



**Department of
Job and Family Services**

**Utilization Management Tracking Database:
Prior Authorization File
& Submission Specifications**

**Ohio Department of Job and Family Services
Office of Medical Assistance**

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1. Introduction

This document describes the file layout and submission procedures to be used for the managed care plan's (MCP's) reporting of prior authorization (PA) decisions made on and after March 1, 2013. All required information regarding finalized PA requests will be reported to the Office of Medical Assistance (OMA), Ohio Department of Job and Family Services (ODJFS) using the bi-weekly and/or monthly files. "Finalized" means the MCP made a decision and gave full approval, limited approval, or denied the PA request.

REQUIRED INFORMATION: MCPs are required to submit all PA request decisions for denials, limited approvals (e.g. a PA request for 20 physical therapy (PT) visits however MCP approves a limit of only 10 PT visits), and approvals on files to the Utilization Management Tracking Database (UMTD), as specified below. One record/count is required for each PA decision for which information is being reported.

For non-pharmacy PA decisions:

- MCPs must report detailed information for all limited approval/denial PA decisions on the bi-weekly files to the UMTD as specified.
- MCPs must report all approved PA decisions as either 1) detailed information on the bi-weekly files to the UMTD as specified, or 2) an aggregate number on the Monthly Aggregate PA Approval Count Files to the UMTD as specified.

MCPs must report **all** approved PA decisions using option 1 and/or 2. MCPs can report approved PA decisions using both option 1 and 2 as long as the record/count is not duplicated. For example a MCP can report all approved dental PA decisions using option 1 and report all other approved PA decisions using option 2. For this example, the MCP must report the detailed information for each of the dental PA approvals on the bi-weekly file(s) and ensure that the Monthly Aggregate PA Approval Count File reflects 0 for service type 1007 (dental) and the aggregate number of PA approvals for each of the other service types.

For pharmacy PA decisions:

- MCPs must report the aggregate number of approved decisions on the Monthly Aggregate PA Approval Count Files to the UMTD as specified.
- MCPs must report the aggregate number of denied PA decisions for lower cost alternatives available without PA or step therapy on the Monthly Aggregate PA Denial Count Files to the UMTD as specified.*

- MCPs must report detailed information for all limited approval/denial PA decisions for clinical or other reasons on the bi-weekly files to the UMTD as specified.*

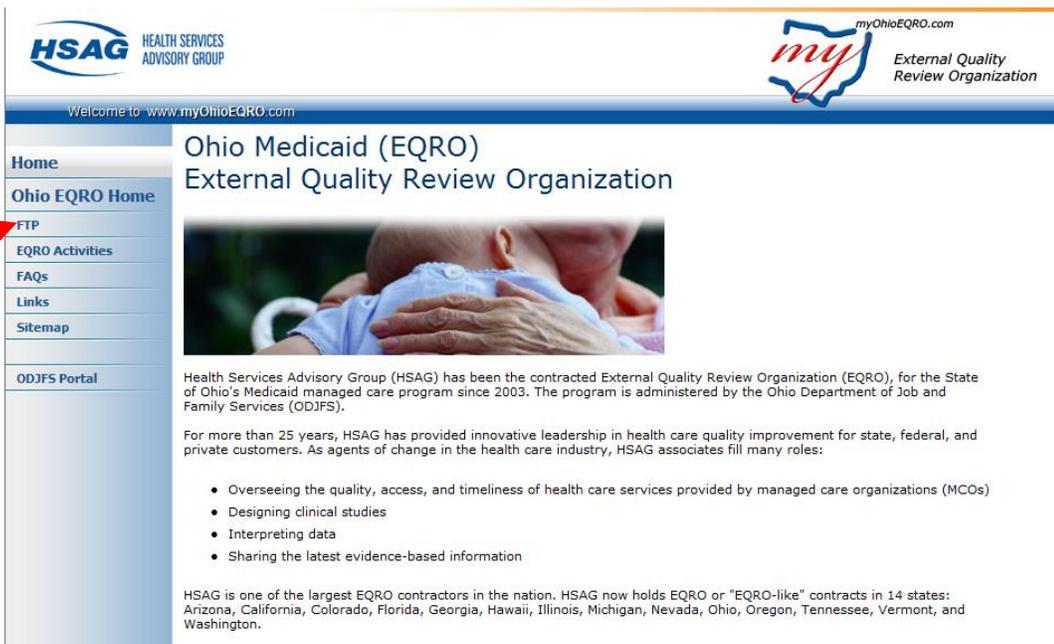
** MCPs must ensure that reporting of drug PA denials for lower cost alternatives, step therapy, clinical, and other are consistent with the PA reasons reported by each plan on the ODJFS/MCP PA drug consensus list.*

