**ADT\_Soarian\_naviHlth Reqs**

**1.0**

**Prepared By: Rich Allison**

**Date: 8/23/2017**

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# **Document Control**

## Resources: (include Project Team Members, Liaisons, Vendor Contacts, etc.)

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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 8/23/2017 | Rich Allison | Originally Created |
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|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

This document outlines the contents and logic of the Soarian ADT to naviHlth translation interface.

## 1.2 Project Scope

Develop an interface for Soarian ADT messages to naviHlth (aka nHDischarge).

## 1.3 Terminology Standards

### 1.3.1 Acronyms

MLLP – Minimum Lower Layer Protocol for messaging framing a HL7 message.

### 1.3.2 Glossary

List the terms that require definition with respect to Cloverleaf and the product whose requirements are defined in this document. The definitions are specific to this document and may not be identical to the definitions of these terms in common use.

## 1.4 Document References

nH Discharge Accepted Event Types.xlsx, naviHealth HL7 Specifications.docx, nH Discharge Reference Tables.xlsx

# 2. Diagram - NA

Provide a solution diagram that depicts the integration of components specified in this IDBB. This diagram must include the data flow for the interfaces (source and target).



# 3. Requirements

## 3.1 Functional Requirements

Provide detail for the below functional requirements. The message transformation requirements for the components defined in this specification should be specified in section 4.2 of this document.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.2017.1.0 | Filter – tpsAdvHL7Filter | Block Behavioral Health facilities |

## 3.2 Non-Functional Requirements - NA

Provide concise detail for the below non-functional requirements. This would include external table ownership, hours of support, etc. The below requirements must be evaluated for every project.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| NFR.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 3.3 Messaging Protocols

Below are listed the details for the messaging protocols that will be leveraged for this integration. This includes: TCP/IP, FTP, Web Services, etc.

### 3.3.1 Inbound to the BayCare Cloverleaf

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.2 Outbound to the BayCare Cloverleaf

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.3 Inbound to the Vendor

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.4 Outbound to the Vendor

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

|  |
| --- |
| HL7 2.6/Soarian  MSH  [ZSH] |
| EVN |
| PID |
| [ PD1 ] |
| [ MRG ] |
| [{ NK1 } ] |
| [ PV1 ] |
| [ PV2 ] |
| [{ ROL } ] |
| [{ OBX } ] |
| [{ DG1 } ] |
| [{ DRG } ] |
| [{ PR1 } ] |
| [{ GT1 } ] |
| [ ZG1 ] |
| [ { |
| IN1 |
| [ IN2 ] |
| [ ZIN ] |
| [ ZAR ] |
| [{ PRT } ] |
| } ] |
| [ PDA ] |
| [ ZPV ] |

### 4.1*.*2 Messaging Event Types

Below are the messages types necessary for this integration

|  |  |
| --- | --- |
| **Event Type** | **Description** |
| ADT^A01 | Admit |
| ADT^A02 | Transfer |
| ADT^A03 | Discharge |
| ADT^A04 | Register |
| ADT^A05 | Pre-Admit |
| ADT^A06 | Change outptnt to inptnt |
| ADT^A07 | Change inptnt to outptnt |
| ADT^A08 | Update |
| ADT^A10 | Patient arriving |
| ADT^A11 | Cancel admit/visit |
| ADT^A13 | Cancel discharge |
| ADT^A31 | Update person information |

### 4.1*.*3 Cloverleaf Configuration Files

Variant: HL7 2.6/Soarian ADT\_A01

TCL: tpsAdvHL7Filter

Filters:

