

Virginia Department of Medical Assistance Services



Medical Transition Report Companion Guide

(CCC MTR)

Version 1.11

Last Updated

10/08/2015



CONTACT INFORMATION

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VERSION CHANGE SUMMARY

VERSION NUMBER	DESCRIPTION	DATE
Version 1.0	CCC MTR Companion Guide Initial Draft	March 6, 2014
Version 1.1	<ul style="list-style-type: none"> Changed Naming Convention for Claim Service Dates from FROM_DTE to CFROM_DTE THRU_DTE to CTHRU_DTE Added Authorization Dates to the CCC MTR file layout Auth From Date (AFDTE) Auth Through Date (ATDTE) 	March 18,2014
Version 1.2	<ul style="list-style-type: none"> Changed Naming Convention for Claim Service dates from CFROM_DTE to CL_FROM_DATE and CTHRU_DTE to CL_THRU_DATE Changed Naming Convention for Authorization dates from AFDTE to AU_FROM_DATE and ATDTE to AU_THRU_DATE Created a separate file for Prior/Service Authorization Details that doesn't reflect in MMIS claims history Created a separate file for Behavioral Health Authorization details for Target case Management from Non-MMIS data source Created a separate file to identify beneficiaries with Waiver Indicator and Nursing Facility Provider ID 	March 29,2014
Version 1.3	<ul style="list-style-type: none"> Added Provider Classification Type and Provider Specialty Type Valid Value List Updated Valid Values list for Place of Service Updated Waiver Indicator file frequency to weekly Updated Notes on ICN in Addendum 	April 11,2014
Version 1.4	<ul style="list-style-type: none"> Added End Of Month Prior Authorization File Details and Delivery 	June 2,2014
Version 1.5	<ul style="list-style-type: none"> Updated End Of Month Prior Authorization File Layout to include Pharmacy PA Details 	July 1,2014
Version 1.6	<ul style="list-style-type: none"> Added PLAN_BEG_DATE field to Weekly MTR files and Updated Weekly Prior Authorization File Layout to match with Month End PA file layout 	July 16,2014
Version 1.7	<ul style="list-style-type: none"> Added WAIVER_BEGDT, WAIVER_ENDDT fields to Waiver Information File Layout 	July 22,2014
Version 1.8	<ul style="list-style-type: none"> Added Valid Values list for Behavioral Health Procedure Codes and Service Descriptions 	Nov 04,2014
Version 1.9	<ul style="list-style-type: none"> Added Passive MTR Files details Added End Of Month Waiver File details 	Jan 07,2015
Version 1.10	<ul style="list-style-type: none"> Added CASE_REVDATE field to provide latest Medicaid Recipient Case Review Date for case managers review to Weekly and Passive MTR files Updated PROC_CODE field to only have Procedure codes from HCFA claims (CPT and HCPCS codes) and NDC codes from Pharmacy claims to Weekly and Passive MTR files Added PRIN_PROC field to have principle procedure codes from UB claims to Weekly and Passive MTR files Added ICD_VER_DTRM field that identifies whether the claim is processed under ICD 9 vs ICD 10 determinant process along with valid values list for this field to Weekly and Passive MTR files Added RUN_DATE field to Weekly and Monthly Passive CCC MTR PA, BH, Waiver files Added RUN_DATE field to End of Month (EOM) PA and Waiver files 	July 25,2015
Version 1.11	<ul style="list-style-type: none"> Modified Weekly PA and Monthly Passive PA file layout is same as End Of Month PA File (Combine PA_PER_FREQ_DAYS_SUP fields) Modified the Behavioral Health PA file layout to accommodate the new fields added by the source system 	Oct 8,2015

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INTRODUCTION

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. The program is designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports. In this way, the individual receives high quality, person centered care that is focused on their needs and preferences.

The goals of this initiative include: improved quality and health outcomes, streamlined Medicare and Medicaid requirements, increased accountability, reduced burden for enrollees and providers, providing care in each individual's setting of choice, and reduced avoidable services. Supplementary benefits will include care coordination, interdisciplinary care teams, and person-centered care plans.

- CCC is a voluntary program for individuals who are full benefit Medicaid and Medicare (entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D, and receiving full Medicaid benefits).
- Individuals may proactively sign up (Active Optins) or be automatically enrolled (Passive Optins) into Medicaid-Medicare Providers.
- When an individual is enrolled in CCC, he/she will no longer have traditional Medicare or Medicaid fee-for-service.
- Instead, the individual will have one plan, with one ID card, and one number to call for assistance.

To ensure the smooth transition for individuals enrolling into the Commonwealth Coordinated Care (CCC) program and for the accepting Medicare-Medicaid Plan to be informed of the newly enrolled individual's medical services, providers and disposition, the Department of Medicaid Assistance Services (DMAS) provides a weekly Medical Transitions Report (MTR). The CCC MTR provides the accepting MMP with new enrollee information including servicing providers, service authorizations and paid claims. The CCC MTR is designed to provide MMPs with specific enrollee medical information to ensure continuity of care for up to 180 days from the initial day of coverage.

The following information is intended to serve only as a companion document to the Commonwealth Coordinated Care Medical Transitions Report (CCC MTR). The use of this document is solely for the purpose of clarification. The information describes specific requirements to be used for processing data.

PURPOSE

This guide provides assistance in the development and use of electronic transfer of the CCC MTR. This guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments of the CCC MTR.

CCC MTR FILE DESCRIPTION

CCC MTR files are datasets available to the Medicaid-Medicare Providers (MMPs) for care coordination activities for recipients enrolled into their plans.

CCC MTR contains:

- ❖ The most recent 24 months of Paid Medicaid claims that includes Fee-For-Services, Behavioral Health Claims and Consumer Directed Claims (MTR).
- ❖ The last 12 months of Prior Authorizations (PA) data for each new enrollee
- ❖ The last 12 months of Behavioral Health (BH) Prior Authorization data for each new enrollee
- ❖ Member Waiver Information (Waiver)

The CCC MTR data is provided as 4 different text files (.txt) and are pipe (|) delimited.

On a weekly basis, all new recipients who have actively chosen to opt in to CCC program the previous week are identified and their historical medical data is extracted from VA Medicaid Medicare Information System (VAMMIS) through SAS and provided to the MMPs through secure FTP each week.

CCC MTR FILE SCHEDULE AND DELIVERY

The dynamic file naming convention for the CCC MTR will be as follows:

ccc_mtr_<mmpname>_<mmddyyyy>.txt

where mmpname = vapremier, healthkeepers,humana

mmddyyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC MTR for week of 03/02/2014 through 03/08/2014 for recipients/beneficiaries who enrolled with Humana would be: `ccc_mtr_humana_03082014.txt`

The CCC MTR will include all beneficiaries who were enrolled into the MMP for the preceding week (Sunday through Saturday).

The file will be sent to the MMPs via FTP folder path /Distribution/CCC_File_Exchange/ccc_<mmp> the following Tuesday.

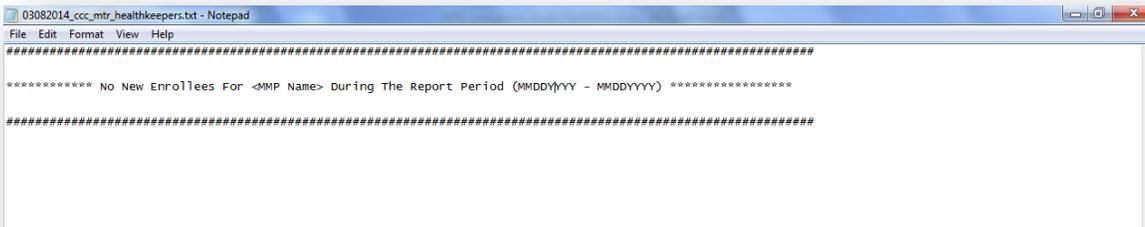
Complete FTP Folder Path List for the MMPs are as follows:

- /Distribution/CCC_File_Exchange/ccc_hki – Health Keepers
- /Distribution/CCC_File_Exchange/ccc_hum – Humana
- /Distribution/CCC_File_Exchange/ccc_vap – Va Premier

For reporting periods where a MMP has no new enrollees, a CCC MTR file will be sent to your FTP folder that reads as follows:

“No New Enrollees for <MMP Name> During the Report Period (MMDDYYYY [Sunday] – MMDDYYYY [Saturday])”

Screenshot Attached:



CCC MTR DATA ELEMENTS

Below is a list of the CCC MTR data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR file.

