
TRANSMISSION PROTOCOL

Community & Women's Health V 3.0.1

(Incorporating Community Health, Women's Health, Innovative Health Services for Homeless Youth (IHSY), Family Planning, Family And Reproductive Rights Education (FARREP), Suicide Prevention Initiatives, Early Intervention in Chronic Disease (EliCD), Diabetes Self Management, and Aboriginal Health Promotion and Chronic Care Partnerships (AHPACC) Programs)

FINAL

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A. Data Transmission Standard

Victorian C &WH Multi Purpose Report (MPR) version 3.0.1 csv format

1. Submission File Name Format

Purpose: to uniquely identify a submission file received by the RRHACS Data Repository

Format		Data		Item Name	Example
CCCCCAAAAAYYYYYYQTTXX. FFF	where	CCCCC	=	COLLECTION IDENTIFER	CWH__
		AAAAA	=	SERVICE PROVIDER NO	01234
		YYYYY Q		DATA SUBMISSION IDENTIFIER	2007083
		TT	=	TRANSMISSI ON NUMBER	01
		XX	=	EXPORT FILE PORTION	01
		FFF	=	FILE EXTENSION i.e. CSV	CSV

The file number is always 22 characters plus separator (.) and extension. The collection identifier should be padded with underscore (_) on the right if it has less than the required number of characters while other components should be padded by zero (0) on the left to make up the required number of characters.

Example: Agency (ID = 1234) submits a single portion file for the Jan-Feb-Mar quarter starting 1 Jan 2008 for a single time in CSV format (i.e. Data Submission ID = 2006073, Transmission No = 1, Export File Portion = 1).

Thus the Submission File Name = CWH__0123420060730101.CSV

1. CSV File format

ITEM NUMBER	HEADER RECORD (REPORTED ONCE PER SUBMISSION)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
1	COLLECTION IDENTIFER	String	"XXXXXX" literally, "CWH"	3	6	Must be in prescribed format
2	VERSION IDENTIFIER	Numeric	NNN literally, "301"	3	3	Must be in prescribed format. 301 stands for v3.0.1
3	RECORD TYPE	String	"XXXXXX" literally, "HEADER"	6	6	Must be in prescribed format
4	SERVICE PROVIDER NUMBER	Numeric	NNNNN	3	5	Must be valid agency id
5	DATA COLLECTION IDENTIFIER	Date	"YYYYYYQ"	7	7	Must be in prescribed format and valid collection id
6	TRANSMISSION NUMBER	Numeric	NN	1	2	Must be a number > 0
7	EXPORT FILE PORTION	Numeric	"NN" Default = 1	1	2	Must be a number > 0
8	NUMBER OF SERVICE RECORDS FOLLOWING	Numeric	NNNNN	1	5	Must be a number > 0
9	NAME OF SOFTWARE	String	"AAA..."	1	50	
10	END HEADER MARKER	String	"XXXXXXXXXX" literally, "ENDHEADER"	9	9	Must be in prescribed format

Key: A= Alphanumeric, N= Numeric, YYYYYY=financial year (eg 200708), Q= financial quarter (eg, 1, 2, 3, 4), DDMMYY= date

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
11	COLLECTION IDENTIFIER	String	"XXXXXX" literally, "CWH"	3	6	Must be in prescribed format
12	VERSION IDENTIFIER	Numeric	NNN literally, "301"	3	3	Must be in prescribed format. 301 stands for v3.0.1
13	RECORD TYPE	String	"XXXXXX" literally, "HEADER"	6	6	Must be in prescribed format
14	CAMPUS	String	"AAA..."	1	100	
15	DATE OF SERVICE	Date	"DDMMYYYY"	8	8	Must be in prescribed date format.
16	FUNDING SOURCE	Numeric	NN	1	2	Must be a valid funding source code
17	SERVICE TYPE	Numeric	NN	1	2	Must be a valid service type code
18	PROGRAM PRIORITY ISSUE	String	XXNN	0	4	Must be a valid priority issue code when Service Type = 15 or blank when Service Type <> 15
19	TARGET POPULATION GROUP	String	XXNN	0	4	Must be a valid population group code when Service Type = 15 or blank when Service Type <> 15
20	CONTACT TYPE INDICATOR	Numeric	N	1	1	Must be a valid code (either 1,2 or 9)
21	CLIENT TYPE	String	"X"	0	1	Must be a valid client type code ("C", "R", "O") when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1
22	FUNDED ORGANISATION CLIENT IDENTIFIER	String	"AAA..."	0	10	Must be in prescribed format when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
23	STATISTICAL LINKAGE KEY	String	"AAAAADDDMMYYYY YN"	0	14	Must be in prescribed format when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
24	CHRONIC COMPLEX CLIENT	Numeric	N	0	1	Must be a valid code (either 1, 2 or 9) when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
25	DATE OF BIRTH	Date	"DDMMYYYY"	0	8	Must be in prescribed date format. Year of birth must not be before 1895 when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
26	DATE OF BIRTH ACCURACY	String	"XXX"	0	3	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
27	SEX	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
28	COUNTRY OF BIRTH	Numeric	NNNN	0	4	Must be a valid country code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1. If data is unavailable use 9999
29	INDIGENOUS STATUS	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1. If data is unavailable use 9
30	NEED FOR INTERPRETER SERVICES	Numeric	N	0	1	Must be a valid code (either 1, 2 or 9) when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
31	PREFERRED LANGUAGE	Numeric	NNNN	0	4	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1. If data is unavailable use 9999
32	REFUGEE STATUS	Numeric	N	0	1	Must be a valid code (either 1, 2 or 9) when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
33	GOVERNMENT PENSION/BENEFIT STATUS	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
34	CONCESSION CARD TYPE	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
35	RESIDENTIAL LOCALITY	String	"AAAA..."	0	46	Must be a valid suburb, town, locality when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
36	RESIDENTIAL POSTCODE	Numeric	NNNN	0	4	Must be a valid postcode when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1. If data is unavailable use 9999
37	RESIDENTIAL LOCAL GOVERNMENT AREA	Numeric	NNNNN	0	5	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1. If data is unavailable use 99999
38	FEE	Numeric	NNNN.NN	0	7	Must be greater than or equal to 0
39	DIRECT TIME	Numeric	NNN	0	3	Must be greater than or equal to 0

