



GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Attachment 1

Interfaces File Layouts Requirements

MMIS Program Technical Consulting Support
Professional Services

Table of Contents

ICD_ELG-0002_RECONCILIATION_V1.2	4
DESCRIPTION	4
SOURCE SYSTEM AND APPLICATION	4
DESTINATION SYSTEM AND APPLICATION.....	4
USE REQUIREMENTS	4
COMMUNICATION METHOD AND FORMATS.....	4
TIMING AND FREQUENCY	4
MONITORING AND REPORTING	4
ERROR HANDLING	5
ASSUMPTIONS	5
THIS IS AN INBOUND FILE THAT CONTAINS MEMBER HISTORICAL DEMOGRAPHICS AND ELIGIBILITY INFORMATION. THIS FILE IS COMPARED TO THE PRMMIS DATABASE. ANY DIFFERENCE BETWEEN FILE AND THE DATABASE WILL BE DOCUMENTED ON THE RECONCILIATION DISCREPANCIES REPORT. THIS WILL ALLOW PRDOH/ASES TO REVIEW THEIR DATA AND SEND UPDATE TRANSACTIONS, IF NEEDED.	5
TO ALLEVIATE ANY ISSUES DUE TO THE SIZE OF THE MONTHLY RECONCILIATION FILE, IT IS RECOMMENDED THAT DATA BE RESTRICTED TO ANY MEMBERS WITH ELIGIBILITY PERIODS WHERE:.....	5
-- THE ELIGIBILITY END DATE IS OPEN (I.E., NO END DATE; 22991231 IN PRMMIS DATA) <OR>	5
-- THE ELIGIBILITY END DATE >= (LAST DAY OF CURRENT MONTH - 24 MONTHS)	5
THIS IS CALLED 'ROLLING TWO YEAR' DATA.	5
HOWEVER, IF PRDOH ALLOWS MEMBER DEMOGRAPHICS AND/OR ELIGIBILITY DATA MORE THAN TWO (2) YEARS IN THE PAST TO BE CHANGED, AND THOSE CHANGES MAY BE USED TO ADJUDICATE CLAIMS/ENCOUNTERS, THE TIME FRAME FOR THE DATA MAY NEED TO BE RECONSIDERED.	5
KEY CONTACTS.....	5
PROCESS FLOW	6
DETAILED SPECIFICATIONS.....	7
ASES MONTHLY MEMBER RECONCILIATION FILE.....	7
MGD-0002-CAPITATIONHISTORY_V1.4	9
INTERFACE NAME	9
CHANGE LOG	9
DESCRIPTION	9
SOURCE SYSTEM AND APPLICATION	9
DESTINATION SYSTEM AND APPLICATION.....	9
USE REQUIREMENTS	9
COMMUNICATION METHOD AND FORMATS.....	10
TIMING AND FREQUENCY	10
MONITORING AND REPORTING	10
ERROR HANDLING	10
ASSUMPTIONS	10
KEY CONTACTS.....	10

PROCESS FLOW	11
DETAILED SPECIFICATIONS	11
<i>ASES Capitation Payments Record Layout (HIA_PREM_PAY table)</i>	<i>11</i>
TABLE OF VALIDATION ERRORS	15
OUTPUT REPORT NAME - MGD-CAP-HIST-ERR-M	16
FIN_ASES_PMT_REGISTRY	17
DESCRIPTION	17
SOURCE SYSTEM AND APPLICATION	17
DESTINATION SYSTEM AND APPLICATION.....	17
USE REQUIREMENTS	17
COMMUNICATION METHOD AND FORMATS.....	17
TIMING AND FREQUENCY	17
MONITORING AND REPORTING	17
ERROR HANDLING	17
ASSUMPTIONS	17
KEY CONTACTS.....	17
PROCESS FLOW	18
DETAILED SPECIFICATIONS.....	18
ASSIGNMENTS AND SPECIAL CONDITIONS FILE.....	18
PROVIDER GROUP LINKING DE-LINKING INTERFACE.....	19
DESCRIPTION	19
SOURCE SYSTEM AND APPLICATION	19
DESTINATION SYSTEM AND APPLICATION.....	19
USE REQUIREMENTS	19
COMMUNICATION METHOD AND FORMATS.....	19
TIMING AND FREQUENCY	19
MONITORING AND REPORTING	19
ERROR HANDLING	20
ASSUMPTIONS	20
KEY CONTACTS.....	20
PROCESS FLOW	20
DETAILED SPECIFICATIONS.....	20