{ADVFLTR {

{{PATH {MSH:3}} {VALUE {{BLM WBH SIP ISU CRC BHO}}} {MATCHDISP KILL} {NOMATCHDISP CONTINUE}}

}

}

{DEBUG 0}

Xlate: soarf\_naviHlth\_adt.xlt

### 4.1.4 Cloverleaf Site Location

soarf\_adt\_ent\_18

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| Message Header | MSH |  |  |  | PATHCOPY |
| Event Type Code | EVN.1 |  |  |  | COPY |
| Recorded Date/Time | EVN.2 |  |  |  | COPY |
| Set ID | PID.1 |  |  |  | COPY |
| Patient Identifier List | PID.3 |  |  |  | COPY |
| Patient Name – Family | PID.5.0 |  |  |  | COPY |
| Patient Name – Given | PID.5.1 |  |  |  | COPY |
| Patient Name – Second Given | PID.5.2 |  |  |  | COPY |
| Patient Name – Suffix | PID.5.3 |  |  |  | COPY |
| Date/Time of Birth | PID.7 |  |  |  | COPY |
| Administrative Sex | PID.8 |  |  |  | COPY |
| Race | PID.10 |  |  |  | COPY |
| Patient Address – Street Address | PID.11.0 |  |  |  | COPY |
| Patient Address – Other Designation | PID.11.1 |  |  |  | COPY |
| Patient Address – City | PID.11.2 |  |  |  | COPY |
| Patient Address – State | PID.11.3 |  |  |  | COPY |
| Patient Address – Zip Code | PID.11.4 |  |  |  | COPY |
| Phone Number – Home | PID.13 |  |  |  | Format Outbound:  (813) 123-4567 |
| Phone Number – Business | PID.14 |  |  |  | Format Outbound:  (813) 123-4567 |
| Primary Language | PID.15 |  |  |  | COPY |
| Marital Status | PID.16 |  |  |  | COPY |
| Religion | PID.17 |  |  |  | COPY |
| Patient Account Number | PID.18.0 |  |  |  | COPY |
| SSN Number | PID.19 |  |  |  | COPY |
| Ethnic Group | PID.22 |  |  |  | IF PID.22 = “Non HIS or LAT”  COPY NOH to PID.22  ELSE COPY PID.22 to PID.22 |
| Patient Death Date and Time | PID.29 |  |  |  | COPY |
| Patient Death Indicator | PID.30 |  |  |  | COPY |
| Living Arrangement | PD1.2.0 |  |  |  | COPY |
| Organ Donor Code | PD1.8.0 |  |  |  | COPY |
| NK1 – Emergency Contacts |  |  |  |  | IF NK1.7 = “Emergency Contact 1” or NK1.7 = “Emergency Contact 2” |
| Set ID – NK1 | NK1.1 |  |  |  | COPY “1” to @NK1setID  COPY @NK1setID to NK1.1 |
| Name – Family Name | NK1.2.0 |  |  |  | COPY |
| Name – Given Name | NK1.2.1 |  |  |  | COPY |
| Relationship | NK1.3 |  |  |  | COPY – Used soarf\_medicity\_fix\_duplicates.tbl |
|  | NK1.3 |  |  |  | IF NK1.2.0 not = @null and NK1.3 = @null  COPY “O” to NK1.3 |
| Address – Street Address | NK1.4.0 |  |  |  | COPY |
| Address – Other Designation | NK1.4.1 |  |  |  | COPY |
| Address – City | NK1.4.2 |  |  |  | COPY |
| Address – State | NK1.4.3 |  |  |  | COPY |
| Address – Zip Code | NK1.4.4 |  |  |  | COPY |
| Phone Number – Primary Residence Number | NK1.5.0 |  |  |  | IF NK1.5.1 = “PRN”  Format Outbound:  (813) 123-4567 |
| Phone Number – Other Residence Number | NK1.6.0 |  |  |  | IF NK1.5.1 = “ORN”  Format Outbound:  (813) 123-4567 |
| Contact Role | NK1.7 |  |  |  | COPY |
| Patient Employer | NK1.7 |  |  |  | IF MSH.9.1 = “A01” or MSH.9.1 = “A04” or MSH.9.1 = “A05” or MSH.9.1 = “A08” and IF NK1.7 = “EMP” |
| Organization Name | NK1.13.0 |  |  |  | COPY |
