**Overview**

1. Each HMO delivers the PA Data File via secure file transfer.
2. The processing of the PA Data File will occur every Friday at 8:00 AM, regardless of holidays. The cutoff for delivery of the file for the month is the last Friday of the month.
3. HMOs should extract prior authorization (PA) data with authorized dates during or after the current month of the previous year for members enrolled during that same time period.  For example, the June 2017 file submission should include PAs with authorized end dates on or after June 1, 2016 for members enrolled on or after June 1, 2016.
4. Existing table data for the HMO is deleted, and then loaded per the contents of the PA Data File received.
5. The PA Data File is retrieved and validated, PA data is processed to load the PA data into the interChange HMO PA tables, and a response file is produced. The HMO(s) may need to correct the file and resend it, depending on the errors that occurred.
6. At this point, the PA data is available to the data warehouse (DSS) for monthly processing.

**General Information**

Record Types

* Each file contains three distinct record types: Header, Detail and Trailer.
* The file must contain exactly one Header record and it must be the first record in the file.
* The file must contain exactly one Trailer record and it must be the last record in the file.
* There must be at least one Detail record. Each detail represents an individual PA.
* The number of Detail records must reconcile with the count of records indicated in the Trailer record.

Valid Characters

* Only printable ASCII characters are allowed. ASCII codes 0 through 31 are specifically prohibited, with the exception of a carriage return and line feed at the end of each line is expected. HTML reserved characters (ampersands, tildes and asterisks and < and > symbols) are prohibited.
* White space is allowed in the records; however neither the first character in each record nor the last character in any record is permitted to be a space.

Field Data Types

* In the record layout documentation that follows, the *Type* specified for each field is either Alphanumeric (AN) or Numeric (N).
* Fields specified as Alphanumeric must be left-justified and must be padded with trailing blanks to the required length.
* Fields specified as Numeric must be initialized as a valid number, with a decimal point if applicable..
* Care must be taken to properly submit alphanumeric data in ZIP Codes, procedure codes, diagnosis codes and the like, because in such fields leading zeros are significant characters.

Required Fields

In the record layout documentation that follows, the *Req* column specifies the requirement levels for each field. Fields specified as ‘R’ are required; ‘O’ are optional; ‘S’ are situational and will require data to be found in another column.

Allowable Field Values

In the record layout documentation that follows, the *Allowable Values* column specifies limits on the values that may be placed in the field. In some cases, this column will contain a reference to a values table in the database. In other cases, a list of valid values or even a single valid value is provided.

File Name Format

**WIHMO\_PAH\_iiiiiiii \_e\_ccyymm.txt**

Where:

iiiiiiii – HMO Payee ID  
e = environment indicator (P - prod, T - test)   
ccyymm = date of the file (numeric century, year and month)

**Authorization File**

PA Data File Assumptions

* The file contains only approved PA’s, and does not include ‘open’ or ‘pending’ PA’s.
* Fields marked ‘R’ are ‘required’. Data should be sent if available, but in most cases, if missing or invalid the PA will still be loaded. Exceptions are noted.

*HEADER RECORD*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Field Name** | **Req** | **Type** | **Length** | **Allowable Values** | **Comments** |
| 01 | Record Type | R | AN | 3 | HDR | Identifies the record type (header record). |
| 02 | Control Number | R | AN | 20 |  | Unique ‘file identifier’ which identifies this particular file, and must match the Control Number in the Trailer Record. |
| 03 | HMO Identifier | R | AN | 8 |  | Unique identifier for the HMO. This should be the HMO’s Payee ID. |
| 03 | Creation Date | R | N | 8 |  | CCYYMMDD – Must not be > than today’s date |
| 04 | Creation Time | R | N | 6 |  | HHMMSS – Can be either 24HR format or 12HR format  Note: HHMM is also acceptable. |
| 05 | Filler | R | AN | 9074 |  | Filler – spaces for filling out record to common length. |
| 06 | End of Record Indicator | R | AN | 1 | X | Indicates end of header record. |

