

Attachment A

**Appeal File
& Submission Specifications**

**Ohio Department of Medicaid
Bureau of Managed Care**

July, 2013
Version 1.9

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1. Introduction

This document describes the file layout and submission procedures to be used for the MCP's reporting of appeals on and after July 1, 2012. All information regarding appeals is reported to the Ohio Department of Medicaid (ODM) monthly using this file. One record is required for each appeal for which information is being reported.

2. Secure File Transfer Protocol

Security

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the Appeal file submitted to ODM via file transfer protocol (FTP) and the subsequent activity files generated by ODM, must be protected through a secure, encrypted transmission system. FTP client software capable of 128 bit encryption is required to connect to the server.

3. File Name

The file name for each appeal file must be unique and include characters which identify the file type, submitter's ID, month and year of submission. The format is as follows:

axxxmmyy.t99

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

Position	Symbol	Description
1	a	>a= Indicates Appeal file
2-4	xxx	MCP Submitter ID (Use codes from ODM MCP Submitter ID Table in Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.t00	Extension: t >t= represents a text file 00 >00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with >00', the next >01', etc.

Example: File name for the first file submitted in July 2012:
axxx0712.t00

If necessary, the file name for the second file in July would be:
axxx0712.t01

File name for the first file submitted in August 2012 would be named:
axxx0812.t00

4. Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
	Bar	End of a label field
~	Tilde	End of a data field
,	Comma	Separates multiple values within a data field

5.0 Fields/Records

5.1 Label Fields

Label fields are fields that identify the data in the following field. A label field precedes each data field (see sample record in section 5). Label fields are standard for delimited files.

Note: All label fields must be included in the record, even if the corresponding data fields contain no data.

5.2 Data Fields

Data fields are fields that contain the value for each data item.

If no data is available for a data field:

Insert a tilde character (~) immediately after the field label and bar character (|).

Then, continue with the next field. For example, the format of a record with no date resolved code is as follows:

DATERESOLVED|~

5.3 Records

A carriage return or line feed is required at the end of each record.

6. File Layout: maximum record length 4000

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	APPEALID	R	
Data	Appeal ID	R	0 to 9 and/or A to Z. This identification is assigned by the MCP and must be unique to each appeal and start with an "A". An appeal submitted with an identification previously used is assumed to be a resubmission (correction) or an update and will over write the first appeal in its entirety (i.e., appeal IDs must not be duplicated from month to month or year to year). (Maximum Length 16)
Label	MEDRECIPIENTID	R	
Data	Medicaid Recipient ID	R	12 digit Medicaid recipient ID of appellant.
Label	NARRATIVE	R	
Data	Problem and Resolution Description	O	Written description of appeal and description of resolution, if resolved. (length open). Required for MCPs with less than 6 months with Ohio Medicaid program.
Label	DATERECEIVED	R	
Data	Date Appeal Received	R	mm/dd/yyyy This field is protected and cannot be changed. In the rare situation that an incorrect date is reported, contact BMC.
Label	DATERESOLVED	R	
Data	Date Appeal Resolved	C	mm/dd/yyyy Required if resolved.
Label	DATEWRITTENDECISION	R	

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Date Written Decision Sent to Member	C	mm/dd/yyyy Required if resolved. This field determines whether an appeal is resolved/resolved timely.
Label	TYPEOFAPPEAL	R	
Data	Type of Appeal	R	Choose only one of the following codes: 01 - Standard Appeal 02 - Standard Extended Appeal 03 - Expedited Appeal 04 - Extended Expedited Appeal
Label	ACTIONCAT	R	
Data	Action Category of Appeal	R	Choose only one of the following codes: 01- Denial of service, in whole or part, including type or level 02- Reduce, suspend, or terminate service 03- Claim payment denial, in whole or part 04- Untimely grievance resolution 05- Untimely service (prior authorization) decision
Label	TYPEOFSERVICE	R	
Data	Type of Service	C	Required for Action Categories: 01, 02, 05 Written description of type of service (Maximum Length 20)
Label	DATEHEARINGLETTER	R	
Data	Date Hearing Letter Sent	C	mm/dd/yyyy Required if Action Category 01,02. Date that State Hearing Form 1) JFS 04043, Notice of Denial of Medical Services By Your Managed Care Plan or 2) JFS 04066, Notice of Reduction, Suspension, or Termination of Medical Services By Your Managed Care Plan. was initially sent to member to notify member that the service was denied, reduced, suspended, or terminated.
Label	RESOLUTIONCAT	R	
Data	Resolution Category Code	C	Required when resolved. Choose only one of the following codes:

Field Type	Field Name	Required, Optional, or Conditional	Description
			<p>01 - Appeal Sustained (MCP's initial action is overturned)</p> <p>02 - Appeal Overruled (MCP's initial action upheld)</p> <p>03 - Grievance Resolved (MCP communicated grievance resolution to member for grievance that was not resolved timely)</p> <p>04 - Appeal Reported (MCP communicated prior authorization decision to member for prior authorization request that was not decided timely)</p> <p>For Action Categories: 01,02,03, the Resolution Category must be 01 or 02.</p> <p>For Action Category 04, the Resolution Category must be 03.</p> <p>For Action Category 05, the Resolution Category must be 04.</p>

7. Sample Record

APPEALID|A12345678912346~MEDRECIPIENTID|010101010101~NARRATIVE|Member upset that she received an NOA that crown was denied. Records show not medically necessary and no further information submitted. Denial stands.
~DATERECEIVED|07/05/2012~DATERESOLVED|07/07/2012~DATEWRITTENDECISION|07/07/2012~TYPEOFAPPEAL|01~ACTIONCAT|01~TYPEOFSERVICE|crown~DATEHEARINGLETTER|06/15/2012~RESOLUTIONCAT|02~

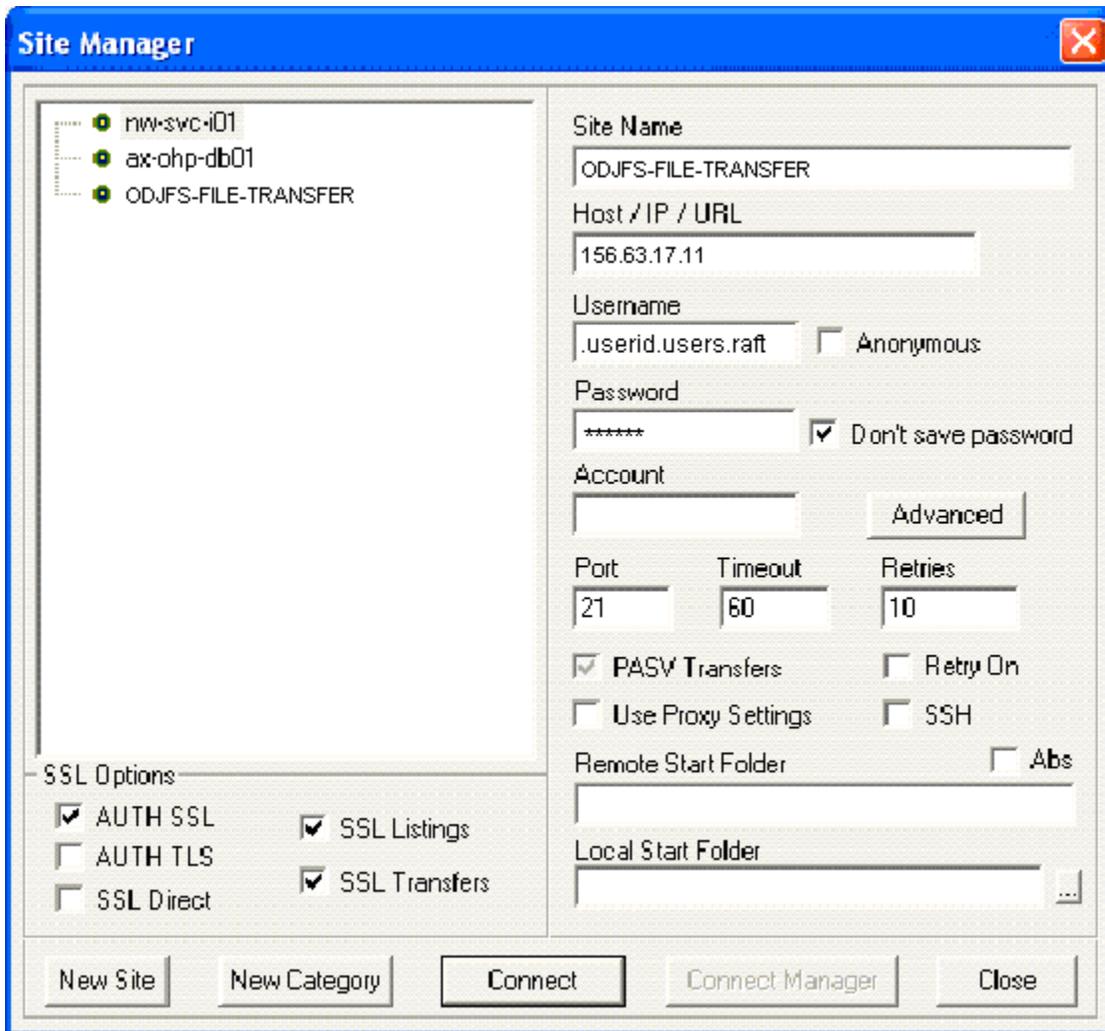
8. File Submission

Each MCP must submit data through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODM's SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

Appendix A

ODM MCP Submitter ID Table

MCP Submitter ID	MCP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	UnitedHealthcare