ICD_ELG-0002_Reconciliation V1.2

Description

This data file will be sent to PRMMIS from ASES and will contain the data required for PRMMIS Member Management to create the Reconciliation Discrepancies report. This report will list the differences between the ASES database and the PRMMIS database.

Source System and Application

ASES – Enterprise Data Repository

Destination System and Application

PRMMIS – Member Management

Use Requirements

The monthly file will be processed to compare the ASES database to the PRMMIS database. Member demographics and eligibility information will be provided on the file.

Communication Method and Formats

The inbound file will be in a CSV (Comma-Separated Values) format. The first line of the file will not contain header information. The last line of the file will not contain trailer information. Each field within a record will be separated by commas as the delimiter. If a field value contains a comma as part of the value the field will be surrounded with quotation marks. If a field contains a quotation mark it will be escaped by preceding it with a quotation mark. A field that does not have a value should contain a single space.

The fields will be written to the file in a predefined order as listed later in this document.

The file will be transmitted from ASES to PRMMIS.

Timing and Frequency

The monthly ASES reconciliation file will be transmitted to PRMMIS on a monthly basis and processed on the first Saturday of the month for the previous month. The monthly file will be sent to PRMMIS BY 7pm AST on the last Friday before the last Saturday.

NOTE: The reconciliation file needs to be produced after the Daily Interface file is produced so that daily updates can be applied to PRMMIS prior to performing the reconciliation. The due date and time of the file may change as we move closer to go-live due to the amount of time it takes to create the monthly file. The monthly reconciliation program will run on Saturday.

Monitoring and Reporting

A Reconciliation Discrepancies report will be loaded into Onbase for PRDoH/ASES use. This report will reflect the differences between the member data on PRMMIS and PRDoH/ASES.

Error Handling

It is expected that PRDoH/ASES will review the Reconciliation Discrepancies Report and determine the action to take for each discrepancy. If the discrepancy is found in data that was converted as part of the start-up, the Conversion Team will be responsible for the correction.

Assumptions

This is an inbound file that contains member historical demographics and eligibility information. This file is compared to the PRMMIS database. Any difference between file and the database will be documented on the Reconciliation Discrepancies Report. This will allow PRDoH/ASES to review their data and send update transactions, if needed.

To alleviate any issues due to the size of the monthly reconciliation file, it is recommended that data be restricted to any members with eligibility periods where:

- the eligibility end date is open (i.e., no end date; 22991231 in PRMMIS data) <or>
- the eligibility end date >= (last day of current month - 24 months)

This is called 'rolling two year' data.

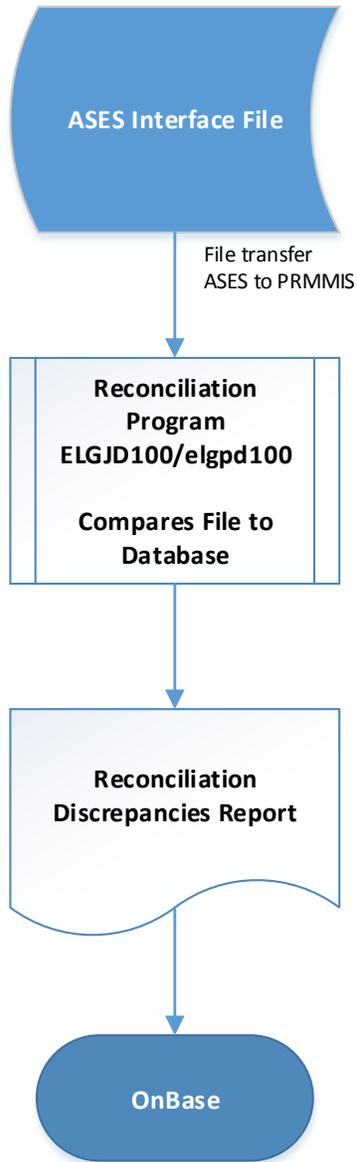
However, if PRDoH allows member demographics and/or eligibility data more than two (2) years in the past to be changed, and those changes may be used to adjudicate claims/encounters, the time frame for the data may need to be reconsidered.

