

Process Description and Delimited File Specifications For Private Provider Data Upload to Florida SHOTS Florida Department of Health, Bureau of Immunization

1. Program Description

The Florida SHOTS Private Provider Upload process allows enrolled Florida SHOTS practitioners to securely transmit immunization event data to the Department of Health for addition to the Florida SHOTS registry in batch mode.

This means that practices and providers who use practice management or electronic medical record software or services now have the capability to populate Florida SHOTS, especially historical immunization data, without direct data entry and will be able to provide updates and current immunizations electronically as well.

In addition to being enrolled in Florida SHOTS, participating practices must be able to produce data files in either fixed length or delimited format according to the file specifications included in this document. Also, they must acquire and be able to execute transfers using a Florida Department of Health secure FTP account.

This document is not intended to be a complete description of all program requirements for participating in the Private Provider Upload program of Florida SHOTS. Please review this and the other Private Provider Upload (PPU) specifications listed below with your information technology support staff or contractor to ensure that you understand the file specification and accompanying processes.

In no case should a practice stop keying data into Florida SHOTS in anticipation of beginning the data upload process. The Bureau of Immunization will require thorough testing of providers' transmissions before placing a practice into batch production status. Once this is accomplished, an agreement as to the periodicity of batch file updates will be determined. Providers should also recognize that the benefits of using a fully functional immunization registry such as Florida SHOTS go far beyond that of simply a data repository and that these benefits cannot be realized through PPU.

2. Input File Specification(s)

At present, the Bureau of Immunization accepts fixed length and delimited record files. Specifications for both file types are included in this section. Delimiting characters can be any of the commonly used delimiters (comma, tab, "pipes" or vertical bars, etc.). The Bureau of Immunization will confirm during pre-production testing that the delimiting character is apparent and consistently applied.

The **Y** is required, **N** is not required, **R** is highly recommended.

Upload File – Fixed Field Length Data Record

Field Name	Req'd	Description / Rules	Position
Last Name	Y	Length=20	1-20
First Name	Y	Length=15	21-35
Middle Name	N	Length=15	36-50
Date of Birth	Y	Length=10 (mm/dd/yyyy)	51-60
Gender	Y	Length=1 (M, F, or U)	61-61
Social Security Number	N	Length=9	62-70
Medicaid ID	N	Length=12	71-82
Street Address	Y	Length=50	83-132
City	Y	Length=30	133-162
State	Y	Length=2	163-164
Zip Code	Y	Length=9	165-173
Phone Number	N	Length=10 Format areacode+number without delimiters If patient phone number is not available zero fill.	174-183
Patient Identifier/Chart Number	Y	Length = 20 The patient chart number at the provider practice.	184-203
Birth Certificate Number	N	Length=10	204-213
Mother's Last Name	N	Length=20	214-233
Mother's First Name	N	Length=15	234-248
Mother's Middle Name	N	Length=15	249-263
Father's Last Name	N	Length=20	264-283
Father's First Name	N	Length=15	284-298
Father's Middle Name	N	Length=15	299-313
Filler	N	Length=50	314-363
Contraindication Vaccine Type	N	Length=12	364-375
Contraindication Type	N	Length = 4; Valid values: Perm, Temp	376-379
Contraindication Expiration Date	N	Length = 10 (mm/dd/yyyy); Valid if Contraindication Type = Temp	380-389
Contraindication Date Identified	N	Length = 10 (mm/dd/yyyy)	390-399
CVX or CPT Code for Vaccination Administered	Y	Length=5	400-404

Field Name	Req'd	Description / Rules	Position
Vaccination Short Description	Y	Length=30	405-434
Vaccine Given Date	Y	Length = 10 (mm/dd/yyyy)	435-444
Injection Site	N	Length = 3; Valid values (LDT, RDT, LTR, RTR, LAT, RAT, LLT, RLT, LG, RG, IN)	445-447
Injection Route	N	Length = 2; Valid values (IM, PO, SC)	448-449
Vaccine Manufacturer	N	Length = 3	450-452
Vaccine Lot Number	N	Length = 20; Free text	453-472
Administered at-Location	R	Vaccination administered at a certain location. Alpha/Numeric value	473-482

Upload File – Fixed Field Length Trailer Record

Field Name	Req'd	Description / Rules	Position
File Type	Y	Length = 1 (I = Initial, U = Subsequent file). This field will be ignored	1
Organization Name	Y	Length = 30	2-31
FL SHOTS Login Org ID	Y	Length = 15	32-46
File Creation Date	Y	Length = 10 (mm/dd/yyyy)	47-56
Filler	N	Filler (Previous contained the date range of the data).	57-77
Number of Records	Y	Length=7; Number of data records included in the file, excluding the trailer record	78-84

Upload Data File – Delimited Data Record

Field Name	Req'd	Description / Rules	Position
Last Name	Y	Client's last name	1
First Name	Y	Client's first name	2
Middle Name	N	Client's middle name	3
Date of Birth	Y	Client's date of birth (mm/dd/yyyy)	4
Gender	Y	Client's Gender (M, F, or U)	5
Social Security Number	N	Client's social security number	6
Medicaid ID	N	Client's Medicaid ID	7
Street Address	Y	Client's street address	8
City	Y	Client's city	9
State	Y	Client's state	10
Zip Code	Y	Client's zipcode	11

