BATCH SUBMISSION REQUIREMENTS

VALID AS OF December 30, 2013

File Requirements

The "Batch Submission Requirements" document has been updated to reflect recent changes necessary to meet the final requirements of the FOID legislation. The following reflect changes to the previous "Batch Submission Requirements" document dated Nov. 5, 2013.

Changes:

1. Changed the Example Records
2. Facility Record Layout
    a. Removed the "Facility Medicaid ID #" field
3. Patient Record Layout
    a. Removed the "Facility Medicaid ID #" field
    b. Added "Patient Middle Name" field
    c. Added "Patient Name Suffix" field
    d. Changed "Patient Address" field to "Patient Address 1"
    e. Added "Patient Address 2" field
    f. Removed "Facility Patient ID" field
    g. Changed Rules for Admission Type/Event Type
    h. Added date format to "Docket Date" field
    i. Changed "County Code" field name to "Docket County Code", increased maximum field length and provided an example
    j. Added "Deletion Reason"
4. Trailer Record Layout
    a. Removed the "Facility Medicaid ID #" field
5. Appendix A
    a. Changed rules for Admission Type/Event Type
    b. Changed "Event Type" values for Admission Type 2

The batch submittal files are to be created as ASCII DOS Text Files with each field separated by ~ (tilde) and each record delimited by CR/LF(ODOA in hex format), i.e.; tilde(~) delimited fields followed by a carriage return character and a line feed character. The file name is to be 'FOID.DAT'.

There are three types of records to be submitted:

1. The Facility (H) record identifies the reporting facility, the contact person, and the number of patient records.

2. The Patient (P) record describes the patients seen at the facility during that cycle.

3. The Trailer (T) record provides file audit counts and as the last record, is followed by the end-of-file character (1A in hex format).

The general format of the files submitted to DHS should be:

A Facility (H) record is to be followed by the corresponding Patient (P) records (one per patient). A Trailer (T) record provides file audit counts and is included at the end of each file.

**All fields are required, unless otherwise noted. The tilde (~) will still be present.

NOTE: All filler fields have been removed from file layouts as of October 2013.

Example Facility Record:

H~MED HOSPITAL~2011 MAIN ST~SPRINGFIELD~IL~62702~JOHN PUBLIC~2175551234~1

Example Patient Record:

P~LAST NAME~FIRST NAME~MIDDLE NM~67211~M~19880629~703 COLORADO~ APT202~URBANA~IL~61801~ 20130323~20130329~03~111223333 ~1~ ~BLK ~180~511~2~16~2222222~20130927~19

Example Trailer Record:

T~PUBLIC~JOHN~2175551234~20131206~1

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Facility Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'H'. Signifies that facility data is in this record.
Facility Name	30	Alphanumeric	Name of the facility.
Facility Address	25	Alphanumeric	Address of the facility.
Facility City	15	Alphanumeric	City of the location of the facility.
Facility State	2	Alphanumeric	Two character abbreviation of state of the location of the facility.
Facility Zip Code	9	Alphanumeric	Left justified 5 or 9 digit zip code.
Preparer Contact Person	25	Alphanumeric	Name of the appropriate person at the facility that may be contacted in case of problems.
Preparer Phone Number	10	Numeric	Area code and telephone number of the facility contact person.
Number of Patient Records	4	Numeric	The number of patient records ('P' records) following this facility record in the file.

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Patient Record Layout

For Transaction Code "04" the following fields are required (all other fields are optional):

- Record Identifier
- Patient Last Name
- Patient First Name
- Date of Birth
- Sex
- Transaction Code
- Social Security Number (if originally submitted)
- Date Admitted
- Deletion Reason

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric **(required)**	Value 'P'. Signifies that patient data is in this record.
Patient Last Name	12	Alphanumeric **(required)**	Left justified last name of patient.
Patient First Name	9	Alphanumeric **(required)**	Left justified first name of patient.
Patient Middle Name	9	Alphanumeric (Optional)	Left justified middle name of patient.
Patient Name Suffix	5	Numeric (Optional)	Left justified patient's name suffix, if applicable. Valid values: 67210 – 'Sr.' Senior 67211 – 'Jr.' Junior 67212 – 'I' the first 67213 – 'II' the second 67214 – 'III' the third 67215 – 'IV' the fourth 67216 – 'V' the fifth
Sex	1	Alphanumeric **(required)**	'F' – Female 'M' – Male
Date of Birth	8	Alphanumeric **(required)**	Birth date of patient. Format – YYYYMMDD
Patient Address 1	25	Alphanumeric **(required)**	Address of the patient, first address line
Patient Address 2	25	Alphanumeric (Optional)	Address of the patient, second address line, if applicable.
Patient City	15	Alphanumeric **(required)**	City of the residence of the patient.
Patient State	2	Alphanumeric **(required)**	Two character abbreviation of state of the residence of the patient.