MCP's must resubmit all rejected files/records as specified by ODJFS. All rejected records are to be corrected as applicable and resubmitted on the MCP's next bi-weekly file submission. MCPs must refer to the *MCP—File Submission Edit Responses and Edit Codes* documents regarding file submission responses and reports.

2. Secure File Transfer Protocol—File Submission

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the PA file submitted to the OMA via file transfer protocol (FTP) and the subsequent activity files generated by OMA, must be protected through a secure, encrypted transmission system. MCPs will securely transfer PA data using OMA's selected vendor, Health Services Advisory Group, Inc. (HSAG), secure FTP site. HSAG's FTP site ensures appropriate 128 bit encryption when transferring files.

Each MCP must submit data through a secure file transfer protocol. MCPs will use HSAG's secure FTP site to transmit all PA data. Integrated in the www.myohioeqro.com website, HSAG's secure FTP site is capable of supporting multi-file uploads and downloads of large sizes (up to 2 GB) at high frequency rates.



The screenshot shows the website for the Health Services Advisory Group (HSAG) as the External Quality Review Organization (EQRO) for Ohio's Medicaid managed care program. The page includes a navigation menu with a red arrow pointing to the 'FTP' link. The main content area features a photograph of a baby being held and text describing HSAG's role and services. A list of services includes overseeing the quality, access, and timeliness of health care services provided by managed care organizations (MCOs), designing clinical studies, interpreting data, and sharing the latest evidence-based information.

Once logged into the FTP site, users should navigate to their MCP's folder corresponding to the current contract year followed by the Project folder D1-UMTD.

Example for data submission folder:

\\Healthplans\\<CONTRACT YEAR HERE>D1-UMTD\DATA

Example for reports and responses folder:

\\Healthplans\\<CONTRACT YEAR HERE>D1-UMTD\Reports
Reports folder maintenance is the responsibility of each MCP. Report files will be

maintained within the MCP's report folder for 30 days from the current date and then removed automatically. It is the MCP's responsibility to review, and if applicable, download and maintain, any reports prior to the removal period. Refer to the *MCP File Submission Edit Responses* documents for an explanation of the available MCP reports.

Upon approval by ODJFS, additional mechanisms may be made available to MCPs for data file submission. Any additional and necessary software, internal system modifications, automation capabilities, and successful completion of the testing process will be the responsibility of each MCP desiring that alternative. Data submitted via this mechanism will be placed into a secure folder but immediately removed and processing initiated. No retrieval capability will exist. All reports including the file acknowledgement, record overview, and element level details will still reside within the existing secure file structures and locations as noted above and will remain the MCP's responsibility to maintain.