Field Name	Req'd	Description / Rules	Position
Phone Number	N	Client's phone number (10-digits)	12
Patient Identifier/Chart Number	Y	Client's unique identifier within the provider organization	13
Birth Certificate Number	N	Client's birth certification number	14
Mother's Last Name	N	Client's mother's last name	15
Mother's First Name	N	Client's mother's first name	16
Mother's Middle Name	N	Client's mother's middle name	17
Father's Last Name	N	Client's father's last name	18
Father's First Name	N	Client's father's first name	19
Father's Middle Name	N	Client's father's middle name	20
Contraindication Vaccine Type	N	Vaccination for which the contraindication applies	21
Contraindication Type	N	Type of contraindication (PERM or TEMP)	22
Contraindication Expiration Date	N	Expiration date of the contraindication if type is TEMP (mm/dd/yyyy)	23
Contraindication Date Identified	N	Date contraindication identified (mm/dd/yyyy)	24
Vaccination Code	Y	CVX or CPT Code	25
Vaccination Short Desc.	Y	Description of the vaccination	26
Vaccine Given Date	Y	Date vaccination given (mm/dd/yyyy)	27
Injection Site	N	Injection Site Valid values (LDT, RDT, LTR, RTR, LAT, RAT, LLT, RLT, LG, RG, IN)	28
Injection Route	N	Injection Route: Valid values (IM, PO, SC)	29
Vaccine Manufacturer	N	Vaccination manufacturer (3 characters)	30
Vaccine Lot Number	N	Vaccination lot number	31
Administered at-Location	R	Vaccination administered at a certain location. Alpha/Numeric value up to ten characters.	32

Upload Data File – Delimited Trailer Record

Field Name	Req'd	Description / Rules	Position
Organization Name	Y	Name of the organization	1
FL SHOTS Login Org ID	Y	Organization login id	2
File Creation Date	Y	Date file created (mm/dd/yyyy)	3
Number of Records	Y	Number of records in the file	4

Each data record must be complete. Repeating records for the same patient still requires retransmission of all patient identifier and demographic data for each immunization event. Trailer records are to be included as the last record in the data file and the record count should not reflect the trailer record line in the count.

3. Output File Specification

The final step in the upload process is to create an output file of the results of processing the upload file. This results file is placed on the SFTP server for the organization to retrieve and review. The file will be formatted as a TAB delimited file with the following format:

Field Name	Description	Size
Success Indicator	Length=1 S: Successful F: Error(s)	1
ClientDispositions	Disposition of the client reject during processing. A: Added M: Matched R: Rejected I: No valid vaccination records N: No vaccination records for the client	1
VaccDisposition	Disposition of the vaccination record A: Added D: Duplicate S: Series Duplicate R: Rejected M: Missing X: Not processed	1
Patient Name	Patient's name (last, first)	50
Date of Birth	Patient's date of birth (mm/dd/yyyy)	10
Gender	Patient's gender	1
Provider Patient ID	Provider's unique patient identified	20
ContraindicationData	The contraindication data sent with the record if any was provided.	62
Error Messages	Processing error messages	336

Following the records indicating the success or failure of the upload of each vaccination, a footer record will contain the following information:

Field Name	Description	Size
Num Records Processed	Number of records processed	6
Failed Validation	Number of records that failed validation	6
Invalid Demographics	Number of records that had invalid demographics	6
Invalid Vaccinations	Number of records with invalid vaccinations	6
Missing Vaccinations	Number of records missing vaccination data	6
Multiple Demographics	Number of records rejected due to multiple versions of demographics information	6
Clients Processed	Number of clients processed	6
Field Name	Description	Size
Clients Added	Number of clients added	6
Clients Found	Number of clients found	6
Clients Rejected	Number of clients rejected	6
Multiple Matches	Number of rejected clients due to multiple matches	6
No Vaccinations	Number of rejected clients due to no vaccination information	6
Vaccs Processed	Number of vaccinations processed	6
Vaccs Added	Number of vaccinations added	6
Vaccs Duped	Number of duplicate vaccinations	6
Series Duped	Number of duplicate vaccinations based on vaccine series	6
Vaccs Rejected	Number of rejected vaccinations	6
Comm. Errors	Number of records that had general processing errors	6
FileError	General file error message	100

This file will be placed into the upload partner's SFTP inbox and will have a similar name as the upload file but the extension will be changed to ".log".

4. As indicated above, providers will also be required to apply for and establish a secure FTP account with the Florida Department of Health. This account ensures security of the data during transmission between the provider and the Bureau of Immunization and will be the only accepted method of transmission of immunization data from Florida SHOTS participating providers. Please call the help desk at 1-877-888-SHOT or send an email to flshots@doh.state.fl.us to request the appropriate instructions and forms. You may also download the DOH Secure FTP User Access Request form (Adobe Acrobat Reader required), along with the WinSCP (sFTP client software) instructions and documentation from the Florida SHOTS website at <http://www.flshots.com/resources/data.html>.

Scan and email, fax, or mail completed forms to:

- **By email:** flshots@doh.state.fl.us and include "Private Provider Upload" in the subject line
- **By fax:** Florida SHOTS: Private Provider Upload at 850-412-5801, or
- **By mail:** Florida SHOTS: Private Provider Upload
4052 Bald Cypress Way, Bin #A-11
Tallahassee, FL 32399-1719

Any questions regarding this service of the Florida SHOTS program or about Florida SHOTS in general should be emailed to flshots@doh.state.fl.us or call 1-877-888-SHOT (7468).