Prior Authorization File Specifications

**Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care**

March 2, 2007
Version 1.0

Table of Contents

1. Introduction
Prior Authorization Files

MCPs receive a prior authorization (PA) file from the Ohio Department of Job and Family Services (ODJFS) on a monthly basis. PA files contain all current prior authorizations for all current members, as well as those prior authorizations that expired or were denied less than 24 months from the date each monthly file is produced; the data is pulled based on PA expiration date. Data for both the Aged, Blind, and Disabled (ABD) Medicaid Managed Care Program and the Covered Families and Children (CFC) Medicaid Managed Care Program will be in the same file. Since the same criteria will be used to create these files each month, much of the files' contents will be duplicated from one month to the next. Since each PA is identified by a unique prior authorization number (PAN), the MCP can use the PAN to identify duplicated PAs.

The files will contain PAs that have been: denied; authorized and used; authorized and partially used; pending authorization status; and authorized but unused to-date. Each record contains a header and six loops of detail data for individual services that have been prior authorized. At the detail-level, prior authorization line items may be: denied; authorized and used; authorized and partially used (per number of units allowed); pending authorization status; or authorized but unused to-date. Please see Section 7 for a description of authorization status.

This document describes the file layouts to be used to read this file and the data transfer process to receive the files.

2. File Name

| File Name	Contents
CFCXXXPAYYYYMMDD	2 years of historical data for all members who are enrolled in the MCP for the current month

3. Data Transfer

The file can be retrieved in the pickup directory of the MCP in the folder labeled "CFC".
Each MCP will receive 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 ODJFS' SFTP server:
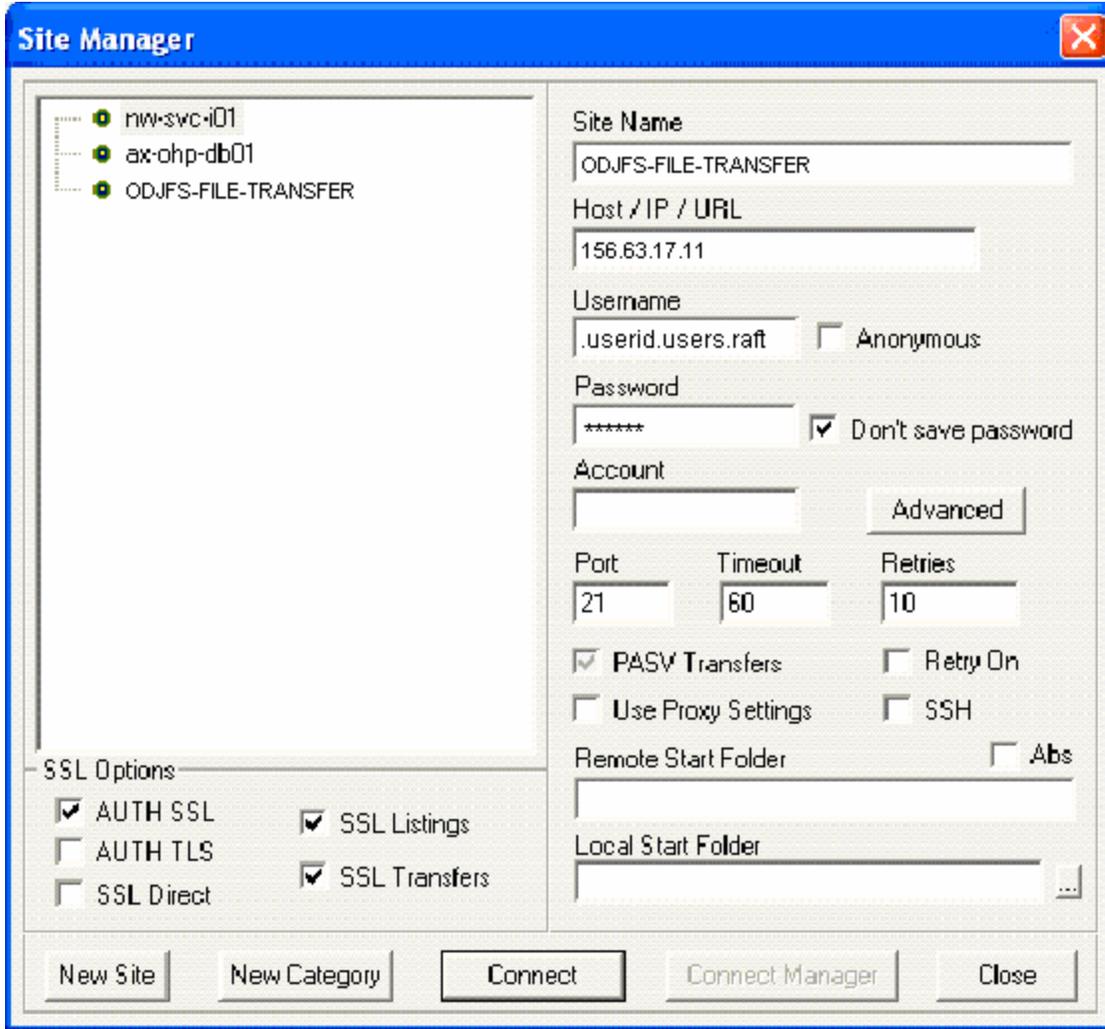
The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

