DID NASC Load Specification

Version 1.0
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Revision control

VER	DATE	AUTHOR	DESCRIPTION
0.1	03 August 2006	Alberta Trass	Draft
		Alberta Trass	Incorporated amendments from Nicholas Hart
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0.2	30 May 2007	Nic Hart	Corrections made
0.3	08 June 2007	Nic Hart	Further amendments and corrections
0.4	3 July 2007	Nic Hart	Incorporated feedback from Dale Peterson
1.0	2 April 2008	Nic Hart	Version 1 for general distribution

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1   Introduction

1.1   Overview

This document details the format that DID Electronic NASC loads must conform to in order to be successfully processed in Sector Services' Client Claims Processing System (CCPS).

1.2   Files

The DID NASC load consists of four files which all need to be supplied in comma separated values (CSV) format in order to be successfully processed.

The first line of each file must be a header line containing the names of each column. These are case-sensitive and must be exactly as specified in this document.

The four files are:

NO.	NAME	ABBREVIATION
1	Client and Fulltime Caregiver Details File	CD
2	Needs Assessment and Service Coordination File	NA
3	Service Eligibility File	SE
4	Relationship File	RL

2   Definition of fields

2.1   Introduction

This section describes field definitions that are used to construct an electronic DID eligibility load.

2.2   Field Types

FIELD TYPE	DESCRIPTION	FORMAT
N	Number	9999
T	Text	Alpha and or Numeric
D	Date	DD/MM/YYYY (All dates must contain a four digit year)

2.3   Field Requirements

FIELD CODE	DESCRIPTION
M	Mandatory
O	Optional

2.4 Generic Validations

The generic validations applied to these files are as follows:
- No field may exceed the length stated in the sections below.
- All fields with a State of 'M' are mandatory and must be supplied.

3   NASC DID Eligibility Load Specification

3.1   Introduction

This section describes the sequence of fields and required data types for the successful submission of a DID NASC file to Sector Services.

3.2   File naming convention

The following format is recommended for DID load filenames:

[NASC NAME]_[DATE STAMP]_[FILE ABBREVIATION].csv

The file abbreviations are CD, NA, SE and RL. The preferred format for the date stamp is DDMMYY E.g. 311207

3.3   File 1: Client and Fulltime Caregiver Details (CD)

Include people on this file who are Clients and Fulltime Caregivers (FTCs), who have NEW or CHANGED details.

ITEM	COLUMN HEADER	DESCRIPTION	FIELD TYPE	LENGTH	MANDATORY/ OPTIONAL	ADDITIONAL INFO
1	NHI	NHI Number	T	7	M	Client/FTC National Health Index (NHI) number[1]
2	DWI	DWI Number	N	9	O	MSD Number if known. Should not include spaces or hyphens
3	Title	Client/FTC Title	T	14	O	Must be a valid Title as per the data set in Appendix A
4	First	First Name	T	20	M	Must be only the first name. All other given names are to be placed in the Middle Name field
5	Middle	Middle Name	T	20	O	
6	Surname	Surname	T	20	M	
7	AlternateFirstName	Alternate First Name	T	20	O	
8	AlternateSurname	Alternate Surname	T	20	O	
9	DOB	Date of Birth	D	10	M	Optional for FTC
10	Gender	Gender	T	1	M	Optional for FTC. Valid values are 'M' and 'F'
11	Add1	Flat/Street	T	35	M	First line of address
12	Add2	Street/Suburb	T	25	O	Subsequent Address lines to Flat/Street
13	Add3	Suburb	T	25	O	

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[1] In the case of a Carer, this may be a unique number generated by the assessment organisation if the Carers NHI is unavailable

