



## Continuity of Care Document

### Specifications/Input:

File Type: .txt

Delimiter: "|" (pipe)

Header: N/A

Field Number	Field Name	Format	Description	Required?
1	Patient ID	#####	HealthPartners' 8 digit patient ID number	Y
2	First name	Char Text	The first name of the patient associated with the record	Y
3	Last name	Char Text	The last name of the patient associated with the record	Y
4	Birth date	MM/DD/YYYY	The DOB of the patient associated with the record	Y
5	Pharmacist NPI	#####	Type 1 NPI of pharmacist who provided MTM service	Y
6	Record type	###	A three digit number used to describe the type of record being transmitted (see Code Set – Record Type)	Y

### Record Type

Record Code	Record Type	Description
001	Lab	Patient's lab and lab results information
002	Prescriber intervention	Medication therapy problem identification and resolution information
003	Assessment	Assessment information
004	Smoking history	Patient's smoking history
005	Blood pressure	Patient blood pressure

File Specification – Lab Segment (001): Note – Lab segments are required when provider has access to lab data. CCD files should include the most recent result (as of the date the ccd is created) for each of the lab types listed below, when available.

Field Number	Field Name	Format	Description	Required?
7	Date	MM/DD/YYYY	The date of the lab that was completed	Y – if lab segment is sent
8	Lab type	##	The lab type completed See below table (* Lab Types) (EX. 1 = total cholesterol)	Y – if lab segment is sent
9	Lab value		The value of the lab completed See below table (* Lab Types) (EX. 1 = total cholesterol= mg/dl)	Y – if lab segment is sent

\* Lab Types

Corresponding Lab Type #	Lab Type	Value
1	Total Cholesterol (TC)	mg/dl
2	HDL	mg/dl
3	LDL	mg/dl
4	TG (triglycerides)	mg/dl
5	HbA1c	%
6	Hgb (hemoglobin)	g/dl
7	SCr (Creatinine)	mg/dl
8	AST	IU/L
9	ALT	IU/L
10	Alk (Alkaline Phos.)	U/L
11	Phosphorus (Phos)	mg/dl
12	Thyroid Stimulating Hormone (TSH)	mIU/ml
13		
14		

File Specification – Prescriber Intervention Segment (002): This is a required segment

Field Number	Field Name	Format	Description	Required?
7	Date	MM/DD/YYYY	Date the recommendation was made	Y
8	Number of medication therapy problems identified	##	Number of medication therapy problems identified by provider on specified date	Y

9	Number of medication therapy problem resolutions	##	Number of medication therapy problem resolutions (from 1 day after last assessment through day that # of medication therapy problem resolutions is recorded)	Y
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File Specification – Assessment Segment (003): This is a required segment

Field Number	Field Name	Format	Description	Required?
7	Date	MM/DD/YYYY	Date of assessment/visit	Y
8	Recipient of assessment	##	01 – Beneficiary 02 – Beneficiary's Prescriber 03 – Caregiver 04 – Other	Y
9	Method of delivery of assessment	##	01– Face to face 02-Telephone 03-Telehealth Consultation 04-Other	Y
10	Cognitive status	Y, N, U	Patient cognitively impaired? Y = Yes, N = No, U = Unknown	Y

11	CMS standardized summary	MM/DD/YYYY	Date CMS standardized summary delivered or mailed to beneficiary	N – Only required if patient has Medicare insurance AND received CMS standardized summary
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File Specification – Smoking History Segment (004): Not a required segment. If sending smoking history segment, please send the most recent assessment date as of the date the CCD record is created. If no smoking assessment exists, no smoking history segment should be sent.

Field Number	Field Name	Format	Description	Required?
7	Date	MM/DD/YYYY	Date smoking status assessed	Y
8	Current smoker	Y, N, U	States if patient is a current smoker Y = Yes, N = No, U = Unknown	Y

File Specification – Blood Pressure Segment (005): Not a required segment. If sending a blood pressure value, please send the most recent blood pressure on record as of the date the CCD record was created. If no blood pressure value exists, no blood pressure segment should be sent.

Field Number	Field Name	Format	Description	Required?
7	Date	YYYY/MM/DD	Date of blood pressure Reading	Y
8	Systolic	### (max 3 digits, 2 digits ok)	Systolic blood pressure value	N – required if field 9 populated
9	Diastolic	### (max 3 digits, 2 digits ok)	Diastolic blood pressure value	N – required if field 8 populated

10	Systolic/Diastolic combined	###/### (max 3 digits, 2 digits ok)	Alternative reporting of BP if can't report as a separate systolic and diastolic value	N- Required if field 8 and 9 not populated
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