

## Attachment 1: Instructions and File Layouts

### Ad Hoc Request

This ad hoc request is for managed care plans to submit enrollee data for **Phase 2** Region (5, 6, 7, and 8) enrollees which will allow data sharing for continuity of care purposes. This request is divided into two sections:

1. Data that will be submitted to Medicaid's fiscal agent, DXC Technology (DXC), 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 which templates or file layout documents to use and where to submit the data. Instructions are also provided on where continuing and new plans will pick up this data after auto-assignment is run and the Agency releases the data for Phase 2 (Regions 5, 6, 7, and 8) enrollees on November 26, 2018.

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.

	Date Plans Can Start Submitting	Deadline for Data to be Received
Initial Data	October 25, 2018	November 1, 2018
Refresh Data	December 10, 2018	December 17, 2018

Initial data for Phase 2 (Regions 5, 6, 7, and 8) will be the most recent information the plan has on file as of October 15, 2018. Refresh data for Phase 2 (Regions 5, 6, 7, and 8) will be for any **new** members enrolled with the plan since the original cut-off date, i.e., October 15, 2018 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.

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**Data Submission to DXC Technology (DXC)**

Submitting:

- WHO:** Current Plans in Regions 5, 6, 7, and 8
- WHAT:** Prior Authorizations (PAs) – all open and active PAs for enrollee services listed in the chart below
- WHERE:** Medicaid Provider Web Portal (under Trade Files/Upload document type “special file”)
- SPECIAL INSTRUCTIONS:** Please note that PA file sizes greater than 50MB will be rejected. Plans will need to submit multiple files if file size is greater than 50MB.

Receiving

- WHO:** Continuing and New Plans for Regions 5, 6, 7, and 8
- WHAT:** Prior Authorization data received from enrollees’ prior plans
- WHERE:** Medicaid Provider Web Portal (under Trade Files/Download document type “MMA Extract”)

The chart below contains the PA services, as well as the document name, file type, and file naming convention for each submission. Subsequent to the chart are the file layouts for the PA services in the chart.

Service	Type	Naming Convention
Home Health/ PPEC/Outpatient  <i>* On page 7 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_HHPPEOP_Inbound_It eration_YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_HHPPEOP_Outbound_It eration_YYYYMMDD.txt
Inpatient/SIPP/ Hospice  <i>* On page 8 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_INPSHO_Inbound_Iterat ion_YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_INPSHO_Outbound_Iter ation_YYYYMMDD.txt
Outpatient Therapy  <i>* On page 9 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_OTH_Inbound_Iteration_ YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_OTH_Outbound_Iteratio n_YYYYMMDD.txt
Professional Therapy  <i>* On page 10 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_MTH_Inbound_Iteration _YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_MTH_Outbound_Iteratio n_YYYYMMDD.txt

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Service	Type	Naming Convention
Transplant  <i>* On page 11 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_TRANS_Inbound_Iteration_YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_TRANS_Outbound_Iteration_YYYYMMDD.txt
Pharmacy  <i>* On page 12 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_PHARM_Inbound_Iteration_YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_PHARM_Outbound_Iteration_YYYYMMDD.txt
Dental**  <i>* On page 13 of 13 in this document.</i>	Inbound	MedicaidProviderID_COCEXTRACT_PA_DENTAL_Inbound_Iteration_YYYYMMDD.txt
	Outbound	MedicaidProviderID_COCEXTRACT_PA_PHARM_Outbound_Iteration_YYYYMMDD.txt

\*\*This file layout will also be used by dental plans for receiving data; all other formats on the chart apply to continuing and new plans only.

Phase 2 Initial File submission: use Iteration '3' in the file name regardless of the number of files submitted due to the 50 MB limit.

Phase 2 Refresh Submission: indicate iteration '4' regardless of the number of files submitted due to the 50MB limit.

Potential Submission Failures:

In case of failure during the processing of a Prior Authorization Inbound File, the DXC Systems PA team will notify Health Plan Support. The following steps will occur:

1. Health Plan Support will conduct outreach to the plans in order to rectify the errors on the inbound file.
2. Plans will upload a corrected file to the Web Portal.
3. If a plan does not resubmit, Health Plan Support will conduct further outreach.

For any assistance or clarification regarding the PA files submission, please email [healthplan.support@dxc.com](mailto:healthplan.support@dxc.com). The plan can also contact the EDI Helpdesk at 1-866-586-0961.

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### Data Submission to Automated Health Systems (AHS)

There are several different data sets that will need to be submitted to Medicaid's enrollment broker, AHS, in various ways. Below are the instructions for the different data sets including which plans should submit.