4. File Layout

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01  PRIOR-AUTHORIZATION.
        05  PA-H-RECIP-ID-NUMBER            PIC X(12).
        05  PA-H-PROV-CAT-OF-SVC-CODE       PIC X(2).
        05  PA-H-DATE-ENTERED               PIC 9(8).
        05  PA-H-PRIOR-AUTH-NUM             PIC 9(6).
        05  PA-H-NUM-OF-LINE-ITEMS          PIC 9(3).
        05  PA-H-PA-AUTHORIZED-DATE         PIC 9(8).
        05  PA-H-PROV-NUMBER                PIC 9(7).
        05  PA-H-EXPIRATION-DATE            PIC 9(8).
        05  PA-H-PRIOR-AUTH-REASON          PIC 9(3).
        05  PA-H-PRIOR-AUTH-STATUS          PIC X(1).
        05  PRIOR-AUTHORIZATION-LINE-ITEMS OCCURS 6 TIMES
            INDEXED BY PA-LINE-ITEM-DATA.
         10  PA-D-PRIOR-AUTH-LINE-NO        PIC X(1).
         10  PA-D-EFFECTIVE-BEGIN-DATE      PIC 9(8).
         10  PA-D-EFFECTIVE-END-DATE        PIC 9(8).
         10  PA-D-PRIOR-AUTH-STATUS         PIC X(1).
         10  PA-D-PROV-NUMBER               PIC 9(7).
         10  PA-D-TYPE-OF-SERVICE           PIC X(1).
         10  PA-D-PROC-CODE                 PIC X(5).
         10  PA-D-PROC-CODE-MODIFIER        PIC X(2).
         10  PA-D-TOOTH-NUMBER              PIC X(2).
         10  PA-D-DRUG-CODE                 PIC X(10).
         10  PA-D-PRIOR-AUTH-REASON-1       PIC 9(3).
         10  PA-D-PRIOR-AUTH-REASON-2       PIC 9(3).
         10  PA-D-PRIOR-AUTH-REASON-3       PIC 9(3).
         10  PA-D-AMOUNT-REQUESTED          PIC 9(7)V99.
         10  PA-D-UNITS-REQUESTED           PIC 9(5).
         10  PA-D-AMOUNT-APPROVED           PIC 9(7)V99.
         10  PA-D-UNITS-APPROVED            PIC 9(5).
         10  PA-D-AMOUNT-USED               PIC 9(7)V99.
         10  PA-D-UNITS-USED                PIC 9(5).
         10  PA-D-APPROVED-UNIT-PRICE       PIC 9(5)V99.
         10  PA-D-PDD-MAX-UNIT-PRICE        PIC 9(5)V9999.
        05  PA-H-ECM-PROV-NUMBER            PIC 9(11).
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5. Field Descriptions

Element
Number   Description

1   Recipient ID number.

2   Provider category of service code.

3   Date prior authorization was entered.

4   Prior authorization number.

5   Number of line items.

6   Date prior authorization was authorized.

7   Provider number.

8   Prior authorization expiration date.

9   Prior authorization reason code.

10   Prior authorization status code.

The following fields are line item fields and each line item group of fields occurs 6 times.

Line item number.

Line item effective begin date

Line item effective end date.

Line item prior authorization status.

Line item provider number.

Line item type of service.

Line item proc code.

Line item proc code modifier.

Line item tooth number.

Line item drug code.

Line item reason 1.

Line item reason 2.

Line item reason 3.

Line item amount requested.

Line item units requested.

Line item amount approved.

Line item units approved.

Line item amount used.

Line item units used.

Line item approved unit price.

Line item PDD maximum unit price

6. Element Descriptions

The element descriptions are sorted alphabetically and include a cross-reference to the element number in the file layout.

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DATA ELEMENT NAME: PRIOR-AUTH-REASON
DATA ELEMENT NUMBER: 9


PRIOR AUTH REASON
INDICATES THE REASON FOR THE PRIOR AUTHORIZATION DETERMINATION.