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Patient Record Layout - continued

Field Name	Length	Format	Description
Patient Zip Code	9	Alphanumeric	Left justified 5 or 9 digit zip code.
Date Admitted	8	Alphanumeric **(required)**	Date patient was admitted. Format – YYYYMMDD Note: Always include this field to identify the patient for all transaction codes.
Date Discharged	8	Alphanumeric	Date patient was discharged. Format – YYYYMMDD Valid only for transaction codes 02, 03 and 05. *If transaction code = 01, leave the date discharged blank.
Transaction Code	2	Numeric	01 – New admission but not yet discharged. 02 – Discharge to previously submitted admission. 03 – Admission/Discharge in same record. 04 – Previously entered in error – remove from file. 05 – Change to a previously submitted record. NOTE: For transaction codes 02, 04 and 05 a matching record with the same Patient Last Name, Patient First Name, Date of Birth, Sex, Date Admitted, and Social Security Number (if originally submitted) must have been previously submitted to DHS.
Social Security Number	9	Numeric	This field if available should be entered to further identify the patient. If for some reason the SSN **is not available**, **leave** this field **blank**.

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Patient Record Layout - continued

Field Name	Length	Format	Description
Race	1	Numeric **(required)**	1 - White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa, the Middle East, or the Indian subcontinent. 2 - Black, not of Hispanic origin. A person having origins in any of the black racial groups. 3 - Hispanic, a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. 4 - American Indian, a person having origins in any of the original peoples of America, including Alaska. 5 - Asian, a person having origins in any of the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. 6 - Other, these racial/ethnic categories are those required by the Office of Civil Rights. Although the categories are intended to be mutually exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging.
Eye Color	3	Alphanumeric (optional)	BLK – black BRO – brown BLU – blue GRY – gray GRN – green MAR - maroon PNK – pink HAZ – hazel MUL – multicolored XXX – unknown
Hair Color	3	Alphanumeric (optional)	BAL – bald BLK – black BLN – blond BRO – brown BLU – blue GRY – gray or partially gray GRN – green ONG – orange PLE – purple RED – red or auburn PNK – pink SDY – sandy WHI - white XXX - Unknown

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Patient Record Layout - continued

Field Name	Length	Format	Description
Weight	3	Numeric (optional)	3 characters for the recipient's physical weight in Pounds.
Height	3	Numeric (optional)	One digit for the number of feet in the recipient's current height and two digits for the number of inches in the recipient's current height.
Admission Type	1	Numeric	**See Appendix A - Admission Type\Event Type Values.**
Event Type	2	Numeric	**See Appendix A - Admission Type\Event Type Values.**
Docket Number	20	Alphanumeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2)**
Docket Date	8	Alphanumeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2)** Format – YYYYMMDD
Docket County Code	4	Numeric	**Required** for Adjudicated Mentally Disabled Person **(Admission Type =2) See Appendix B – Docket County Codes** Provide the 1, 2, 3 or 4 digit code exactly as depicted on Appendix B (with no zero fill). Example: 43 would be used for DuPage County.
Deletion Reason	250	Alphanumeric	Reason for deleting this patient / admission entry. **Required** for Transaction Code 04

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Trailer Record Layout

Field Name	Length	Format	Description
Record Identifier	1	Alphanumeric	Value 'T'. Signifies that this record is the last data record on file.
Preparer Last Name	12	Alphanumeric	Left justified last name of preparer.
Preparer First Name	9	Alphanumeric	Left justified first name of preparer.
Preparer Phone Number	10	Alphanumeric	Telephone number of preparer. Area code followed by 7 digit phone number. NOTE: Preparer information should match the 'Preparer Contact' person information.
Date Prepared	8	Alphanumeric	Date data was prepared to send. Format – YYYYMMDD
Number of Patient Records	4	Numeric	The number of patient records ('P' records) contained in this file. (Agrees with the count of patients in the 'H' record.)

Appendix A

Admission Type\Event Type Values

NOTE: Only one Admission Type is permitted per Patient and Date Admitted. Only one Event Type is permitted per Patient, Date Admitted, and Admission Type.