3. File Naming Conventions

a. Bi-Weekly PA Files

MCPs must submit a bi-weekly file that includes PA decisions made in the previous two weeks as well as record corrections for any records that were rejected on the previous bi-weekly file unless directed otherwise by ODJFS. MCP bi-weekly files, and attachment files as applicable, must be submitted no later than 5 pm Eastern time on the Tuesday following the end of the two week’s reporting period. Should the Monday or Tuesday before the due date be a holiday, the file must be submitted by 5pm Eastern time on the Wednesday following the end of the two week’s reporting period. Additionally, MCPs may have to periodically submit an ad-hoc file to report record corrections (e.g., if the MCP had an issue with reporting corrections on the bi-weekly files, had an unusually high number of rejections, etc...), unreported PA decisions that the MCP inadvertently did not submit on the applicable bi-weekly file, or as specified by OMA. The file name for each bi-weekly PA file (or ad-hoc file if applicable) must be unique and include characters which identify the file type, MCP submitter’s ID, date of file submission, and file sequence ID. MCPs that submit multiple bi-weekly files to report different service type PA decisions must submit a bi-weekly file with 0 records if there were no PA decisions for the applicable service type during the bi-weekly time period. For example, if an MCP submits a separate bi-weekly file to report behavioral health PA decisions and there were no behavioral health PA decisions made during the two week time period, the MCP must still submit a bi-weekly file with 0 records. This blank file will ensure the accountability of all anticipated files and will follow the same format as described below. The format is as follows:

upxxxmddyyy.t99

The following table identifies and describes each of these elements in the file name:

Position	Symbol	Description
1	u or t	>u Indicates production UMTD file >t Indicates test UMTD file
2	p	>p Indicates PA file
3–5	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID table in Appendix A)
6–13	mmddyyyy	mm Month of file submission dd Day of file submission yyyy Year of file submission
14–17	.t00	Extension: t >t = represents a text file 00 >'00' is the number of the text file submission for the date seen within the main filename. This number should increment by 1 with each new file submission within that given day. First file submission for each date begins with >'00', the next >'01', etc.

Example:

File name for the bi-weekly submission on January 18, 2011: upxxx01182011.t00 (this should include all PA decisions from 12:00 am Saturday January 1, 2011 through 11:59:59 pm Friday January 14, 2011).

If necessary, a second file for January 18, 2011 would be: upxxx01182011.t01

File name for the bi-weekly submission on February 1, 2011: upxxx02012011.t00 (this should include all PA decisions from 12:00 am Saturday January 15, 2011 through 11:59:59 pm Friday January 28, 2011).

b. Bi-Weekly PA Attachment Files

i. For Individual File Names

Attachments will be submitted in separate file(s), and will be stored separately. Attachments are conditionally required based on submission of other data. Images of state hearing forms will be linked to PA submission records based on file names—specifically MMISID, type of attachment, and file date within each specific record. The corresponding attachment files must be submitted on the same date with the applicable bi-weekly PA file. The file name for each attachment file must be unique and include characters which identify the file description, MCP Submitter’s ID, MMISID, code of attachment, date of State Hearing Form notice, and image sequence ID. The format is as follows:

uaxxxZZZZZZZZZZZZZZ1mmdyyy.i99

Note: Only the front page of the State Hearing Form is required (page 2 is not necessary). Other documentation does not fulfill the requirements of ODJFS at this time and should not be submitted.

The following table identifies and describes each of these elements in the file name:

Position	Symbol	Description
1	u or t	>u Indicates production UMTD file >t Indicates test UMTD file
2	a	>a = Indicates PA attachment
3–5	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID table in Appendix A)
6–17	ZZZZZZZZZZZZZZ	MMIS billing number for image
18	X	Code of attachment: 1 – State Hearing Image
19–26	mmdyyy	mm Month of State Hearing Form notice dd Day of State Hearing Form notice yyyy Year of State Hearing Form notice

ii. For Multiple Files in Zipped Format

Multiple attachment files may be submitted in one ‘Zip’ file if desired. Files placed within the zip file require the above file naming convention to provide for accurate representation. Zip files are restricted to the FTP limitations of 2 GB per file. The format is as follows:

uzxxx99999mmdyyy.i99

Position	Symbol	Description
1	u or t	>u Indicates production UMTD file >t Indicates test UMTD file
2	z	>z = Indicates PA attachments zip file
3–5	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID table in Appendix A)
6–10	99999	Number of files included
11–18	mmdyyy	mm Month of file submission dd Day of file submission yyyy Year of file submission
19–22	.i00	Extension: i >i = represents an image file 00 >'00' is the number of the image file submission for the date seen within the filename. This number should increment by 1 with each new file submission within that given day. First file submission for each date begins with >'00', the next >'01', etc.