ITEM	COLUMN HEADER	DESCRIPTION	FIELD TYPE	LENGTH	MANDATORY/ OPTIONAL	ADDITIONAL INFO
14	Add4	Town/City	T	25	M	The Clients Town or City must be in this field.
15	Area	Phone Area Code	N	3	O	
16	Phone	Phone Number	N	15	O	
17	Role	Role	T	3	M	Valid codes are 'CLI' for Client and 'FTC' for Fulltime Caregiver
18	Cohab	Living Status	T	1	O	Valid codes are 'A' for living alone, and 'O' for living with others
19	Eth1	Ethnicity 1	T	3	M	Clients Ethnicity. Eth1 field is mandatory. Eth2, 3 and 4 can be used if required. Values must be valid as per the code set in appendix A
20	Eth2	Ethnicity 2	T	3	O	
21	Eth3	Ethnicity 3	T	3	O	
22	Eth4	Ethnicity 4	T	3	O	
23	DateOfDeath	Date of death	D	10	O	
24	CSC	Community Services Card	N	16	O	Must not contain spaces or hyphens
25	HUC	High Usage Card	N	20	O	Must not contain spaces or hyphens
26	NASC_ID	Unique 3 character code for NASC	T	3	M	Used to indicate NASC submitting file. Assigned by MOH.

3.4   File 2: Needs Assessment and Service Coordination File (NA)

ITEM	COLUMN HEADER	DESCRIPTION	FIELD TYPE	LENGTH	MANDATORY/ OPTIONAL	ADDITIONAL INFO
1	NHI	Clients NHI Number	T	7	M	
2	DOB	Clients Date of Birth	D	10	M	
3	NASC_ID	ID of NASC providing eligibility	T	3	M	Used to indicate NASC submitting file. Assigned by MOH.
4	ReferralDate	Date of Referral	D	10	M	Date received for this referral. This is the date that the client is seen by the assessor (i.e. Will be different for each assessment). This is not the date the client is first referred to a NASC.
5	AssessmentType	Assessment Type	T	2	O	FA – First Assessment, RA – Reassessment
6	AgeRnk	Age Related	N	1	O	These fields detail the Clients disability information. The primary disability must be populated with '1', and any further disabilities detailed sequentially from '2' onwards. One of these fields must be populated with a '1'.
7	PsychRnk	Psychiatric	N	1	O	
8	SensRnk	Sensory	N	1	O	
9	IntRnk	Intellectual	N	1	O	
10	PhysRnk	Physical	N	1	O	
11	PersHRnk	Personal Health	N	1	O	
12	PallRank	Palliative	N	1	O	
13	ChronRank	Chronically Medically Ill	N	1	O	
14	ADRank	Alcohol and Drug Rank	N	1	O	
15	SNL	Service Need Level	N	1	O	1 to 5 only.
16	NA_Assessor_ID	NA Assessor ID	N	7	O	These are legacy fields, leave blank.
17	SC_Coordinator_ID	SC Coordinator ID	N	7	O	
18	SC_ReviewDate	Service Coordination Review Date	D	10	O	
19	SC_ReferralDate	Service Coordination Referral Date	D	10	M	[ADD REFERRAL DATE DETAILS]
20	Coordination_Type	Type of Service Coordination	T	1	M	Valid codes are 'F' for Full and 'R' for Review
21	FundingStream	Client Funding Stream	T	3	M	'MOH' or 'DHB'

3.5 File 3: Service Eligibility File (SE)

Each row in this file relates to a service coordination record. Multiple eligibilities can be associated with a service coordination. Note the Residential Eligibilities can be loaded however information to transfer clients is still required to be submitted manually.

ITEM	COLUMN HEADER	DESCRIPTION	FIELD TYPE	LENGTH	MANDATORY/ OPTIONAL	ADDITIONAL INFO
1	NHI	NHI Number	T	7	M	
2	DOB	Date of Birth	D	10	M	
3	NASC_ID	ID of NASC providing eligibility	T	3	M	Used to indicate NASC submitting file. Assigned by MOH.
4	ServiceCode	Service Code	T	10	M	Please request a list of Service Codes valid for your NASC from Sector Services
5	ReferralDate	Referral Date of Service Coordination	D	10	M	Date client referred – Must match to SC_ReferralDate in the previous File.
6	DateStart	Date Service Eligibility Commences	D	10	M	
7	AmtService	Amount of Service	T	6	M	Number of units. This should be null for Residential Eligibilities. Must be in 0.25 increments E.g. 0.5, 1, 1.25 are acceptable values, 0.3, 0.45, 1.2 are not
8	ReviewDate	Review date of service	D	10	M	Review date of clients service or if home support, the end of this service eligibility.
9	DateAuth	Date of Authorisation	D	10	O	Date client authorised to start service
10	ClientContribution	Client Contribution	C	10	O	

3.6 File 4: Relationship File (RL)

Any client with a Carer Support eligibility should be linked to their Full Time Caregiver in this file.

