



# **Data Solutions: Encounter Models**

## **Data Submission Guide**

# Change log

Date	Change
4/5/2023	Initial publication
4/19/2023	Guide added to DSG version control for initial GA publication.
5/5/2023	Rebranded. Added list of Ignite Service Categories for reference.
7/17/2024	Updated product name from “DaaS” to “Data Solutions.”

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# WebMD Ignite Scoring Services

## Summary

WebMD Ignite hosts a neural network with more than 250 unique clinical propensity models and household segmentation frameworks, regularly refined by in-house data science experts. Leveraging data from over a billion clinical encounters, these powerful predictive models identify consumers who require health services before their moment of need. WebMD Ignite predictive analytics help teams better understand utilization patterns that drive cost, determine audience segments appropriate for pre-emptive communication, and identify gaps in utilization of services, as well as those areas ripe for value creation. In addition, these powerful analytics support identification of the most appropriate method for engaging with audiences, driving smarter patient acquisition and retention.

The Consumer and Patient Scoring Services provide a mechanism for health systems to access WebMD Ignite's propensity models for their own consumer and/or patient data sets. The services are provided in a stateless manner, meaning the service will only utilize the data that is provided in each input payload (zip archive) and no input data is retained beyond the scoring service invocation itself. In scenarios where multiple input payloads (zip archives) are submitted simultaneously, EACH payload will be processed independently. As such, users will want to ensure they are able to provide all the relevant data about a person in just one payload, and not split across multiple.

# Data input overview

## File Format

- UTF-8 encoding
- Pipe (|) delimited. Double quote (") qualifiers for a given field will only be included if the field value includes the delimiter character (i.e., pipe).
  - Any double-quotes ("), backslash (\) or delimiter characters within any field will be escaped with a backslash.
  - Example

Bad Format	Correct Format
John "A"	"John \"A\""
John "A"	John \"A\"
134 "A" St	"134 \"A\" St"
134 "A" St	134 \"A\" St
Probably a fatfinger\"	"Probably a fatfinger\""
Probably a fatfinger\	Probably a fatfinger\"
"C\O John A"	"C\\O John A"
C\O John A	C\\O John A

- If data in the entire field cannot be provided, it will be left blank (no characters in the field).
- First row contains headers.
- There will be no page breaks, footers, or data summaries / totals.

## File naming convention

- Naming convention for input ZIP files: **[Org]\_EncounterModels\_YYYYMMDDHHMM\_[string].zip** where
  - Org – the Organization / Health System that the data has been prepared for. WebMD Ignite will provide the organization ID for each Customer
  - YYYYMMDDHHMM – Datetime the file was generated.
  - string – an optional additional set of characters to allow for differentiation between files submitted at the same time or other purposes. The string should only contain alphanumeric characters (A-z, 0-9) or the dash ('-') character. The underscore ('\_') after YYYYMMDDHHMM is only to be included when the optional string is provided.

## Data formats

- **Standard Value:** Refer to standard value list for possible return values. Note only the Value will be returned, Value Description provided for reference only.
- **Date:** YYYY-MM-DD
- **Datetime Format:** YYYY-MM-DDTHH24:MI:SSZ (in UTC)
- **Boolean:** N or Y

## Table 1. Visit file

- File Naming convention: **visit\_[Row Count].csv**
- Maximum file size: Ten million (10,000,000) records. Files with more than this amount will be rejected.

### Notes:

- To receive a valid service category, Visit, and Clinical Codes files must be provided. Financials is an optional file that does not impact modeling at this time.
  - Visit IDs that are present in the Visit file, but not in the Clinical Codes file will receive a service category, but may have degraded fidelity (e.g., an outpatient visit with no MS-DRG and no clinical codes).
- Visit ID should be unique. Multiple records with the same Visit ID will be rejected.
- Minimizing record volumes
  - Exclude Non-visits, such as Left Without Being Seen and No-Show Visits
  - Exclude Contract visits, where charges post to a business / employer account (for physical, drug screenings, etc)

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Person ID	person_id	<p>Typically a person's medical record number.</p> <p>The Visit file is linked to the Demographics file via the Person ID. Person ID must not be shared between distinct individuals.</p>	E14013212943			Required to link person demographics to encounters/visits.
2	Visit ID	visit_id	<p>Uniquely identifies a single visit at a single facility. May be a concatenation of several other fields (date, location, person ID).</p> <p>Visit ID must not be shared between distinct encounters.</p>	123454321	Y		Required for all visits. Used to link related files (Visit, Clinical Codes, Financial, etc.).

