822|11655|M|98765
ZSD||CBF||CP
ZPI|1|ZPSA10^ZCPI^20100822
ZPI|14|ZPSB10^ZCPI^20100822
ZPI|14|ZPSC30^ZCPI^20100822

## 8.     APPENDIX B Message Acknowledgement File

Below is an example of the Message Acknowledgement Segment that the PHO will provide to the practice on receipt of the Practice file.

MSA|AA|567283||||01^accepted^PHOSYS

# 9.     APPENDIX C Minimum Practice Data Set

Below is a table detailing the minimum practice data set requirements that a Practice PMS will need to be able to extract to a PHO to enable the PHO to generate the following PHO contractual reporting requirements:

- Data Format Standard; Service Utilisation;
- Data Format Standard; Provider Lists;
- Data Format Standard; Clinical Performance Indicators;

NOTE: The minimum practice data set requirements are based on all MANDATORY data requirements in the specification and some CONDITIONAL data requirements that are essential to generate the PHO report information.

| Column Code | Segment ID | Table Field | Data Field – Reference in Segment Sections | Data used for what PHO Contractual Report |
|---|---|---|---|---|
| MSH | Message Header | Field separator | MSH-1-Field Separator | Service Utilisation/Immunisation Provider List Clinical Performance Indicators |
| | | Encoding characters | MSH-2-Encoding Characters | |
| | | Sending application | MSH-3-Sending Application | |
| | | Sending facility | MSH-4-Sending Facility | |
| | | Date/time of message | MSH-7-Date/Time of Message | |
| | | Message type | MSH-9-Message Type | |
| | | Message control ID | MSH-10-Message Control ID | |
| | | Processing ID | MSH-11-Processing ID | |
| | | Version ID | MSH-12-Version ID | |
| ZPR | Practice Details | Practice name | ZPR-1-Practice Name | Service Utilisation/Immunisation Provider List Clinical Performance Indicators |
| | | Practice ID | ZPR-2-Practice Identifier | |
| | | Practice Physical address | ZPR-5-Practice Physical Address | |
| PRD | Provider Details | Practitioner type | PRD-1-practitioner type | Provider List |
| | | Practitioner name | PRD-2-practitioner name | |
| | | Practitioner identifiers | PRD-9-practitioner identifiers | |
| PID | Patient Details | Patient ID (internal ID) | PID-3-patient ID (internal ID) | Service Utilisation/Immunisation |

| | | | | Provider List<br>Clinical Performance Indicators |
|---|---|---|---|---|
| ZRD | Register Details | NIL | NIL | NIL |
| ZCN | Consultation Details | Date of Event | ZCN–1-Date of Event | Service Utilisation/Immunisation |
| | | PMS Visit ID | ZCN-2-PMS Visit ID | |
| | | Practitioner type | ZCN-3-Practitioner Type | |
| | | Practitioner identifiers | ZCN-4-Practitioner Identifiers | |
| ZSD | Service Details | Funder Type | ZSD-2-Funder Type | Service Utilisation/Immunisation<br>Clinical Performance Indicators |
| RXA | Pharmacy Administration Information (Immunisation Details) | Administration Sub-ID Counter | RXA-2- Administration Sub-ID Counter | Service Utilisation/Immunisation |
| | | Date/Time Start of Administration | RXA-3- Date/Time Start of Administration | |
| | | Administered Code | RXA-5- Administered Code | |
| | | Indication | RXA-19- Indication | |
| | | Completion Status | RXA-20- Completion Status | |
| ZPI | Clinical Performance Indicator Details | Query Description | ZPI-1-Query Description | Clinical Performance Indicators |
| | | Code | ZPI-2-Code | |
| ZSN | Screening Data | Screening Code | ZSN-1- Screening Code | Clinical Performance Indicators |
| | | Date of Screening | ZSN–2-Date of Screening | |
| | | PMS Visit ID | ZSN-3-PMS Visit ID | |
| | | Practitioner type | ZSN-4-Practitioner Type | |
| | | Practitioner identifiers | ZSN-5-Practitioner Identifiers | |

# 10. APPENDIX D Error Conditions

The table below provides error condition information for PHO systems to present on the MSA - Message Acknowledgement Segment in data element MSA-6- error condition. The agreement is that these error conditions will be applied consistently across PHO systems.