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
40	INDIRECT TIME	Numeric	NNN	0	3	Must be greater than or equal to 0
41	TRAVEL TIME	Numeric	NNN	0	3	Must be greater than or equal to 0
42	INTERPRETING TIME	Numeric	NNN	0	3	Must be greater than or equal to 0
43	SESSION ATTENDEES	Numeric	NNNN	0	4	Must be greater than or equal to 2 when Contact Type Indicator = 2 or blank when Contact Type Indicator <> 2.
44	DEPARTMENT VETERANS' AFFAIRS CARD NUMBER	String	"AAXXNNNNA"	0	9	Must be populated and prescribed format when DVA Claim Indicator = "YES"
45	DEPARTMENT VETERANS' AFFAIRS ENTITLEMENT	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
46	DEPARTMENT VETERANS' AFFAIRS COMMENT	String	"AAA..."	0	255	
47	DEPARTMENT VETERANS' AFFAIRS CLAIM INDICATOR	Boolean	XXX	0	3	Must be "YES" or "NO" when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
48	INITIAL CONTACT DATE	Date	"DDMMYYYY"	0	8	Must be in prescribed date format or blank.
49	INITIAL NEED IDENTIFICATION DATE	Date	"DDMMYYYY"	0	8	Must be in prescribed date format or blank.
50	REASON FOR ATTENDANCE	Numeric	NNN	0	3	Must be a valid code when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1.
51	SOURCE OF REFERRAL	Numeric	NN	0	2	Must be a valid code when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1.

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
52	WAITING LIST DATE	Date	"DDMMYYYY"	0	8	Must be in prescribed date format when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
53	PRIORITY TYPE	Numeric	N	0	1	Must be a valid code when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1
54	DATE OF EXIT	Date	"DDMMYYYY"	0	8	Must be in prescribed date format when Contact Type Indicator = 1 and Client Type = R or blank when Contact Type Indicator <> 1.
55	MAIN REASON FOR CESSATION OF SERVICES	Numeric	NN	0	2	Must be a valid code when Date of Exit is not blank.
56	CHRONIC AND COMPLEX CONDITION 1	Numeric	NN	0	2	Must be a valid code when Chronic Complex Client = 1 or blank when Chronic Complex Client <> 1.
57	CHRONIC AND COMPLEX CONDITION 2	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 1 is blank.
58	CHRONIC AND COMPLEX CONDITION 3	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 2 is blank.
59	CHRONIC AND COMPLEX CONDITION 4	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 3 is blank.
60	CHRONIC AND COMPLEX CONDITION 5	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 4 is blank.
61	CHRONIC AND COMPLEX CONDITION 6	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 5 is blank.

ITEM NUMBER	DATA RECORD (REPORTED ONCE PER OCCASION OF SERVICE)	DATA TYPE	REPRESENTATIONAL FORMAT	MIN SIZE	MAX SIZE	VALIDATION RULES
62	CHRONIC AND COMPLEX CONDITION 7	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 6 is blank.
63	CHRONIC AND COMPLEX CONDITION 8	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 7 is blank.
64	CHRONIC AND COMPLEX CONDITION 9	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 8 is blank.
65	CHRONIC AND COMPLEX CONDITION 10	Numeric	NN	0	2	Must be a valid code or blank if Chronic and Complex Condition 9 is blank.
66	END HEADER MARKER	String	"XXXXXXXXX" literally, "ENDHEADER"	9	9	Must be in prescribed format

B. C&WH MPR Version 301 Validation Rules

1. Invalid submissions

A file will be deemed an invalid submission and rejected by the Victorian data repository (VDR) if any of the following occur:

- Files not in csv format
- Files with incorrect collection period heading
- Files with incorrect service provider No
- The number of records indicated in the record header does not correspond to the number of records in the file.

The agency will be asked to re-submit the whole file.

2. Rejected Data Records

The VDR will delete a data record from the file if any of the following occur:

- The value or code in the following data items does not correspond to the prescribed codes or format or is blank:
 - service type
 - funding source
 - date of service
 - financial year
 - quarter
 - contact type indicator
- Direct time AND Indirect Time AND Travel Time AND Interpreting Time are equal to zero

3. Suggestions for software design: Logical checks for data validation

Agencies should have the ability to run a report that reviews the data and highlights errors before a transmission file is created. This allows agencies to fix the errors before transmission, reducing burden in terms of fixing errors from error reports returned from the Department and preventing delay of receiving agency feedback report.

These checks should be built into the agency's client information management system.

- Funding source and activity must be the same as agency SAMS agreement in the reporting financial year.
- All register client records should have their mandatory data fields completed and with valid code or prescribed format.
- If the client is still receiving C&WH services at the end of the collection period, the Date of Exit from C&WH Services and the Main Reason for Cessation of Services should both be blank.
- If the client has stopped receiving C&WH services, there should be a date for Date of Exit from C&WH Services, and the Main Reason for Cessation of Services should be coded accordingly.
- Future dates should not be acceptable.
- Date of birth must not be before 01/01/1895.
- Date of birth must not be after or the same as Initial Contact Date. Initial Needs Identification, Waiting List Date or Date of Service
- Postcodes must be a valid Australian Postcode.