| Job Status | NK1.34.0 |  |  |  | If no employer org name, provide job status...  Get the job status from the soarf\_employment\_status.tbl  COPY status to NK1.3.0 |
| Business Phone Number | NK1.6.0 |  |  |  | IF NK1.6.1 = “WPN”  Format Outbound:  (813) 123-4567 |
| Set ID | PV1.1 |  |  |  | COPY |
| Patient Class | PV1.2 |  |  |  | COPY |
| Assigned Patient Location – Point of Care | PV1.3.0 |  |  |  | COPY |
| Assigned Patient Location – Room | PV1.3.1 |  |  |  | COPY |
| Assigned Patient Location – Bed | PV1.3.2 |  |  |  | COPY |
|  | PV1.3.0 |  |  |  | IF PV1.3.0 = “NULL” Get the encounter location from the soarf\_enctr\_loc\_suffix.tbl using PV1.39 servicing facility and concat that with PV1.10 hospital service |
| Admission Type | PV1.4 |  |  |  | COPY |
| Prior Patient Location – Point of Care | PV1.6.0 |  |  |  | COPY |
| Prior Patient Location – Room | PV1.6.1 |  |  |  | COPY |
| Prior Patient Location – Bed | PV1.6.2 |  |  |  | COPY |
| Attending Doctor – Degree | PV1.7.6 |  |  |  | COPY to PV1.7.0 |
| Attending Doctor – Family Name | PV1.7.1 |  |  |  | COPY |
| Attending Doctor – Given Name | PV1.7.2 |  |  |  | COPY |
| Attending Doctor – Second and Further Given Name | PV1.7.3 |  |  |  | COPY |
| Hospital Service | PV1.10 |  |  |  | COPY |
| Re-admission Indicator | PV1.13 |  |  |  | COPY |
| Admit Source | PV1.14 |  |  |  | COPY |
| VIP Indicator | PV1.16 |  |  |  | COPY |
| Admitting Doctor – Degree | PV1.17.6 |  |  |  | COPY to PV1.17.0 |
| Admitting Doctor – Family Name | PV1.17.1 |  |  |  | COPY |
| Admitting Doctor – Given Name | PV1.17.2 |  |  |  | COPY |
| Admitting Doctor – Second and Further Given Name | PV1.17.3 |  |  |  | COPY |
| Patient Type | PV1.18 |  |  |  | COPY |
| Visit Number | PV1.19.0 |  |  |  | COPY |
| Financial Class | PV1.20 |  |  |  | IF ZIN.58.4 (Identifier Type Code) = “NHPI” and IN1.22 (Coord of Ben. Priority) = “1”  COPY ZIN.58.0 (ID Number) to PV1.20.0 |
| Discharge Disposition | PV1.36 |  |  |  | COPY |
| Discharged to Location | PV1.37 |  |  |  | COPY |
| Servicing Facility | PV1.39 |  |  |  | Get the servicing facility from the soarf\_enctr\_loc\_suffix.tbl using PV1.39 servicing facility and concat that with PV1.10 hospital service |
| Account Status | PV1.41 |  |  |  | COPY |
| Admit Date/Time | PV1.44 |  |  |  | COPY |
| Discharge Date/Time | PV1.45 |  |  |  | COPY |
| Admit Reason – Text | PV2.3.1 |  |  |  | COPY |
| Expected Discharge Date/Time | PV2.9 |  |  |  | COPY |
| Expected Length of Inpatient Stay | PV2.10 |  |  |  | COPY |
| Diagnosis | DG1 |  |  |  | PATHCOPY |
| Set ID – GT1 | GT1.1 |  |  |  | COPY |
| Guarantor Number | GT1.2 |  |  |  | IF GT1.#2.[3] (Assigning Authority) = “900000”  COPY GT1.2.0 to GT1.2 |
| Guarantor Name – Family Name | GT1.3.0 |  |  |  | COPY |
| Guarantor Name – Given Name | GT1.3.1 |  |  |  | COPY |
| Guarantor Name – Second and Further Given Name | GT1.3.2 |  |  |  | COPY |
| Guarantor Address – Street Address | GT1.5.0 |  |  |  | COPY |