| Segment | Element Name | Error Description | Error Condition Code | Error Condition |
|---|---|---|---|---|
| MSH | Field Separator | Field Separator not present | 000 | Reject |
| | Encoding Characters | Encoding Characters not present | 001 | Reject |
| | Sending Application | Sending Application not present | 002 | Warning |
| | Sending Facility | Sending Facility not present | 003 | Warning |
| | Date/Time of Message | Date/Time of Message not present | 004 | Reject |
| | Message type | Message type not present | 005 | Warning |
| | Message control ID | Message control ID not present | 006 | Reject |
| | Processing ID | Processing ID not present | 007 | Warning |
| | Version ID | Version ID not present | 008 | Warning |
| PID | Patient ID (internal ID) | Patient ID (internal ID) not present in PHO RMS system or practice data set | 009 | Reject Patient line |
| | Patient name | Patient name not present in PHO RMS system or practice data set | 010 | Reject Patient line |
| | Date of birth | Date of birth not present in PHO RMS system or practice data set | 011 | Reject Patient line |
| | Gender | Gender not present in PHO RMS system or practice data set | 012 | Reject Patient line |
| | Patient address | Patient address not present in PHO RMS system or practice data set | 013 | Reject Patient line |
| | Ethnic group | Ethnic group not present in PHO RMS system or practice data set | 014 | Reject Patient line |
| PRD | Practitioner type | Practitioner type not present | 015 | Reject Provider line |
| | Practitioner name | Practitioner name not present | 016 | Reject Provider line |
| | Practitioner identifiers | Practitioner identifiers not present | 017 | Reject Provider line |
| | Effective start date of role | Effective start date of role not present | 018 | Reject Provider line |
| | Locum Status | Locum Status | 019 | Warning |

| ZPR | Practice name | Practice name not present | 020 | Warning |
|---|---|---|---|---|
| | Practice ID | Practice ID not present | 021 | Warning |
| | PerOrg ID | PerOrg ID not present | 022 | Warning |
| | Practice Physical address | Practice Physical address not present | 023 | Warning |
| | Practice Postal address | Practice Postal address not present and not physical address present | 024 | Warning |
| ZRD | Date of enrolment | Date of enrolment not present PHO RMS system or practice data set | 025 | Warning |
| | HUHC number | HUHC number not present PHO RMS system or practice data set | 026 | Warning |
| | HUHC expiry date | HUHC expiry date not present PHO RMS system or practice data set and patient does have HUHC card | 027 | Warning |
| | CSC number | CSC number not present PHO RMS system or practice data set | 028 | Warning |
| | CSC expiry date | CSC expiry date not present PHO RMS system or practice data set and patient does have CSC card | 029 | Warning |
| | Quintile | Quintile not present PHO RMS system or practice data set | 030 | Warning |
| | Care Plus Enrolment Status | Care Plus Enrolment Status not present PHO RMS system or practice data set | 031 | Warning |
| | Care Plus Enrolment Start Date | Care Plus Enrolment Start Date not present PHO RMS system or practice data set and Patient is enrolled in Care Plus | 032 | Warning |
| | Care Plus Enrolment End Date | Care Plus Enrolment End Date not present PHO RMS system or practice data set and Patient is enrolled in Care Plus | 033 | Warning |
| ZCN | Date of Event | Date of Event is not present | 034 | Warning |
| | PMS Visit ID | PMS Visit ID is not present | 035 | Warning |
| ZSD | Service ID | Service ID is not present | 036 | Warning |
| | Funder Type | Funder Type is not present | 037 | Warning |
| | Claim Code | Claim Code is not present | 038 | Warning |
| | Outcome Code | Outcome Code is not present | 039 | Warning |
| | Practitioner type | Practitioner type is not present | 040 | Warning |
| | Practitioner identifiers | Practitioner identifiers is not | 041 | Warning |

| | | present | | |
|------|------------------------------|---------------------------------------|-----|---------|
| RXA | Administration Sub-ID Counter | Administration Sub-ID Counter is not present | 042 | Warning |
| | Administered Code | Administered Code is not present | 043 | Warning |
| | Indication | Indication is not present | 044 | Warning |
| | Completion Status | Completion Status is not present | 045 | Warning |
| ZPI | Query Description | Query Description is not present | 046 | Warning |
| | Value 1 | Value 1 is not present | 047 | Warning |
| | Code Type | Code Type is not present | 048 | Warning |
| | Code | Code is not present | 049 | Warning |

The table below outlines what the PHO should action when an error condition is returned:

| Error Condition | Process for Resolution |
|---------------------|-------------------------------------------------------------------------------------|
| Reject | Practice to resubmit corrected file |
| Reject Patient line | Patient line rejected and sent back to Practice to resubmit data line |
| Reject Provider line | Provider line rejected and sent back to Practice to resubmit data line |
| Warning | PHO fixes error and advises Practice to submit corrected information in future extract |