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1. PURPOSE OF INTERFACE CONTROL

The intended audience of the DSSEX00018_MCO_Data_Exchange Interface Control Document (ICD) is all project stakeholders including the project sponsor, senior leadership, and the project team.

2. INTRODUCTION

This ICD describes the relationship between the New Jersey Business Data Warehouse (BDW) and the target receiving entity. This ICD specifies the interface requirements to be met by the participating systems. It describes the concept of operations for the interface, defines the message structure and protocols that govern the interchange of data, and identifies the communication paths along which the data is expected to flow.

For each interface, the following information is provided:

- A general description of the interface
- Assumptions where appropriate
- A description of the data exchange format and protocol for exchange
- Estimated size and frequency of data exchange

3. OVERVIEW

This document contains general information, technical details, and transaction processing information regarding the DSSEX00018_MCO_Data_Exchange interface which is used to generate and exchange interface data between target receiving entity and BDW Functional Allocation.

The managed care organizations (MCOs) that contract with DMAHS to provide health care coverage to the Medicaid/NJ FamilyCare population are requesting the availability of certain utilization data for new members in their population. This data will improve the MCOs’ ability to coordinate care and ensure that members are provided access to a health care home where applicable. For NJ FamilyCare members generally and new members in particular, it is important for the MCOs to have access to historical data from Medicaid Fee-for-Service and any prior MCO. These data provide key insights into a member’s health care needs.
4. ASSUMPTIONS/CONSTRAINTS/RISKS

4.1 Assumptions
- Each interface run will be a full replacement of the data sets.
- This interface will be run on a monthly basis.
- Any changes desired by receiving entity will follow the normal change request process.

4.2 Constraints
The completion of interfaces is dependent on:
- Availability of the environment which includes hardware and software installation
- Availability of resources
- Availability of development and testing servers and databases
- Receipt of source data in a timely manner
- Timely communication with external vendors

4.3 Risks
Risks associated with the system interfaces include the following:
- Molina requires the timely receipt of import files so development testing of import processes occurs within the designated timeline.
- Molina requires an opportunity to test with export vendors so development testing of export processes occurs within the designated timeline.
- The State identifies their procedures for processing error and response files so development completes within the designated timeline.
- Adverse impacts to all interface tasks are possible should project risks be identified.

5. GENERAL INTERFACE REQUIREMENTS

5.1 Interface Overview
The specific purpose of the DSSEX00018_MCO_Data_Exchange document is to describe the MCO extracts.

5.2 Functional Allocation
The purpose of the DSSEX00018_MCO_Data_Exchange interface is to provide each active MCO with a monthly file of claims history containing utilization from the prior twelve months.
- The files are generated monthly.
• The extract files are in a pipe delimited ASCII format. The main extract is the Claims extract, which contains the utilization details. The other four files provide reference information.

• The export files are named, and each MCO receives a complete set of files. The file naming will change, as the MCO Legacy Submitter ID will change.
  - MCO_9999999_mcox_claims_MM-DD-YY.zip
  - MCO_9999999_mcox_diagnosis_MM-DD-YY.zip
  - MCO_9999999_mcox_drug_MM-DD-YY.zip
  - MCO_9999999_mcox_procedure_MM-DD-YY.zip
  - MCO_9999999_mcox_provider_MM-DD-YY.zip

5.3 Data Transfer
The DSSEX00018_MCO_Data_Exchange interface data is transferred between NJ BDW and the Molina server shared drive.

5.4 Transactions
Refer to section 6.1.4.1 for the specific file layout.

5.5 Security and Integrity
All Interface source files are retained for the State-required number of months. Security access to the data follows Health Insurance Portability and Accountability Act (HIPAA) requirements.