Historical data is available from April 1, 2015 to present. It is expected that the first reconciliation file received in 2018 will contain data from that point to the current month.

Key Contacts

TBD

PRMMIS – ASES INTERFACE Monthly Reconciliation



Detailed Specifications

ASES Monthly Member Reconciliation File

Blue highlighted Field Names indicate required eligibility elements. All blue elements make up a unique eligibility segment for the member. At least one eligibility segment is required for each member.

Field Name	SIZE	Type	Format/Values	Required/Optional	PRMMIS Notes
MEM_MPI	13	Text		Required	Trim two leading 0s
LAST_NAME_1	50	Text	right trim spaces	Required	will be truncated to 20
LAST_NAME_2	50	Text	right trim spaces	Optional	will be truncated to 20
FIRST_NAME	50	Text	right trim spaces	Required	will be truncated to 20
MIDDLE_INITIAL	1	Text		Optional	
MEM_SS	9	Number	123456789	Required	
BIRTH_DATE	8	Number	YYYYMMDD	Required	
RESIDENTIAL_ADDRESS_1	25	Text	right trim spaces	Required	
RESIDENTIAL_ADDRESS_2	25	Text	right trim spaces	Optional	
RESIDENTIAL_ADDRESS_3	25	Text	right trim spaces	Optional	
RESIDENTIAL_CITY	16	Text	right trim spaces	Required	
RESIDENTIAL_ZIP	5	Number	12345	Required	
RESIDENTIAL_ZIP_4	4	Number	1234	Optional	
MARITAL_STATUS	1	Text	B=Dom Part D=Divorced I=Single M=Married R=Unreported S=Separated U=Unmarried W=Widowed X=Legal Sep	Required	
SEX	1	Text	M=Male, F=Female, B=Both, U=Unknown	Required	
DATE_OF_DEATH	8	Number	YYYYMMDD	Optional	
PHONE	10	Number	1234567890	Optional	
HOUSEHOLD_NUMBER	10	Number	1234567890	Required	PRMMIS CASE ID is numeric, replaces FAMILY_ID. Assumed to be associated with all members in the household and will not change.
MUNICIPALITY_CODE	4	Text		Required	Will be translated to internal code. also will be used to derive Region
CONTACT_LAST_NAME_1	50	Text	right trim spaces	Required	will be truncated to 20
CONTACT_LAST_NAME_2	50	Text	right trim spaces	Optional	will be truncated to 20
CONTACT_FIRST_NAME	50	Text	right trim spaces	Required	will be truncated to 20
CONTACT_MIDDLE_INITIAL	1	Text		Optional	
POSTAL_ADDRESS_1	25	Text	right trim spaces	Required	
POSTAL_ADDRESS_2	25	Text	right trim spaces	Optional	
POSTAL_CITY	16	Text	right trim spaces	Required	
POSTAL_ZIP	5	Number	12345	Required	
POSTAL_ZIP_4	4	Number	1234	Optional	
PCT_POVERTY_LEVEL	3	Number		Optional	translate to cde_poverty
ELIGIBILITY_START	8	Number	YYYYMMDD	Required	
ELIGIBILITY_END	8	Number	YYYYMMDD	Required	