ITEM	COLUMN HEADER	DESCRIPTION	FIELD TYPE	LENGTH	MANDATORY/ OPTIONAL	FORMAT	ADDITIONAL INFO
1	FTCID	FTCID	T	10	M	XXX9999	Must match a record in the Client File with Role 'FTC'
2	NHI	Clients NHI Number	T	7	M	XXX9999	Must match a record in the Client File with Role 'CLI'
3	DOB	Clients Date of Birth	T	7	M	DD/MM/CCYY	
4	Relationship_type	Relationship File	T	3	M	XXX	Initially can only be 'IFC' for 'is full time carer of' but included for future proofing
5	NASC_ID	Unique 3 character code for NASC	T	3	M	XXX	Used to indicate NASC submitting file. Assigned by MOH.

4   Appendix A – Code Lists

LIST 1 TITLES	DESCRIPTION
BR	Brother
CAPT	Captain
DAME	Dame
DR	Doctor
FATHER	Father
GENERAL	General
HON	Honorable
LADY	Lady
LIEUT	Lieutenant
MAJOR	Major
MASTER	Master
MISS	Miss
MR	Mr
MRS	Mrs
MS	Ms
PROF	Professor
REV	Reverend
RT HON	Right Honorable
SIR	Sir
SISTER	Sister

LIST 2 ETHNICITY	DESCRIPTION
NZM	NZ Maori
TKL	Tokelauan
FJN	Fijian
NIN	Niuean
TGN	Tongan
CIM	Cook Island Maori
SMN	Samoan
OPG	Other Pacific Island Groups
PID	Pacific Island Not Further Defined
SEA	Southeast Asian
IND	Indian
CHI	Chinese
OAN	Other Asian
AND	Asian Not Further Defined
LAH	Latin American/Hispanic

LIST 2 ETHNICITY	DESCRIPTION
AFR	African (or cultural group of African origin)
MDE	Middle Eastern
OTH	Other
OEN	Other European
END	European Not Further Defined
NEP	NZ European/Pakeha
NSD	Not Stated

5   Appendix B – Common Rejection Reasons

5.1   Client and Fulltime Caregiver Details

ALLOCATION REJECTION REASON	DESCRIPTION	ACTION REQUIRED
Invalid Address - No street found	The address submitted does not match to the address reference data held in CCPS. Record rejected.	Resubmit record with either the address suggested or a new address. Contact Sector Services if you feel it is a valid address. Resubmit all related records.
Invalid Address - Street name and type does not exist in any suburb of this location		
Invalid Address - Parse error - No street found		
Invalid Address - Parse error - Street name and type does not exist in this location and suburb		
Invalid Birth Date (>140 years)	The submitted client birth date on this file is greater than 140 years ago. Data Entry Error. Record Rejected.	Check and correct the clients' birth date on all files. Resubmit all related records.
Date of Death is before Birth Date	The submitted client date of death on this file is before the submitted date of birth. Data Entry Error. Record Rejected.	Check and correct the clients' date of birth or date of death on all files. Resubmit all related records
Date of Death in file is different to Date of Death in database	Date of death submitted in this file conflicts with the date of death in CCPS, or Date of death not supplied in this file. Record rejected.	Check whether client is in fact deceased or not and advise Sector Services. Resubmit all related records.
DOB mandatory for Client	No date of birth for the client has been submitted on this file. Record Rejected.	Check and include the clients' birth date on all files. Resubmit all related records
Ethnicity is mandatory for clients	No ethnicity for the client has been submitted on this file. Record Rejected.	Check and include the clients' ethnicity on all files. Resubmit all related records
Address 1 Required	Client record has been submitted on this file without Address line 1. Record rejected.	Change the address to fix this error. Resubmit all related records.
Location Required	Client record has been submitted on this file without Address line 4. Record rejected.	
_____ is not a valid first name	The submitted client first name on this file is not valid. Record rejected.	Check and resubmit with an alternative client first name. Resubmit all related records.
Phone Too Long	The submitted client phone number on this file is too long. Record rejected.	Check and correct the clients' phone number. Resubmit all related records
CSC Number is Too Long	The submitted client Community Services Card number on this file is too long. Record rejected.	Check and correct the clients' Community Service Card number. Resubmit all related records
HUC Number – invalid number	The submitted client Health User Code number on this file is invalid. Record rejected.	Check and correct the clients' Health User Code number. Resubmit all related records
NHI XXX1234 fails validation routine	The submitted NHI on this file is not valid. Record rejected.	Check and correct the clients' NHI. Resubmit all related records