6. DETAILED INTERFACE REQUIREMENTS

6.1 Requirements for DSSEX00018_MCO_Data_Exchange

<table>
<thead>
<tr>
<th>RFP Requirement</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1609</td>
<td>Incorporate data from the existing MMIS, DSS, and SDW into the BDW prior to production implementation. Regression, comparison, and functional testing must be performed on the data.</td>
</tr>
</tbody>
</table>

Table 1: RFP Requirements

6.1.1 Assumptions
Refer to section 4.1 for details on assumptions.
6.1.2 General Processing Steps

6.1.2.1 DSSEX00018_MCO_Data_Exchange
The following steps will be performed during the DSSEX00018_MCO_Data_Exchange process:

![Diagram of MCO Data Exchange Process]

Figure 1: MCO Data Exchange Process

6.1.2.2 Parameters
Not applicable.

<table>
<thead>
<tr>
<th>Parameter Name</th>
<th>Sample Parameter Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Parameters

6.1.2.3 Error Reporting
Not applicable.
The following errors are logged for possible reporting and research. Errors populate on the error log and are communicated via email or report, as required.

<table>
<thead>
<tr>
<th>Error Code</th>
<th>Error Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Error Reporting

6.1.3 Interface Processing Time Requirements
The Optum BDW will process and extract the data from BDW to the export files within an as yet to be specified time frame post successful extraction of the respective export files to the target receiving entity.

6.1.4 Message Format (or Record Layout) and Required Protocols
Not Applicable.
6.1.4.1 File Layout

The source file contains a single record segment.

6.1.4.2 Data Assembly Characteristics and Field/Element Definition

Each MCO will receive 5 files – 1 claim file extract and 4 reference file extracts. The file layouts are detailed below.

Claims Extract

File Name: MCO_9999999_mcox_claims_MM-DD-YY.zip

The claims extract is a pipe-delimited (|) file with the following fields. The fields for the Claims extract are primarily varchar, so the field lengths may differ, but the pipe delimiter will be used to segment the data. Below are the required Claim fields:

<table>
<thead>
<tr>
<th>Claim Field</th>
<th>Claim Field Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Original Recipient Idn* Varchar (15)</td>
<td>A secondary Member ID will be sent. It will differ from the Legacy Original ID.</td>
</tr>
<tr>
<td>Claim Current Recipient Idn Varchar (15)</td>
<td>A number that uniquely identifies an individual eligible for Medicaid benefits.</td>
</tr>
<tr>
<td>Claim Recipient Full Name Varchar (150)</td>
<td>The full name of the recipient as it appeared on the claim.</td>
</tr>
<tr>
<td>Claim Recipient Birth Date</td>
<td>The date of birth of the recipient as it appeared on the claim.</td>
</tr>
<tr>
<td>Recipient Risk Score Total Weight</td>
<td>The recipient's relative risk score. A score of 1 is the baseline average across the Medicaid population.</td>
</tr>
<tr>
<td>Claim Source Code Encounter Y, FFS N</td>
<td>Derived field based on the media type. Denotes whether the claim is encounter or fee for service.</td>
</tr>
<tr>
<td>Claim Type Code* Varchar (60)</td>
<td>This field identifies the type of claim for editing, pricing, and reporting. In the MMIS it is commonly referred to as &quot;claim input form indicator”. Note: Content will vary slightly from existing extract, list of new values reported below.</td>
</tr>
<tr>
<td>Claim Provider Type Code* Varchar (60)</td>
<td>Provider Type Note: Content will vary slightly from existing extract, list of new values reported below.</td>
</tr>
<tr>
<td>Claim Billing Provider Idn* Varchar (15)</td>
<td>Medicaid Billing Provider Idn. In Health PAS, the primary provider identification will be the NPI; therefore, the NPI ID will replace the legacy Provider ID.</td>
</tr>
<tr>
<td><strong>Claim Field</strong></td>
<td><strong>Claim Field Description</strong></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Claim Billing Provider NPI</td>
<td>Billing Provider NPI</td>
</tr>
<tr>
<td>Varchar(15)</td>
<td></td>
</tr>
<tr>
<td>Claim Servicing Provider Idn*</td>
<td>Medicaid Servicing Provider Idn. In Health PAS, the primary provider identification will be the NPI; therefore, the NPI ID will replace the legacy Provider ID.</td>
</tr>
<tr>
<td>Varchar (15)</td>
<td></td>
</tr>
<tr>
<td>Claim Servicing Provider NPI Varchar (15)</td>
<td>Servicing Provider NPI</td>
</tr>
<tr>
<td>Claim Service Date</td>
<td>The first date of service, commonly referred to as the &quot;from&quot; date of service.</td>
</tr>
<tr>
<td>Claim Service Date Through</td>
<td>The last date of service, commonly referred to as the &quot;to&quot; date of service.</td>
</tr>
<tr>
<td>Claim Service Units Quantity</td>
<td>Services rendered and billed on claim line, products/services</td>
</tr>
<tr>
<td>Claim Procedure Code Varchar (15)</td>
<td>HCPCS LEVEL I, II, III; ICD-9-CM; revenue prefix and codes. Does not include Proc Modifier Codes.</td>
</tr>
<tr>
<td>Claim Diagnosis Code 1 Varchar (15)</td>
<td>First occurrence of the patient's diagnosis defined by the Claim ICD Version Indicator</td>
</tr>
<tr>
<td>Claim Diagnosis Code 2 Varchar (15)</td>
<td>Second occurrence of the patient's diagnosis defined by the Claim ICD Version Indicator</td>
</tr>
<tr>
<td>Claim Diagnosis Code 3 Varchar (15)</td>
<td>Third occurrence of the patient's diagnosis defined by the Claim ICD Version Indicator</td>
</tr>
<tr>
<td>Claim Diagnosis Code 4 Varchar (15)</td>
<td>Fourth occurrence of the patient's diagnosis defined by the Claim ICD Version Indicator</td>
</tr>
<tr>
<td>Claim Diagnosis Code 5 Varchar (15)</td>
<td>Fifth occurrence of the patient's diagnosis defined by the Claim ICD Version Indicator</td>
</tr>
<tr>
<td>Claim Drug NDC Idn Varchar (15)</td>
<td>The National Drug Code (NDC) identifying the drug which consists of the labeler code, product code, and the package code for the drug.</td>
</tr>
<tr>
<td>Claim ICD Version Indicator 9, 0 (10)</td>
<td>Indicates the ICD version of the Diagnosis Codes</td>
</tr>
</tbody>
</table>