CODE   DESCRIPTION

001    HEARING AIDS MUST BE COMPLETE WITH BATTERIES AND EAR MOLDS.
002    MEDICAL INFO NOT SUBMITTED TO JUSTIFY SUPPLY/OVERAGE.
004    RENTAL ONLY SUBMIT WITH PROGRESS REPORT/NEW PRESCRIPTION.
005    PRESCRIPTION CONFLICTS WITH ITEM REQUESTED.
007    MAXIMUM ALLOWABLE PRICE APPROVED.
008    PURCHASE APPROVED MINUS RENTALS ALREADY PAID.
009    SAME CODE: SUBMIT ON ONE LINE TOTAL CHARGE AND QUANTITY.
012    QUANTITY REFLECTS PAIR.
013    SUBMIT DIAGNOSIS WHICH WARRANTS THIS SERVICE.
014    SUBMIT WITH CURRENT PRESCRIPTION SIGNED BY PHYSICIAN.
015    QUANTITY OF SERVICE REQUESTED MISSING.
016    CHARGE FOR SERVICE MISSING.
019    DATE OF SERVICE MISSING.
020    RENTAL DATES MISSING.
021    NO PRIOR AUTHORIZATION REQUIRED FOR THIS SERVICE. BILL DIRECT.
022    SERVICE AUTHORIZED TO ANOTHER PROVIDER.
023    DUPLICATE OF PREVIOUS APPROVAL.
024    GIVE DATE OF PREVIOUS PLACEMENT OF ITEM/SERVICE REQUESTED.
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026   DRUGS AND DURABLE SUPPLIES MUST BE ON SEPARATE FORMS.
029   ADVISE MD/PEDIASURE-PEDIASURE/FIBER COVERED THROUGH AGE 10.
030   SUBMIT SCHEMATIC DESIGN WITH PRIOR AUTHORIZATION.
031   SUBMIT MOUNTED FULL MOUTH X-RAYS WITH PRIOR AUTHORIZATION.
032   ILLEGIBLE X-RAYS OR PANORAMIC FILM SUBMITTED.
033   SUBMIT PERIAPICAL X-RAY OR TOOTH WITH PRIOR AUTHORIZATION.
034   SUBMIT STUDY MODEL WITH PRIOR AUTHORIZATION.
036   SUBMIT PHOTOGRAPH OR AREA INVOLVED WITH PRIOR AUTHORIZATION.
037   SUBMIT PATIENT HISTORY/TREATMENTS WITH PRIOR AUTHORIZATION.
039   RECIPIENT'S CURRENT WEIGHT AND HEIGHT REQUIRED.
040   VISION: SUBMIT WITH SPECTACLE CORRECTION/VISUAL ACUITY.
043   RX DATE NOT VALID FOR DATES OF SERVICE REQUESTED.
044   TOTAL CANS APPROVED EQUAL NUMBER OF CAL/DAY DIVIDED BY CAL/CANS.
045   PLS SUBMIT ORIGINAL PA ALONG WITH REQUESTED INFORMATION.
046   ALLOWED ONE PER DAY.
047   PHYSICIAN MUST SIGN AND DATE CMN/RX WHEN PRESCRIBED.
051   SUBMIT WITH CURRENT AUDIOGRAM SHOWING TEST RESULTS.
052   SUBMIT WITH MEDICAL AND SOCIAL SUMMARY.
053   SUBMIT WITH CURRENTABG WITHIN 90 DAYS OF RENTAL PERIOD.
055   NEED COMPLETE SERIES OF X-RAY/STUDY MODELS FOR SERVICES
      REQUESTED.
056   NURSING HOME PLAN OF CARE NOT SUBMITTED/INCOMPLETE.
057   NO SIGNED AGREEMENT FOR TREATMENT BY PATIENT OR GUARDIAN.
058   TOOTH NUMBER MISSING.
059   NOT FULL BONY, MAY BILL DIRECT AS PARTIAL BONY IMPACTION.
061   SUBMIT ADDITIONAL DIAGNOSIS WHICH WARRANTS THIS SERVICE.
063   NOT ENOUGH TEETH MISSING TO HINDER CHEWING, OAC 5101:3-5-08.
064   HYPERPLASTIC/TROPHIC GINGIVAL NOT INDICATED BY STUDY MODELS.
066   DENIED PENDING UPPER/LOWER ARCH TREATMENT PLAN.
067   PATIENT'S AGE PROHIBITS APPROVAL OF SERVICE, OAC 5101:3-5-(1-11).
068   SERVICE NOT COVERED BY MEDICAID, OAC 5101:3-1-60.
069   NO NEED SHOWN TO REMOVE TOOTH AT THIS TIME, OAC 5101:3-5-09.
070   SERVICE NOT COVERED FOR THIS TOOTH, OAC 5101:3-5-01.
071   PLAN OF CARE DOESN'T SUPPORT DENTURE PLACEMENT, OAC 5101:3-5-11.
072   NO SEVERE TOOTH DECAY OR ABSCESSES NOTED, OAC 51101:3-5-06.
073   REPLACEMENT OF DENTURES LIMITED TO ONCE PER 8 YEARS, 3335.
074   CONSIDER 1ST STAGE TREATMENT.
075   SERVICE IS LIMITED TO CHILDREN UNDER 21, OAC 5101:3-5-11.
076   NO INDICATION FOR REFILLS/CONTINUING SVC ON CMN/RX.
077   DATE OF ABG/PO2 TEST MUST BE WITHIN 30 DAYS PRIOR TO INITIAL DOS.
079   DATE OF ABG/PO2 TEST MUST BE WITHIN 90 DAYS PRIOR TO INITIAL DOS.
080   MEDICAL NECESSITY NOT DOCUMENTED.
081   CRITERIA FOR WC IN LTCF NOT MET, OAC 5101:3-10-16.
082   NO EVIDENCE OF OBSTRUCTIVE SLEEP DISORDER BY SLEEP STUDY.
083   SERVICE TO BE PROVIDED BY NURSING HOME, OAC 5101:3-3-19.