5.2   Needs Assessment and Service Coordination File

ALLOCATION REJECTION REASON	DESCRIPTION	ACTION REQUIRED
WARNING - Referral date(NA) should not be more than three years before today's date	The referral date on this file is 3 years before current date. Record accepted.	Possible review needs to be done. Otherwise, no action needed.
WARNING - Referral date(SC) should not be more than three years before today's date	The service coordination referral date on this file is 3 years before current date. Record accepted.	
WARNING - Service Coordination referral date must not be before the Needs Assessment referral date	The service coordination referral date is before the referral date on this file. Record accepted.	
WARNING - Review date must be after Referral date(SC)	Review date is before the service coordination referral date on this file. Record accepted.	
WARNING - Client has changed funding stream from MOH to DHB	The client has changed funding stream from MOH to DHB. Record accepted.	Check if this funding stream change is a valid change; if the change isn't valid notify Sector Services of this change. Otherwise no action needed.
Client has changed funding stream from DHB to MOH	Clients cannot electronically change funding stream from DHB to MOH. Record rejected.	Check and correct if the funding stream change was in error. If the change is valid notify Sector Services.
Referral Date Required	No referral date has been submitted on this file. Record rejected.	Check and include/correct the referral date. Resubmit all related records.
Referral date (NA) must be on or before today's date	The submitted referral date on this file is a future date. Record rejected.	
SC Referral Date Required	No service coordination date has been submitted on this file. Record rejected.	Check and include/correct the service coordination date. Resubmit all related records.
SC Referral date (NA) must be on or before today's date	The submitted service coordination date on this file is a future date. Record rejected.	
Coordination Type Required	No service coordination type has been submitted on this file. An 'F' for Full Coordination or an 'R' for Review is required. Record rejected.	Check and include the service coordination type ('F' or 'R'). Resubmit all related records.
Client with NHI XXX1234 and DOB DD/MM/YY was not found	No Client with the NHI and DOB submitted exists in CCPS. Record rejected.	Check if an incorrect loading of the Client record caused the rejection. (Re) submit the CD, NA and SE files. If client has been loaded incorrectly into CCPS then notify Sector Services with the next resubmission.
At least one disability rank must be specified	No client disability rank has been submitted on this file. A primary disability rank of '1' must be entered. Record rejected.	Enter a rank of '1' against one, but no more than one, of the disability type columns. Resubmit all related records.
Disability rankings must be consecutive i.e. should start with 1 and increment by 1	If more than one disability rank applies to the client, ranks must start with '1' and increment by one, e.g., '1', '2', '3', etc. Record rejected.	Correct the disability rankings submitted so that they start at 1 and increment by 1. No number should be submitted twice.
You are not contracted to submit DHB funded services - please correct and resubmit	Your NASC is not contracted by a DHB to allocate for DHB funded services. Record rejected.	Check if the client should be MOH funded, and if so correct the submitted funding stream to MOH and resubmit all related records. If your NASC does have a DHB contract, contact Sector Services.
You are not contracted to submit MOH funded services - please correct and resubmit	Your NASC is not contracted by the MOH to allocate for MOH funded services. Record rejected.	Check if the client should be DHB funded, and if so correct the submitted funding stream to DHB and resubmit all related records. If your NASC does have a MOH contract, contact Sector Services.
NASC ID Required	No NASC ID has been submitted on this file. Record Rejected.	Check and include/correct the NASC ID, and resubmit all related records. If unsure what your NASC ID is, contact Sector Services.
NASC ID Invalid	The NASC ID submitted on this file is	

	invalid. Record Rejected.	
Funding Stream Cannot Be Blank	No entry for funding stream has been submitted on this file. A 'DHB' or 'MOH' entry is required. Record rejected.	Check the client's funding stream, and enter accordingly. Resubmit all related records.
Duplicate Line	This exact record appears to have been included twice in this file. Record rejected.	Please check the results for the 2 lines. If they really are an exact match, and the other line was accepted, no action needed. If the other line was rejected, correct and resubmit all related records. If they are not an exact match, contact Sector Services.