| Guarantor Address – Other Designation | GT1.5.1 |  |  |  | COPY |
| Guarantor Address – City | GT1.5.2 |  |  |  | COPY |
| Guarantor Address – State | GT1.5.3 |  |  |  | COPY |
| Guarantor Address – Zip Code | GT1.5.4 |  |  |  | COPY |
| Guarantor Ph Num – Home | GT1.6.0 |  |  |  | IF GT1.6.1 = “PRN”  Format Outbound:  (813) 123-4567 |
| Guarantor Ph Num – Business | GT1.7.0 |  |  |  | IF GT1.6.1 = “WPN”  Format Outbound:  (813) 123-4567 |
| Guarantor – Date/Time of Birth | GT1.8 |  |  |  | COPY |
| Guarantor – Administrative Sex | GT1.9 |  |  |  | COPY |
| Guarantor – Type | GT1.10 |  |  |  | COPY |
| Guarantor – Relationship | GT1.11 |  |  |  | COPY |
| Guarantor – SSN | GT1.12 |  |  |  | COPY |
| Insurance Plan ID – Identifier | IN1.2.0 |  |  |  | IF IN1.2.0 not = @null… |
| Set ID – IN1 | IN1.1 |  |  |  | COPY |
| Insurance Plan ID | IN1.2 |  |  |  | COPY |
| Insurance Company ID | IN1.3 |  |  |  | IF IN1.#3.[3] (Assigning Authority) = “900000”  COPY IN1.3.0 to IN1.3 |
| Insurance Company Name – Organization Name | IN1.4 |  |  |  | COPY |
| Insurance Company Address – Street Address | IN1.5.0 |  |  |  | COPY |
| Insurance Company Address – Other Designation | IN1.5.1 |  |  |  | COPY |
| Insurance Company Address – City | IN1.5.2 |  |  |  | COPY |
| Insurance Company Address – State | IN1.5.3 |  |  |  | COPY |
| Insurance Company Address – Zip Code | IN1.5.4 |  |  |  | COPY |
| Insurance Company Address – Country | IN1.5.5 |  |  |  | COPY |
| Insurance Co Contact Person – Name Representation Code | IN1.6.7 |  |  |  | COPY |
| Insurance Co Phone Number – Telecommunication Use Code | IN1.7.0 |  |  |  | IF IN1.7.1 = “WPN”  Format Outbound:  (813) 123-4567 |
| Group Number | IN1.8 |  |  |  | COPY |
| Group Name | IN1.9 |  |  |  | COPY |
| Insured’s Group Emp ID – ID Number | IN1.10.0 |  |  |  | COPY |
| Insured’s Group Emp Name – Organization Name | IN1.11.0 |  |  |  | COPY |
| Authorization Information | IN1.14 |  |  |  | COPY |
| Plan Type | IN1.15 |  |  |  | COPY |
| Name of Insured – Family Name | IN1.16.0 |  |  |  | COPY |
| Name of Insured – Given Name | IN1.16.1 |  |  |  | COPY |
| Name of Insured – Second and Further Given Name | IN1.16.2 |  |  |  | COPY |
| Name of Insured – Suffix | IN1.16.3 |  |  |  | COPY |
| Insured’s Relationship To Patient | IN1.17 |  |  |  | COPY |
| Insured’s Date Of Birth | IN1.18 |  |  |  | COPY |
| Insured’s Address – Street Address | IN1.19.0 |  |  |  | COPY |
| Insured’s Address – Other Designation | IN1.19.1 |  |  |  | COPY |
| Insured’s Address – City | IN1.19.2 |  |  |  | COPY |
| Insured’s Address – State | IN1.19.3 |  |  |  | COPY |
| Insured’s Address – Zip Code | IN1.19.4 |  |  |  | COPY |
| Coord Of Ben. Priority | IN1.22 |  |  |  | COPY |
| Policy Number | IN1.36 |  |  |  | COPY |
| Insured’s Administrative Sex | IN1.43 |  |  |  | COPY |
| Verification Status | IN1.45 |  |  |  | COPY |
| Insured’s ID Number | IN1.49.0 |  |  |  | IF IN1.#49.[3] (Assigning Authority) = “900000”  COPY IN1.49.0 to IN1.49.0 |

