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Utilization Management Tracking Database: Prior Authorization File & Submission Specifications

Ohio Department of Medicaid

June 27, 2014
Version 5.1

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1. Introduction

All managed care plans (MCPs) contracting with the Ohio Department of Medicaid (ODM) to serve consumers eligible for Medicaid (e.g., covered families and children (CFC), aged, blind and disabled (ABD), dually eligible for Medicaid and Medicare, long term care, waiver enrollees, etc.) are required to report information on all prior authorization (PA) decisions rendered for their members to the Utilization Management Tracking Database (UMTD). This includes PA requests for all services, including requests for services when the MCP is not the primary payer.

This document describes the UMTD file layout and submission procedures to be used for the managed care plan's (MCP's), reporting of all PA decisions. All required information regarding finalized PA requests will be reported to the ODM 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, full approvals and limited approvals (e.g. a PA request for 20 physical therapy (PT) visits however MCP approves a limit of only 10 PT visits) on files to the 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 by ODM.
- 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 by ODM.

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 an 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 by ODM.
- 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 by ODM.*
- 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 by ODM.*

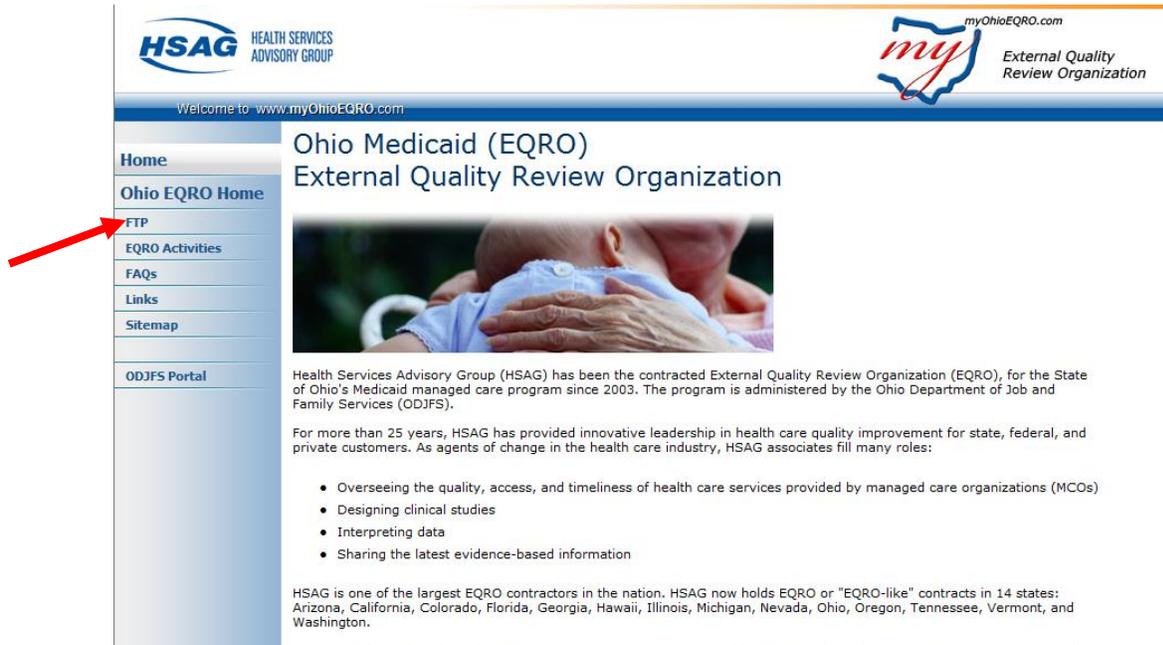
** MCPs must ensure that reporting of drug PA denials for lower cost alternatives, step therapy, clinical, and other are consistent with the Prior Authorization list or Preferred Drug list reasons reported by each plan.*

MCP's must resubmit all rejected files/records as specified by ODM. All rejected records are to be corrected 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 ODM via file transfer protocol (FTP) and the subsequent activity files generated by ODM, must be protected through a secure, encrypted transmission system. MCPs will securely transfer PA data using ODM'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.