Please note that each CCC MTR file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddy10.	The date that the Medical Transition report was created
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddy10.	Medicare Medicaid Provider Plan Begin Date
REC_TYPE	\$1.	This field indicate whether the record is for a claim(c) or prior authorization(p)
RECIP	\$12.	VaMMIS recipient identifier

Variable Field Name	Length/ Type	Description
PROGRAM	\$3.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS-administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans
RECIP_LAST_NM	\$19.	Recipient last name
RECIP_FIRST_NM	\$12.	Recipient first name
RECIP_MIDDLE_NM	\$1.	Recipient middle initial
CCC_IND	\$2.	'CCC Indicator' field. Valid Values are 'I' = Opt-in and 'P' = Passive.
BIRTH	\$8.	Recipient date of birth
SEX	\$1.	Recipient sex
FIPS	\$3.	Recipient FIPS
CASE_REVDATE	mmddyy10.	Medicaid Recipient Case Review Date
SERV_TYPE	\$31.	This field indicates what type of claim was submitted. Whether it was a HCFA practitioner or Crossover Title 18
SRVC_PROV_NPI	z10.	Servicing provider NPI identifier. NPI numbers starts with a one (1). API numbers starts with a zero (0)
S_P_NAME	\$40.	Servicing provider name
PROV_CLS	\$3.	Servicing provider classification type
PRV_SPEC	\$3.	Servicing provider specialty type
CL_FROM_DATE	mmddyy10.	Service from date
CL_THRU_DATE	mmddyy10.	Service through date
PRIM_DIAG	\$8.	Primary diagnosis code from the claim or prior authorization
PROC_CODE	\$11.	This is the servicing procedure code on the HCFA 1500 claim. Contains both CPT and HCPCS Codes. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC.
PRIN_PROC	\$11.	This is the principle procedure code on a UB claim
ICD_VER_DTRM	\$1	ICD 9/10 Determined Version Flag to determine whether the claim is processed as ICD 9 or ICD 10 claim. (Valid Values - either '9' or Blank = ICD 9 and '0' = ICD10)
VUS	z4.	Units billed on the claim or pharmacy quantity dispensed
REFILL	z4.	This is the code indicating whether a prescription is an original or a refill
PA_NUM	\$11.	Prior authorization identifier number. It is a unique authorization number for a prior approved service, procedure or supply
AU_FROM_DATE	mmddyy10.	Authorization from date
AU_THRU_DATE	mmddyy10.	Authorization through date
AUNIT	comma6.	This is the number of units initially authorized from the prior authorization
AAMNT	dollar14.2	This is the money paid for a particular claim for the Prior Authorization. This field is only used when the authorization is dollar based (as opposed to unit based)
UUNIT	comma15.3	This is the number of units used to date from the prior authorization

PA_PER_FREQ	\$2.	A code indicating time frames, such as month or year, applying to a Prior Authorization
PRESC	\$12.	Pharmacy claim prescription number
DAYS_SUP	z4.	Claim pharmacy day supply
C_NDC	\$11.	NDC on the practitioner claim
WAIVER	\$2.	Waiver identifier
WAIVER_BEGDT	mmddyy10.	Waiver begin date
ICN	\$16.	Claim reference number. A unique internal control number serving to identify each claim transaction record
BILLTYPE	\$4.	Bill type. A code indicating the bill type of a facility claim
COV_CHG	dollar14.2	Billed amount
PLACE	\$2.	A code indicating the type of place where services were rendered
PRSC_PRV	\$15.	Prescriber identifier

VALID VALUES LIST FOR CCC MTR DATA ELEMENTS

FOR SELECTED/NON SELF-EXPLANTORY FIELDS IN ORDER OF APPERANCE

SERV_TYPE

SERV_TYPE	General descriptive category indicating type of claim (invoice type) or service (service category).
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If the record type is “C” then the file will contain Claim Service Type

SERV_TYPE
01 UB92-Hospital Inpatient
02 UB92-Nursing Home (SNF)
03 UB92-Hospital Outpatient/Home Health
04 HCFA-Personal Care
05 HCFA-Practitioner
06 DRUG-Pharmacy
08 HCFA-Lab
09 XOVR -Title-18
10 UB92-Intermediate Care (ICF)
11 ADA -Dental
13 HCFA-Transportation
15 Capitation Payments (HMO)
16 Management Fees (PCP)
17Administrative Fees (CMM)
96 Assessments

If the record type is “P” then the file will contain Prior Authorization Service Type

SERV_TYPE
0050 Outpatient Psych
0051 SPO Substance Abuse
0090 Private Duty Nursing
0091 EPSDT Personal Care
0092 EPSDT DME
0093 EPSDT In-Patient Psych.
0094 EPSDT Outpatient Psychiatric Services
0095 EPSDT Outpatient Rehabilitation Services
0096 EPSDT Substance Abuse Services
0097 EPSDT Home Health
0098 EPSDT Inpatient Treatment
0099 EPSDT Pharmacy
0100 DME
0101 Nursing Home
0200 Intensive Rehab
0202 Special Vent Contract
0203 Special Contract (Out of State)
0204 Outpatient Rehab
0205 Department of Education
0206 Special DOE Rehab
0300 Organ Transplants
0301 Out of State Services
0302 Surgical/Invasive
0303 Prosthetics
0304 Muscular Skeletal Devices
0305 Vision
0306 Other
0307 Rhinoplasty/Septoplasty
0308 Muscular Skeletal Devices/Procs
0309 Vision
0310 Other Surgical Procedures
0311 Anesthesia (Telephonic Only)
0312 Urinary and Genital Devices/Procs
0313 Hearing Aides
0314 Transportation (Out of State Services)
0400 Inpatient Admission
0401 Inpatient Psych
0450 Magnetic Resonance Imaging (MRI) Scan
0451 Computerized Axial Tomography (CAT) Scan
0452 Positron Emission Tomography (PET) Scan
0500 Home Health

0550 Hospice
0600 Community MHMR Services
0625 ECM (Elderly Case Management)
0650 Community Mental health Rehab Services
0700 Treatment Foster Care
0701 Regular Foster Care
0750 CSA Residential Treatment
0751 NON-CSA Residential Treatment
0752 PA Community Based Residential Level A
0753 PA Community Based Residential Level B
0800 Children under 21
0801 ORTHO under 21
0850 Adult over 21
0900 Elderly & Disabled with Consumer Directed Waiver
0902 IFDDS (Individual & Family Development Disability Services)
0909 Money Follows the Person (MFP)
0940 ID (Mental Retardation) Waiver
0945 Day Support Waiver
0960 Tech Waiver
0970 Children's Mental Health Waiver
0980 Alzheimer's Disease Waiver
0990 Medicaid Works

PROV_CLS

PROVIDER CLASS	Servicing Provider Classification Type
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Provider Class	Description
001	Hospital, in-state, General
002	State Mental Hospital (Aged)
003	Private Mental Hospital (inpatient psych)
004	Long Stay Hospital
005	TB Hospital
006	Skilled Nursing Home Mental Health
007	State Mental Hospital (less than age 21)
008	State Mental Hospital (Med-Surg)
009	Medical Surgery - Mentally Retarded
010	Skilled Nursing Home Non Mental Health
011	Skilled Nursing Facility - Mentally Retarded
012	Long Stay Inpatient Hospital - Mental Health
013	Med-Surg Mental Health Retardation
014	Rehab Hospital
015	Intermediate Care Facility