COVERAGE_CODE	3	Number	Federal: 100, 110, 120, 130 CHIP: 220, 230 State: 300, 310, 320, 330 LAW95: 400	Required	PRMMIS will translate to benefit plan
GROUP CODE	3	Text	STATUS: A-automatic, M = magi, N = non magi CATEGORY: A = aged B = blind C = Child D = disabled E = Title IV-E Child N = Deemed Newborn P = parent/ caretaker T = adult W = pregnant woman X = former foster care child ELIGIBILITY: A = aged B = blind C = Child D = disabled E = Title IV-E Child N = Deemed Newborn P = parent/ caretaker T = adult W = pregnant woman X = former foster care child	Required	MMIS has determined one field containing all 3 values is best.
CREDITABLE INCOME	13	Number	1234567890.12	Required	for the household
QTY_ADULT	2	Number		Required	number of adults in household
QTY_CHILD	2	Number		Required	number of children in household
GROUP_IDENT	2	Number		Required	
HEALTH_INSURANCE_CODE	<u>23</u>	Number		Required	ADDED AFTER OUR MEETING 3-31 Identifies if member has Medicare coverage
HEALTH_INS_POLICY_NBR	<u>20</u>	Text		Required	
ELIG_CHANGE_REASON	<u>18</u>	Text		Required	Per ASES in email dated 4-5-2017, this is available as column EE_TYPE from HIA_MEM_EE table.

Interface Overview

Interface Name

MGD-0002-CAPITATIONHISTORY Version 1.4

Change Log

Version	Last Update	Functional Area/TFAL/Phone	Technical Name	Change Description
1.4	04/31/2017	Managed Care/Edith Chavez/ Cell (915) 491-6575	MGD-0002-CAPITATIONHISTORY	Update to reflect the removal of verbiage around sending a file back to ASES. OnBase error report will be the method to communicate errors.

Description

This document is the definition of the ASES capitation premiums (HIA_PREM_PAY table) interface file layout for the data that will be exchanged between PRMMIS and ASES. This data file will be sent to PRMMIS from ASES and will contain the data required for the PRMMIS Managed Care subsystem to process capitation transactions.

The exchange of data will be as follows:

1. PRMMIS Inbound - ASES Capitation Premiums History transactions will be sent to PRMMIS via a defined file.
2. PRMMIS Outbound - OnBase report will be generated.

Source System and Application

ASES – Enterprise Data Repository

Destination System and Application

PRMMIS (also known as InterChange) - Managed Care

Use Requirements

Every month ASES pays to the MCOs including Platinos for people who are enrolled. There are monthly premiums (capitations) that are paid in advanced; prorated premiums (capitations) and adjustments.

These are the basis for payments to carriers and basis for obtaining funds from CMS (Federal Centers for Medicare & Medicaid Services). The financial information that CMS receives is from this data.

Key fields are billing month and accounting premium date. The accounting premium date (yyyymm) applies to the paid month's span.

There is also an adjustment type (ADJUST_TYPE) field that is used to differentiate the regular premium payments from the adjustments.

- For the regular payments the Adjustment type will be 0 - Paid premium record.
- The adjustments will contain two records:
 - value 1 - Original Record which has been adjusted

- value 2 - Will be the actual Adjustment record.

Communication Method and Formats

The input file will be in a CSV (Comma-Separated Values) format. Each field within a record will be separated by commas as the delimiter. If a field value contains a comma as part of the value the field will be surrounded with quotation marks. If a field contains a quotation mark it will be escaped by preceding it with a quotation mark. The file will not contain header or trailer records.

Timing and Frequency

The file will be transmitted to PRMMIS on a monthly basis, *day of week TBD*. Files will be sent to PRMMIS BY 6pm AST. Any files received by PRMMIS after 6PM AST will be processed the following business day.

Input file name: mgd_CapAdjHist.YYYYMMDD_HHMMSS.dat (Actual processing time/Atlantic time)

Output report name MGD-CAP-HIST-ERR-M: mgd_CapitationErrorRpt.YYYYMMDD_HHMMSS.rpt (Actual processing time/Atlantic time).

In case the inbound file is not received as scheduled an action plan will be created.

Monitoring and Reporting

The OnBase report MGD-CAP-HIST-ERR-M will be generated with the failure records.