Once logged into the FTP site, users should navigate to their MCP's folder followed by the Project folder UMTD.

Example for data submission folder:

\\Healthplans\<<MCP NAME HERE>UMTD\DATA

Example for reports and responses folder:

\\Healthplans\<<MCP NAME HERE>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 ODM, 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 ODM. 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 ODM.

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 (see 5.a.iv for example of empty record). For example, the format for a bi-weekly file name is as follows:

upxxxmddyyyy.t00

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 ODM 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

Position	Symbol	Description
14–17	.t00 or .m00	<p>Extension:</p> <p>t >t = represents a traditional managed care file (records in the file are for members eligible for the Medicaid Managed Care Program)</p> <p>m >m = represents a MyCare Ohio managed care file (records in the file are for members eligible for the MyCare Ohio Program)</p> <p>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.</p>

Example:

The file name for the first bi-weekly submission on May 20, 2014 for a traditional managed care file would be upxxx05202014.t00 and for a MyCare Ohio managed care file would be upxxx05202014.m00 (this should include all PA decisions from 12:00 am Saturday May 3, 2014 through 11:59:59 pm Friday May 16, 2014).

If necessary, a second file for May 20, 2014 for a traditional managed care file would be upxxx05202014.t01 and for a MyCare Ohio managed care file would be upxxx05202014.m01

The file name for the first bi-weekly submission on June 3, 2014 for a traditional managed care file would be upxxx06032014.t00 and for a MyCare Ohio managed care file would be upxxx06032014.m00 (this should include all PA decisions from 12:00 am Saturday May 17, 2014 through 11:59:59 pm Friday May 30, 2014).

b. Bi-Weekly PA Attachment Files

i. For Individual File Names

If applicable, attachments will be submitted in separate file(s), and will be stored separately. Attachments are conditionally required based on submission of other data (see the bi-weekly PA file layout). Images of state hearing forms, Notices of Action, or Notices of Denial of Medicare Prescription Drug Coverage 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 notice, and image sequence ID. For example, the format for a bi-weekly attachment file is as follows:

uaxxxZZZZZZZZZZZZZZ1mmdyyyy.t00

Note: Only the front page of the State Hearing Form, Notice of Action, or Notice of Denial of Medicare Prescription Drug Coverage is required. Other documentation does not fulfill the requirements of ODM 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 ODM MCP Submitter ID table in Appendix A)
6–17	ZZZZZZZ	MMIS billing number for image
18	X	Code of attachment: 1 – State Hearing Image 2 – Notice of Action 3 – Notice of Denial of Medicare Prescription Drug Coverage
19–26	mmdyyyy	mm Month of State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage dd Day of State Hearing Form notice, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage yyyy Year of State Hearing Form notice, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage
27–30	.t00 or .m00	Extension: t >t = represents a traditional managed care image file (attachments on the file are for members eligible for the Medicaid Managed Care Program) m >m= represents a MyCare Ohio managed care image file (attachments on the file are for members eligible for the MyCare Ohio Program) 00 >'00' represents 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 for the same corresponding MMISID. First file submission for each date begins with >'00', the next >'01' to eliminate duplicate filenames. Incrementing all files is also acceptable.

ii. For Multiple Files in Zipped Format

Multiple attachment files may be submitted in one ‘Zip’ file if desired. The corresponding attachment zipped files must be submitted on the same date with the applicable bi-weekly PA file. 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. For example, the format for a zipped file of PA attachments is as follows:

uzxxx99999mmdyyy.t00

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 ODM 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	.t00 or .m00	Extension: t >t = represents a traditional managed care image file (attachments on the file are for members eligible for the Medicaid Managed Care Program) m >m = represents a MyCare Ohio managed care image file (attachments on the file are for members eligible for the MyCare Ohio Program) 00 >'00' represents 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:

The file name for an attachment file to the bi-weekly file submission on May 20, 2014 for a traditional managed care file would be uzxxx9999905202014.t00 and for a MyCare Ohio managed care file would be uzxxx9999905202014.m00 (this should include all attachments for PA decisions reported on the bi-weekly file from 12:00 am Saturday May 3, 2014 through 11:59:59 pm Friday May 16, 2014).