Admission Type 1 - Non-Adjudicated Admissions (*not court ordered).*

<table>
<tr><th>Value (Admission Type)</th><th>Description</th></tr>
<tr><td>1</td><td>Non-Adjudicated Admissions (Only report one Event Type per Patient and Date Admitted)
<table>
<tr><th>Event Type</th><th>Description</th></tr>
<tr><td>6</td><td>Voluntary</td></tr>
<tr><td>7</td><td>Informal</td></tr>
<tr><td>8</td><td>Detention and Evaluation (inpatient only)</td></tr>
<tr><td>9</td><td>Emergency Admission (Petition/Certificates)</td></tr>
<tr><td>10</td><td>Juvenile Admissions</td></tr>
</table></td></tr>
</table>

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Admission Type\Event Type Values – continued

Admission Type 2 - Adjudicated Mentally Disabled Person (*court ordered)*

Value (Admission Type)	Description
2	Adjudicated Mentally Disabled Person (Only report one Event Type per Patient and Date Admitted)

Event Type	Description
11	Is subject to involuntary admission as an inpatient as defined in Section 1-119 of the Mental Health and Development Disabilities Code.
12	Presents a clear and present danger to himself, herself, or to others (must be reported within 24 hours).
13	Lacks the mental capacity to manage his or her own affairs or is adjudicated a disabled person as defined in Section 11a-2 of the Probate Act of 1975.
14	Is not guilty in a criminal case by reason of insanity, mental disease or defect.
15	Is guilty but mentally ill, as provided in Section 5-2-6 of the Unified Code of Corrections.
16	Is incompetent to stand trial in a criminal case.
17	Is not guilty by reason of lack of mental responsibility under Articles 50a and 72b of the Uniform Code of Military Justice, 10 U.S.C. 850a, 876b.
18	Is a sexually violent person under subsection (f) of Section 5 of the Sexually Violent Persons Commitment Act.
19	Has been found to be a sexually dangerous person under the Sexually Dangerous Persons Act.
20	Is unfit to stand trial under the Juvenile Court Act of 1987.
21	Is not guilty by reason of insanity under the Juvenile Court Act of 1987.
22	Is subject to involuntary admission as an outpatient as defined in Section 1-119.1 of the Mental Health and Developmental Disabilities Code.
23	Is subject to judicial admission as set forth in Section 4-500 of the Mental Health and Developmental Disabilities Code.
24	Is subject to the provisions of the Interstate Agreements on Sexually Dangerous Persons Act.

Appendix B

Docket County Codes

Required for Adjudicated Mentally Disabled Person

FIPS COUNTY CODE	COUNTY NAME
0	Unknown
1	Adams
3	Alexander
5	Bond
7	Boone
9	Brown
11	Bureau
13	Calhoun
15	Carroll
17	Cass
19	Champaign
21	Christian
23	Clark
25	Clay
27	Clinton
29	Coles
31	Cook
32	Cook/Chi
33	Crawford
35	Cumberland
37	DeKalb
39	DeWitt
41	Douglas
43	DuPage
45	Edgar
47	Edwards
49	Effingham
51	Fayette
53	Ford
55	Franklin
57	Fulton
59	Gallatin
61	Greene
63	Grundy
65	Hamilton

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Docket County Codes - continued

FIPS COUNTY CODE	COUNTY NAME
67	Hancock
69	Hardin
71	Henderson
73	Henry
75	Iroquois
77	Jackson
79	Jasper
81	Jefferson
83	Jersey
85	Jo Daviess
87	Johnson
89	Kane
91	Kankakee
93	Kendall
95	Knox
99	LaSalle
97	Lake
101	Lawrence
103	Lee
105	Livingston
107	Logan
109	McDonough
111	McHenry
113	McLean
115	Macon
117	Macoupin
119	Madison
121	Marion
123	Marshall
125	Mason
127	Massac
129	Menard
131	Mercer
133	Monroe
135	Montgomery
137	Morgan
139	Moultrie
141	Ogle
143	Peoria

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Docket County Codes - continued

FIPS COUNTY CODE	COUNTY NAME
145	Perry
147	Piatt
149	Pike
151	Pope
153	Pulaski
155	Putnam
157	Randolph
159	Richland
161	Rock Island
163	St Clair
165	Saline
167	Sangamon
169	Schuyler
171	Scott
173	Shelby
175	Stark
177	Stephenson
179	Tazewell
181	Union
183	Vermillion
185	Wabash
187	Warren
189	Washington
191	Wayne
193	White
195	Whiteside
197	Will
199	Williamson
201	Winnebago
203	Woodford
1030	Out of State
9999	