## 4.3 Sample Message

Inbound:

MSH|^~\&|SOARF|MPH|||201708211142||ADT^A08|e9e5bcf3-d85b-403a-9816-f3f12f4d9e01|P|2.7||3

EVN|A08|201708211142||CCI|b129106|201708211121|9027

PID|1|810014808^^^900000^PN|7000015750^^^BCHS^MR||MACHUCA^MARIAH^M^^^^L^^^20170816||19970206|F||White|1611 GROVE STREET^""^Clearwater^FL^33761^USA^M^^Pinellas^^^20170818||^PRN^PH^^1^727^6089865^""^Pref~^ORN^CP^^1^727^8565569^""^""~^WPN^PH^^1^727^9865786^""^""~^NET^^SITWATCHANDLISTEN@BAYCARE.COM||EN|M|Baptist|6000034218^^^BCHS^VCD^^20170821||||Non HIS or LAT||N|0||PREV|||N|N||201708211122

PD1||||||||N

NK1|1|CROOSE^ANNA^^^^^L|J|~^^^""^^^N|813-352-5241^PRN^PH^^^813^3525241||Emergency Contact 1|||||||||||||EN

NK1|2||EMP||||EMP||||||GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX|||||||||||||||||||||Empl

PV1|1|E||Emergency|||666666^Unassigned^ER Doctor^^^PRN^^^66666^PRDOC^MPH|||ERD|||N|EO|||666666^Unassigned^ER Doctor^^^PRN^^^66666^PRDOC^MPH|E|5103804177^^^504^VN^^20170821|Auto Med|||||||||||||||||||9027|||||201708211119|||||||V

PV2|||^MVA NECK BACK PAINS||||~~~~false||||||0||N||||||N||MP ED^L^1171^^^900000^XX~^^1376529743^^^900004^NPI|Checked in|||||||N|||||N||A

ROL||AD|PP|005992^Al-Andary^Hazem^Fuad^^PRN^1275847071^NPI^01533^PRDOC^MPH|201708211128||||Phys|||^WPN^PH^^0^727^3221054~^ORN^FX^^0^727^3222725

ROL||DE|PP|005993^Saba^Fadi^E^^PRN^1588658348^NPI^02090^PRDOC^MPH|201708181009||||Phys|||^WPN^PH^^0^727^3221054~^WPN^PH^^0^727^3221054~^ORN^FX^^0^727^3222725

ROL||UC|AT|66666^Unassigned^ER Doctor^^^^^^1316^L^^^PRN^^^^20140211~66666^^^^^^^^1325^^^^PRN~66666^^^^^^^^581^^^^PRN~66666^^^^^^^^2077^^^^PRN~66666^^^^^^^^2075^^^^PRN~66666^^^^^^^^2076^^^^PRN~66666^^^^^^^^1505^^^^PRN~66666^^^^^^^^2078^^^^PRN~01673^^^^^^^^684^^^^PRN~01673^^^^^^^^737^^^^PRN~269^^^^^^^^900000^^^^DN~666666^^^^^^^^183^^^^PRN|201708211119||||Phys

ROL||AD|AD|66666^Unassigned^ER Doctor^^^^^^1316^L^^^PRN^^^^20140211~66666^^^^^^^^1325^^^^PRN~66666^^^^^^^^581^^^^PRN~66666^^^^^^^^2077^^^^PRN~66666^^^^^^^^2075^^^^PRN~66666^^^^^^^^2076^^^^PRN~66666^^^^^^^^1505^^^^PRN~66666^^^^^^^^2078^^^^PRN~01673^^^^^^^^684^^^^PRN~01673^^^^^^^^737^^^^PRN~269^^^^^^^^900000^^^^DN~666666^^^^^^^^183^^^^PRN|201708211119||||Phys