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 by ODM 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 ODM 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	.m00 or .t00	Extension: t >t = represents a traditional managed care file (aggregate PA approval counts on the file are for members eligible for the Medicaid Managed Care Program). m >m= represents a MyCare Ohio managed care file (aggregate PA approval counts on the file are for members eligible for the MyCare Ohio Program.) 00 >'00' represents the number of the 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 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 is consistent with the *Prior Authorization list or Preferred Drug list reported by each plan.*

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 ODM 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	.t00 or .m00	Extension: t >t = represents a traditional managed care file (aggregate PA denial counts on the file are for members eligible for the Medicaid Managed Care Program) m >m = represents a MyCare Ohio managed care file (aggregate PA denial counts on the file are for members eligible for the MyCare Ohio Program) 00 >'00' represents the number of the 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 (1 tilde should exist per field expected within the 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	C	Conditional: Required if no NPI is submitted for the record. ODM Provider
Data	NPI Provider ID Number	C	Conditional: Required if no Provider ID is submitted for the record. NPI

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Narrative of Provider's Request	C	Conditional: Required if decision is a Denial or Limited Approval. Field should contain the service/drug requested as written verbatim on the State Hearing Form, Notice of Action, or Notice of Denial of Medicare Prescription Drug Coverage* Length 255. *Data field is the preferred method of submission; however, at this time it may be submitted as an attached State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage image. When an image is submitted, the word "image" without quotes is required.
Data	Type of Request	R	Choose only one of the following codes: 1- Standard request 2- Expedited request
Data	Date of Request	R	mmdyyyy Length 8
Data	Extension Granted Y/N	R	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

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Narrative of Decision	C	<p>Conditional: Required if decision is a Denial or Limited Approval. Field should contain the reason for the action as written verbatim on the State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage * Length 800.</p> <p>*Data field is the preferred method of submission; however, at this time it may be submitted as an attached State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage image. When an image is submitted, the word “image” without quotes is required.</p>
Data	Date of Decision	R	<p>mmddyyyy Length 8</p>
Data	Date the State Hearing Form, Notice of Action, or Notice of Denial of Medicare Prescription Drug Coverage was issued	C	<p>Conditional: Required if decision is a Denial or Limited Approval. mmddyyyy Length 8</p>
Data	Citation, federal or state rule(s) or regulation(s) used to support denial in whole or part	C	<p>Conditional: Required if decision is a Denial or Limited Approval. Field should contain the citation, federal or state rule(s) or regulation(s) that supports the action written verbatim on the State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage * Length 200.</p> <p>*Data field is the preferred method of submission; however, at this time it may be submitted as an attached State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage image. When an image is submitted, the word “image” without quotes is required.</p>

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Narrative of the citation, federal or state rule(s) or regulation(s)	O	Optional: If provided, this field should contain the citation, federal or state rule(s) or regulation(s) description written verbatim on the State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage.* Length 255. *Data field is the preferred method of submission; however, at this time it may be submitted as an attached State Hearing Form, Notice of Action or Notice of Denial of Medicare Prescription Drug Coverage 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.

*ICDS plans only issue a state hearing form if the denial/limited approval is for services solely covered by Medicaid (i.e., a state hearing form is not issued if the services are covered by Medicare).

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. mmdyyyyy Length 8. This must be the first day of the month for the reporting month or the file will be rejected.