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
3	Place of Service Code	place_of_service_code	This is the code representing the place of service as classified by CMS	11		Y	
4	Admit Date	admit_date	For inpatient encounters, populate with date of admission. For all non-inpatient encounters, populate with date of service.  Date format must be YYYY-MM-DD.	2015-12-22			
5	Discharge Date	discharge_date	Date of discharge, for inpatient encounters only. Date format must be YYYY-MM-DD.	2015-12-22			<b>Recommended</b> for inpatient encounters. For all non-inpatient encounters, leave blank. Also leave blank for inpatient encounters if a discharge has yet to occur.
6	Length of Stay	length_of_stay	Length of stay in days. If provided, will override any dates provided above. If not provided and dates above are provided, will be calculated by the service.	1			
7	Patient Class Code	patient_class_code	Categorization code of visit as Inpatient, Outpatient or Emergency.	1		Y	
8	Admit Type Code	admit_type_code	The code representing an admit type for inpatient encounters.	1		Y	
9	Discharge Disposition Code	discharge_disposition_code	The code representing a discharge disposition.	4		Y	
10	Readmit	readmit	Inpatient readmission flag.	Y		Y	
11	msdrg	msdrg_code	MS-DRG assigned to inpatient encounter. It is expected that all inpatient stays (even in the initial 3-yr look back) be coded under the MS standard. It is paramount	292			For inpatient encounters, <b>Recommended</b> . A valid service category will still be returned if not provided with the category being determined based on the clinical codes.



Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
			that standard be followed as there are numerous DRG standards (AP-DRG, APR-DRG, R-DRG, etc.) that are generally indistinguishable but have radically different meanings.  CMS standard values expected.				
12	mdc	mdc_code	Major Diagnostic Category associated with the given MS-DRG.  CMS standard values expected.	04			
13	Height	height	A person's height in inches, expressed as an integer.	68			
14	Weight	weight	A person's weight in pounds, expressed as an integer.	150			
15	Payor Category Code	payor_category_code	The payor category code for the visit.	M		Y	

**Table 1.1 Standard data values – Visit file**

Attribute	Value	Value Description	Details
Patient Class	I	Inpatient	
	O	Outpatient	
	E	Emergency	
	1	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed,

<b>Place of Service</b>			or otherwise provided directly to patients. (Effective October 1, 2003).
	2	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
	3	School	A facility whose primary purpose is education. (Effective January 1, 2003)
	4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (Effective January 1, 2003)
	5	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
	6	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. (Effective January 1, 2003)
	7	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
	8	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (Effective January 1, 2003)
	9	Prison/ Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. (Effective July 1, 2006)
<b>Place of Service</b>	11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health

<b>Place of Service</b>			professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
	12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
	13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. (Effective October 1, 2003)
	14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). (Effective October 1, 2003)
	15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. (Effective January 1, 2003)
	16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code. (Effective January 1, 2008)
	17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)
<b>Place of Service</b>	18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
	19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
	20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical

<b>Place of Service</b>			attention. (Effective January 1, 2003)
	21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
	22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)
	23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
	24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
	25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of new born infants.
	26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
	31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
	32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than individuals with intellectual disabilities.
	33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
	34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or	

<b>Place of Service</b>			injured.
	42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
	49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. (Effective October 1, 2003)
	50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
	51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
	52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
	53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
	54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
	55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

	56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
	57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. (Eff 10/1/2003)
	60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
	61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
	62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
	65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
	71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
	72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
	81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
	99	Other Place of Service	Other place of service not identified above.
<b>Admit Type</b>	1	Emergency	The patient required immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Generally, the patient was admitted through the emergency room.
	2	Urgent	The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the first available and suitable accommodation.
	3	Elective	The patient's condition permitted adequate time to schedule the availability of suitable accommodations.