Error Handling

All records that pass validity checks will be applied to the interChange database.

Record with errors will not be applied to the interChange database and are expected to be re-transmitted in a future file.

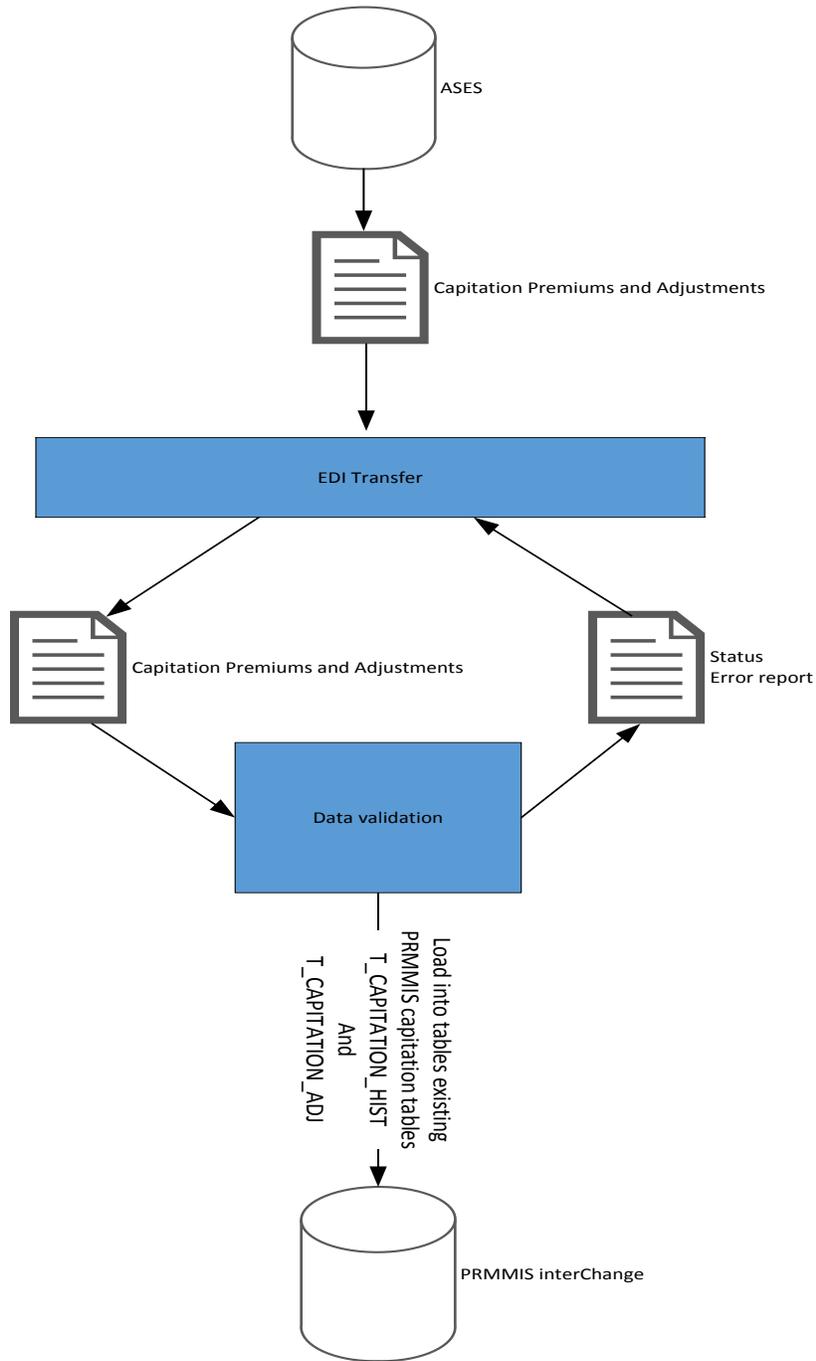
Assumptions

TBD

Key Contacts

TBD

Process Flow



Detailed Specifications

ASES Capitation Payments Record Layout (HIA_PREM_PAY table)