016	Intermediate Care Facility - Mental Health
017	ICF - Mentally Retarded - State Owned
018	ICF - Mentally Retarded - Community Owned
019	CORF (Outpatient Rehab Facility)
020	Physician
021	Licensed Professional Counselor
022	Treatment Foster Care Program
023	Nurse Practitioner
024	Licensed Psychologist
025	Clinical Psychologist
026	Chiropractor
027	Christian Science SNF
028	Skilled Nursing Facility - State
029	Intermediate Care Facility - State
030	Podiatrist
031	Optometrist
032	Optician
033	Nurse Anesthetist
034	Clinical Nurse Specialist - Psychiatric only
035	Nurse Midwife (moved to PCT 023)
036	Case Management
037	Prenatal Nutrition
038	Hearing Aid
039	Respiratory Therapist
040	Dentist
041	Dental Clinic
042	Dental Clinic MH/MR
043	Speech/Language Pathologist
044	Audiologist
045	Occupational Therapist
046	Hospice
047	Respite Care
048	Adult Day Health Care
049	Ambulatory Surgical Center
050	Renal Unit
051	Health Department Clinic
052	Federally Qualified Health Center
053	Rural Health Clinic
054	Physical Therapist
055	Personal Care
056	Mental Health Mental Retardation
057	Rehab Agencies
058	Home Health Agency - State
059	Home Health Agency - Private
060	Pharmacy
061	Family Caregiver Training
062	Durable Medical Equipment/Supplies
063	Private Duty
064	Prosthetic Services
065	Eldercare Program

067	HMO Medallion II - Immunization
070	Independent Laboratory
071	Substance Abuse Clinic (FAMIS)
072	Education Services
073	Case Management Waiver
074	Head Start Clinic
075	Mental Retardation Waiver Services
076	Licensed Clinical Social Worker
077	Psych Residential Inpatient Facility
078	Licensed Social Worker (changing to ORP)
079	Assisted Living
080	Transportation
081	Psych Trans/Registered Driver
082	Emergency Air Ambulance
083	Out-of-State Transportation
084	Out-of-State Emergency Air Ambulance
085	Out-of-State Rehab Hospital
086	Out-of-State Intermediate Care Facility
087	HMO Medallion II
	Billing Groups
090	Out-of-State Supply Equipment
091	Out-of-State Hospital
092	Out-of-State Skilled Care Facility
093	Out-of-State Clinic
094	Out-of-State Home Health
095	Out-of-State Physician
096	Out-of-State Pharmacy
097	Out-of-State Dental
098	Out-of-State Laboratory
099	Medicare Crossover
100	Non-Medicaid TDO
101	School Psychologist
102	Licensed Marriage and Family Therapist
103	Substance Abuse Practitioner
104	PACE
105	Certified Professional Midwife
106	Transition Coordinator
108	Early Intervention
109	Out-of-state LTC ICF
112	CCC MCO (duals program)

PRV_SPEC

PROVIDER SPECIALTY	Servicing Provider Specialty Type
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Provider Specialty	Description
001	Ambulance

002	Wheelchair Van
003	Taxi
004	Ambulance/WC Van
005	Ambulance/Taxi
006	Ambulance/WC Van/Taxi
007	Wheelchair Van/Taxi
008	Taxi Non-Enrolled
009	Neo-natal Ambulance
010	Unknown
011	Registered Driver
012	Locked Facility
013	Unlocked Facility
014	Fiscal Agent - State
015	Fiscal Agent - Private
016	DD Waiver
017	DD Waiver Support Coord
018	Unknown
019	Unknown
020	Unknown
021	Air Ambulance
022	OB/GYN Nurse Practitioner
023	Family Nurse Practitioner
024	Pediatric Nurse Practitioner
025	Special ED Nursing Services
026	Special ED PSYCH services
027	Physical Therapy
028	Occupational Therapy
029	Speech/Language
030	ACR (Adult Care Residence)-AAA
031	ACR-CSB
032	ACR-DOH
033	ACR-CILS
034	ACR-DSS
035	EPSDT Special
036	Case Management
037	Nutrition
038	Patient Education
039	Homemaker Services
040	Consumer-Directed Personal Attendant
041	Mental Health Clinic
042	CSB Mental Health
043	CSB MR St Plan
044	MR Waiver: CSB ONLY
045	Private MHSA Services
046	MR Waiver: MR
047	Substance abuse
048	Regular Assisted Living
049	Intensive Assisted Living
050	Unknown

051	School Based Clinic
052	Quality Health Center
053	Family Practice
054	Hosp-Home Health
055	Free Standing Home Health
056	General Practice
057	Anesthesiology
058	Colon/Rectal Surgery
059	Dermatology
060	Internal Medicine
061	Neurological Surgery
062	Obstretics and Gynecology
063	Ophthalmology
064	Orthopedic Surgery
065	Otolaryngology
066	Pathology
067	Neonatology, Pediatrics
068	Phys Med/Rehab
069	Unit Dose/Plastic Surgery
070	Preventive Medicine
071	PSY and NEUR
072	Radiology
073	General Surgery
074	Thoracic Surgery
075	Urology
076	Other
077	Psychologist
078	Dentist (General Practice)
079	Orthodontist
080	Oral Surgery
081	Periodontist
082	Pedodontist
083	Endodontist
084	Other
085	Unknown
086	Ventilator
087	AIDS
088	Unknown
089	Complex
090	Elderly Case Mg
091	NF Pr Room Rate
092	Rehabilitation
093	Durable Equip/Supp
094	Health Dept Phar
095	Unknown
096	Unknown
097	Unknown
098	Unknown
099	Unknown
100	Mammography

101	Plastic Surgery
102	LTC Pharmacy Non-UD
103	Public Transportation
104	Stretcher Van
105	Alzheimer's Assisted Living
106	E-Medicaid
107	Adult Nurse Practitioner
108	Geriatric Nurse Practitioner
109	Neonatal Nurse Practitioner
110	Acute Care Nurse Practitioner
111	Psychiatric Nurse Practitioner
112	Certified Nurse Midwife (NP)
113	Full Pace
114	Level A
115	Level B
116	Early Intervention
117	Transition Coordinator for CMH
118	Residential Respite Care
119	Early Intervention Targeted Case Mgmt
120	EPSDT Behavioral Therapy
121	Board Certified (PPCRI)
122	60% E&M Threshold Attestation(PPCRI)
123	ORP Physician Assistant
124	ORP Intern
125	ORP Other
126	DME Incontinence Supplies
127	Telemedicine

PROC_CODE

PROC_CODE	This is the servicing procedure code on the HCFA 1500 claim. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC
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For Behavioral Health (BH) Procedure codes, the following are the valid values list.