	4	Newborn	Newborn
	5	Trauma Center	Visits to a trauma center/hospital as licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of Surgeons and involving a trauma activation.
	9	Unknown/Information not available	Unknown - Information not available.
<b>Discharge Disposition</b>	1	Discharge to Home or Self Care (Routine Discharge)	This code includes discharge to home; jail or law enforcement; home on oxygen if durable medical equipment (DME) only; any other DME only; group home, foster care, and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs; assisted living facilities that are not state-designated.
	01		
	2	Discharged/Transferred to a Short Term General Hospital for Inpatient Care	This patient discharge status code should be used when the patient is discharged or transferred to a short-term acute care hospital. Discharges or transfers to long-term care hospitals (LTCHs) should be coded with Patient discharge status Code 63.
	02		
	3	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification in Anticipation of Skilled Care	This code indicates that the patient is discharged/transferred to a Medicare-certified nursing facility in anticipation of skilled care.
	03		
	4	Discharged/Transferred to an Intermediate Care Facility (ICF)	Patient discharge status code 04 is typically defined at the state level for specifically designated intermediate care facilities. It is also used: To designate patients that are discharged/transferred to a nursing facility with neither Medicare nor Medicaid certification, or for discharges/transfers to state designated Assisted Living Facilities.
	04		
	5	Discharged/Transferred to a Designated Cancer center or children's Hospital	Transfers to non-designated cancer hospitals should use Code 02. A list of (National Cancer Institute) Designated Cancer Centers can be found at <a href="http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html">http://cancercenters.cancer.gov/cancer_centers/cancer-centers-names.html</a> on the Internet.
	05		
<b>Discharge Disposition</b>	6	Discharged/Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care	This code should be reported when a patient is: Discharged/transferred to home with a written plan of care for home care services (tailored to the patient's medical needs) -- whether home attendant, nursing aides, certified attendants, etc.; Discharged/transferred to a foster care facility with home care; and Discharged to home under a home health agency with durable medical equipment (DME). This code should not be used for home health services provided by a: DME supplier or Home IV provider for home IV services.
	06		

<b>Discharge Disposition</b>	7	Left Against Medical Advice or Discontinued Care	when a patient leaves against medical advice or the care is discontinued. According to the NUBC, discontinued services may include: • Patients who leave before triage, or are triaged and leave without being seen by a physician; or • Patients who move without notice, and the home health agency is unable to complete the plan of care.
	07		
	9	Admitted as an Inpatient to this Hospital	This code is for use only on Medicare outpatient claims, and it applies only to those Medicare outpatient services that begin greater than three days prior to an admission.
	09		
	20	Expired	Only used if patient died. Also should include 40, 41, 42 (Hospice standards)
	21	Discharged/Transferred to Court/Law Enforcement	
	30	Still Patient or Expected to Return for Outpatient Services	The patient is still within the same facility and is typically used when billing for leave of absence days or interim bills. It can be used for both inpatient or outpatient claims. It is used for inpatient claims when billing for leave of absence days or interim billing (i.e., the length of stay is longer than 60 days). On outpatient claims, the primary method to identify that the patient is still receiving care is the bill type frequency code.
	40	Expired at home (Hospice claims only)	Used only on Medicare and TRICARE claims for hospice care.
	41	Expired in a medical facility (hospital, SNF, Intermediate Care Facility, or free standing hospice)	For hospice use only
	42	Expired - place unknown	This is used only on Medicare and TRICARE claims for Hospice only
	43	Discharged/Transferred to a Federal Hospital	This code applies to discharges and transfers to a government operated health care facility including: Department of Defense hospitals; Veteran's Administration hospitals; Veteran's Administration nursing facilities.
	50	Discharged/Transferred to Hospice (home)	Alternative setting that is the patient's home such as nursing facility, and will receive in-home hospice services
	51	Discharged/Transferred to Hospice medical facility	Patient went to an IP facility that is qualified and the patient is to receive the general IP hospice level of care or hospice respite care. Used also if the patient is discharged from an IPacute care hospital to remain in hospital under hospice care