* Denotes a change in layout from existing interface

---

**Table 4: Required Claim Fields**
Claim Type Code Values:
01 Part B OP
02 Part A LTC
03 Part A IP
04 Outpatient
05 LTC
06 Professional
07 Inpatient
08 Dental
09 Pharmacy

Provider Type Code Values:
01 Group
02 Hospitals
03 Pharmacy
04 Laboratories
06 Transportation Services
07 Dental Providers
08 Allopathic & Osteopathic Physicians
10 Podiatric Medicine and Surgery Providers
14 Respiratory, Developmental, Rehabilitative and Restorative
15 Speech, Language and Hearing Service Providers
16 Chiropractic Providers
18 Physician Assistants and Advanced Practice Nursing Providers
19 Nursing Service Providers
21 Agencies
22 Nursing and Custodial Care Facilities
30 Suppliers
32 Individual or Groups (of Individuals)
37 Nursing Service Related Providers
43 Ambulatory Health Care Facilities
48 Dietary & Nutritional Service Providers
57 Residential Treatment Facilities
68 Pharmacy Service Providers
69 Eye and Vision Services Providers
79 Other Service Providers
80 Respite Care Facility
81 Hospital Units
82 Emergency Medical Service Providers
83 Student, Health Care
84 Technologist, Technician, and Other Technical Service Providers
995 Behavioral Health and Social Service Providers
996 Managed Care Organizations

Criteria:
- Recipient Idn are on the Weekly Roster Asterisk Files. These files will be available in the BDW.
- The Claim Original or Current Recipient Idn must equal the Weekly Roster Recipient Idn.
- Claim Service and Payment Dates within the past year (prior 365 days of utilization).
- No Charity Care claims are selected.
- Only the latest version of finalized claims are sent to the MCOs.
- Only Fee For Service claims and claims submitted by other MCO’s will be included, as the MCO already has their own claim information.