BH PROCEDURE CODE	BH SERVICE DESCRIPTION
H0006	Substance Abuse Case Management
H0015	Substance Abuse Day Treatment for Pregnant Women
H0018	Substance Abuse Residential Treatment for Pregnant Women
H0020	Opioid Treatment
H0023	Mental Health Case Management
H0031	Intensive In Home Assessment
H0032 - U6	Psychosocial Rehab Assessment
H0032 - U7 (Child)	Therapeutic Day Treatment Assessment
H0032 - U7 (Adult)	Day Treatment/Partial Hospitalization

H0032 - U8	Mental Health Skill Building Services Assessment
H0032 - UA	Multi-Systemic Therapy (ABA) Assessment
H0035 - HA (Child)	Therapeutic Day Treatment Assessment
H0035 - HA (Adult)	Day Treatment/Partial Hospitalization
H0036	Crisis Intervention
H0039	Intensive Community Treatment
H0046	Mental Health Skill Building Services
H0047	Substance Abuse Day Treatment
H0050	Substance Abuse Crisis Intervention
H2012	Intensive in Home
H2017	Psycho-social Rehab
H2016	Substance Abuse Intensive Outpatient
H2019	Crisis Stabilization
H2020	Group Home Level B
H2022	Group Home Level A
H2033	Multi-Systemic Therapy (ABA) Assessment
T1016	Treatment Foster Care Case Management
CPT Codes	Traditional outpatient Behavioral Health CPT Codes
CPT Codes	Traditional Inpatient Behavioral Health CPT Codes
90889	VICAP

REFILL

REFILL	Code indicating whether a prescription is an original or a refill
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REFILL CODE	DESCRIPTION
00	New Prescription
00	Original Dispensing
01-99	Refill Number
01-99	Number of Refill

PA_PER_FREQ

PA_PER_FREQ	Description that corresponds to a PA Per Frequency Code; used to indicate time frames, such as month or year that would apply to a PA.
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PA_PER_FREQ	DESCRIPTION
BW	Bi-Weekly
DY	Daily
HR	Hourly

MO	Monthly
QR	Quarterly
WK	Weekly
YR	Yearly
FY	Fiscal Year

BILLTYPE

BILLTYPE	A code indicating the bill type of a facility claim. This Date Element is composed of four values; the first position is not yet used, the second position being the facility type, the third being the billing classification of the provider billing the claim, and the fourth being the billing frequency or type of bill
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If the record type is C then the facility bill type will be included.

BILLTYPE	DESCRIPTION
0	Non-Payment/Zero Claim (Frequency) (Fourth Digit)
1	Hospital (Second Digit)
1	Inpatient (Including Medicare Part A) (Third Digit)
1	Admit through discharge claim (Fourth Digit)
1	Hospice (Non-Hospital Based) (Special Facilities Only) (Third Digit)
1	Rural Health (Clinics Only) (Third Digit)
2	Hospice (Hospital Based) (Special Facilities Only) (Third Digit)
2	Hospital Based or Independent Renal Dialysis Center (Clinics Only) (Third Digit)
2	Interim Billing - (First Claim) (Fourth Digit)
2	Inpatient (Medicare Part B only)(Third Digit)
2	Skilled Nursing Facility (Second Digit)
3	Home Health (Second Digit)
3	Outpatient (Third Digit)
3	Interim Billing - (Continuing Claim) (Fourth Digit)
3	Ambulatory Surgery Center (Special Facilities Only) (Third Digit)
3	Free Standing (Clinics Only) (Third Digit)
4	Free Standing Birthing Center (Special Facilities Only) (Third Digit)
4	Outpatient Rehabilitation Facility (ORF) (Clinics Only) (Third Digit)
4	Interim Billing - (last Claim) (Fourth Digit)
4	Outpatient -Other (For Medicare Use Only - Home Health) (Third Digit)

4	Christian Science (Hospital) (Second Digit)
5	Christian Science (Extended Care) (Second Digit)
5	Late Charge(s) only Claims (Fourth Digit)
5	Comprehensive Outpatient Rehabilitation Facility (CORF) (Clinics Only) (Third Digit)
5	Intermediate Care - (General Intermediate Care Facility - ICF) (Third Digit)
6	Intermediate Care - (MRDD) (Third Digit)
6	Intermediate Care (Second Digit)
6	Adjustment of Prior Claim (Frequency) (Fourth Digit)
7	Replacement of Prior Claim (Fourth Digit)
7	Clinic (Use with "2nd Digit - Clinics Only") (Second Digit)
7	Intermediate Care Level III (Third Digit)
8	Special Facility (Use with "2nd Digit - Special Facilities Only") (Second Digit)
8	Swing Beds (Third Digit)
8	Void/Cancel of Prior Claim (Fourth Digit)
9	Other (Clinics Only) (Third Digit)
9	Other (Special Facilities Only) (Third Digit)
F	Replacement of Prior Claim (Fourth Digit)
G	Replacement of Prior Claim (Fourth Digit)
H	Replacement of Prior Claim (Fourth Digit)
I	Replacement of Prior Claim (Fourth Digit)
J	Replacement of Prior Claim (Fourth Digit)
K	Replacement of Prior Claim (Fourth Digit)
L	Replacement of Prior Claim (Fourth Digit)
M	Replacement of Prior Claim (Fourth Digit)
N	Replacement of Prior Claim (Fourth Digit)
O	Replacement of Prior Claim (Fourth Digit)
P	Replacement of Prior Claim (Fourth Digit)

WAIVER

WAIVER	A code used as a modifier to the Benefit Plan Code, indicating if the enrollee is receiving nursing facility care or enrolled in a waiver.
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If the member participates in Long Term Care (LTC) , the benefit exception indicator will be displayed in the waiver field.

WAIVER	DESCRIPTION
1	ICF
2	SNF

9	Elderly or Disabled Waiver with Consumer Direction
A	Technology Assisted Waiver
D	Hospice
M	Children's Mental Health Waiver
MP	Money Follows Person
MW	Medicaid Works
PP	PACE
R	IFDDS Waiver
S	Day Support Waiver
T	Alzheimer's Assisted Living Waiver
Y	ID/MR Waiver

PLACE

PLACE	A code indicating the type of place where service was rendered
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If the record type is C then the Place of service will be included.

PLACE	PLACE OF SERVICE
01	Pharmacy
02	Unassigned
04	Homeless Shelter
06	Indian Health Service Provider Based Facility
09	Prison/Correctional Facility
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance - Land
42	Ambulance - Air or Water
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded

55	Residential Substance Abuse Treatment
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unspecified Facility

PRIOR AUTHORIZATION FILE DESCRIPTION

Since CCC MTR is mainly pulling historical data for Claims and Prior Authorizations, we found that Prior Authorizations that doesn't have claim details are not being pulled into this report. Since Prior Authorization (PA) /Service authorizations (SA) information is important for the plans and other entities associated with Managed care (like Nursing Facilities, Community Service Boards) we are capturing this information in a separate file. Please note that Prior Authorizations and Service Authorizations are one and the same. To avoid confusion we are referring them as PA going forward.

CCC MTR PA FILE SCHEDULE AND DELIVERY

The CCC MTR PA file is a pipe (|) delimited text file that will contain information for those beneficiaries that have open ended prior authorizations data.

The dynamic file naming convention for the CCC MTR will be as follows:

ccc_mtr_pa_<mmpname>_<mmddyyyy>.txt

mmpname = vapremier, healthkeepers, humana

mmddyyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC MTR PA file for week of 03/02/2014 through 03/08/2014 for beneficiaries who enrolled with Humana would be: `ccc_mtr_pa_humana_03082014.txt`

The CCC MTR PA file will include all beneficiaries who were enrolled into the MMP for the preceding week (Sunday through Saturday).

The file will be sent to the MMPs via FTP folder.

/Distribution/CCC_File_Exchange/ccc_<mmp> the following Tuesday.

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

For reporting periods where a MMP has no new enrollees, a CCC PA file will be sent to your _____

FTP folder that reads as follows:

“No New Enrollees that has PA for <MMP Name> During the Report Period (MMDDYYYY [Sunday] – MMDDYYYY [Saturday])”

CCC MTR PA DATA ELEMENTS

Below is a list of the CCC MTR PA data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR PA file.