Example for “zipped” file:

File name for an attachment file to the bi-weekly file submission on January 18, 2011: uzxxx9999901182011.i00 (this should include all attachments for PA decisions reported on the bi-weekly file from 12:00 am Saturday January 1, 2011 through 11:59:59 pm Friday January 14, 2011).

Attachments in the zipped files must correspond in a 1-to-1 relationship with any record requiring an image found within the bi-weekly for PA decisions reported on the bi-weekly file.

Due to security concerns, image files must be submitted in PDF format only. Files containing attachments submitted as Word documents that contain macros will result in the entire zip file being rejected and immediately deleted.

c. Monthly Aggregate PA Approval Count File

MCPs must submit a monthly file to report aggregate data as specified to the UMTD to provide an accounting of all PA decisions. This file must contain the total number of approved PA decisions, as applicable, by service type for the previous month. Monthly aggregate files must include a value for all service types. For service types where an MCP has no aggregate PA decision information to report, a zero must be entered. All monthly aggregate data submission files must be submitted into each MCP's designated folder within HSAG's secure FTP site no later than 5 PM Eastern time the 5th day of the month. If the 5th falls on a weekend or holiday, the file must be submitted by close of business the next business day.

Data will be submitted in a file to the HSAG FTP site. Aggregate data will need to be broken down based on the service types found in Appendix B of this document.

Position	Symbol	Description
1	u or t	>u Indicates production UMTD file >t Indicates test UMTD file
2	m	>m = Indicates PA approval monthly aggregate file
3-5	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID table in Appendix A)
6	Z	Code of attachment: 1 - Text 2 - Excel
7-14	mmddyyyy	mm Month of submission dd Day of submission yyyy Year of submission
15-18	.i00	Extension: i >i = allows for incrementing the file, "i" or a "t" are permissible. 00 >'00' is the number of the image file submission for the date seen within the filename. This number should increment by 1 with each new file submission within that given day. First file submission for each date begins with >'00', the next >'01', etc.

d. Monthly Aggregate PA Denial Count File

MCPs must submit a monthly file to report aggregate data as specified to the UMTD to provide an accounting of certain drug PA decisions. This file must contain the total number of denied drug PA decisions for lower cost alternative or step therapy, as applicable for the previous month. Should there be no lower cost alternative or step therapy decision information available to report, a zero must be entered. All monthly aggregate data submission files must be submitted into each MCP's designated folder within HSAG's secure FTP site no later than 5 PM Eastern time the 5th day of the month. If the 5th falls on a weekend or holiday, the file must be submitted by close of business the next business day.

MCPs must ensure that the above reporting of drug PA denials for lower cost alternative or step therapy are consistent with the PA reasons reported by each plan on the ODJFS/MCP PA drug consensus list.

Data will be submitted in a file to the HSAG FTP site.

Position	Symbol	Description
1	u or t	>u Indicates production UMTD file >t Indicates test UMTD file
2	d	>d = Indicates lower cost alternative or step therapy PA denial monthly aggregate file
3-5	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID table in Appendix A)
6	Z	Code of attachment: 1 – Text 2 – Excel
7-14	mmddyyy	mm Month of submission dd Day of submission yyyy Year of submission
15-18	.i00	Extension: i >i = allows for incrementing the file, "i" or a "t" are permissible. 00 >'00' is the number of the image file submission for the date seen within the filename. This number should increment by 1 with each new file submission within that given day. First file submission for each date begins with >00', the next >01', etc.

4. Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
~	Tilde	End of a data field (16 should exist per record)
,	Comma	Separates multiple values within a data field

5. Fields/Records

a. Data Fields

- i. Data fields are fields that contain the value for each data item.
- ii. Note: If no data is available for a data field:
Insert the tilde character (~) immediately after the data field. Then, continue with the next data field. For example, the format of the field in a record with no Extension Granted would contain consecutive tilde characters as follows: <DateofRequestHere>~~~<Decision>
- iii. All data fields, including the last, require the tilde character (~) to close the element.
- iv. Each record should contain 16 tilde characters – one each to close each field. Example of an empty record: ~~~~~~|

b. Records

- i. A pipe character “|” (HEX 7C) is required at the end of each record.

