Instructions

This serves as the Agency for Health Care Administration's (Agency) formal request for plans to submit enrollee data which will allow data sharing for continuity of care purposes. Thie request is divided into two sections:

1. Data that will be submitted to Medicaid's fiscal agent, Gainwell Technologies (Gainwell) and
2. Data that will be submitted to Medicaid's enrollment broker, Automated Health Systems (AHS)

Within each section, instructions are provided directing current plans to the templates or file layout documents to be used to report the data and the location of submission for the data being requested. Instructions are also being provided to the awarded plans regarding the location of data available for plan pick up following the auto-assignment and the Agency's release of enrollee data beginning on January 6, 2025.

Current plans must submit two data sets to the Agency for each data request; an initial data set and a refresh data set. These data sets must be received by the Agency between the dates shown in the chart below.

	Plan Data Submission Begins	Plan Data Submission Ends	Plans Begin Receiving Data	Plans Data Reception Ends
Initial Data	December 30, 2024	January 03, 2025	January 06, 2025	January 10, 2025
Data Refresh	January 06, 2025	January 17, 2025	February 3, 2025	February 7, 2025

Initial data will be the most up to date information the plan has on file as of December 26, 2024. Refreshed data will be for any *new* members enrolled with the plan since the original cut-off date, i.e., December 26, 2024, or any *revisions/updates* to the member's original information provided in the initial submission. Prior information submitted in the initial data should not be duplicated in the refresh file.

Data Submission to Gainwell

Submitting:
WHO: Current Plans
WHAT: Prior Authorizations (PAs) – all open and active PAs for enrollee services listed in the chart below
WHERE: Submitter's SFTP (in the "/inbound/COC" folder)

Receiving
WHO: Awarded Plans
WHAT: Prior Authorization data received from enrollees' prior plans
WHERE: Receiver's SFTP (in the "/outbound/COC" folder)

The chart below contains the PA services, as well as the file layout document name, file type, and file naming convention for each submission.

Service	Type	Naming Convention
Dental	Inbound	[MedicaidProviderID]_COCEXTRACT_PA_DENTAL_Inbound_[Iteration]_YYYYMMDD.txt
	Outbound	[MedicaidProviderID]_COCEXTRACT_PA_DENTAL_Outbound_[Iteration]_YYYYMMDD.txt

***Attached is an excel file of the PA file layouts for both inbound and outbound along with an attached checklist.

Potential Submission Failures:
In case of failure during the processing of a Prior Authorization Inbound File, Gainwell will notify the health plan. The following steps will occur:

1. Gainwell will conduct outreach to the plans in order to rectify the errors on the inbound file.
2. Plans will upload a corrected file to their SFTP.
3. Gainwell will monitor and notate which of the Failed Plans have successfully re-submitted.

****Also attached is an excel file of the encounter/claim file layouts that will be included in the outbound files to the awarded plans.

The outbound files will include two data extracts, one for PA and one for encounter/claims. The outbound files will be returned to the awarded dental plans within the timeline below:

	Start	End
Initial Data	January 06, 2024	January 10, 2024
Refresh Data	February 3, 2025	February 7, 2025

For any assistance or clarification regarding the PA files submission, please email healthplan.support@gainwelltechnologies.com. The plan can also contact the Gainwell EDI Helpdesk at 1-866-586-0961.

Primary Care Provider (PDP)
   WHO: Current Plans
   WHAT: PDP data for enrollees
   WHERE: ISIP FTP site at Host: sftp.floridafx.gov: Port: 22
   Plans can utilize the existing service account currently used to upload PNV files.
   Folder:
   /ISIP/LIB/Outbound/PRD (Liberty Dental)
   /ISIP/MCA/Outbound/PRD (MCNA Dental)
   /ISIP/DQT/Outbound/PRD (Denta Quest)

HOW: Upload a file using the file specifications outlined in the document '**PNV – Provider Data (PD) File Specs**' with the naming convention below. File is pipe "|" delimited, with no header row.

This file contains records of PDP information.

Field Name	Format (Max)	Applies To	Required	Description
SL Record Tracking Number	@(20)	N/A	C	Unique record tracking number assigned by the plan. The same tracking number should be used as the key updating records in the future. Should be composed of the plans unique three letter identifier, then the record type, then a unique identifier number up to 16 digits in length. Ex. AHS1123456789. Do not submit for Facilitates.
License Number	@12	N/A	Yes	The license number for this provider. Required for all Record Type 1. Required for Record Type 2 when submitting a facility, not required for groups.
Recipient Medicaid ID	#(10)	N/A	Yes	The Medicaid ID of the recipient for which this Provider provides services.

WHO: Awarded Plans
What: PDP Data
Where: PDP data will be reflected in the plan's Panel Roster in the PCP column.