5.3   Service Eligibility File

ALLOCATION REJECTION REASON	DESCRIPTION	ACTION REQUIRED
Date End Invalid	No service end date has been submitted on this file. When no service end date is submitted for Home-based Support, the service end date automatically defaults to 10 years from submitted service start date (e.g. Start date 1/1/08 + no end date = 1/1/2008-1/1/2018). Record accepted.	No action needed.
Eligibility Exists, no need to resubmit record	Eligibility already held in CCPS. Record has already been accepted in a previous load.	
No parent Service Coordination exists	NA Record was either not submitted, rejected, or the Service Coordination date on the NA file does not match the Service Coordination date on the SE file. Record rejected.	Correct the NA file error (if any), and (re)submit all related records.
Duplicate Line	This exact record appears to occur twice in this file. Record rejected.	Please check the results for the 2 lines. If they really are an exact match, and the other line was accepted, no action needed. If the other line was rejected, correct and resubmit all related records. If they are not an exact match, contact Sector Services.
Referral Date Required	No referral date has been submitted in this file. Record rejected.	Check and include the referral date. Resubmit all related records.
Date Start Required	No service start date has been submitted in this file. Record rejected.	Resubmit with a service start date. For Home-based Support, this must be the Monday of the first week of client eligibility. Resubmit all related records.
Client with NHI XXX1234 and DOB DD/MM/YY was not found	No Client with the NHI and DOB submitted exists in CCPS. Record rejected.	Check if an incorrect submission or loading of the Client record caused the rejection. (Re) submit the CD, NA and SE files. If client has been loaded incorrectly into CCPS then notify Sector Services with the next resubmission.
Service Coordination clashes with one submitted from another NASC. Resubmit with another date.	Another NASC has submitted the same service coordination date. Record rejected.	Check the service coordination date, and resubmit with an alternative service coordination date. Contact Sector Services if necessary. Resubmit all related records.
Invalid Service Code	The submitted service code on this file is invalid. Record rejected.	Check and correct the service code, and resubmit all related records. If unsure as to the correct service code, contact Sector Services.
Amount of Service Required	A number of units has not been submitted on this file. Record rejected.	Check and include the client's number of units per week, and resubmit all related records. If the service is Residential then this should be 0.
Service Code Required	No service code has been submitted on this file. Record rejected.	Check and include the service code, and resubmit all related records. If unsure as to the correct service code, contact Sector Services.
Amount of service must be to the nearest quarter of unit	Number of Units submitted is incorrect as it is not to the nearest quarter of a unit.	Check that the amount of units is to the nearest quarter of the unit. (E.g. 0.5, 1, 1.25 are acceptable values, 0.3, 0.45, 1.2 are not) Resubmit all related records.

5.4   Relationship File

ALLOCATION REJECTION REASON	DESCRIPTION	ACTION REQUIRED
FTC Not Found	The FTC details submitted (i.e. FTC ID) don't exist in CCPS. FTC may have been rejected in the CD file.	If the FTC record was rejected then correct the error and resubmit. If the record was not rejected then contact Sector Services.
Client with NHI XXX1234 and DOB DD/MM/YY was not found	No Client with the NHI and DOB submitted exists in CCPS. Record rejected.	Check if an incorrect loading of the Client record caused the rejection. (Re) submit the CD, NA and SE files. If client has been loaded incorrectly into CCPS then notify Sector Services with the next resubmission.
FTC Not Found and Client with NHI XXX1234 and DOB DD/MM/YY was not found	The FTC details submitted (i.e. FTC ID) don't exist in CCPS no Client with the NHI and DOB submitted exists in CCPS. Either may have been rejected from the client file, not submitted, or incorrectly loaded into CCPS. Record rejected.	If the Client or FTC records were rejected then correct the error/s and resubmit. If the records were not rejected then contact Sector Services.
Relationship Code Required	No relationship type has been submitted in this file. Record rejected.	Check and include the relationship code (IFC) and resubmit.