084   NO EVIDENCE OF CPAP AS EFFECTIVE TREATMENT.
085   NO EVIDENCE OF USING RESPIRATORY DEVICE AS PRESCRIBED.
086   NO EVIDENCE OF CPAP TRIED, FOUND INTOLERABLE OR INEFFECTIVE.
087   NO EVIDENCE OF MEDICAL NECESSITY OR PRIOR APPROVAL OF CPAP/APAP.
088   NO EVIDENCE OF RESPIRATORY FAILURE.
089   NO MEDICAL HISTORY SUPPORTING NEED FOR VENTILATOR.
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090    NO PHYSICIAN PRESCRIPTION FOR RESPIRATORY THERAPY.
091    NO RESPIRATORY CARE PLAN PROVIDED.
092    NO EVIDENCE OF LICENSED RCP SVCS CONSISTENT WITH RESP CARE PLAN.
093    NON-COVERED, SHOES MUST BE ATTACHED TO BRACE, OAC 5101:3-10-12
094    OXYGEN (PO2) LEVEL IN BLOOD IS ADEQUATE, OC 5101:3-10-13.
095    NOT ENOUGH HOURS NEEDED DAILY TO APPROVE, OAC 5101:3-10-13.
096    WHEELCHAIRS REPLACED ONLY ONCE PER 5 YEARS, OAC 5101:3-10-16.
097    CRITERIA TO APPROVE LENS TINTING NOT MET, OAC 5101:3-6-04
098    CRITERIA TO APPROVE CONTACT LENSES NOT MET, OAC 5101:3-6-08.
099    TREATMENT OF FLAT FEET IS NOT COVERED, OAC 5101:3-7-04
105    ROUTINE FOOT CARE IS NOT COVERED BY MEDICAID, OAC 5101:3-7-04
106    CODE HAS BEEN CORRECTED AND CHANGED FOR ITEM REQUESTED.
108    BILL DIRECT FIRST 3 MONTHS OF SERVICE.
109    DENIAL OF PARTIAL INCLUDES CLASPS, HANDBOOK 3335.
114    SUBMIT MANUFACTURER PRICE LIST.
116    PROVIDER NOT ELIGIBLE TO PROVIDE REQUESTED SERVICE.
119    REMOVE ONLY AFTER CANINE TEETH ARE EVIDENT, OAC 5101:3-5-03.
123    SUBMIT CEPHALOMETRIC FILM WITH LIPS TOGETHER INCLUDE TRACING.
124    DOES NOT MEET STANDARDS FOR BRACES AT THIS AGE, OAC 5101:3-5-10.
125    INDICATE TEETH MISSING OR TO BE REMOVED.
126    WHAT IS STATUS OF IMPACTED TOOTH/TEETH?
127    WHAT IS STATUS OF PULPAL CONDITION?
128    SUBMIT ALTERNATE TREATMENT PLAN.
129    SUBMIT PRE-EXTRACTION X-RAYS.
135    EXTRACTION DOESN'T MEET MEDICAID STANDARDS, OAC 5101:3-15-09.
136    BILL BY REPORT NO PRIOR AUTHORIZATION NECESSITY.
137    ORTHODONTICS NOT PAYABLE FOR ADULTS, HANDBOOK 3335.
138    SUBMIT PHOTOGRAPH OF PATIENT WITH LIPS TOGETHER.
139    SUBMIT COMPREHENSIVE ORTHRO EVAL WITH LENGTH OF TREATMENT/COST.
140    BILL SOFT TISSUE IMPACTION, BODY IMPACTION NOT SHOWN, MAL 210.
141    NONCOVERED VISION CARE SERVICE, HANDBOOK 3337.
142    INCORRECT VISION CODE REFER TO MAL 212.
143    VISION: MANUFACTURE/LENS MATERIAL REQUIRED.
144    VISION: LABORATORY FEE, CONTRACT PROVIDER TO DO BILLING.
145    REPLACEMENT OF PARTIALS LIMITED TO ONCE PER 8 YEARS, 3335.
146    REFER TO HANDBOOK FOR CORRECT CODES FOR THIS SERVICE.
150    A 120 OVERRIDE HAS BEEN ADDED TO AUTHORIZATION.
151    A 261 OVERRIDE HAS BEEN ADDED TO AUTHORIZATION.
152    LENS PRESCRIPTION DOESN'T MEET MINIMUM CRITERIA, OAC 501:3-6-02.
153    OTHER THAN COMPLETE PAIR USE MODIFIER 52 AFTER CPT CODE ON BILL.
154    TEETH ARE TOO DISEASED FOR REQUESTED SERVICE, OAC 5101:3-(01-11).
155    X-RAYS SHOW LITTLE OR NO FRACTURE OF TOOTH CROWN, OAC 5101:3-15:05.
156    DENTURES MUST BE AUTHORIZED PRIOR TO FULL MOUTH EXTRACTIONS.
158    BILL DIRECT FIRST 3 MONTHS.
159    EQUIPMENT NOT PRIMARILY MEDICAL IN NATURE, OAC 5101:3-10-02
160    NON-MEDICAL EQUIPMENT NOT COVERED, OAC 5101:3-10-02.
161    NO SUPPORTING DOCUMENTATION FOR 120 OVERRIDE.
162    RELINE MUST BE 4 YRS FROM DENTURES/PARTIALS SEATING, HANDBOOK 3335
164    PANOREX NONCOVERED FOR UNDER 6 YEARS OF AGE, HANDBOOK 3335.
165    CURRENT ABG LAB REPORT NEEDED EVERY 12 MONTHS.
167    PROVIDE INFORMATION THAT OTHER FORMS FOR TREATMENT HAVE BEEN
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        TRIED.
170     RESUBMIT WITH COPY OF PNEUMOGRAM/DOWNLOAD.