Please note that each CCC MTR PA file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddy10.	The date that the Medical Transition PA file was created
RECIPIENT_ID	\$12.	VaMMIS recipient identifier
RECIPIENT_LAST_NM	\$19.	Recipient last name
RECIPIENT_FIRST_NM	\$12.	Recipient First name
RECIPIENT_MIDDLE_NM	\$1.	Recipient middle name
BIRTH	\$8	Recipient Birth date
SEX	\$1.	Recipient sex
FIPS	\$3.	Recipient FIPS
DESIG_CUR	\$3.	Aid Category
CCC_IND	\$2.	‘CCC Indicator’ field. Valid Values are ‘I’ = Opt-in and ‘P’ = Passive.
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddy10.	Medicare Medicaid Provider Plan Begin Date
SRV_PROV_NPI	z10	Servicing provider NPI identifier.
PROV_NM	\$40.	Servicing provider name
SRV_CAT	\$3.	Service Category Type
PROC_CD	\$11.	This is the servicing procedure code on the HCFA 1500 claim. On a UB claim this is the principle procedure code. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC
PA_NBR	\$11.	Prior Authorization Number
AU_FROM_DATE	mmddy10.	Authorization From Date
AU_THRU_DATE	mmddy10.	Authorization Through Date
AUNIT	comma6.	This is the number of units initially authorized from the prior authorization
AAMNT	dollar14.2	This is the money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based)
UUNIT	comma15.3	This is the number of units used to date from the prior authorization

PA_PER_FREQ_DAYS_SUP	\$5.	When the PA_Type is 'M', it contains a code indicating time frames, such as month (MO) or year (FY), applying to a Medical Prior Authorization When the PA_Type is 'D', it has Drug/Pharmacy days supply values. (Ex-00030)
PA_TYPE	\$2.	Record Type identifier to identify whether it is Medical Prior Authorization – 'M' or Drug Prior Authorization – 'D' record. Valid Values are 'M' = Medical PA and 'D' = Drug PA

BEHAVIORAL HEALTH PRIOR AUTHORIZATION FILE DESCRIPTION

Behavioral Health (BH) Prior Authorization (PA) /Service authorizations (SA) information is not currently stored in MMIS. DMAS receive these files from Behavioral Health Contract Vendor on a weekly basis. We are capturing this information in a separate file also for the plans and other entities associated with Managed care (like Nursing Facilities, Community Service Boards) for Target Case Management.

CCC MTR BH FILE SCHEDULE AND DELIVERY

The CCC MTR BH file is a pipe (|) delimited text file that will contain information for those beneficiaries that have Behavioral Health prior authorizations data.

The dynamic file naming convention for the CCC MTR BH will be as follows:

ccc_mtr_bh_<mmpname>_<mmddyyyy>.txt

mmpname = vapremier, healthkeepers, humana

mmddyyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC MTR BH file for week of 03/02/2014 through 03/08/2014 for beneficiaries who enrolled with Humana would be: `ccc_mtr_bh_humana_03082014.txt`

The CCC MTR BH file will include all beneficiaries who were enrolled into the MMP for the preceding week (Sunday through Saturday).

The file will be sent to the MMPs via FTP folder.

/Distribution/CCC_File_Exchange/ccc_<mmp> the following Tuesday.

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

For reporting periods where a MMP has no new enrollees, a CCC PA file will be sent to your FTP folder that reads as follows:

“No New Enrollees that has BH for <MMP Name> During the Report Period (MMDDYYYY [Sunday] –

MMDDYYYY [Saturday])”

CCC MTR BH DATA ELEMENTS

Below is a list of the CCC MTR BH data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR BH file.

Please note that each CCC MTR BH file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description	Notes
RUN_DATE	mmddy10.	The date that the Medical Transition BH file was created	
PLAN_NBR	\$10	MMP Plan Number	
PLAN_BEG_DATE	mmddy10.	MMP Plan Begin Date	
RECIP_ID	\$12	Member ID	
AUSTS	\$1	Record Status	A=Add, C=Change, D=Delete
AUMBRFS	\$30	Member Last Name	
AUMBRLS	\$15	Member First Name	
AUPRVID	\$10	Provider ID (NPI)	
AUPRVNME	\$30	Provider Name	
AUPRVADR	\$25	Provider Address	
AUPRVCTY	\$20	Provider City	
AUPRVST	\$2	Provider State	
AUPRVZIP	\$5	Provider Zip Code	
AUPRVZIP1	\$4	Provider Zip+4	
AUPRVPHN	\$10	Provider Phone Number	
AUAUTHNO	\$9	Magellan Auth Tracking Number (MAT#)	
AUTHSTS	\$1	Approved/Void/Denied	A,V,D
AULOC	\$4	Magellan Level of Care	Magellan Auth Type
AUADMDE	8	Action Date CCYMMDD	Date authorization keyed
AUSTRDTE	8	Auth Start Date CCYMMDD	Service date, Admission Date, RTC placement Date
AUENDDTE	8	Auth End Date CCYMMDD	Through date of the authorization (may NOT be discharge date)
AUDENIAL	\$3	Denial Reason	Magellan Value Descriptions Supplied
AUDIAGIND	\$2	ICD-9/ICD-10 Indicator	Denotes ICD-9 or ICD-10
AUDIAG	\$10	Principal Diagnosis Code	
AUDIGDSC	\$50	Principal Diagnosis Description	
AUCPTCD	\$5	CPT Code	
AUCPTDSC	\$50	CPT Code Description	
AUCPTMD1	\$2	CPT Code Modifier 1	
AUCPTMD2	\$2	CPT Code Modifier 2	
AUCPTMD3	\$2	CPT Code Modifier 3	
AUCPTMD4	\$2	CPT Code Modifier 4	

Variable Field Name	Length/Type	Description	Notes
AUTLRQD	\$3	Total Requested	
AUTLAPP	\$3	Total Approved	
AUTYPE	\$4	Service Auth Type	DMAS Auth Type
AUREQDT	8	Request Date CCYMMDD	
AUACTDT	8	Actual Request Date CCYMMDD	
AUREFDT	8	Referral Date CCYMMDD	
AUDECDT	8	Decision Date CCYMMDD	
AUIND	\$1	Indicator	I = Initial C = Concurrent
AUENC	\$4	Magellan Auth Encounter #	
AUREAU	\$1	Registration / Authorization	R = Registration A = Authorization
AUCSA	\$1	CSA Flag	Y = Yes N = No
AUDISC	8	Discharge Date CCYMMDD	Actual date of discharge

WAIVER FILE DESCRIPTION

DMAS is sending a separate file with Beneficiaries along with Waiver Indicator and Nursing Facility Provider ID to help plans identify the beneficiaries that need special care in Nursing Facilities and coordinate care management accordingly.

CCC MTR WAIVER FILE SCHEDULE AND DELIVERY

This file includes all beneficiaries waiver information who were enrolled into the MMP for the preceding week (Sunday – Saturday)

The dynamic file naming convention for the CCC MTR Waiver will be as follows:

ccc_<mmpname>_members_waiverinfo_<mmddyyyy>.txt
mmpname = Healthkeepers , Humana , Vapremier
mmddyyyy = month, date, and year

Format: Pipe (|) Delimited

Fields: MMP Plan Number, Plan Begin Date, Recipient ID, Waiver Indicator, Waiver Begin Date, Waiver End Date, Nursing Facility Provider Number.

File Delivery: The Weekly Waiver file will include all beneficiaries who were enrolled into the MMP for the preceding week (Sunday through Saturday) and will be sent on Tuesday of the following week into the respective MMP FTP folders.

CCC MTR WAIVER FILE DATA ELEMENTS

Below is a list of the CCC MTR Waiver data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR Waiver file.