Diagnosis Extract

File Name: MCO_9999999_mcox_diagnosis_MM-DD-YY.zip

The diagnosis extract is a fixed-length file with the following fields:

- Diagnosis Code Length 10
- Diagnosis Description Length 50
- ICD Version Indicator Length 1

Drug Extract

File Name: MCO_9999999_mcox_drug_MM-DD-YY.zip

The drug extract is a fixed-length file with the following fields:

- Drug NDC Idn Length 15
- Drug Label Name Length 40
Procedure Extract

File Name: MCO_9999999_mcox_procedure_MM-DD-YY.zip

The procedure extract is a fixed-length file with the following fields:

- Procedure Code                  Length 6
- Procedure Description           Length 40

Provider Extract

File Name: MCO_9999999_mcox_provider_MM-DD-YY.zip

The provider extract is a fixed-length file with the following fields:

- Provider Idn (NPI)             Length 10
- Provider Name                  Length 40

6.1.5 Communication Methods

6.1.5.1 Interface Initiation

Refer to section 3.

6.1.5.2 Flow Control

BDW will notify receiving entity of target files arrival within a yet to be determined timeframe. The receiving entity operations personnel should be aware of the timeframe that the files is scheduled to arrive and follow up with BDW should the file not arrive when expected.

6.1.6 Security Requirements

Secure communication methods used for transmitting interface data include encryption and user authentication.

7. QUALIFICATION METHODS

Qualification methods used to verify that the requirements for this interface have been satisfied include:

- **Demonstration**: The package successfully executes and results in expected outputs.
- **Analysis**: Testers manually verify data in the source file(s) and target tables as required.
**Inspection:** The visual examination of the process and data is examined to make sure the data exists and is accurate.

**Special Qualification Methods:** N/A
Appendix A. Interface Controls

This ICD describes only the processes which occur at the application layer. Molina transfers interface data between import and export vendors and the Health PAS-Gateway via Secure File Transfer Protocol (SFTP).
## Appendix B. Record of Changes

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Author/Owner</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>10/20/2017</td>
<td>Sachin Kandalgaonkar</td>
<td>Initial draft</td>
</tr>
<tr>
<td>0.2</td>
<td>03/09/2018</td>
<td>Mike Meixner</td>
<td>Layout changes</td>
</tr>
<tr>
<td>0.3</td>
<td>03/19/2018</td>
<td>Mike Meixner</td>
<td>Minor Layout changes</td>
</tr>
<tr>
<td>0.3</td>
<td>03/20/2018</td>
<td>Claire Ringel</td>
<td>QA Review</td>
</tr>
<tr>
<td>0.4</td>
<td>06/19/2018</td>
<td>Mike Meixner</td>
<td>Incorporated MCO feedback</td>
</tr>
<tr>
<td>0.4</td>
<td>07/13/2018</td>
<td>William Vacha</td>
<td>QA Review</td>
</tr>
<tr>
<td>1.0</td>
<td>07/16/2018</td>
<td>William Vacha</td>
<td>Received State approval via ALM 10421</td>
</tr>
</tbody>
</table>

Table 5: Record of Changes
## Appendix C. Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Literal Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDW</td>
<td>Business Data Warehouse</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>DMG</td>
<td>Data Management Group</td>
</tr>
<tr>
<td>Health PAS</td>
<td>Healthcare Payer Administration Solution</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>ICD</td>
<td>Interface Control Document</td>
</tr>
<tr>
<td>IMAP</td>
<td>Interface Mapping Application</td>
</tr>
<tr>
<td>ISO</td>
<td>Implementation and Support Organization</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>SFTP</td>
<td>Secure File Transfer Protocol</td>
</tr>
<tr>
<td>TBD</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>OIT</td>
<td>Office of Information Technology</td>
</tr>
</tbody>
</table>

Table 6: Acronyms
# Appendix D. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Table 7: Glossary
## Appendix E. Referenced Documents

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Number and/or URL</th>
<th>Issuance Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Excel spreadsheet mapping document for this interface has been uploaded to the Molina Shared Drive: DSSEX00018_MCO_Data_Exchange_Mapping.xlsx</td>
<td>BDW Interface Mapping</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Detailed, field by field source to target information is contained within this spreadsheet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interface Control Document Plan</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Runbook</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Table 8: Referenced Documents
Appendix F. Approvals

Approval is based upon User Acceptance Testing.