OBX|1|CE|1PTRR^^LSFUSERDATAE||Y||||||R

OBX|2|CE|AdditionalData1^^LSFUSERDATAE||N||||||R

OBX|3|NM|9272-6^Apgar 1^LN||0

OBX|4|NM|9274-2^Apgar 5^LN||0

GT1|1|7000015750^^^504^MR^^20170816~810014808^^^900000^PN^^20170816|MACHUCA^MARIAH^M^^^^L^^^20170816||1611 GROVE STREET^""^Clearwater^FL^33761^USA^M^^Pinellas^^^20170818|^PRN^PH^^1^727^6089865^""^Pref~^ORN^CP^^1^727^8565569^""^""~^WPN^PH^^1^727^9865786^""^""~^NET^^SITWATCHANDLISTEN@BAYCARE.COM||19970206|F|P|6|||||||||Em|||||N|||||M||||||EN|||||Baptist|||Non HIS or LAT||||||0^0|GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX||Empl||White

IN1|1|1452^Auto Geico|1506^^^900000^XX^^20130605|Auto^L^1506^^^900000^XX|PO Box 9091^^Macon^GA^312089091^USA^M^^^^POLCS-M~PO Box 9091, ATN Florida Claims^^Macon^GA^312089091^USA^M^^^^HRefund~PO Box 9091^ATN Florida Claims^Macon^GA^312089091^USA^M^^^^HRefund|^^^^^^^POLCS-M~Geico^^^^^^^HRefund|^WPN^PH^^0^800^6482493^^POLCS-M||Auto Geico|86432^^^900000^XX^^20160823|GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX||||Liability|MACHUCA^MARIAH^M^^^^L^^^20170816|6|19970206|1611 GROVE STREET^""^Clearwater^FL^33761^USA^M^^Pinellas|||1||||||||||||||7144825B0513G|||||||F||false||||7000015750^^^504^MR^^20170816~810014808^^^900000^PN^^20170816

IN2||||||||||||||||PRE|||||||||99999|GENE||||||||EN|||||Baptist|||Non HIS or LAT|M|||||Empl|||||||||||||||^PRN^PH^^1^727^6089865^""^Pref~^ORN^CP^^1^727^8565569^""^""~^WPN^PH^^1^727^9865786^""^""~^NET^^SITWATCHANDLISTEN@BAYCARE.COM|||||||GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX|White|6

ZIN||||||||||||||||||||||||||||||||||||||||||||||||||||^^policyPlanName^policyPlanName^Auto Geico||||||1452^^^900000^HPI^20130613~Auto^^^183^NHPI^20140313

IN1|2|275^Cigna HMO POS|421^^^900000^XX^^20120228~060303370^^^900001^TX^^20140328~NLU00008^^^184^CRI^^20140328|Cigna Health Plan^L^421^^^900000^XX|PO BOX 182223^^CHATTANOOGA^TN^37422^USA^M^^^^POLCS-M~PO Box 182223^^Chattanooga^NE^37422^USA^M^^^^PMain~PO Box 182223^^Chattanooga^TN^37422^USA^M^^^^PMain~COR Unit C2COR^900 Cottage Grove Rd^Hartford^CT^06152^USA^M^^^^HRefund|^^^^^^^POLCS-M~Cigna^^^^^^^HRefund|^NET^^^^^^^POLCS-M|3207160|Cigna HMO POS|86432^^^900000^XX^^20160823|GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX||||Health|MACHUCA^MARIAH^M^^^^L^^^20170816|6|19970206|1611 GROVE STREET^""^Clearwater^FL^33761^USA^M^^Pinellas|||2||||||||||||||U0560506904|||||||F||false||||7000015750^^^504^MR^^20170816~810014808^^^900000^PN^^20170816