<b>Discharge Disposition</b>	61	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed	This code is used for reporting patients discharged/transferred to a SNF level of care within the hospital's approved swing bed arrangement. When a patient is discharged from an acute hospital to a Critical Access Hospital (CAH) swing bed, use patient discharge status code 61. Swing beds are not part of the post acute care transfer policy.
	62	Discharged/Transferred to an Inpatient Rehabilitation Facility Including Distinct Part Units of a Hospital	Inpatient rehabilitation facilities (or designated units) are those facilities that meet a specific requirement that 75% of their patients require intensive rehabilitative services for the treatment of certain medical conditions. This code should be used when a patient is transferred to a facility or designated unit that meets this qualification.
	63	Discharged/Transferred to Long Term Care Hospitals (LTCHs)	This code is for hospitals that meet the Medicare criteria for LTCH certification. LTCHs are facilities that provide acute inpatient care with an average length of stay of 25 days or greater. This code should be used when transferring a patient to a LTCH. If providers are not sure whether a facility is a LTCH or a short-term care hospital, they should contact the facility to verify their facility type before assigning a patient discharge status code.
	64	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare	Nursing facilities may elect to certify only a portion of their beds under Medicare, and some nursing facilities choose to certify all of their beds under Medicare. Still others elect not to certify any of their beds under Medicare. When a patient is transferred to a nursing facility that has no Medicare certified beds, this code should be used. If any beds at the facility are Medicare certified, then the provider should use either patient discharge status code 03 or 04, depending on: The level of care the patient is receiving; and Whether the bed is Medicare certified or not.
<b>Discharge Disposition</b>	65	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital	This code should be used when a patient is transferred to an inpatient psychiatric unit or inpatient psychiatric designated unit.

<b>Discharge Disposition</b>	66	Discharged/Transferred to a Critical Access Hospital (CAH)	Patient discharge status Code 66 is used to identify a transfer to a critical access hospital (CAH) for inpatient care. Providers will need to establish a process for identifying whether a hospital is paid under the PPS or whether the facility is designated as a CAH. Note: Discharges or transfers to a CAH swing bed should still be coded with.
	69	Discharged/Transferred to a Designated Disaster Alternative Care Site	This code should be used when a patient is discharged/transferred to a designated disaster alternative care site.
	70	Discharged/Transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List	This code should be used when a patient is discharged/transferred to an entity outside of this Code list.
	81	Discharged to Home or Self-care with a Planned Acute Care Hospital Inpatient Readmission.	
	82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission.	
	83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission.	
	84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission.	
	85	Discharged/transferred to a Designated Cancer Center or Children's Hospital with a planned acute care Hospital inpatient readmission.	

	86	Discharged/transferred to home under care of organized home health service organization with a planned acute care Hospital inpatient readmission.	
	87	Discharged/transferred to court/law enforcement with a planned acute care Hospital inpatient readmission.	
	88	Discharged/transferred to a federal health care facility with a planned acute care Hospital inpatient readmission.	
	89	Discharged/transferred to a Hospital-based Medicare approved swing bed with a planned acute care Hospital inpatient readmission.	
	90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a Hospital with a planned acute care Hospital inpatient readmission.	
	91	Discharged/transferred to a Medicare certified long term care Hospital (LTCH) with a planned acute care Hospital inpatient readmission.	
	92	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care Hospital inpatient readmission.	
	93	Discharged/transferred to a psychiatric distinct part unit of a Hospital with a planned acute care Hospital inpatient readmission.	

	94	Discharged/transferred to a critical access Hospital (CAH) with a planned acute care Hospital inpatient readmission.	
	95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care Hospital inpatient readmission.	
<b>Readmit</b>	Y	Yes	
	N	No	
<b>Payor Category Code</b>	O	Other	
	S	Self	
	M	Medicare	
	D	Medicaid	
	C	Commercial	
	U	Unknown	

## Table 2. Clinical code file

- File Naming convention: **clinicalcode\_[Row Count].csv**
- Maximum file size: One hundred million (100,000,000) records. Files with more than this amount will be rejected.

### Notes:

- It is recommended that each Visit ID in the Visit file have at least one procedure or diagnosis code in the Clinical Code file. Missing diagnoses and/or procedures may degrade the efficacy of the returned models.
- Visit IDs that lack identified primary flags will still have service categories applied, but may have degraded efficacy as the relative importance/severity of the clinical codes will be unknown.
- Records with Visit IDs that are present in the Clinical Code file but not the Visit file will be ignored.

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Visit ID	visit_id	Must be the same Visit ID used in the Visit file. Will be used to associate clinical codes to the same master encounter (visit).	123454321	Y		Required for all visits. Used to link related files (visit, clinical code, etc.).
2	Code Set	code_set	Specifies the code set for clinical code.	CPT		Y	Used to validate the associated Code attribute based on the code standard it belongs to.
3	Code	code	Clinical code of the diagnosis or procedure inclusive of decimal point between segments.	Z79.01			Clinical codes can influence Service Category assignment (also see next).
4	Primary Flag	primary_flag	This flag is used to indicate which diagnosis/procedure code indicates the primary reason for the visit. One flag should be set to one (Y) to indicate the primary diagnosis (if available), and one flag should be set to one (Y) to indicate the primary procedure.	Y			Primary flag is helpful to determine which medical codes are of greatest importance. This can influence Service Category assignment.