171     TESTS MUST BE DONE BY AUDIOLOGIST ASSOC. WITH SPEECH/HEARING CTR.
172     RESUBMIT WITH CORRECT PROCEDURE CODE.
173     NO MONTHLY RT DOCUMENTATION.
174     STUDY MODEL INCLUDED IN FEE FOR SERVICE.
175     MORE THAN 4 CLASPS FOR PARTIALS NONCOVERED, HANDBOOK 3335
176     EDUCATIONAL EQUIPMENT NONCOVERED, OAC 5101:3-10-02
180     NO DOCUMENTATION OF 14 DAY TRIAL PERIOD/RESULTS
181     BINAURAL AIDS NOT ROUTINELY COVERED.
182     APPROVED RENTAL IS MAXIMUM FOR THIS DIAGNOSIS.
184     STANDARD MILK FORMULAS ARE NONCOVERED OAC 5101:3-10-03.
188     BILL REGULAR EXTRACTION, BONY IMPACTION SHOT SHOWN, MAL 210.
190     MEDICARE DENIED AS NOT MEDICALLY NECESSARY, OAC 5101:3-1-05.
192     DOES NOT MEET MINIMUM REQUIREMENTS FOR BRACES, OAC 5101:3-5-10.
194     MO MEDICAL HISTORY REQUIRED.
195     NO DOCUMENTATION OF TRACH.
196     CLARIFY OR DOCUMENT DEGREE OF VENTILATOR SUPPORT.
197     DOCUMENT RECIPIENT BEING WEANED.
198     RX DOES NOT INDICATE CUSTOM MADE.
199     NON-UNION OF BONE FX AFTER 6 MONTHS OF HEALING.
203     NOT A MEDICAID-COVERED SERVICE, OAC 5101:3-10-05.
204     NOT A MEDICAID-COVERED SERVICE, HANDBOOK 3335.
207     HEARING AIDS REPLACED ONCE EVERY 4 YEARS, OAC 5101:3-10-11
208     ORTH. & PROSTH. REPLACEMENT LIMIT EXCEEDED, OAC 501:3-10-20.
209     DME & SUPPLY REPLACEMENT LIMIT EXCEEDED, 5101:3-10-03.
212     REPLACEMENT LIMITATION EXCEEDED PER OAC 5101:3-10-03.
215     EQUIPMENT NOT COST EFFECTIVE, OAC 5101:3-10-02.
217     ALL LINES DENIED FOR THIS REASON.
222     DATE SERVICE FOR PRIOR AUTHORIZATION IS OVER 365 DAYS.
223     CAPPED RENTAL MET, ELIGIBLE FOR MAINTENANCE ONLY 5101:3-10-09.
224     PROVIDER HAS NOT SUPPLIED INFORMATION 5101:3-1-31 (F).
225     SERVICE IS NOT COVERED FOR DA MEDICAL PROGRAM.
228     RECIPIENT IS/WAS HMO ENROLLED DURING REQUESTED OF SERVICE.
229     RECIPIENT IS/WAS HMO ENROLLED DURING REQUESTED OF SERVICE.
232     PROCEDURE CODE MISSING/RESUBMIT WITH CORRECT CODE.
233     ILLEGIBLE DOCUMENTATION SUBMITTED.
234     PROCEDURE CODE MUST BE SUBMITTED WITH A MODIFIER.
235     CERTIFICATE OF MEDICAL NECESSITY INCOMPLETE/NOT SUBMITTED.
237     CLIENT'S SPENDDOWN HAS NOT BEEN MET. MEDICAL NECESSITY IS ESTAB.
239     RX VALID FOR ONE YEAR FROM DATE RX IS WRITTEN.
243     PHYSICIAN MUST SIGN/DATE CMN WITHIN 30 DAYS OF DATE OF SERVICE.
244     NON-COVERED EQUIPMENT OR SUPPLY ITEM OAC 5101:3-10-02.
245     PHYSICIAN DID NOT DATE SIGNATURE ON RX/CMN.
246     BILL DIRECT THE 1ST 4 MONTHS OF SERVICE.
247     NO PORTABLE W/O STATIONARY UNIT.
248     ITEM STANDARD ON W/C NO ADDITIONAL REIMBURSEMENT.
249     P.T/O.T ASSESSMENT NOT SUBMITTED.
250     NEED STATEMENT FROM MD CERTIFYING COMPLIANCE AND EFFECTIVENESS.
252     WIC COVERS CHILD THRU AGE 5/COVERAGE UP TO 90 DAYS PENDING.
254     AMB: RN MUST SIGN FULL NAME/(NO INITIALS) AND SKILL LEVEL.
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255    AUDIOLOGIST MUST SIGN AUDIOGRAM AND SKILL LEVEL.
256    CLINICAL ASSESSMENT DOES NOT MEET CRITERIA FOR ADAPTIVE SEATING.
261    DATE REFLECTS ELIGIBLE FAX/WHEN IF CLIENT BECOMES ELIGIBLE.
264    RESUBMIT WITH COPY OF TITRATION/SLEEP STUDY.
267    SHORTER RENTAL PERIOD DUE TO DX.
268    NO COMPRESSION INDICATED ON RX.
269    COMPRESSION MUST BE 25 OR >.
270    PATIENT IS SPENDDOWN-PA MONTHLY CMN/RX.
271    NEW CODE REPLACING OLD CODE.
272    NOT GUARANTEED 75% OF MANUFACTURER PRICE LIST.
273    CODE IS EITHER NON-COVERED/INVALID SEE NOTE ON LETTER.
274    BILL WITH CODE D7140.
275    EXTENSIVE REPAIRS SHOULD EXTEND LIFE OF CHAIR.
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DATA ELEMENT NAME: PRIOR-AUTH-STATUS
DATA ELEMENT NUMBER: 10