Field Type	Field Name	Required, Optional, or Conditional	Description
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~1~01012014~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~01022014~01022014~5101:3-1-01,5101:3-12-01~Comments may be added here~|

Example 2: With Attachments or Images

112233445566~1004~1234567890~image~1~01012014~L~image~01022014~01022014~5101:3-1-01,5101:3-12-01~Comments may be added here~|

Example 3: Approval Record

123090045699~1007~0399937~9998282112~Orthodontic Evaluation~01012014~A~01022014~|

Example 4: No Data to Report

~~~~~|

### b. Monthly Aggregate PA Approval Count File Record

Example (multiple service types):

1001~00026~01012014~01312014~|  
1002~00052~01012014~01312014~|  
1007~00110~01012014~01312014~|  
2001~00075~01012014~01312014~|

### c. Monthly Aggregate PA Denial Count File Record

Example:

5001~00426~01012014~01312014~|

## Appendix A

ODM MCP Submitter ID Table

| Sequence ID      | MCP Submitter ID | MCP                           |
|------------------|------------------|-------------------------------|
| 1                | 145              | Aetna                         |
| 2                | 420              | Buckeye Community Health Plan |
| 3                | 315              | CareSource                    |
| 4                | 731              | Molina                        |
| 5                | 325              | Paramount                     |
| 6                | 761              | UnitedHealthcare              |
| Plan             | Delegate ID      | Delegate                      |
| Buckeye          | 821              | DentaQuest                    |
| Molina           | 841              | DentaQuest                    |
| Paramount        | 851              | DentaQuest                    |
| Paramount        | 852              | EyeQuest                      |
| Paramount        | 853              | Cincinnati Children's         |
| Paramount        | 854              | QCP                           |
| UnitedHealthcare | 861              | DentaQuest                    |

Delegates will receive their ID upon written notification and acceptance from ODM 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

### ODM 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 ODM.

| 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 | Nursing Facility Services           |                                                                                                                                                                                                                                                         |
| 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 |
| 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                               | Part D drugs, Ohio Medicaid drugs                                                                                                                                                                                                                       |
| 6000 | Diagnostic Testing/Imaging          | PET, SPECT, MRI/MRA, CT Scans, OB Ultrasound, Non-OB Ultrasound                                                                                                                                                                                         |
| 7000 | Behavioral Health                   | Mental health and drug addiction services                                                                                                                                                                                                               |
| 8000 | Respite                             |                                                                                                                                                                                                                                                         |
| 9000 | Waiver Services – MyCare Ohio plans | Assisted Living, Home Care Attendant, Personal Care, Pest Control                                                                                                                                                                                       |

**MCP File Submission Edit Codes**

| <b>Error Code</b>                                 | <b>Field Name</b>                                        | <b>Edit</b>                                                                                                         | <b>PA Type</b> |
|---------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Bi-Weekly File Submission Edits</b>            |                                                          |                                                                                                                     |                |
| 101                                               | 1.MMIS Billing Number—Required                           | Critical - This field must not be blank, null, or have a zero value and must contain 12 digits                      | ALL            |
| 201                                               | 2.Service Type of Authorization Request—Required         | Critical - Must contain a code contained within the Service type table                                              | ALL            |
| 401                                               | 4. Provider ID Number—Conditional                        | Critical - Must meet format requirements (length 7)                                                                 | ALL            |
| 402                                               | 4. Provider ID Number—Conditional                        | Critical - Must exist if element #5 (NPI Provider ID Number) is empty                                               | ALL            |
| 501                                               | 5. NPI Provider ID Number—Conditional                    | Critical - Must meet format requirements (length 10) and pass Luhn algorithm verification                           | ALL            |
| 502                                               | 5. NPI Provider ID Number—Conditional                    | Critical - Must exist if element #4 (Provider ID Number) is empty                                                   | ALL            |
| 601                                               | 6. Narrative of Provider's Request—Conditional           | Critical - Item #10 contains 'D' or 'L', this field must not be blank, null, or have a zero value                   | D or L         |
