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|  | Iowa Department of Human Services (DHS) Iowa Medicaid Enterprise (IME) |

Service Plan

Active Monthly Snapshot

*Requirements Specification Document*

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| Iowa Medicaid Enterprise (IME) | |
| **Business Owner:** |  |
| **Document Author:** |  |
| **Team:** |  |
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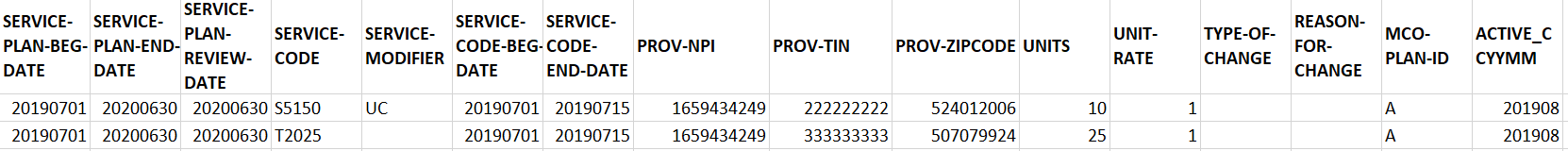
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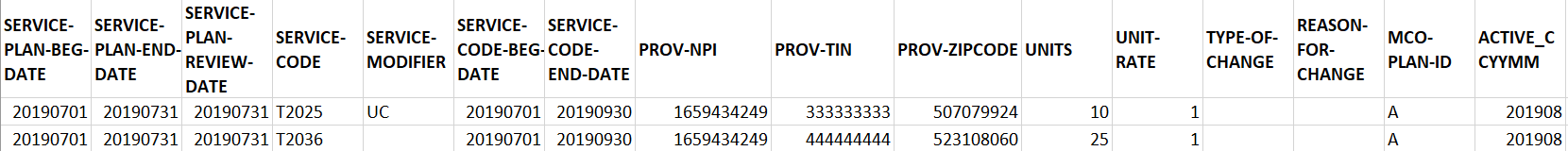
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| **Service Plan Active Monthly Snapshot** |

1. Currently a Member Waiver Service Plan File is received that contains only members who are transitioning away from the MCO. This file will remain intact and continue to be received.
2. A **Service Plan Active Monthly Snapshot** file is needed. This Snapshot file will contain all members who have a Service Plan active on the last day of the month **or** a service code active on the last day of the month. Please see the Processing Schedule in page 2 below.
3. Here is the example where the service plan continues through August 2019 but service code ended in July 2019. This is sent on August 2019 active file because the service plan spans across 8-31-2019.



Here is the example where the service code continues through August 2019 but service plan has an end date in July 2019 because the plan review was due. This is sent on August 2019 active file because the service code begin and end dates span across 8-31-2019.



1. A **semaphore file** is needed containing the name of the **Service Plan Active Monthly Snapshot** file and the number of records in the file delimited by “|”. The semaphore file will not be sent until the successful FTP completion of the **Service Plan Active Monthly Snapshot** TXT file.
2. File Drop Location and name for files coming from MCO’s

1. Processing Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Active Day** | **Active Month** | **State receives file by the**  **Last day of Active Month +1 Month** | **State processes file on**  **First Day of Active Month +2 Months** |
| January 31 | January | February 28/29 | March 1 |
| February 28/29 | February | March 31 | April 1 |
| March 31 | March | April 30 | May 1 |
| April 30 | April | May 31 | June 1 |
| May 31 | May | June 30 | July 1 |
| June 30 | June | July 31 | August 1 |
| July 31 | July | August 31 | September 1 |
| August 31 | August | September 30 | October 1 |
| September 30 | September | October 31 | November 1 |
| October 31 | October | November 30 | December 1 |
| November 30 | November | December 31 | January 1 |
| December 31 | December | January 31 | February 1 |

1. The goals of the Service Plan Active Monthly Snapshot file are:

* To get the count of service plans updated each month.
* To find the percentage of
  + Service plans with reductions
  + Service plans with increases
  + Service plans with no change (either no increase or decrease)
  + To determine what percentage of service plans are completed within 12 months of the last service plan. This is the ‘Timeliness Measure’ and is based on the ‘Service\_Plan\_Review\_Date’ field.
* To keep a History of Service Plan Active Monthly Snapshot data in the Data Warehouse.
* Service Plan Active Monthly Snapshot data stored in data warehouse will be used to create monthly reports and a quarterly report.