*DETAIL RECORD*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Field Name** | **Req** | **Type** | **Length** | **Allowable Values** | **Comments** |
| **#** |
| 01 | Record Type | R | AN | 3 | DTL | Identifies the record type (detail record). |
| 02 | Record Number | R | N | 10 |  | Start at 1 increment by 1. Must be unique in the file, and count each individual PA in the file |
| 03 | Member ID | R | AN | 10 |  | The member’s Medicaid ID Number. |
| 04 | Billing Provider MCD ID | S | AN | 10 | Either the MCD ID, NPI, or both, should be sent | The Billing Provider MCD ID. |
| 05 | Billing Provider NPI | S | AN | 10 | Either the MCD ID, NPI, or both, should be sent | The Billing Provider National Provider ID. |
| 06 | PRO Provider NPI | S | AN | 10 |  | The Prescribing/Referring/Ordering Provider National Provider ID. |
| 07 | PA Number | R | AN | 20 |  | The Prior Authorization Number assigned by the HMO**.** |
| 08 | PA Status | R | AN | 1 | A | The Status of the PA. Initially, only approved PAs will be sent. |
| 09 | Process Type | O | AN | 3 |  | Process Type (category of PA), based upon x-walk provided to HMOs. |
| 10 | Date Received | R | N | 8 |  | The date the Prior Authorization was received by the HMO. |
| 11 | Date Finalized | R | N | 8 |  | The date the Prior Authorization was finalized (approved) by the HMO. |
| 12 | Primary Diagnosis Code | O | AN | 8 |  | The Primary Diagnosis Code. Code should be sent if available.  **Format**:- note alpha characters should be upper case, decimal is not assumed.  **ICD-9-CM Diagnoses Codes:**   * 3–5 digits * Digit 1 is alpha or numeric * Digits 2–5 are numeric * Decimal is after third digit   **ICD-10-CM Diagnoses Codes:**.   * 3–7 digits * Digit 1 is alpha * Digit 2 is numeric * Digits 3–7 are alpha or numeric * Decimal is after third digit |
| 13 | Secondary Diagnosis Code | S | AN | 8 |  | The Secondary Diagnosis Code – see primary for format |
| 14 | Diagnosis Version | S | N | 1 | 0, 9  Required if Primary or Secondary Diagnosis is sent. | The ICD Diagnosis Code Version.  9 = ‘ICD-9’ 0 = ‘ICD-10’ |
|  | **Details – repeat 99 times** |  |  |  |  | **Each instance represents a line item for the PA Number** |
| 15 | Rendering Provider MCD ID | S | AN | 10 | Either the MCD ID, NPI, or both, should be sent | The Rendering Provider MCD ID. |
| 16 | Rendering Provider NPI | S | AN | 10 | Either the MCD ID, NPI, or both, should be sent | The Rendering Provider National Provider ID. |
| 17 | Service Code | O | AN | 11 |  | The Service Code being authorized. Code should be sent if it is available. |
| 18 | Service Code Type | S | AN | 1 | 1, 2, 3, 4 | The type of service code being authorized: Required if Service Code is present.  1 - Revenue Code 2 - Procedure Code 3 - NDC Code 4 - ICD Procedure Code |
| 19 | Modifier 1 | O | AN | 2 |  | Modifier 1 |
| 20 | Modifier 2 | O | AN | 2 |  | Modifier 2 |
| 21 | Modifier 3 | O | AN | 2 |  | Modifier 3 |
| 22 | Modifier 4 | O | AN | 2 |  | Modifier 4 |
| 23 | Tooth Number | O | AN | 2 |  | Tooth Number – dental PAs only |
| 24 | Area Of Oral Cavity | O | AN | 2 |  | Area of Oral Cavity – aka. Tooth Quadrant, dental PAs only |
| 25 | Place Of Service | S | AN | 2 |  | Place of Service code. |
| 26 | Line Item Status | R | AN | 1 | A | The status of the line item**.**  Initially, only will receive approved. |
| 27 | Unit Type | O | AN | 1 | 1, 2, 3 | The Unit Type for the authorized units specified.  1 - Number of services  2 – Number of hours  3 – Days Supply |
| 28 | Authorized Units | S | N | 16 |  | Authorized units for the line item.  Format is **999999999999.999 (decimal is not assumed).**  (**decimal point is not assumed**). |
| 29 | Authorized Dollars | S | N | 11 |  | Authorized dollars for the line item.  Format is **99999999.99** (**decimal point is not assumed**). |
| 30 | Authorized Effective Date | R | N | 8 |  | Authorized effective date for the service code in CCYYMMDD format. |
| 31 | Authorized End Date | R | N | 8 |  | Authorized end date for the service code in CCYYMMDD format. |
|  | **Total of 91 chars in repeating data** |  |  |  |  |  |
| 32 | End of Record Indicator | R | AN | 1 | X | Indicates end of detail record. |

*TRAILER RECORD*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Field Name** | **Req** | **Type** | **Length** | **Allowable Values** | **Comments** |
| 01 | Record Type | R | AN | 3 | TLR | Identifies the record type (detail record). |
| 02 | Detail Record Count | R | N | 10 |  | Count of detail records between the Header and the Trailer excluding the Header and Trailer record. |
| 03 | Control Number | R | AN | 20 |  | Unique ‘file identifier’ which identifies this particular file, and must match the Control Number in the Header Record. |
| 04 | Filler | R | AN | 9086 |  | Filler – spaces for filling out record to common length. |
| 05 | End of Record Indicator | R | AN | 1 | X | Indicates end of detail record. |