Please note that each CCC Waiver file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddy10.	The date that the Medical Transition Waiver file was created
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddy10.	Medicare Medicaid Provider Plan Begin Date
RECIPIENT_ID	\$12.	VaMMIS recipient identifier
WAIVER_IND	\$2.	Exception Indicator/ Waiver Indicator
WAIVER_BEGDT	mmddy10.	Waiver Begin Date
WAIVER_ENDDT	mmddy10.	Waiver End Date
NF_PROV_ID	\$10.	Nursing Facility Provider ID

CCC PASSIVE MTR FILE DESCRIPTION

On a monthly basis, all recipients that have not actively chosen to opt in to CCC program will be passively or automatically assigned to the MMPs based on the intelligent assignment in VA MMIS. Passively assigned members historical medical data is also extracted from VA Medicaid Medicare Information System (VAMMIS) through SAS and provided to the MMPs through secure FTP each month.

CCC Passive MTR files are datasets available to the Medicaid-Medicare Providers (MMPs) for care coordination activities for recipients passively enrolled into their plans.

CCC Passive MTR contains:

- ❖ The most recent 24 months of Paid Medicaid claims that includes Fee-For-Services, Behavioral Health Claims and Consumer Directed Claims (MTR).
- ❖ The last 12 months of Prior Authorizations (PA) data for each new enrollee
- ❖ The last 12 months of Behavioral Health (BH) Prior Authorization data for each new enrollee
- ❖ Member Waiver Information (Waiver)

The CCC Passive MTR data is provided as 4 different text files (.txt) and are pipe (|) delimited.

CCC PASSIVE MTR FILE SCHEDULE AND DELIVERY

The dynamic file naming convention for the CCC Passive MTR will be as follows:

ccc_mtr_passive_<mmpname>_<mmddyyyy>.txt
where mmpname = vapremier, healthkeepers, humana
mmddyyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC Passive MTR for recipients/beneficiaries who were passively enrolled with Vapremier would be:

ccc_mtr_passive _vapremier_03082014.txt

The CCC Passive MTR will include all beneficiaries who were passively enrolled into the MMP in the given month

The file will be sent to the MMPs on a monthly basis (after Passive Assignment information is available is SAS – Third Weekend) via FTP folder on a non-Tuesday to help plans differentiate between the actively opted in MTR files and passively opted in MTR files.

/Distribution/CCC_File_Exchange/ccc_<mmp>

Complete FTP Folder Path List for the MMPs are as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers
 /Distribution/CCC_File_Exchange/ccc_hum – Humana
 /Distribution/CCC_File_Exchange/ccc_vap – Va Premier

CCC PASSIVE MTR DATA ELEMENTS

Below is a list of the CCC Passive MTR data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC Passive MTR file.

Please note that each CCC Passive MTR file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddyy10.	The date that the Medical Transition report was created
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddyy10.	Medicare Medicaid Provider Plan Begin Date

		This field indicate whether the record is for a claim(c) or prior authorization(p)
REC_TYPE	\$1.	
RECIPIENT	\$12.	VaMMIS recipient identifier
PROGRAM	\$3.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS-administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans
R_L_NAME	\$19.	Recipient last name
R_F_NAME	\$12.	Recipient first name
R_M_NAME	\$1.	Recipient middle initial
CCC_IND	\$2.	'CCC Indicator' field. Valid Values are 'I' = Opt-in and 'P' = Passive.
BIRTH	\$8.	Recipient date of birth
SEX	\$1.	Recipient sex
FIPS	\$3.	Recipient FIPS
CASE_REVDATE	mmddyy10.	Medicaid Recipient Case Review Date
SERV_TYPE	\$31.	This field indicates what type of claim was submitted. Whether it was a HCFA practitioner or Crossover Title 18
SRVC_PROV_NPI	z10.	Servicing provider NPI identifier. NPI numbers starts with a one (1). API numbers starts with a zero (0)
S_P_NAME	\$40.	Servicing provider name
PROV_CLS	\$3.	Servicing provider classification type
PRV_SPEC	\$3.	Servicing provider specialty type
CL_FROM_DATE	mmddyy10.	Service from date
CL_THRU_DATE	mmddyy10.	Service through date
PRIM_DIAG	\$8.	Primary diagnosis code from the claim or prior authorization
PROC_CODE	\$11.	This is the servicing procedure code on the HCFA 1500 claim. Contains both CPT and HCPCS Codes. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC.
PRIN_PROC	\$11.	This is the principle procedure code on a UB claim.
ICD_VER_DTRM	\$1	ICD 9/10 Determined Version Flag to determine whether the claim is processed as ICD 9 or ICD 10 claim. (Valid Values - either '9' or Blank = ICD 9 and '0' = ICD10)

VUS	z4.	Units billed on the claim or pharmacy quantity dispensed
REFILL	z4.	This is the code indicating whether a prescription is an original or a refill
PA_NUM	\$11.	Prior authorization identifier number. It is a unique authorization number for a prior approved service, procedure or supply
AU_FROM_DATE	mmddyy10.	Authorization from date
AU_THRU_DATE	mmddyy10.	Authorization through date
AUNIT	comma6.	This is the number of units initially authorized from the prior authorization
AAMNT	dollar14.2	This is the money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based)
UUNIT	comma15.3	This is the number of units used to date from the prior authorization
PA_PER_FREQ	\$2.	A code indicating time frames, such as month or year, applying to a Prior Authorization
PRESC	\$12.	Pharmacy claim prescription number
DAYS_SUP	z4.	Claim pharmacy day supply
C_NDC	\$11.	NDC on the practitioner claim
WAIVER	\$2.	Waiver identifier
WAIVER_BEGDT	mmddyy10.	Waiver begin date
ICN	\$16.	Claim reference number. A unique internal control number serving to identify each claim transaction record
BILLTYPE	\$4.	Bill type. A code indicating the bill type of a facility claim
COV_CHG	dollar14.2	Billed amount
PLACE	\$2.	A code indicating the type of place where services were rendered
PRSC_PRV	\$15.	Prescriber identifier

PRIOR AUTHORIZATION PASSIVE FILE DESCRIPTION

CCC MTR Passive PA file has Prior Authorizations data for the members that are passively enrolled in the given month into CCC.

Please note that Prior Authorizations and Service Authorizations are one and the same. To avoid confusion we are referring them as PA going forward.

CCC MTR PA PASSIVE FILE SCHEDULE AND DELIVERY

The CCC MTR PA Passive file is a pipe (|) delimited text file that will contain information for those

passively enrolled beneficiaries in the given month.

The dynamic file naming convention for the CCC MTR will be as follows:

ccc_mtr_pa_passive_<mmpname>_<mmddyyy>.txt

mmpname = vapremier, healthkeepers, humana

mmddyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC MTR PA Passive file beneficiaries who were passively enrolled with Vapremier would be: CCC_mtr_pa_passive_vapremier_12282014.txt

The file will be sent to the MMPs on a monthly basis (after Passive Assignment information is available is SAS – Third Weekend) via FTP folder on a non-Tuesday to help plans differentiate between the actively opted in MTR files and passively opted in MTR files.

/Distribution/CCC_File_Exchange/ccc_<mmp>

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

CCC MTR PA PASSIVE DATA ELEMENTS

Below is a list of the CCC MTR PA Passive file data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR PA file.