#### Care Plans

**WHO:** Current Comprehensive and Long-Term Care (LTC) Plans in Regions 5, 6, 7, and 8

**WHAT:** The most recent Care Plan for all LTC enrolled members

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolder: **ContinuityofCare**

**HOW:** Upload individual PDF files with the following naming convention:  
CP\_MEDICAIDIDNUMBER

#### PDO

**WHO:** Current Comprehensive and Long-Term Care (LTC) Plans in Regions 5, 6, 7, and 8

**WHAT:** Participant Direction Option (PDO) Data

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolder: **ContinuityofCare**

**HOW:** Upload an Excel file using the template '**PDO Data Transition Template 08272018**' and the naming convention 'XXX\_PDODATA\_Date(YYYYMMDDformat), where the 'XXX' is the plan's three character identifier. An instruction tab is included with the template.

#### Transportation

**WHO:** Current Plans in Regions 5, 6, 7, and 8

**WHAT:** Standing Orders and Recurring Trip Transportation Data

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolder: **ContinuityofCare**

**HOW:** Upload an Excel file using the template '**Non-Emergent Data Transportation**'; and the naming convention 'XXX\_TRANSDATA\_Date(YYYYMMDDformat), where the 'XXX' is the plan's three character identifier. Instruction tabs are included with the template.

#### Primary Care Provider (PCP)

**WHO:** Current Plans in Regions 5, 6, 7, and 8

**WHAT:** PCP data for enrollees in Regions 5, 6, 7, and 8

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolder: **PNV**

**HOW:** Upload a file using the file specifications outlined in the document '**PNV – Provider Data (PD) File Specs\_08312018**' with the naming convention below. File is pipe "|" delimited, with no header row.

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**Naming Convention for PCP Data:**

Position	Format	Description
1-2	@ (2)	PD = PCP Data File
		EN = End of Transmission File
3-5	@ (3)	The three letter code for the health plan submitting the file.
6-13	D (8)	The date of the file submission in YYYYMMDD format.
14-23	@ (9)	Files submitted by the plans should have a .dat extension. Files created by AHS in response to plan submissions will have a .response extension.

Example PCP Data File Submission: PDAHS20181107.dat  
 Example AHS Response: PDAHS20181107.response

Example End of Transmission File Submission: ENAHS20181107.dat  
 Example AHS End of Transmission File: ENAHS20181107.response

## **Attachment 1: Instructions and File Layouts**

### **Receiving Data from Automated Health Systems (AHS)**

**WHO:** Continuing and New Comprehensive Plans and LTC+ Plan in Regions 5, 6, 7, and 8

**WHAT:** PDO and Care Plan Data

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolders: 'PDO' and 'CarePlan' respectively

**WHO:** Continuing and New Plans in Regions 5, 6, 7, and 8

**WHAT:** Transportation Data

**WHERE:** AHS' FTP site at Host / IP / URL: 134.24.147.156 or ahsmft01.automated-health.com to the plan's established folder at the following subfolder: 'Transportation'

**WHO:** Continuing and New Plans in Regions 5, 6, 7, and 8

**WHAT:** PCP Data

**WHERE:** PCP data will be reflected in the plan's Panel Roster

**Attachment 1: Instructions and File Layouts**

**Home Health/PPEC PA/Outpatient Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

Output record		
Data Element Name	Occurrence	Picture
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
ASSIGNMENT TYPE (HOME HEALTH – ‘H’ Or PPEC – ‘P’ Or Outpatient – ‘O’)		X(01)
PROC-INFO	4	
PROCEDURE-CODE		X(05)
MODIFIER 1		X(02)
MODIFIER 2		X(02)
UNITS AUTHORIZED		9(05)
UNITS USED		9(05)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
PA-NUMBER		9(20)
PROC-MOD (this field is used for the GY modifier only the GY modifier is informational for Dually Eligible Recipients. Any other special modifier considerations on PA can be included in this field.)		X(02)

**Additional File Submission Instructions**

Inbound File Name for Inbound Plan To DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_HHPPEOP\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name for Outbound DXC To Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_HHPPEOP\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration ‘3’ in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration ‘4’ in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.

**Attachment 1: Instructions and File Layouts**

**Inpatient/SIPP/Hospice PA Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

<b>Output record</b>		
<b>Data Element Name</b>	<b>Occurrence</b>	<b>Picture</b>
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
ASSIGNMENT TYPE(INPATIENT- 'I' OR SIPP – 'S' OR HOSPICE – 'O')		X(01)
UNITS-AUTHORIZED		9(05)
UNITS USED		9(05)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
PA-NUMBER		9(20)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_INPSHO\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_INPSHO\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.



**Attachment 1: Instructions and File Layouts**

**Outpatient Therapy PA Inbound/Outbound Layout  
 (Plan→DXC & DXC →Plan)**

Output record		
Data Element Name	Occurrence	Picture
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
REVENUE-CODE		9(4)
UNITS-AUTHORIZED		9(05)
UNITS USED		9(05)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
FMMIS-PA-NUMBER		9(20)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_OTH\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_OTH\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.