1. An initial load of the Service Plans are needed. The initial load file will contain members if they have an active service plan on a specified date.

* All rows in the initial load file will contain the value of (D) to indicate New for the Type of Change.

1. Current scope of this project is to load Service Plan Active Monthly Snapshot data from MCO’s into data warehouse.
2. Creating monthly and quarterly reports of service plans using Service plan data will be the future scope and will be handled as a different project.

Shown below is the file layout for the Service Plan Active Monthly Snapshot file. The fields identified with an \* are considered key fields and will be used to determine inserts, updates, and soft deletes within the data warehouse. Please note that the file is pipe delimited.

# **Service Plan Active Monthly Snapshot File Layout**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field/Column** | **Mandatory \ Optional** | **Data Type** | **Delimiter** | **Description** |
| **RECORD-ID** | **M** | **VARCHAR(18)** | **Pipe(|)** | **MCO's Unique Identifier for the data record** |
| **\* ORIGINAL-RECIP-ID** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Medicaid Member ID** |
| **\* TYPE-OF-WAIVER** | **M** | **VARCHAR (01).** | **Pipe(|)** | **Waiver Type** |
| **\* SERVICE-PLAN-BEG-DATE** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Service Plan Begin Date MMDDCCYY Format** |
| **\* SERVICE-PLAN-END-DATE** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Service Plan End Date MMDDCCYY Format** |
| **\* SERVICE-PLAN-REVIEW-DATE** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Service Plan Review Due Date**  **MMDDCCYY Format** |
| **\* SERVICE-CODE** | **M** | **VARCHAR (05).** | **Pipe(|)** | **Service Code** |
| **\* SERVICE-MODIFIER** | **M** | **VARCHAR (02).** | **Pipe(|)** | **Service Code Modifier**  **(blank if not applicable)** |
| **\* SERVICE-CODE-BEG-DATE** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Service Code Begin Date MMDDCCYY Format** |
| **\* SERVICE-CODE-END-DATE** | **M** | **VARCHAR (08).** | **Pipe(|)** | **Service Code End Date MMDDCCYY Format** |
| **PROV-NPI** | **M** | **VARCHAR (10).** | **Pipe(|)** | **National Provider Identifier (Actual NPI number is required. Do not send temporary or placeholder data)** |
| **PROV-TIN** | **M** | **VARHCAR (09).** | **Pipe(|)** | **Provider Tax ID Number (Actual TAX ID number is required. Do not send temporary or placeholder data)** |
| **PROV-ZIPCODE** | **M** | **VARCHAR (09).** | **Pipe(|)** | **Provider Address ZIP Code** |
| **\* UNITS** | **M** | **INT.** | **Pipe(|)** | **Service Code Units for Provider** |
| **UNIT-RATE** | **M** | **NUMERIC (8, 2).** | **Pipe(|)** | **Service Code Rate** |
| **TYPE-OF-CHANGE** | **M** | **VARCHAR (01).** | **Pipe(|)** | **Type Of Change** |
| **REASON-FOR-CHANGE** | **M** | **VARCHAR (01).** | **Pipe(|)** | **Reason For Change** |
| **MCO-PLAN-ID** | **M** | **VARCHAR (01).** | **Pipe(|)** | **MCO Plan ID**  **‘A’ for   ‘C’ for** |
| **ACTIVE\_CCYYMM** | **M** | **VARCHAR (06).** | **Pipe(|)** | **The active century, year, month CCYYMM Format** |

## **RECORD ID**

Record\_ID is an 18 character MCO’s Unique identifier for the data record.

Record\_ID comprises of:

Characters    1 – 8 is the Recipient Id/State ID

Characters    9 – 10 is a sequential number.   (For example 01, 02, 03 for 3 rows for the recipient Id)

Characters 11 – 18 is extract Date in a CCYYMMDD format.

**Sample Record ID’s:** 0066964H0120191031, 0066964H0220191031 and 0066964H0320191031

## **UNITS**

Units value should be a whole number that indicates the number of units for the entire month.