Please note that each CCC MTR PA Passive file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddyy10.	The date that the Medical Transition PA file was created
RECIP_ID	\$12.	VaMMIS recipient identifier
RECIP_LAST_NM	\$19.	Recipient last name
RECIP_FIRST_NM	\$12.	Recipient First name
RECIP_MIDDLE_NM	\$1.	Recipient middle name
BIRTH	\$8	Recipient Birth date
SEX	\$1.	Recipient sex
FIPS	\$3.	Recipient FIPS
DESIG_CUR	\$3.	Aid Category
CCC_IND	\$2.	'CCC Indicator' field. Valid Values are 'I' = Opt-in and 'P' = Passive.
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddyy10.	Medicare Medicaid Provider Plan Begin Date
SRV_PROV_NPI	z10	Servicing provider NPI identifier.
PROV_NM	\$40.	Servicing provider name
SRV_CAT	\$3.	Service Category Type

PROC_CD	\$11.	This is the servicing procedure code on the HCFA 1500 claim. On a UB claim this is the principle procedure code. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC
PA_NBR	\$11.	Prior Authorization Number
AU_FROM_DATE	mmddy10.	Authorization From Date
AU_THRU_DATE	mmddy10.	Authorization Through Date
AUNIT	comma6.	This is the number of units initially authorized from the prior authorization
AAMNT	dollar14.2	This is the money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based)
UUNIT	comma15.3	This is the number of units used to date from the prior authorization
PA_PER_FREQ_DAYS_SUP	\$5.	When the PA_Type is 'M', it contains a code indicating time frames, such as month (MO) or year (FY), applying to a Medical Prior Authorization When the PA_Type is 'D', it has Drug/Pharmacy days supply values. (Ex-00030)
PA_TYPE	\$2.	Record Type identifier to identify whether it is Medical Prior Authorization – 'M' or Drug Prior Authorization – 'D' record. Valid Values are 'M' = Medical PA and 'D' = Drug PA

BEHAVIORAL HEALTH PASSIVE FILE DESCRIPTION

CCC MTR Behavioral Health Passive file has Behavioral Health Prior Authorizations data for the members that are passively enrolled in the given month into CCC. Capturing this information in a separate file also for the plans and other entities associated with Managed care (like Nursing Facilities, Community Service Boards) for Target Case Management.

CCC MTR BH PASSIVE FILE SCHEDULE AND DELIVERY

The CCC MTR BH Passive file is a pipe (|) delimited text file that will contain information for those passively enrolled beneficiaries that have Behavioral Health prior authorizations data.

The dynamic file naming convention for the CCC MTR BH passive file will be as follows:

ccc_mtr_bh_passive_<mmpname>_<mmddyyy>.txt

mmpname = vapremier, healthkeepers, humana

mmddyyy = month, date, and year of the last day of the reporting period

For example, the file name for CCC MTR BH Passive file for beneficiaries who were passively enrolled with VaPremier would be: `CCC_mtr_bh_passive_vapremier_12282014.txt`

The file will be sent to the MMPs on a monthly basis (after Passive Assignment information is available is SAS – Third Weekend) via FTP folder on a non-Tuesday to help plans differentiate between the actively opted in MTR files and passively opted in MTR files.

/Distribution/CCC_File_Exchange/ccc_<mmp>

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

CCC MTR BH PASSIVE DATA ELEMENTS

Below is a list of the CCC MTR BH Passive file data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR BH file.

Please note that each CCC MTR BH Passive file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description	Notes
RUN_DATE	mmddyy10.	The date that the Medical Transition BH file was created	
PLAN_NBR	\$10	MMP Plan Number	
PLAN_BEG_DATE	mmddyy10.	MMP Plan Begin Date	
RECIP_ID	\$12	Member ID	
AUSTS	\$1	Record Status	A=Add, C=Change, D=Delete
AUMBRFS	\$30	Member Last Name	
AUMBRFS	\$15	Member First Name	
AUPRVID	\$10	Provider ID (NPI)	
AUPRVNME	\$30	Provider Name	
AUPRVADR	\$25	Provider Address	
AUPRVCTY	\$20	Provider City	
AUPRVST	\$2	Provider State	
AUPRVZIP	\$5	Provider Zip Code	
AUPRVZIP1	\$4	Provider Zip+4	
AUPRVPHN	\$10	Provider Phone Number	
AUAUTHNO	\$9	Magellan Auth Tracking Number (MAT#)	
AUTHSTS	\$1	Approved/Void/Denied	A,V,D
AULOC	\$4	Magellan Level of Care	Magellan Auth Type
AUADMDE	8	Action Date CCYYMMDD	Date authorization keyed
AUSTRDTE	8	Auth Start Date CCYYMMDD	Service date, Admission Date, RTC placement Date
AUENDDTE	8	Auth End Date CCYYMMDD	Through date of the authorization (may NOT be discharge date)
AUDENIAL	\$3	Denial Reason	Magellan Value Descriptions Supplied
AUDIAGIND	\$2	ICD-9/ICD-10 Indicator	Denotes ICD-9 or ICD-10

Variable Field Name	Length/Type	Description	Notes
AUDIAG	\$10	Principal Diagnosis Code	
AUDIGDSC	\$50	Principal Diagnosis Description	
AUCPTCD	\$5	CPT Code	
AUCPTDSC	\$50	CPT Code Description	
AUCPTMD1	\$2	CPT Code Modifier 1	
AUCPTMD2	\$2	CPT Code Modifier 2	
AUCPTMD3	\$2	CPT Code Modifier 3	
AUCPTMD4	\$2	CPT Code Modifier 4	
AUTTLRQD	\$3	Total Requested	
AUTTLAPP	\$3	Total Approved	
AUTYPE	\$4	Service Auth Type	DMAS Auth Type
AUREQDT	8	Request Date CCYMMDD	
AUACTDT	8	Actual Request Date CCYMMDD	
AUREFDT	8	Referral Date CCYMMDD	
AUDECDT	8	Decision Date CCYMMDD	
AUIND	\$1	Indicator	I = Initial C = Concurrent
AUENC	\$4	Magellan Auth Encounter #	
AUREAU	\$1	Registration / Authorization	R = Registration A = Authorization
AUCSA	\$1	CSA Flag	Y = Yes N = No
AUDISC	8	Discharge Date CCYMMDD	Actual date of discharge

WAIVER PASSIVE FILE DESCRIPTION

DMAS is sending a separate file with Beneficiaries that are passively enrolled into the plans along with Waiver Indicator and Nursing Facility Provider ID to help plans identify the beneficiaries that need special care in Nursing Facilities and coordinate care management accordingly.

CCC MTR WAIVER PASSIVE FILE SCHEDULE AND DELIVERY

This file includes all beneficiaries waiver information who were passively enrolled into the MMP in the given month

The dynamic file naming convention for the CCC MTR Waiver Passive file will be as follows:

ccc_<mmpname>_passive_members_waiverinfo_<mmddyyyy>.txt

mmpname = Healthkeepers , Humana , Vapremier

mmddyyyy = month, date, and year

Example: CCC_vapremier_passive_members_waiverinfo_12282014.txt

Format: Pipe (|) Delimited

Fields: MMP Plan Number, Plan Begin Date, Recipient ID, Waiver Indicator, Waiver Begin Date, Waiver End Date, Nursing Facility Provider Number.

File Delivery: The file will be sent to the MMPs on a monthly basis (after Passive Assignment information is available is SAS – Third Weekend) via FTP folder on a non-Tuesday to help plans differentiate between the actively opted in MTR files and passively opted in MTR files.

CCC MTR WAIVER PASSIVE FILE DATA ELEMENTS

Below is a list of the CCC MTR Waiver Passive file data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR Waiver Passive file.

Please note that each CCC Waiver Passive file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddyy10.	The date that the Medical Transition Waiver file was created
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddyy10.	Medicare Medicaid Provider Plan Begin Date
RECIPIENT_ID	\$12.	VaMMIS recipient identifier
WAIVER_IND	\$2.	Exception Indicator/ Waiver Indicator
WAIVER_BEGDT	mmddyy10.	Waiver Begin Date
WAIVER_ENDDT	mmddyy10.	Waiver End Date
NF_PROV_ID	\$10.	Nursing Facility Provider ID

PRIOR AUTHORIZATION END OF MONTH (EOM) FILE DESCRIPTION

Prior Authorization updates in DMAS SAS Platform are weekly. DMAS SAS Extracts are from Mainframe System. DMAS has a scheduled Monthly Mainframe Auto closure program that triggers to end date Prior Authorizations that are closing by the end of the month. CCC Team learnt that a small percentage of PA's are not getting captured in the weekly in CCC MTR PA file which is impacting the continuity of care for the enrolled members (Scenario where the month end falls in middle of the week, PA's are getting closed ended and not giving true PA end dates for the enrolled members when the CCC MTR PA SAS Job runs the following week).