IN2||||||||||||||||PRE|||||||||63208|NOCD||||||||EN|||||Baptist|||Non HIS or LAT|M|||||Empl|||||||||||||||^PRN^PH^^1^727^6089865^""^Pref~^ORN^CP^^1^727^8565569^""^""~^WPN^PH^^1^727^9865786^""^""~^NET^^SITWATCHANDLISTEN@BAYCARE.COM|||||||GOLDEN ALLIANCE GROUP^L^86432^^^900000^XX|White|6

ZIN||||||||||||||||||||||||||||||||||||||||||||||||||||^^policyPlanName^policyPlanName^Cigna HMO POS||||||275^^^900000^HPI^20130610~HMO^^^183^NHPI^20140313

PDA||||||N|||N

ZPV|||||||||||||||||||||||||||||||||||||||||||||||||""|BCBCE2EDU1408DX|||||||||||^^mostCurrEncTypeCd^mostCurrEncTypeCd^OP||||||||5103804177^^No SCD^504^ZAVN^^20170821||201708211119

ZPT|Consent|Y|20170821|20170821

ZPT|HIE|Consent Obtained|20170821|20170821

ZPT|HIE|Consent Obtained|20170818|20170818|||D

ZPT|Consent|Y|20170818|20170818|||D

ZID|7000015750^^^504^MR^^20170816~810014808^^^900000^PN^^20170816

Outbound:

MSH|^~\&|SOARF|MPH|||201708211142||ADT^A08|e9e5bcf3-d85b-403a-9816-f3f12f4d9e01|P|2.7

EVN|A08|201708211142

PID|1||7000015750||MACHUCA^MARIAH^M||19970206|F||White|1611 GROVE STREET^""^Clearwater^FL^33761||(727)608-9865|(727)986-5786|EN|M|Baptist|6000034218||||NOH||||||||N

PD1||||||||N

NK1|1|CROOSE^ANNA|J||(813)352-5241||Emergency Contact 1

NK1|2||||||||||||GOLDEN ALLIANCE GROUP

PV1|1|E|ERDMH|EMERGENCY|||^Unassigned^ER Doctor|||ERD|||N|EO|||^Unassigned^ER Doctor|E|5103804177|Auto|||||||||||||||||||ERDMH|||||201708211119

PV2|||^MVA NECK BACK PAINS

GT1|1|7000015750|MACHUCA^MARIAH^M||1611 GROVE STREET^""^Clearwater^FL^33761|(727)608-9865|(727)986-5786|19970206|F|P|6

IN1|1|1452^Auto Geico|1506|Auto|PO Box 9091^^Macon^GA^312089091^USA|^^^^^^^POLCS-M|(800)648-2493||Auto Geico|86432|GOLDEN ALLIANCE GROUP||||Liability|MACHUCA^MARIAH^M|6|19970206|1611 GROVE STREET^""^Clearwater^FL^33761|||1||||||||||||||7144825B0513G|||||||F||false||||810014808

IN1|2|275^Cigna HMO POS|421|Cigna Health Plan|PO BOX 182223^^CHATTANOOGA^TN^37422^USA|^^^^^^^POLCS-M||3207160|Cigna HMO POS|86432|GOLDEN ALLIANCE GROUP||||Health|MACHUCA^MARIAH^M|6|19970206|1611 GROVE STREET^""^Clearwater^FL^33761|||2||||||||||||||U0560506904|||||||F||false||||810014808

# 5. Alerts

Are you going to need alerting on this connection?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If the answer is yes, please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Name** | **Hours of Support** | **Distribution Group** | **Comments** |
|  |  |  |  |
| soarf\_adt\_ent\_18\_p | Mon - Fri 8:00am – 4:00 pm | Cerner PowerChart/Documentation Orders/  Deb McCracken | Outbound queue depth alert |

# Appendix A: Risks and Concerns - NA

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2013.1.0 |  |  | |  | |  |  |  |

# Appendix B: Issues List - NA

This is a dynamic list of the open issues related to the IDBB that remain to be solved, including but not limited to TBDs, pending decisions, information needed, conflict awaiting resolution, and the like.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Issue** | **Comment** | **Fix** | | |  |  |  |
| I.2013.1.0 |  |  | |  | |  |  |  |

* End of document