For example:

|  |  |  |
| --- | --- | --- |
| **Number of Units** | **Value in the File** | **Value in file with Delimiters** |
| 0 unit | 0 | |0| |
| 1 unit | 1 | |1| |
| 31 units | 31 | |31| |
| 100 units | 100 | |100| |

## **UNIT RATE**

Unit-Rate value should be a decimal number indicating the rate per each unit.

|  |  |  |
| --- | --- | --- |
| **Unit Rate** | **Value in the File** | **Value in file with Delimiters** |
| $0.00 | 0.00 | |0.00| |
| $3.64 | 3.64 | |3.64| |
| $21.65 | 21.65 | |21.65| |
| $723.46 | 723.46 | |723.46| |

## **Waiver Type Valid Values and Description**

* The following values will be validated in the incoming file. In the event the incoming value is not present in the table shown below, an error message will be placed in an error file.

|  |  |  |  |
| --- | --- | --- | --- |
| **Waiver Type** | **Short Description** | **Long Description** | **Notes** |
| ‘ ‘ Blank | No Waiver | No Waiver |  |
| A | Health and Disability | Health and Disability Waiver; Model Waiver |  |
| B | Aids | Aids Waiver |  |
| C | Elderly | Elderly Waiver |  |
| D | ID | ID Waiver |  |
| E | MR OBRA | MR OBRA Waiver | *Obsolete* |
| F | Brain INJ | Brain Injury |  |
| G | Case MGMT | Case Management Waiver |  |
| H | CMH Waiver | Children’s Mental Health Waiver |  |
| M | MFP Waiver | MFP – Money Follows Person | *Fee For Service only* |
| P | PHYS Disab | Physical Disability Waiver |  |
| 9 | Habilitation | Habilitation Services |  |

## **Reason for Change Valid Values and Description**

* The following values will be validated in the incoming file. In the event the incoming value is not present in the table shown below, an error message will be placed in an error file.
* Reason for Change should be sent as **Blank (No Change)** when Type of Change is Blank.

|  |  |  |
| --- | --- | --- |
| **Reason for Change** | **Short Description** | **Long Description** |
| ‘ ’ Blank | No Change | No Change  All the members in Service Plan Initial Load file from MCO’s to IME will have **Blank** for Reason for Change. |
| A | State Plan Supports Available | State Plan Services have been identified that meet the member’s needs; State plan service replaces HCBS service.  **(For Type of Change: Decrease)** |
| B | Provider Change | Change of provider for an ongoing service/code which resulted in an increase or decrease in units:  a different, additional, or terminated provider for an ongoing service code.  **(For Type of Change: Increase or Decrease)** |
| C | Provider Rate Change | Provider Rate Change; without change in provider; Change in SCL or HAB tier rate.  **(For Type of Change: Increase or Decrease)** |
| D | Level of Care Change | Level of Care Change approved and implemented by IME; change either to higher or lower LOC or LOC denial for current waiver; member remains enrolled in same waiver as prior month if waiver eligibility continues.  **(For Type of Change: Increase or Decrease)** |
| E | Change in Member Circumstance | Change in Member Circumstance includes change in physical residence requiring a change in service; availability of providers/services; changes in the availability of natural supports; changes in eligibility/availability of state plan services.  **(For Type of Change: Increase or Decrease)** |
| F | Change In Member Need | Change In Member’s Assessed  Needs includes changes in physical or mental health requiring increase or decrease in units or addition/deletion of HCBS service;  does not  include changes in LOC (reported above) |
| H | New Member | New Member to this MCO or new member to HCBS; applies to initial month of enrollment with this MCO or initial month of enrollment into an HCBS program;  enrollment gap greater than 2 months will be considered a new member  **(For Type of Change: New)** |
| I | Change in waiver program | Member has transitioned to a different waiver program; applies to first month of enrollment with a different HCBS program.  **(For Type of Change: New)** |
| J | Member Request | Member Requested a Change.  **(For Type of Change: Increase or Decrease)** |

## **MCO PLAN ID Valid Values and Description**

* The following values will be validated in the incoming file. In the event the incoming value is not present in the table shown below, an error message will be placed in an error file.

|  |  |  |
| --- | --- | --- |
| **MCO PLAN ID** | **Short Description** | **Long Description** |
|  |  |  |
|  |  |  |

## 

## **Type of Change Valid Values and Description**

* The following values will be validated in the incoming file. In the event the incoming value is not present in the table shown below, an error message will be placed in an error file. The Type of Change will also be validated using previously loaded data to ensure the Type of Change Value meets the Type of Change Criteria.