Field	Size	Type	Format	Values	Field Status R-Required O-Optional	Notes
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recordSeqNum	9	Alpha-num	'00000009'	999999999	R	ASES Transaction ID that could be used for tracking purposes.
medicaidID	11	Alpha-num	'9999999999'		R	State Medicaid ID. MEM_MPI VARCHAR(11) Per ASES documentation, the 13 digit MPI is handled: "Truncate LEFT most 2 positions of the source and move result to target".
Region Code	1	Alpha-num	'A'	Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL	R	This is the code that identifies a region (or Managed Care coverage area)
Carrier ID	2	Alpha-num	'X9'	04-First Medical Health Plan, Inc. 05-PMC Medicare Choice, LLC 06-Triple-S Salud, Inc. 07-Molina Healthcare of Puerto Rico, Inc. 08-MMM Multi Health, LLC	R	Value that identifies carrier. Must be a valid code.
Primary Medical Group	5	Alpha-num	'AAAAA'		R	The identification number of the primary medical group.
Capitation Date	6	Numeric	yyyymm	201112 = December 2011	R	This is the month that the capitation payment covers. Format: YYYYMM

Capitation Transaction Date	8	Numeric	yyyymmdd	20111231 = December 31, 2011	R	This is the date that the capitation payment was made. If the payment is being made for a retro month the date is still the current month, i.e., payment in April of February admin fee, this date would have the April payment date. Format: YYYYMMDD
Date Payment Begin	8	Numeric	yyyymmdd	20111201 = December 01, 2011	R	First date during the payment month that this payment covers. Format: YYYYMMDD
Date Payment End	8	Numeric	yyyymmdd	20111231 = December 31, 2011	R	Last date during the payment month that this payment covers. Format: YYYYMMDD End of the month
Number of Capitation Days	3	Numeric	-99		R	This is the number of days out of the month that the capitation payment covers. DAYS
Premium paid amount	10	Double	-99999999v99	167.00	R	Premium paid
Premium Date	8	Numeric	yyyymmdd		R	Month to which the premium system run belongs. Only one premium run per month.
Accounting Date	8	Numeric	yyyymmdd		R	Date to which the payment belongs.
Adjustment Payment ID	10	Numeric	99999999		O	Reference to the adjusted record.
Adjustment Type	1	Alpha-num	"9"	"0", "1", "2"	R	0 = Paid premium record. 1 = Original Record which has been adjusted, 2 = Adjustment
Plan Type	1	Alpha-num	"9"		R	Plan Type in which the beneficiary is enrolled. 1= GHP. 2 = Platino.

Plan version	3	Alpha-num	"999"		R	Plan Version is a subset of the Plan Type. Correlates with the coverage code for GHP.
Member Percent	9	Numeric	999V99999		R	Fraction of member's days in month (days / month days)
Type of billing	1	Alpha-num	"A"	"M", "P"	R	Type of Billing M = Monthly Payment, P = Prorate Payment.
Ineligible_n_r	1	Alpha-num	"A"	"N", "R"	R	INELIGIBLE_N_R N = Not a Retroactive Payment, R = Retroactive Payment
Medicaid Indicator	1	Alpha-num	'9'	1: Federal; 2: Chip; 3: Estatal; 4: Estatal Otros	R	Member Eligibility Result. Possible values are: 1: Federal; 2: Chip; 3: Estatal; 4: Estatal Otros.
MunicipalityCode	4	Alpha-num	'1111'		R	Municipality code of the beneficiary.

Example file:

000000001,9999999999,J,05,AAAAA,201703,20170301,20170301,20170331,31,167.00,20170218,20170301,2532557330,0,1,100,83.689,M,N,1,0264
000000002,9999999999,Z,08,BBBBB,201703,20170301,20170301,20170331,31,167.00,20170218,20170301,1407001829,0,1,100,3.14159,M,N,1,0008

Table of Validation Errors

Note: this table may be expanded or changed as needed.