6. File Layout

a. Bi-Weekly PA File Layout

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	MMIS Billing Number	R	State Issued Medicaid recipient billing ID (12 digits)
Data	Service Type of Authorization Request	R	Code for Service type for PA request found in Appendix B
Data	Placeholder for Future Field		The “other” categories have been removed and this field is currently not in use. As with other fields presented within the submission file without data, place a tilde (~) to hold the place of this element. This field currently has no length and would be represented within the file as the ending tilde from the service authorization request as follows: <ServiceTypeofAuthReq>~~<ProviderID>
Data	Provider ID Number	O	ODJFS Provider ID Number Length 7
Data	NPI Provider ID Number	O	NPI Provider ID Number Length 10
Data	Narrative of Provider’s Request	C	Conditional: Required if decision is a Denial or Limited Approval. Field should contain the service requested as seen verbatim on the state hearing form. * Length 255. *Data field is the preferred method of submission, however, at this time it may be submitted as an attached SHF image. When an image is submitted, the word “image” without quotes is required.
Data	Type of Request	O	Choose only one of the following codes: 1- Standard request 2- Expedited request Length 1
Data	Date of Request	R	mmddyyyy Length 8

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Extension Granted Y/N	O	Choose only one of the following codes: Y – Yes N – No Length 1
Data	Approval/LimitedApproval/Denial	R	Choose only one of the following codes: D – Denial L – Limited Approval A – Full Approval Length 1
Data	Narrative of Decision	C	Conditional: Required if decision is a Denial or Limited Approval. Field should contain the reason for the action as seen verbatim on the state hearing form.* Length 800. *Data field is the preferred method of submission, however, at this time it may be submitted as an attached SHF image. When an image is submitted, the word “image” without quotes is required.
Data	Date of Decision	R	mmddyyyy Length 8
Data	Date the State Hearing Notice was issued.	C	Conditional: Required if decision is a Denial or Limited Approval. mmddyyyy Length 8
Data	Ohio Administrative Code (OAC) rule citation used to support denial in whole or part	C	Conditional: Required if decision is a Denial or Limited Approval. Field should contain the rule that supports the action as seen verbatim on the state hearing form.* Length 50. *Data field is the preferred method of submission, however, at this time it may be submitted as an attached SHF image. When an image is submitted, the word “image” without quotes is required.

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Narrative of rule citation	O	Optional: If provided, this field should contain the OAC Rule citation description as seen verbatim on the state hearing form. * Length 255. *Data field is the preferred method of submission, however, at this time it may be submitted as an attached SHF image. When an image is submitted, the word "image" without quotes is required.
Data	Narrative of comments	O	Optional: Written description in support of record. Length 500.

b. Monthly Aggregate PA Approval Count File Layout

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Service Type of Authorization Request	R	Code for service type for PA request found in Appendix B. Length 4
Data	Enumeration	R	Count of total number of approved PA decisions for the listed Service Type. Length 5
Data	Start Date	R	First date of measurement month associated with count provided. mmddyyyy Length 8. This must be the first day of the month for the reporting month or the file will be rejected.
Data	End Date	R	Last date of measurement month associated with count provided. mmddyyyy Length 8. This must be the last day of the month for the reporting month or the file will reject.

c. Monthly Aggregate PA Denial Count File Layout

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Service Type of Authorization Request	R	Code for service type for drugs - 5001. Length 4
Data	Enumeration	R	Count of total number of denied drug PA decisions for lower cost alternative or step therapy. Length 5
Data	Start Date	R	First date of measurement month associated with count provided. mmddyyyy Length 8. This must be the first day of the month for the reporting month or the file will be rejected.
Data	End Date	R	Last date of measurement month associated with count provided. mmddyyyy Length 8. This must be the last day of the month for the reporting month or the file will reject.