**Table 2.1 Standard Data Values – Clinical Code File**

Attribute	Value	Value Description	Details
Code Set	CPT	Current Procedural Terminology	
	HCPCS	Healthcare Common Procedure Coding System	
	ICD-10-CM	ICD-10-CM – Intl. Classif. of Disease, 10th ed, Clinical Modification	
	ICD-10-PCS	ICD-10-PCS – Intl. Classif. of Disease, 10th ed, Procedure Coding System	

### Table 3. Financial file

- File Naming convention: **financial\_[Row Count].csv**
- Maximum file size: Ten million (10,000,000) records. Files with more than this amount will be rejected.

#### Notes:

- Financials is an optional file that does not impact any modeling at this time.
- General Requirements:
  - Visit ID must be unique and not null
- Total Charges:
  - Provided at the visit/encounter level
  - Values must be positive
  - No account adjustments, capitations, or write-offs included
  - Records with null or a value that is not a number will get rejected
- Total Payments:
  - Provided at the visit/encounter level
  - All payments received for the visit/encounter, summed
  - Values must be positive
  - No account adjustments or write-offs included
- Expected Reimbursements:
  - Provided at the visit level
  - Typically modeled
  - Values must be positive
- Direct Variable Costs:
  - Provided at the visit level
  - Cost of a visit above and beyond the routine operating expenses
  - Values must be positive

Column Order	Field	Header Name	Description	Example	Required	Standard Values Required	Impact Statement
1	Visit ID	visit_id	Must be same Visit ID used in the Visit file. Will be used to associate financials to the same master encounter (visit).	123454321	Y		Required for all visits. Used to link related files (visit, clinical code, etc.).
2	Total Charges	total_charges	The total charges billed for the visit in dollars. It is understood and expected that total charges will almost always be significantly greater than payments and reimbursements. Provided at the visit level. Values must be positive. No account adjustments, capitations, or write-offs included.	5222.89			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
3	Total Payments	total_payments	Total amount received (aka total payments) represent all monies collected for the visit. Provided at the visit level. Values must be positive. No account adjustments or write-offs included.	1412.00			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
4	Expected Reimbursement	expected_reimbursement	Expected payment for the visit. This is typically modeled by service and major payor or similar. Provided at the visit level. Values must be positive.	1400.00			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.
5	Total Direct Costs (Variable)	total_direct_costs	Direct costs (sometimes called variable costs) represent what the visit cost the organization above and beyond routine operating expenses (i.e., indirect or fixed costs). Provided at the visit level. Values must be positive.	501.37			<b>Optional.</b> Does not impact scoring but may be used internally by WebMD Ignite to help analyze and improve efficacy of models over time.

# Data output overview

## File format

- UTF-8 encoding
- Pipe (|) delimited. Double quote (") qualifiers for a given field will only be included if the field value includes the delimiter character (i.e., pipe).
  - Any double-quotes ("), backslash (\) or delimiter characters within any field will be escaped with a backslash.
  - Example

Bad Format	Correct Format
John "A""	"John \"A\""
John "A"	John \"A\"
134 "A" St	"134 \"A\" St"
134 "A" St	134 \"A\" St
Probably a fatfinger\	"Probably a fatfinger\""
Probably a fatfinger\	Probably a fatfinger\"
"C\O John A"	"C\\O John A"
C\O John A	C\\O John A

- If data in the entire field cannot be provided, it will be left blank (no characters in the field).
- First row contains headers.
- There will be no page breaks, footers, or data summaries / totals.

## File naming convention

- Output files will be zipped in advance of posting to Customer SFTP site
- Naming convention for output ZIP files: **[InputFilename]\_out.zip**



## Table 1. Encounter models file output layout

- File Naming convention: **[InputFilename]\_out.zip** containing Scores.csv

### Notes:

- Each row in the output file will contain a single Model Type Code and its associated Model Value. For example, an individual encounter will have up to 2 rows - one for service category and another for service sub category.