Code	Description
001	ProvID. Provider Not Found.
002	Recipient medicaidID More than One Found
003	Recipient medicaidID Not Found. Will occur if the Medicaid ID is not-active or Not found.
004	recordSeqNum. Not a number or is Bad Format.
005	Managed Care Provider Group NOT found.
006	eff_date. Bad Format
007	end_date. Bad Format or Not Last Day of Month
008	end_date. Bad Format for DTE_OPEN_ENDED
009	Region. Bad Format
010	Region. Not Found.
011	capReason. Not Found in MC Database.
012	Bad Recipient and Provider Match. Recipient is not Eligible for Provider.
013	Too many fields on line: [LINENUMBER]. This occurs when the file pre-processor finds MORE than the defined number of fields in a CSV line. <i>Example: Too MANY fields on line:[72652]. Fields:[11] Allowed:[10]</i>
014	Too Few fields on line: [LINENUMBER]. This occurs when the file pre-processor see LESS than the defined number of fields in a CSV line (from file pre-processor).
015	Field Size Error! This error occurs when the file pre-processor finds a Field that is an incorrect size in the CSV file. <i>Example: Field Size Error! Format. Field To Big! Line:[64901] Fld:[10] Size should be:[2] but is [3] fld_name: [stopReason], content: [E88]</i>
016	More than one Active PDX record was found for recipient. (This is a Warning Message Directed to HP Only)
017	end_date. End Date is Before Effective Date of the capitation.
018	Premium paid amount Not Found

FIN_ASES_PMT_REGISTRY

Description

This data file sent to HPE from ASES will contain the data required for HPE Financial to balance the Monthly Payment cycle.

Source System and Application

ASES – Enterprise Data Repository

Destination System and Application

HPE interChange (also known as PRMMIS) - Financial

Use Requirements

This interface is needed to balance and verify the HPE Payment Cycle.

Communication Method and Formats

The inbound file will be in a CSV (Comma-Separated Values) format. The first line of the file will not contain header information. Each field within a record will be separated by commas as the delimiter. If a field value contains a comma as part of the value the field will be surrounded with quotation marks. If a field contains a quotation mark it will be escaped by preceding it with a quotation mark.

The CSV fields will be written to the file in a predefined order.

The file will be transmitted to HPE via the ASES.

Timing and Frequency

The file will be transmitted to HPE on a Monthly. Files will be sent to HPE within 24 hours of the completed ASES payment cycle.

Monitoring and Reporting

A response file will be returned to ASES. This file will reflect the success, failure and reason for failure of the assignments sent in the Inbound file.

Error Handling

Records containing errors will be written to a response file with the applicable error code. All records that pass validity checks will be applied to the interchange database. Record with errors will not be applied to the interChange database and are expected to be re-transmitted in a future file.

Assumptions

TBD

Key Contacts

TBD

Process Flow

TBD

Detailed Specifications

Assignments and Special Conditions File

This is an inbound file that contain information about ASES payment cycle and will contain a listing of all payments made for the month:

Field	Size	Type	Format	Values	Interchange Oracle Table	Notes
recordType	1	Alpha-num	'A'	1 - Payment		
ProvID	9	Alpha-num		Provider, NPI		This is the payee who is receiving the payment
Payment_num	9	Alpha-num	'000000000'	0-999,999,999		Check or EFT Trace number used to identify and track the payment
Payment_amt	11	Decimal	999999999.99	0 - 999,999,999.99		The total amount paid to the payee.
issue_date	8	Alpha-num	yyyymmdd	20110301 = March 1, 2011		The effective date of the payment
cycle_date	8	Alpha-num	yyyymmdd	20110301 = March 1, 2011		The date the payment cycle ran.
Payment_type	1	Alpha-num	' '	E - EFT, C - Check, T- Transfer		The type of payment EFT, Check, or transfer

Example file:

1,999999999,000000000,999999999.99,99999999,99999999,XX

Provider Group Linking De-Linking Interface

Description

This Interface receives Provider Linking De-Linking files from ASES. These files are used to link and de-link MCO'S and providers.