|  |  |  |
| --- | --- | --- |
| **Type of Change** | **Short Description** | **Type of Change Criteria** |
| ‘ ’ Blank | No Change | When one of the following statements is true there is No Change.   1. Active Month Units = Previous Month Units      1. The service is one of the following:  |  |  | | --- | --- | | Service-Code | Description | | S5199 | Assistive devices per item | | S5165 | Environmental modifications and adaptive devices per item | | S5199 | Environmental modifications and adaptive devices per item | | T2028 | Environmental modifications and adaptive devices per item | | S5165 | Home and vehicle modification per service | | T2039 | Home and vehicle modification per service | | S5160 | Personal emergency response initial install | | T2029 | Specialized medical equipment per item | |
| A | Increase | When the “Active Month Units” are greater than “Previous Month Units”, then the type of change is an Increase.  **Reason for Change will be required.** |
| B | Decrease | When the “Active Month Units” are less than “Previous Month Units”, then the type of change is a Decrease.  When a Service is termed for a member who continues to have a service plan, the service units should be recorded as “0” for the first month the member has 0 units authorized, meaning the service is counted as a decrease for the month following the service termination. If a Service has been terminated the prior month and no other service is in the input for the active month, then the type of change is decrease because they are no longer receiving the service.  **Reason for Change will be required.** |
| D | New | The service is new for the member or the member is new to the MCO. |

* Type of Change is determined based on the total number of units for a member per waiver type and service code.
* Sample calculation for Type of Change is explained below:
  1. For a member with waiver type ‘Habilitation’
     1. Provider A & B each have 5 units for service code H2016 in March
     2. Provider A & B have 7 and 3 units for service code H2016, respectively, in April

In this scenario, Type of Change is determined as **‘No Change’**

* 1. For a member with waiver type ‘Habilitation’
     1. Provider A & B each have 5 units for service code H2016 in March
     2. Provider A & B have 7 and 4 units for service code H2016, respectively, in April

In this scenario, Type of Change is determined as **‘Increase’**

* 1. For a member with waiver type ‘Habilitation’
     1. Provider A & B each have 5 units for service code H2016 in March
     2. Provider A & B have 7 and 2 units for service code H2016, respectively, in April

In this scenario, Type of Change is determined as **‘Decrease’**

* 1. For a member with waiver type ‘ID Waiver’
     1. No Respite S5150 for month of June.
     2. Respite S5150 is 300 units for the month of July.

In this scenario, Type of Change is determined as **‘Increase’**

* 1. For a member with waiver type ‘ID Waiver’
     1. Respite S5150 is 300 units for the month of July.
     2. No Respite S5150 for month of August.

In this scenario, Type of Change is determined as **‘Decrease’**

* 1. For a member with waiver type ‘ID Waiver’
     1. 300 units for service code H2016 in March
     2. 500 units for service code H2016 in April

In this scenario, Type of Change is determined as **‘Increase’**

* 1. For a member with waiver type ‘ID Waiver’
     1. 500 units for service code H2016 in March
     2. 300 units for service code H2016 in April

In this scenario, Type of Change is determined as **‘Decrease’**

# **Member Waiver Service Plan Error File**

1. Error File Drop Location and outgoing error file name to be sent to MCO
2. Error File layout:

Below is the file layout for error file sent to MCO from the State of Iowa.