PRIOR AUTH STATUS
INDICATES THE STATUS OF THE PRIOR AUTHORIZATION.


       CODE    DESCRIPTION
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        A       PRIOR AUTH APPROVED
        D       PRIOR AUTH DEFERRED
        I       PRIOR AUTH PENDING INVEST
        P       PRIOR AUTH PENDING
        R       PRIOR AUTH DENIED
        U       PRIOR AUTH USED


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DATA ELEMENT NAME: PROV-CAT-OF-SVC-CODE
DATA ELEMENT NUMBER: 2


CATEGORY OF SERVICE CODE. DEFINES THE CATEGORY OF SERVICE RENDERED (E.G.,
GENERAL INPATIENT, PHARMACY, PHYSICIAN, HOME HEALTH).
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CODE	DESCRIPTION	CODE	DESCRIPTION
01	INPATIENT HOSPITAL	51	PHYSICAL THERAPY
03	MENTAL INPATIENT HOSPITAL	53	SPEECH THERAPY
07	OUTPATIENT HOSPTAL GENERAL	54	OCCUPATIONAL THERAPY
08	PACE PROGRAM		
11	SNF	55	PODIATRY
13	ICF & MR PUBLIC	57	CHIROPRACTOR
15	BIRTHING CENTER SERVICES		
16	ICF	58	HEALTH MAINT ORGN
18	ICF & MR PRIVATE	59	MH SUPPORT SERVICES
20	HOME HEALTH SERVICES	60	MR SUPPORT SERVICES

21	ADV PRACTICE NURSE SVCS	63	PREFERRED PROVIDER SVCS
22	PHYSIOLOGICAL LABORATORY	64	PASSPORT/ASSISTED LIVING
23	INDEPENDENT LABORATORY	65	HOSPICE
25	CLINIC SERVICES	66	PASSPORT WAIVER III
		67	OBRA MR/DD WAIVER
27	FAMILY PLANNING	80	ALCOHOL/DRUG ABUSE
29	OUTPATIENT HEALTH SERVICES	81	PERSONAL CARE
30	PRESCRIBED DRUGS	82	DEPT. EDUCATION
31	RURAL HEALTH SERVICES	83	MATERNAL GLOBAL FEE
32	SUPPLIES AND MEDICAL EQUIPMENT	84	OHIO DPT ALC DRUG ADDICT
34	EYEGLASSES	85	FED QUALF HLTH CTR
35	CORE SERVICES - WAIVER RECIP		
37	AMBULANCE SERVICES	86	NURSING HOME THERAPIES
38	AMBULETTE SERVICES	99	OTHER SERVICES
40	EPSDT SERVICES		
41	MENTAL HEALTH SERVICES		
42	MENTAL RETARDATION SERVICES		
43	PHYSICIAN SERVICES		
44	AMBULATORY SURGERY		
45	DENTAL SERVICES		
46	WAIVERED SERVICES		
47	OPTOMETRIC SERVICES		
48	PSYCHOLOGICAL SERVICES		
49	PRIVATE DUTY NURSING SERVICES		
50	CRNA OR ANESTHESIOLOGY ASSISTANT SERVICES		

Organ and Stem Cell Transplant Prior Authorization File Specifications

Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care

April 4, 2007
Version 1.0

Table of Contents

1. Introduction

Organ and Stem Cell Transplant Prior Authorization Files
MCPs receive organ and stem cell transplants prior authorization (PA) file from the Ohio Department of Job and Family Services (ODJFS) on a monthly basis for all newly-enrolled members. Organ and stem cell transplant PA files contain prior authorizations for organ and stem cell transplants that were approved by either the Ohio solid Organ Transplant Consortium or the Ohio Hemotopoietic Stem Cell Transplant Consortium for newly-enrolled members. Approvals from either consortium that occur after April 1, 2007 for current members will be transferred to the managed care plan (MCP) on an individual-basis through a representative at the Bureau of Managed Health Care as the letters are received by ODJFS. Data for both the Aged, Blind, and Disabled (ABD) Medicaid Managed Care Program and the Covered Families and Children (CFC) Medicaid Managed Care Program will be in the same file. Since the criteria used to create these files determines members who are newly-enrolled based on MCP provider number, some of the files' contents will be duplicated between months for members who disenroll and re-enroll in the MCP. In addition, the system recognizes Medicaid members as newly-enrolled for CFC regions that become active, even if the members had been enrolled in the MCP under the county-based CFC program in prior months. Since each claim is identified by a unique prior authorization number (PAN), the MCP can use the PAN to identify duplicated claims.