| 602                                               | 6. Narrative of Provider's Request—Conditional           | Critical - Corresponding image not found in support file                                                            | D or L         |
| 603                                               | 6. Narrative of Provider's Request—Conditional           | Non-Critical - Must meet format requirements (max length 255)                                                       | ALL            |
| 701                                               | 7. Type of Request—Required                              | Critical - Field must contain '1' or '2'                                                                            | ALL            |
| 801                                               | 8. Date of Request—Required                              | Critical - This field must not be blank, null, or have a zero value                                                 | ALL            |
| 802                                               | 8. Date of Request—Required                              | Critical - This field must be properly formatted (mmddyyyy Length 8)                                                | ALL            |
| 803                                               | 8. Date of Request—Required                              | Critical - This field must contain a valid date (e.g., not 99999999)                                                | ALL            |
| 804                                               | 8. Date of Request—Required                              | Critical - Must be equal to or less than the 2 week collection period end date                                      | D or L         |
| 805                                               | 8. Date of Request—Required                              | Non-Critical - Must be greater than or equal to November 15, 2010                                                   | D or L         |
| 901                                               | 9. Extension Granted Y/N—Optional                        | Critical - If provided, field must contain 'Y' or 'N'                                                               | ALL            |
| 1001                                              | 10. Approval/Limited Approval/Denial—Required            | Critical - Must not be blank, null, or have a zero value. Must contain 'D', 'L', or 'A'                             | ALL            |
| 1101                                              | 11. Narrative of Decision—Conditional                    | Critical - Item #10 contains 'D' or 'L', this field must not be blank, null, or have a zero value                   | D or L         |
| 1102                                              | 11. Narrative of Decision—Conditional                    | Critical - Corresponding image not found in support file                                                            | D or L         |
| 1103                                              | 11. Narrative of Decision—Conditional                    | Non-Critical - If provided, must meet format requirements (max length 800)                                          | ALL            |
| 1201                                              | 12. Date of Decision—Required                            | Critical - This field must not be blank, null, or have a zero value                                                 | ALL            |
| 1202                                              | 12. Date of Decision—Required                            | Critical - This field must be properly formatted (mmddyyyy Length 8)                                                | ALL            |
| 1203                                              | 12. Date of Decision—Required                            | Critical - This field must contain a valid date                                                                     | ALL            |
| 1204                                              | 12. Date of Decision—Required                            | Critical - Must be equal to or less than the 2 week collection period end date                                      | D or L         |
| 1205                                              | 12. Date of Decision—Required                            | Critical - Must be greater than or equal to 2011-01-01                                                              | D or L         |
| 1206                                              | 12. Date of Decision—Required                            | Critical - Must be greater than or equal to the Date of Request                                                     | ALL            |
| 1207                                              | 12. Date of Decision—Required                            | Non-Critical - Must be greater than or equal to the submission range start date                                     | ALL            |
| 1301                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains 'D' or 'L', this field must not be blank, null, or have a zero value                   | D or L         |
| 1302                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains 'D' or 'L', not properly formatted (mmddyyyy Length 8)                                 | D or L         |
| 1303                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains 'D' or 'L', this field must contain a valid date                                       | D or L         |
| 1304                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains "D" or "L", - Must be equal to or less than the file submission date time              | D or L         |
| 1305                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains "D" or "L", - Must be greater than or equal to 2011-01-01                              | D or L         |
| 1306                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains "D" or "L", - Must be greater than or equal to the Date of Request                     | D or L         |
| 1307                                              | 13. Date the State Hearing Notice was issued—Conditional | Non-Critical - Item #10 contains "D" or "L", - Must be greater than or equal to the submission range start date     | D or L         |
| 1308                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains "D" or "L", - Must be greater than or equal to the Date of Decision                    | D or L         |