**Attachment 1: Instructions and File Layouts**

**Professional Therapy Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

Output record		
Data Element Name	Occurrence	Picture
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
PROC-INFO	3	
PROCEDURE-CODE		X(05)
MODIFIER 1 (Conditional on Procedure Code else Blank)		X(02)
UNITS AUTHORIZED		9(05)
UNITS USED		9(05)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
FMMIS-PA-NUMBER		9(20)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_MTH\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_MTH\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.

**Attachment 1: Instructions and File Layouts**

**Transplant PA Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

Output record		
Data Element Name	Occurrence	Picture
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
PROC-INFO	4	
PROCEDURE-CODE		X(05)
MODIFIER 1		X(02)
MODIFIER 2		X(02)
UNITS AUTHORIZED		9(05)
UNITS USED		9(05)
UNIT RATE (Number (9,2))		9(09,02)
AMOUNT AUTHORIZED (Number (9,2))		9(09,02)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
PA-NUMBER		9(20)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_TRANS\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_TRANS\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.

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**Pharmacy PA Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

<b>Output record</b>		
<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Picture</b>
BEGIN_DT	This is the begin date of the PA.	X(19)
CARDHOLDER_ID	This is the Medicaid ID number of the cardholder.	X(15)
CREATE_DT	This is the date the PA was entered into the health plan's system.	X(19)
DAYS_SUPPLY	This is the drug days supply as entered by the user.	X(8)
DOSAGE_FORM	This is the dosage form of the representative NDC selected during PA creation.	X(48)
DRUG_NAME	This is the drug name of the representative NDC selected during PA creation.	X(30)
END_DT	This is the end date of the PA.	X(19)
GSN	Generic code number sequence number assigned to each individual drug based on generic ingredient, strength, and dosage form.	X(6)
HIC3	Hierarchical ingredient code assigned to each individual drug product based on generic ingredient equivalent to the specific therapeutic class code.	X(3)
HICL	Hierarchical ingredient code list sequence number assigned to each individual drug product based on generic ingredient.	X(6)
ITEM_ID	This is the FDB drug code level at which the PA was built (e.g. GSN, HICL, NDC-11, etc.).	X(12)
ITEM_TYPE_CD	This is the FDB drug code value that corresponds to the level in the line above (e.g. GSN, HICL, NDC-11.)	X(40)
METRIC_QTY	This is the actual quantity the PA is built for.	X(10)
NDC	This is the representative NDC selected by the agent when the PA was built.	X(11)
PA_STATUS	This is the status of the PA (e.g. Approved, Modified)	X(31)
PATIENT_FIRST_NAME	This is the cardholder's first name.	X(25)
PATIENT_LAST_NAME	This is the cardholder's last name.	X(30)
QTY_PER_DAY	Dosage quantity per day.	X(7)
STRENGTH	This is the drug strength of the representative NDC selected during PA creation.	X(60)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_PHARM\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_PHARM\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.

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**Dental PA Inbound/Outbound File Layout  
 (Plan→DXC & DXC →Plan)**

Output record		
Data Element Name	Occurrence	Picture
RECIPIENT-ID		9(10)
PROVIDER-NUMBER (FL Medicaid ID)		9(09)
PROC-INFO	4	
PROCEDURE-CODE		X(05)
TOOTH NUMBER(This is the tooth number of the authorized service)		X(02)
QUADRANT (This is the tooth quadrant of the authorized service)		X(02)
UNITS AUTHORIZED		9(05)
UNITS USED		9(05)
UNIT RATE (Number (9,2))		9(09,02)
AMOUNT AUTHORIZED (Number (9,2))		9(09,02)
AUTHORIZED-EFFECTIVE-DATE		
EFFECTIVE-MONTH		9(02)
EFFECTIVE-DAY		9(02)
EFFECTIVE-YEAR		9(02)
AUTHORIZED-END-DATE		
END-MONTH		9(02)
END-DAY		9(02)
END-YEAR		9(02)
LINE-ITEM-STATUS (A=Approved, M=Modified)		X(01)
PA-NUMBER		9(20)

**Additional File Submission Instructions**

Inbound File Name from Plan to DXC:

**MedicaidProviderID\_COEXTRACT\_PA\_DENTAL\_Inbound\_Iteration\_YYYYMMDD.txt**

Outbound File Name from DXC to Plan:

**MedicaidProviderID\_COEXTRACT\_PA\_DENTAL\_Outbound\_Iteration\_YYYYMMDD.txt**

**Phase 2 Initial File Submission:** use iteration '3' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**Phase 2 Refresh Submission:** Indicate iteration '4' in the file name regardless of the number of files submitted due to the file size limit of 50MB.

**MedicaidProviderID** will be the 9 digit plan provider ID.