

**Nebraska State Immunization
Information System**

HMO Query Specification
Version 6.3.2

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HMO Query Specification

An HMO can query the immunization information system by using HMO Query files. These files will contain the client's name, date of birth and chart number or Medicaid number. Character fields need to be left justified and blank-filled and date fields in format MMDDYYYY with leading zeroes. If a site is unable to supply any information for a specified field, the entire field needs be filled with blanks.

Below are the fields to include in the HMO Query file. The file needs to be generated using the ASCII character set. Records will be fixed length and need to be terminated with a carriage return/line feed. If you have questions on concerning flat files, contact the Help Desk at nesiishelp@dhhs.ne.gov.

HMO Query Format

Column	Data Type	Required	Notes
Record Type	Char(1)	Y	'C' or 'M' for Commercial or Medicaid
Record Identifier	Char(20)	Y	The HMO Chart number or Medicaid number used by this organization for the client
First Name	Char(25)	Y	
Middle Name	Char(25)		
Last Name	Char(35)	Y	
Birth Date	Char(8)	Y	MMDDYYYY

Example

Records need to be **blank** filled. In the following example, blanks are represented with the '*' character for illustrative purposes.

```

C12347890*****JOHN*****MICHAEL*****SMITH**
*****01011999
    
```

- From this sample file we can see the HMO is querying on a Commercial Record by the use of 'C' in character 1.
- The client's Chart Number for the HMO is 12347890 indicated in characters 2 - 21.
- The client's name is John Michael Smith.
- The client has a birth date of 01/01/1999.

HMO Query Result File Formats

Demographic

Column	Field Length	Position	Notes
Chart Number or Medicaid Number	20	1-20	
First Name	25	21-45	
Middle Name	25	46-70	
Last Name	35	71-105	
Birth Date	8	106-113	MMDDYYYY

Immunization

Column	Field Length	Position	Notes
Chart Number or Medicaid Number	20	1-20	
CPT	5	21-25	
Vaccine Group	16	26-41	
Administered Date	8	42-49	MMDDYYYY
Filler	1	50	

Exception

Column	Field Length	Position	Notes
Chart Number or Medicaid Number	20	1-20	
Record Type	1	21	
Error Message		Begins in 22	