**Appendix A**

*HMO ID List*

|  |  |  |  |
| --- | --- | --- | --- |
| **HMO ID** | **NAME** | **FTP FOLDER** | **ABBV** |
| 69009026 | ANTHEM BLUE CROSS BLUE SHIELD | hmo9026p | ATM |
| 69009134 | ANTHEM BLUE CROSS BLUE SHIELD | hmo9134p | ATM |
| 69009103 | CARE WISCONSIN HEALTH PLAN INC | hmo9103p | CWO |
| 69006500 | CHILDRENS COMM HEALTH PLAN | hmo6500p | CCH |
| 69004400 | COMPCARE | hmo4430p | CMP |
| 69009036 | COMPCARE | hmo9036p | CMP |
| 69000200 | DEAN HEALTH PLAN INC | hmo0230p | DHP |
| 69001600 | GROUP HEALTH COOP EAU CLAIRE | hmo1630p | GHE |
| 69007700 | GROUP HEALTH COOP EAU CLAIRE | hmo7730p | GHE |
| 69000100 | GROUP HEALTH COOP SOUTHCENTR | hmo0130p | GHC |
| 69008000 | GUNDERSEN LUTHERAN HEALTH | hmo8000p | GLH |
| 69004500 | HEALTH TRADITION HEALTHPLAN | hmo4530p | HTP |
| 69002600 | INDEPENDENT CARE (ICARE) | hmo2630p | ICP |
| 69009000 | INDEPENDENT CARE (ICARE) | hmo9000p | ICP |
| 69006000 | MANAGED HEALTH SERVICES | hmo6030p | MHS |
| 69004700 | MERCY CARE INSURANCE COMPANY | hmo4730p | MCH |
| 69002400 | MHS HEALTH WISCONSIN | hmo2400p | MHS |
| 69004600 | MOLINA HEALTHCARE | hmo4600p | MOL |
| 69006200 | MOLINA HEALTHCARE | hmo6230p | MOL |
| 69004800 | NETWORK HEALTH PLAN | hmo4800p | NHP |
| 69006300 | NETWORK HEALTH PLAN | hmo6330p | NHP |
| 69008400 | PHYSICIANS PLUS INSURANCE CO | hmo8400p | PHY |
| 69004300 | SECURITY HEALTH PLAN OF WISC | hmo4300p | SHP |
| 69009117 | TRILOGY HEALTH INSURANCE | hmo9117p | TRI |
| 69009120 | TRILOGY HEALTH INSURANCE | hmo9120p | TRI |
| 69000900 | UNITEDHEALTHCARE COMMUNITY PLAN | hmo0930p | UHC |
| 69006100 | UNITEDHEALTHCARE COMMUNITY PLAN | hmo6130p | UHC |
| 69002000 | UNITY HEALTHPLANS INSURANCE CORPORATION | hmo2030p | UHP |

*Modification Log*

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Comments** |
| 1.0 | 01/09/2017 | Jon Hudson | Document created. |
| 1.1 | 02/09/2017 | Jon Hudson | Updated lengths for FILLER fields in the HDR and TRL records. |
| 1.2 | 02/24/2017 | Jon Hudson | Updated per review on 02/24/17. |
| 1.3 | 02/28/2017 | Jon Hudson | Added Appendix A |
| 1.4 | 03/09/2017 | Jon Hudson | Updated Appendix A |
| 1.5 | 03/16/2017 | Jon Hudson | Updated Appendix A, includes HMO name |
| 1.6 | 03/30/2017 | Jon Hudson | Updated diagnosis code information to clarify the format. |
| 1.7 | 05/19/2017 | Jon Hudson | Fixed lengths for FILLER fields in the HDR and TRL records. |
| 1.8 | 05/30/2017 | Jon Hudson | Updated the Service Code field to be optional, and Service Code Type to be situational, only requred when a service code is present. |
| 1.9 | 05/31/2017 | Jon Hudson | Updated the Primary Diagnosis Code field to be optional, and Diagnosis Version to be situational, only requred when a diagnosis code is present. |
| 2.0 | 06/02/2017 | Jon Hudson | Updated the format of the PA Number field to AN (alphanumeric), and made the Process Type field optional. |
| 2.1 | 06/20/2017 | Jon Hudson | Updated the format for the Member ID field and all provider ID fields to be AN, alphanumeric. Although these are always numeric values, they are defined in the database as alphanumeric. The default value should be spaces, not zeroes. |
| 2.2 | 08/17/2017 | Jon Hudson | Updated format information fo numeric fields. Left padding with zeroes is not necessary, however the fields must be properly initialized. Updated field numbers on DTL record to fix a gap in the numbering. |