DMAS is producing an end-of-month (EOM) prior authorization file to bridge this gap and ensure a smooth transition for the enrolled members whose CCC Benefit Plan effective date starts next month.

This file provides all the needed PA information so that the plans can take the appropriate steps with providers and members to ensure their continuity of care from FFS to CCC Program.

The naming convention of the file will be as follows:

The CCC EOM PA file is a pipe (|) delimited text file that will contain information for those beneficiaries that have open ended prior authorizations data

The dynamic file naming convention for the CCC MTR will be as follows:

ccc_pa_eom_<mmpname>_<mmddyyyy>.txt

mmpname = hki (Healthkeepers) , hum(Humana) ,vap (Vapremier)

mmddyyyy = month, date, and year of the last day of the reporting month

For example, the file name for CCC E O M PA file f o r the members enrolled with Humana who have Plan effective Date o f 06/01/2014 is: ccc_pa_eom_hum_05312014.txt

CCC PA EOM FILE SCHEDULE AND DELIVERY

The CCC EOM PA file will include all beneficiaries to your MMP whose CCC Benefit Plan effective begin date starts next month. The file will be sent to the MMPs via FTP folder.

This file will be produced on the last business day of the month and will be delivered to your MMP FTP folder on the next business day of the following month.

/Distribution/CCC_File_Exchange/ccc_<mmp>.

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

CCC PA EOM DATA ELEMENTS

Below is a list of the CCC MTR EOM PA data element fields including Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC MTR EOM PA file. Please note that each CCC MTR EOM PA file will include a header made up of the variable field names. This file represents all the PA information that either ends on the last day of the month or have valid future end date PA information, for the members who either actively or Passively Opted in to the plans.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddyy10.	The date that the Medical Transition PA file was created
RECIP_ID	\$12.	VaMMIS recipient identifier
RECIP_LAST_NM	\$19.	Recipient last name
RECIP_FIRST_NM	\$12.	Recipient First name
RECIP_MIDDLE_NM	\$1.	Recipient middle name
BIRTH	\$8	Recipient Birth date
SEX	\$1.	Recipient sex
FIPS	\$3.	Recipient FIPS
DESIG_CUR	\$3.	Aid Category

CCC_IND	\$2.	'CCC Indicator' field. Valid Values are 'I' = Opt-in and 'P' = Passive.
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddy10.	Medicare Medicaid Provider Plan Begin Date
SRV_PROV_NPI	z10	Servicing provider NPI identifier.
PROV_NM	\$40.	Servicing provider name
SRV_CAT	\$3.	Service Category Type
PROC_CD	\$11.	This is the servicing procedure code on the HCFA 1500 claim. On a UB claim this is the principle procedure code. On a pharmacy claim, this is the NDC. On a pharmacy prior authorization, this is the authorized procedure or NDC
PA_NBR	\$11.	Prior Authorization Number
AU_FROM_DATE	mmddy10.	Authorization From Date
AU_THRU_DATE	mmddy10.	Authorization Through Date
AUNIT	comma6.	This is the number of units initially authorized from the prior authorization
AAMNT	dollar14.2	This is the money paid for a particular claim for the prior authorization. This field is only used when the authorization is dollar based (as opposed to unit based)
UUNIT	comma15.3	This is the number of units used to date from the prior authorization
PA_PER_FREQ_DAYS_SUP	\$5.	When the PA_Type is 'M', it contains a code indicating time frames, such as month (MO) or year (FY), applying to a Medical Prior Authorization When the PA_Type is 'D', it has Drug/Pharmacy days supply values. (Ex-00030)
PA_TYPE	\$2.	Record Type identifier to identify whether it is Medical Prior Authorization – 'M' or Drug Prior Authorization – 'D' record. Valid Values are 'M' = Medical PA and 'D' = Drug PA

Note: DMAS is producing End of Month PA file as a direct data extract from DB2 Production database starting September 30, 2015 and not from SAS Analytical environment.

The files are delivered to the MMP's VAMMIS FTP folder.

WAIVER END OF MONTH (EOM) FILE DESCRIPTION

Problem: Weekly Waiver Information file gives the information for members who made an active CCC enrollment choice (opt-in/out) the preceding week. The monthly Passive Waiver file gives information about members passively assigned that month. When waiver information is changed for the members and there is no change in the enrollment choice, the plans are having difficulty coordinating care management with nursing facilities because the plans are not receiving updated waiver information.

Solution: DMAS is sending a separate end-of-month Waiver File with Beneficiaries along with Waiver

Indicator and Nursing Facility Provider ID to address the gap.

This file includes all beneficiaries who were enrolled into the MMP as of end of given month.

Name of the file: *CCC_Waiver_EOM_<MMP_name>_<MMDDYYYY>.txt*

ccc_waiver_eom_<mmpname>_<mmddyyyy>.txt

mmpname = hki (Healthkeepers) , hum(Humana) ,vap (Vapremier)

mmddyyyy = month, date, and year of the last day of the reporting month

Format: Pipe (|) Delimited

Fields: MMP Plan Number, Plan Begin Date, Recipient ID, Waiver Indicator, Waiver Begin Date, Waiver End Date, Nursing Facility Provider Number.

CCC WAIVER EOM FILE SCHEDULE AND DELIVERY

The CCC Waiver EOM file will include all beneficiaries who were enrolled either actively or passively opted in to the plans as of end of the given month .The file will be sent to the MMPs via FTP folder.

This file will be produced on the last business day of the month and will be delivered to your MMP FTP folder on the next business day of the following month.

/Distribution/CCC_File_Exchange/ccc_<mmp>.

Complete FTP Folder Path List for the MMPs is as follows:

/Distribution/CCC_File_Exchange/ccc_hki – Health Keepers

/Distribution/CCC_File_Exchange/ccc_hum – Humana

/Distribution/CCC_File_Exchange/ccc_vap – Va Premier

CCC WAIVER EOM DATA ELEMENTS

Below is a list of the CCC Waiver EOM File data element fields that includes Variable Field Name, Length/Type and a brief Description in the order in which they appear in the CCC Waiver EOM file.

Please note that each CCC Waiver EOM file will include a header made up of the variable field names.

Variable Field Name	Length/Type	Description
RUN_DATE	mmddyy10.	The date that the Medical Transition report was created
PLAN_NBR	\$10.	Medicare Medicaid Provider number
PLAN_BEG_DATE	mmddyy10.	Medicare Medicaid Provider Plan Begin Date
RECIPIENT_ID	\$12.	VaMMIS recipient identifier
WAIVER_IND	\$2.	Exception Indicator/ Waiver Indicator
WAIVER_BEGDT	mmddyy10.	Waiver Begin Date
WAIVER_ENDDT	mmddyy10.	Waiver End Date
NF_PROV_ID	\$10.	Nursing Facility Provider ID

ADDENDUM

This section contains information clarification based on the questions related to the CCC MTR by subtopic.

A. Identification of Consumer-directed services

To identify that a new enrollee that utilized consumer direction for with personal care or respite, within the PROC_CODE field, the procedure code with will be either S5126 or S5150.

B. Notification of the Previous MMP

For enrollees who change MMPs, the receiving MMP will be able to identify the previous MMP to establish coordination between the MMPs by interrogating the DTRR file between fields 100 and 107 for the 8 digit previous contract

C. ICN – Claim Reference Number

Claims processed through Medicaid MMIS system will only have ICN – Claim Reference Numbers. And Claims that are processed outside MMIS system (outside DMAS vendors) will have null values for ICN.