Column Order	Field	Header Name	Description	Example	Standard Values	Data Type	Max Size
1	Visit ID	visit_id	Visit ID from the submitted payload.	234319		Text	1000
2	Model Type Code	model_type_code	Type code for the model. Possible values are SC, SC_SUB	SC	Y	Text	20
3	Model Type Description	model_type_desc	Description of the model. Possible codes and descriptions are: SC - WebMD Ignite Service Category SC_SUB - WebMD Ignite Sub-Service Category	WebMD Ignite Service Category		Text	1000
4	Model Value	model_value	Model value	01		Text	1000
5	Model Value Description	model_value_desc	Model value description (if applicable).	Cardiology		Text	1000

### Table 1.1 - Service category reference

Below are the possible values (and descriptions) for service categories (and subcategories).

Service Category Model Value	Service Category Sub Model Value	Service Category Description	Service Category Sub Description
01	01-01	Cardiology	Medical Cardiology
	01-02		Cardiac Surgical Procedures
	01-03		Electrophysiology
	01-06		Coronary Interventional Procedures
	01-08		Thoracic
02	02-01	Newborn Health	Neonatology

	02-02		Normal Newborn
03	03-01	Endocrinology	Diabetes
	03-02		Other Endocrine
	03-03		Nutrition
04	04-04	ENT	Other ENT
	04-05		Head and Neck Surgery
05	05-03	Digestive Health	Hepatobiliary/Pancreas
	05-04		Colorectal Cancer Screening
	05-06		Other Digestive
	05-07		Appendix
	05-08		Gallbladder
06	06-04	General Medicine	Other General Med
	06-05		Rheumatology
	06-06		Infectious and Parasitic
	06-07		Dermatology
07	07-01	General Surgery	Bariatric Surgery
	07-02		Reconstructive Surgery
	07-03		Other General Surgery
	07-04		Tracheostomy
08	08-01	Neurosciences	Sleep
	08-02		Stroke
	08-03		Outpatient Headache
	08-04		Neurodegenerative Disorders
	08-06		General Neurology
	08-07		Neurosurgery
	08-08		Seizure
09	09-01	Obstetrics	Antepartum
	09-02		Delivery
	09-03		Abortion/Miscarriage
	09-04		Post Partum

	09-05		Maternity Care
10	10-03	Gynecology	General Gynecology
	10-04		Breast Cancer Screening
	10-05		Cervical Cancer Screening
11	11-01	Oncology & Hematology	Colorectal Cancer
	11-02		Breast Cancer
	11-03		Male Genital Organ Cancer
	11-04		Lung and Bronchial Cancer
	11-06		Gynecological Cancer
	11-07		Other Oncology
	11-08		Hematology
12	12-02	Ophthalmology	Cataracts/Implants
	12-03		General Ophthalmology
13	13-01	Orthopedics	Joint Replacement
	13-08		Medical Orthopedics
	13-09		Surgical Orthopedic Procedures
14	14-02	Spine	Spine Surgery
	14-03		Spine Medicine/Back Pain
15	15-03	Other	Other
16	16-01	Pulmonology	General Pulmonary
	16-02		COPD
	16-03		Pneumonia
	16-04		Asthma/Bronchitis
18	18-01	Transplant	Transplant
19	19-01	Urology	Nephrology
	19-02		General Urology
	19-03		Male Genital Organs
20	20-01	Rehabilitation	Rehabilitation
21	21-01	Behavioral Health	Mental Health
	21-02		Substance Abuse

22	22-01	Vascular	General Vascular
23	23-02	Trauma	Burns
	23-03		Head Trauma
	23-04		General Trauma

**Table 2. Error file layout**

**File naming convention**

- Error logs will be named as **Errorlog.csv**

**Notes:**

- For Row level errors, the output file will be produced but input rows with the described error will be rejected/skipped for scoring.
- If there are no errors, an .err file will still be produced.
- For Customer submissions with multiple input files (e.g., Patient Scoring Service), only a single .err file will be produced with the appropriate input file referenced by the *FileName* column.

Column Order	Column Name	Data Type	Description
1	Level	Text	Error Level: File or Record.
2	ErrorCode	Text	Discrete set of error codes.
3	Error	Text	Description of error.
4	FileName	Text	Name of file where error is found.
5	Key	Text	N/A for File level errors. For Row level errors, key value for row (when available).
6	Row	Integer	N/A for File level errors. Approximate row number where the error occurred.
7	Column	Text	N/A for File level errors. For Row level errors, name of column where error occurred.
8	Value	Text	N/A for File level errors. For Row level errors, value of column where error occurred.