2. File Name

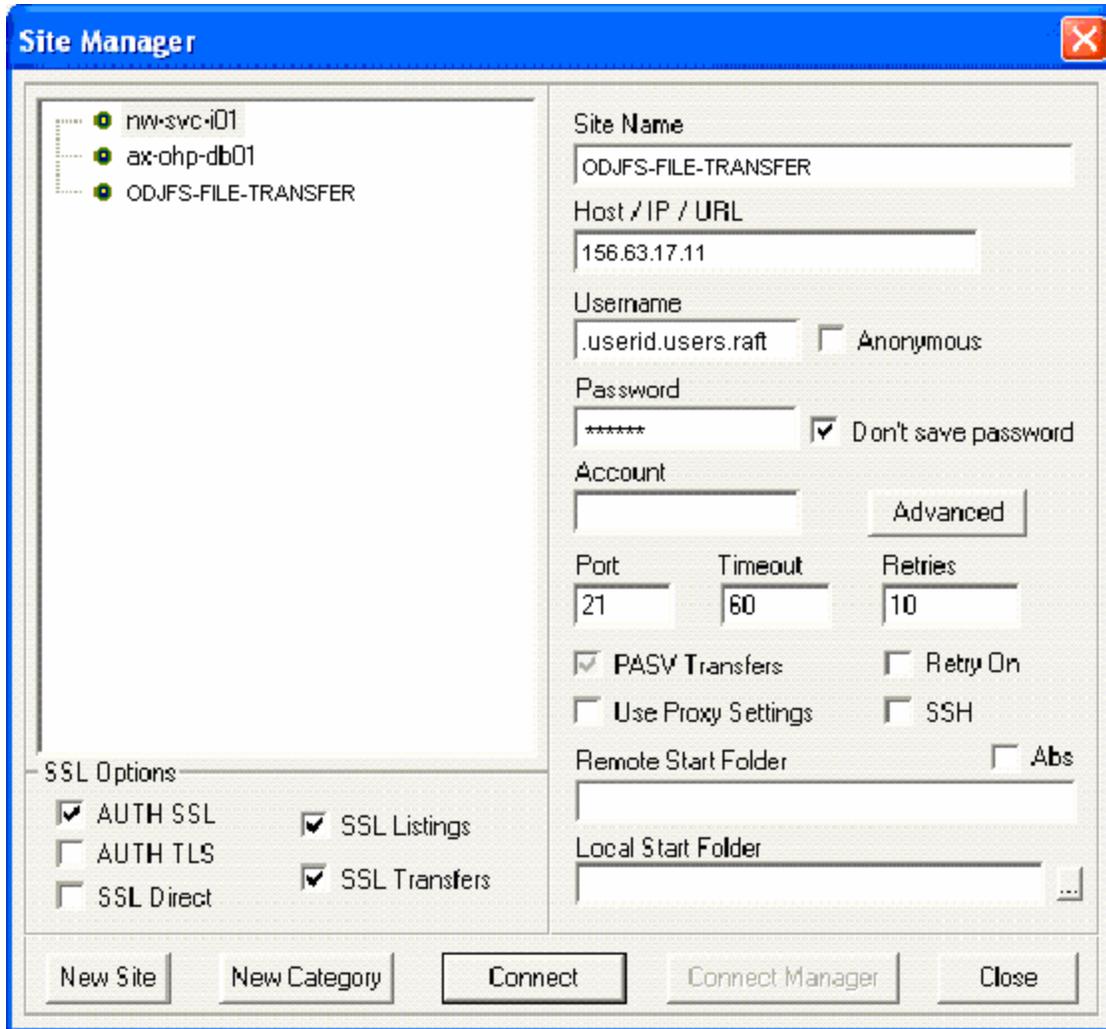| File Name	Contents
XXXpaorgMMDDYY.txt	Organ and stem cell transplant approval data for newly-enrolled members

3. Data Transfer

The file can be retrieved in the pickup directory of the MCP in the folder labeled "CFC".
Each MCP will receive data through 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 ODJFS' 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.

4. File Layout

The organ and stem cell transplant PA file is delimited by spaces (no delimiters between fields). The first row of data lists the fields. The fields appear in the following order:

- Recip_id
- PA#
- Type of Transplant
- Date letter Typed

5. Field Descriptions

Field	Description
Recip_Id	12-digit Medicaid recipient identifier
PA_Number	Organ/stem cell transplant prior authorization number
Type_of_Transplant	Description of the type of transplant approved by one of the Consortiums
Date_Letter_Typed	Date approved by one of the Consortiums

Pharmaceutical Prior Authorization File Specifications

Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care

April 4, 2007
Version 1.0

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Pharmaceutical Prior Authorization Files
MCPs receive a pharmaceutical prior authorization (PA) file from the Ohio Department of Job and Family Services (ODJFS) on a bi-monthly basis. Pharmaceutical PA files contain <u>all</u> current prior authorizations for <u>all</u> current members; this file only includes non-expired PAs. Data for both the Aged, Blind, and Disabled (ABD) Medicaid Managed Care Program and the Covered Families and Children (CFC) Medicaid Managed Care Program will be in the same file. Since the same criteria will be used to create these files each month, much of the files' contents will be duplicated from one month to the next. Since each PA is identified by a unique prior authorization number (PAN), the managed care plan (MCP) can use the PAN to identify duplicated PAs.

Each pharmaceutical can be uniquely identified by the Generic Code Number (GCN). National Drug Codes (NDCs) may be determined by merging the pharmaceutical prior authorization files with the Medicaid Fee-For-Service (FFS) Master Drug File based on the GCN. The Medicaid FFS Master Drug File is updated monthly and available on each MCP's secure file transfer protocol (SFTP) pickup folder.