| 1309                                              | 13. Date the State Hearing Notice was issued—Conditional | Critical - Item #10 contains "A" but State Hearing Notice Date is not empty                                         | Approvals Only |
| 1401                                              | 14. Citation, rule(s) or regulation—Conditional          | Critical - Item #10 contains 'D' or 'L', this field must not be blank, null, or have a zero value                   | D or L         |
| 1402                                              | 14. Citation, rule(s) or regulation—Conditional          | Critical - Corresponding image not found in support file                                                            | D or L         |
| 1403                                              | 14. Citation, rule(s) or regulation—Conditional          | Critical - This field must not be longer than existing structure (length 200)                                       | ALL            |
| 1501                                              | 15. Narrative of rule citation—Optional                  | Critical - Corresponding image not found in support file                                                            | D or L         |
| 1502                                              | 15. Narrative of rule citation—Optional                  | Non-Critical - Must meet format requirements (max length 255)                                                       | ALL            |
| 1601                                              | 16. Narrative of comments—Optional                       | Critical - Corresponding image not found in support file                                                            | D or L         |
| 1602                                              | 16. Narrative of comments—Optional                       | Non-Critical - Must meet format requirements (max length 500)                                                       | ALL            |
| 1701                                              | Record duplication with data                             | Non-Critical - Record submitted flagged as potential duplicate for ODM review. See Duplication Notification Report. | D or L         |
| 1702                                              | Record duplication with image                            | Non-Critical - Record submitted flagged as potential duplicate for ODM review. See Duplication Notification Report. | D or L         |
| 1703                                              | Record duplication without image                         | Critical - Records must have corresponding images in 1-to-1 relationship                                            | D or L         |
| 1704                                              | Image without authorization record                       | Critical - Images and records must have 1-to-1 relationship                                                         | Images         |
| 1801                                              | Missing critical information                             | Critical - unable to complete the record                                                                            | ALL            |
| 1802                                              | Unknown record layout                                    | Critical - unable to complete the processing for this record due to layout issues                                   | ALL            |
| 1803                                              | Unauthorized program type                                | Critical - plan submission of incorrect program type (e.g., MyCare assignment from a non-MyCare plan or vice versa) | ALL            |
| <b>Monthly PA Aggregate File Submission Edits</b> |                                                          |                                                                                                                     |                |
| 201                                               | Service Type of Authorization Request—Required           | Critical - Must contain a code contained within the Service type table                                              | ALL Monthly    |
| 2001                                              | Enumeration—Required                                     | Critical - Must be numeric, greater than 0 and less than 99999                                                      | ALL Monthly    |
| 2101                                              | Start Date—Required                                      | Critical - This field must not be blank, null, or have a zero value                                                 | ALL Monthly    |
| 2102                                              | Start Date—Required                                      | Critical - This field must be properly formatted (mmddyyyy Length 8)                                                | ALL Monthly    |
| 2103                                              | Start Date—Required                                      | Critical - This field must contain a valid date                                                                     | ALL Monthly    |
| 2104                                              | Start Date—Required                                      | Critical - Must be equal to the collection period start date (first day of the month)                               | ALL Monthly    |
| 2201                                              | End Date—Required                                        | Critical - This field must not be blank, null, or have a zero value                                                 | ALL Monthly    |
| 2202                                              | End Date—Required                                        | Critical - This field must be properly formatted (mmddyyyy Length 8)                                                | ALL Monthly    |
| 2203                                              | End Date—Required                                        | Critical - This field must contain a valid date                                                                     | ALL Monthly    |
| 2204                                              | End Date—Required                                        | Critical - Must be equal to the collection period end date (last day of the month)                                  | ALL Monthly    |
| 2301                                              | Submission Date (within file name)                       | Critical - Submission must be greater than the period cutoff date                                                   | ALL Monthly    |