Source System and Application

ASES – Enterprise Data Repository

Destination System and Application

HPE interChange (also known as PRMMIS) – Provider Management

Use Requirements

This interface will be used to link or de-link the provider members to a Provider Group in the PRMMIS.

Communication Method and Formats

The inbound file will be in a CSV (Comma-Separated Values) format. The first line of the file will not contain header information. Each field within a record will be separated by commas as the delimiter. If a field value contains a comma as part of the value the field will be surrounded with quotation marks. If a field contains a quotation mark it will be escaped by preceding it with a quotation mark.

The CSV fields will be written to the file in a predefined order.

The file will be transmitted to HPE via the ASES.

Timing and Frequency

The file will be transmitted to HPE on a daily basis, Monday - Friday. Files will be sent to HPE by 6pm AST. Any files received by HPE after 6PM AST will be processed the following day.

Monitoring and Reporting

For successfully updated providers the transaction will be returned with message “PROVIDER HAS BEEN LINKED” or “PROVIDER HAS BEEN DE-LINKED” along with the new Trading Partner Medicaid ID, Group Provider ID, and Provider ID, effective date and end date.

For unsuccessfully updated providers the transaction will be returned with the message depending on error: “INVALID EFFECTIVE DATE - CAN NOT LINK” , “INVALID END DATE - CAN NOT DE-LINK” , “BOTH EFFECTIVE AND END DATES ARE INVALID”, “INDIVIDUAL PROVIDER ID DOES NOT EXIST”, “MCO PROVIDER ID DOES NOT EXIST”, “INDIVIDUAL PROVIDER DOES NOT HAVE AN ACTIVE CONTRACT”, “INDIVIDUAL PROVIDER DOES NOT HAVE AN ACTIVE CONTRACT”, “MCO PROVIDER DOES NOT HAVE AN ACTIVE CONTRACT”, “MCO PROVIDER IS NOT A REGISTERED MCO PROVIDER”, “PROVIDER COULD NOT BE LINKED”, “PROVIDER COULD NOT BE DE-LINKED”, “LINK RECORD DOES NOT EXIST TO DE-LINK”, “PROVIDER TYPES 70 AND 72 CANNOT BE MEMBERS OF OTHER GROUPS”, “PROVIDER TYPES 70 AND 72 CANNOT BE MEMBERS OF OTHER GROUPS”, “PROVIDER ID CANNOT BE BOTH THE GROUP PROVIDER ID AND PROVIDER ID”, or “GROUPS CAN ONLY HAVE A PROVIDER TYPE 70/72 OR BE A REGISTERED GROUP” along with the new Trading Partner Medicaid ID, Group Provider ID, and Provider ID, effective date and end date.

A report will be generated listing the detail information for newly linked or de-linked providers to the Provider Group. The report will list Trading Partner Medicaid ID, Group Provider ID, and Provider ID, effective date and end date for each linked provider to Provider Group. A message will be displayed if the provider was linked, de-linked, or an error occurred attempting either.

Error Handling

Invalid files (Incorrect format) will generate error messages depending on what type of error is handled. If the program is ran successfully, a message will be displayed in a report detailing why the provider was not able to be linked or de-linked to a Provider Group along with Trading Partner Medicaid ID, Group Provider ID, and Provider ID, effective date and end date for the record.

Assumptions

TBD

Key Contacts

TBD

Process Flow

Detailed Specifications

	Field Name	Field Length	Required Field	Field Format	Justification	Comment
1	Submitter ID	9	X	Alphanumeric	Left	Submitter ID as assigned by carrier.
2	Provider Group ID	9	X	Alphanumeric	Left	Provider Group ID as assigned by carrier.
3	Provider ID	9	X	Alphanumeric	Left	Provider ID as assigned by carrier.
4	Date effective	10	X	Alphanumeric XX/XX/XXXX	Left	The date that starts the link or de-link
5	Date end	10	X	Alphanumeric XX/XX/XXXX	Left	The date the link or de-link ends.