7. Sample Records

a. Bi-Weekly PA File Record

Example 1: Without Attachments or Images

112233445566~1004~1234567890~Home Health Nurse 3wk/6wks Pt responding but requires additional treatments~1~01012011~L~The information provided does not document medical necessity for home health nurse visits three times weekly for six weeks. The information does not document the services are appropriate given the consumer's diagnosis, prognosis, functional limitations, and medical conditions as ordered by the consumer's treating physician. The information does not show current skilled nursing needs. Once weekly skilled nursing visits for four weeks total for assessment and monitoring of COPD is approved~01022011~01022011~5101:3-1-01,5101:3-12-01~Comments may be added here~|

Example 2: With Attachments or Images

112233445566~1004~1234567890~image~1~01012011~L~image~01022011~01022011~5101:3-1-01,5101:3-12-01~Comments may be added here~|

Example 3: Approval Record

123090045699~1007~0399937~9998282112~Orthodontic Evaluation~~10212010~~A~~10212010~~~~~|

b. Monthly Aggregate PA Approval Count File Record

Example (multiple service types):

1001~00026~01012011~01312011~|
1002~00052~01012011~01312011~|
1007~00110~01012011~01312011~|
2001~00075~01012011~01312011~|

c. Monthly Aggregate PA Denial Count File Record

Example:

5001~00426~01012013~01312013~|

Appendix A

ODJFS MCP Submitter ID Table

Sequence ID	MCP Submitter ID	MCP
1	712	Amerigroup
2	420	Buckeye Community Health Plan
3	315	CareSource
4	731	Molina
5	325	Paramount
6	761	UnitedHealthcare
7	305	WellCare
Plan	Delegate ID	Delegate
Buckeye	821	DentaQuest
Molina	841	DentaQuest
UnitedHealthcare	861	DentaQuest
WellCare	871	DentaQuest
WellCare	872	Magellan
WellCare	873	CareCore National

Delegates will receive their ID upon written notification and acceptance from ODJFS during the corresponding MCP testing phase.

Delegates will be assigned a three (3) digit submitter ID based upon the following protocol:

Initially, the series will begin with 8XY, where 8 signifies an external entity; X represents the sequence ID listed above; and Y represents the specific delegate for the MCP.

Should the number of delegates necessitate additional IDs, the series will extend to a 9XY series.

Appendix B

ODJFS Service Type Listing

MEDICAID MANAGED CARE PRIOR AUTHORIZATION LIST

This table is to be used as a supplemental reference for the MCPs submitting data to ODJFS.

Code	Reporting Category	Examples of Included Services:
1001	Ambulance/Ambulette	
1002	DME (durable medical equipment)	enteral nutrition, dme, hearing aid, orthotic, prosthetic, wound vac
1004	Home Health	HH therapies, nursing, home hospice, Infusion (no rx), PDN, MD Home Visits
1007	Dental	orthodontia, crowns, root canals, braces, extractions, fillings, dentures.
1011	Vision	glasses, contacts, vision aids
2001	Inpatient Services	acute, rehab, hospice inpatient
2004	NF Admissions	
3003	Chiropractic	
3007	Outpatient Services	cardiac & pulmonary rehab, radiation, chemo, dialysis, transplant evaluation, genetic testing, pain management, PT/OT/SP, respiratory therapy, varicose/spider veins, pain management, arthroscopy, laparoscopy, cardiac catheterization, sleep studies, outpatient behavioral health
4000	Outpatient Surgeries	abortions, bariatric surgery, blepharoplasty, cosmetic/plastic, oral surgeries, hysterectomy, mammoplasty, otoplasty, rhinoplasty/septoplasty, scar revisions, tubal ligation, vasectomy, vagus nerve stimulator
5001	Drugs	
6000	Diagnostic Testing/Imaging	PET, SPECT, MRI/MRA, CT Scans, OB Ultrasound, Non-OB Ultrasound