2. File Name

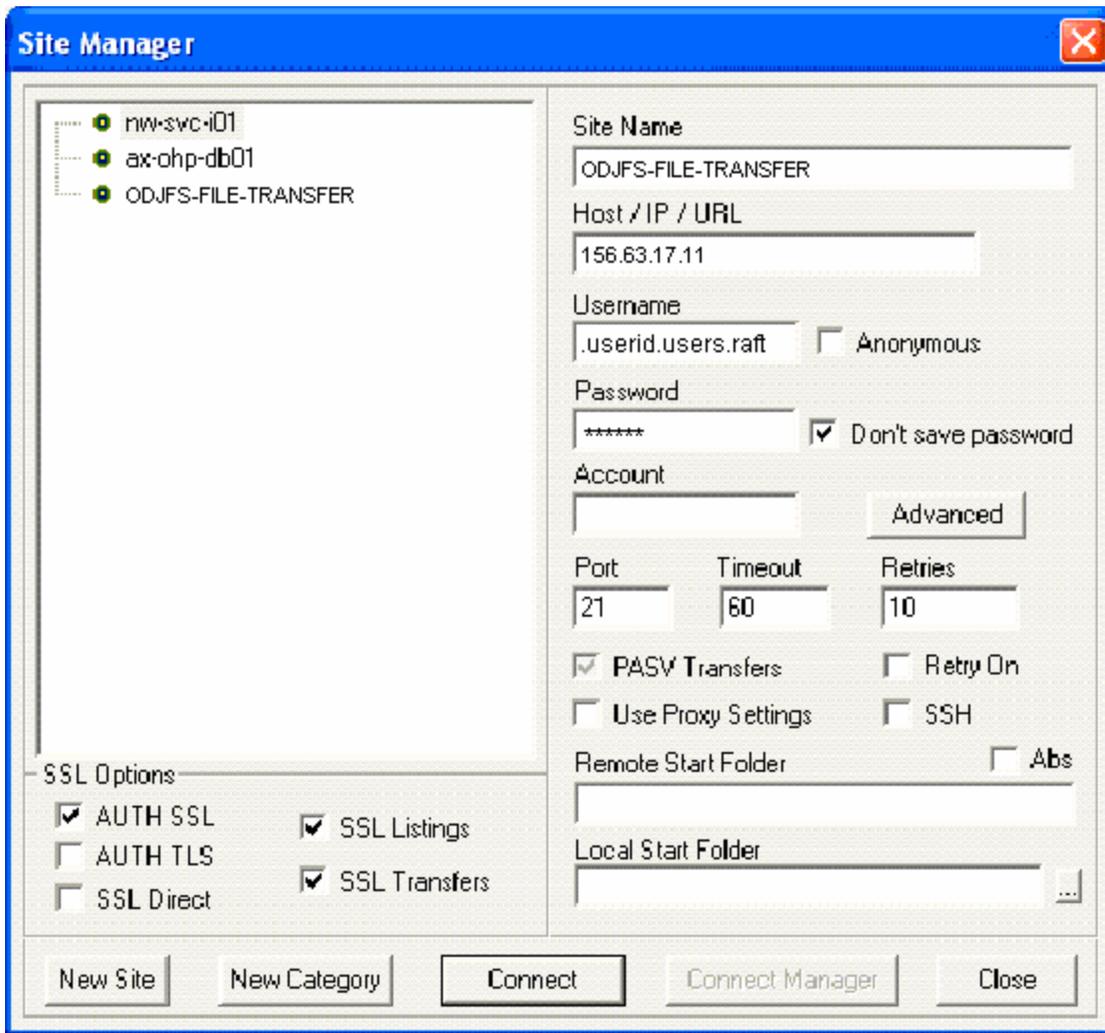| File Name	Contents
XXXpadrugMMDDYY.txt	Current pharmaceutical prior authorization data for all members who are enrolled in the MCP for the current month

3. Data Transfer

The file can be retrieved in the pickup directory of the MCP in the folder labeled "CFC".
Each MCP will receive data through 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 ODJFS' 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.

4. File Layout

The pharmaceutical PA file is delimited by spaces (no delimiters between fields). The first row of data lists the fields. The fields appear in the following order:

- Drug_Name
- GCN
- Recip_id
- First_Name
- Last_Name
- PA_Number
- Prior_Authorization_Code
- PA_begin
- PA_end

5. Field Descriptions

Field	Description
Drug_Name	Name and strength of pharmaceutical
GCN	Generic Code Number of pharmaceutical
Recip_id	12-digit Medicaid recipient identifier
First_Name	First name of the Medicaid recipient
Last_Name	Last name of the Medicaid recipient
PA_Number	Pharmaceutical prior authorization number.
Prior_Authorization_Code	Prior authorization code
PA_begin	Beginning date of the Medicaid FFS prior authorization for the pharmaceutical
PA_end	Expiration date of the Medicaid FFS prior authorization for the pharmaceutical

6. Element Descriptions

Prior Authorization Code

B	Covered without PA
H	Requires PA based on PDL class review (non-preferred)
L	Long-term Care use only (must be listed as LTC on file); may be covered for home health patients with PA
P	Powders for use only as part of a compound
R	If generic, use brand; if brand use generic; may be covered with PA only if opposite product not suitable for patient
T	Therapeutic alternative; may be covered with PA in limited circumstances
V	Vaccine; only allowed in LTCF or some home health (see L)
W	Requires PA based on clinical criteria
X	Not covered or coverage not yet determined
Y	Not covered
2	Requires $2 co-payment (except consumers excluded from copay)