|  |  |  |  |
| --- | --- | --- | --- |
| **Field/Column** | **Data Type** | **Delimiter** | **Description** |
| **Reject File Name** | **VARCHAR(50)** | **Pipe(|)** | **Name of the original File name that was rejected** |
| **Row Reject Reason** | **VARCHAR(50)** | **Pipe(|)** | **Reason for Rejecting the Row** |
| **RECORD-ID** | **VARCHAR(18)** | **Pipe(|)** | **MCO's Unique Identifier for the data record** |
| **\* ORIGINAL-RECIP-ID** | **VARCHAR (08)** | **Pipe(|)** | **Medicaid Member ID** |
| **\* TYPE-OF-WAIVER** | **VARCHAR (01)** | **Pipe(|)** | **Waiver Type** |
| **\* SERVICE-PLAN-BEG-DATE** | **VARCHAR (08)** | **Pipe(|)** | **Service Plan Begin Date** |
| **\* SERVICE-PLAN-END-DATE** | **VARCHAR (08)** | **Pipe(|)** | **Service Plan End Date** |
| **\* SERVICE-PLAN-REVIEW-DATE** | **VARCHAR (08)** | **Pipe(|)** | **Service Plan Review Date** |
| **\* SERVICE-CODE** | **VARCHAR (05)** | **Pipe(|)** | **Service Code** |
| **\* SERVICE-MODIFIER** | **VARCHAR (02)** | **Pipe(|)** | **Service Code Modifier** |
| **\* SERVICE-CODE-BEG-DATE** | **VARCHAR (08)** | **Pipe(|)** | **Service Code Begin Date** |
| **\* SERVICE-CODE-END-DATE** | **VARCHAR (08)** | **Pipe(|)** | **Service Code End Date** |
| **PROV-NPI** | **VARCHAR (10)** | **Pipe(|)** | **National Provider Identifier** |
| **PROV-TIN** | **VARHCAR (09)** | **Pipe(|)** | **Provider Tax ID Number** |
| **PROV-ZIPCODE** | **VARCHAR (09)** | **Pipe(|)** | **Provider Address ZIP Code** |
| **\* UNITS** | **INT** | **Pipe(|)** | **Service Code Units for all Providers.** |
| **UNIT-RATE** | **NUMERIC (8, 2)** | **Pipe(|)** | **Service Code Rate** |
| **TYPE-OF-CHANGE** | **VARCHAR (01)** | **Pipe(|)** | **Type Of Change** |
| **REASON-FOR-CHANGE** | **VARCHAR (01)** | **Pipe(|)** | **Reason For Change** |
| **MCO-PLAN-ID** | **VARCHAR (01)** | **Pipe(|)** | **MCO Plan ID** |
| **ACTIVE\_CCYYMM** | **VARCHAR (06)** | **Pipe(|)** | **The active century, year, month** |

# **Other Requirements**

1. The entire snapshot file will be validated and an error row will be created in the error file for each error encountered. If any column is in error the entire snapshot file will rejected and no data will be loaded into the State’s Data Warehouse. The MCO will correct the rows in error and resend the entire snapshot file.
2. The snapshot files will be loaded in active month order. For example the January 2020 file will be loaded prior to February 2020 file.

The current month’s file will not be loaded into the Data Warehouse until all the issues with previous month’s files are loaded.

1. The MCO may send the snapshot file prior to the date the processing schedule indicates. The State will process the snapshot file as indicated on the processing schedule.
2. In the event of duplicate rows in the file received from MCO’s, then only one row will be processed and the duplicate rows will be ignored. In this event the file will not be rejected.

Example:



1. MCO should continue to send existing reports. These may overlap with new reports. At the appropriate time the existing reports may be discontinued or suspended.
2. MCO’s will be populating Service Plan Review Date of all inherited service plans (like UHC service plans) with Service Plan End Date.
3. Six months of files for the active months of July 2019, August 2019, September 2019, October 2019, November 2019, and December 2019 will used to test this process. The data elements that are marked with \* in the File Layout should mimic production data. The ‘Type of Change’ and ‘Reason for Change’ can be defaulted to a valid value.
4. The first Production run will be two files for the **active months of January 2020** and **February 2020**. The first production files should be received from MCO’s on or before **April 15, 2020.**
5. Following the processing schedule outlined above (Page 2), MCO’s send Service Plan Snapshot file for the **active month of March 2020** on or before **April 30, 2020.** The next active month files will followsame processing schedule.
6. The Record-ID will follow the same format for each MCO.
7. IME expects from MCO’s to send back the corrected file within 1 week of receiving the error file.
8. IME decided on two iterations for 2 weeks maximum to send back the corrected file for a given month.
9. Any communication and notifications to IME EDBI team on Service plan file from MCO’s are sent to: [XXXXXXX@dhs.state.ia.us](mailto:XXXXXXX@dhs.state.ia.us)
10. Any communication and notifications on Service plan file to MCO are sent to:
11. Any communication and notifications on Service plan file to MCO are sent to:
12. **As per meeting with MCO’s on 06/09/2020**, it is decided that DHS State of Iowa expects actual NPI and TIN numbers in PROV\_NPI and PROV\_TIN fields. Temporary or placeholder data is **NOT** expected in these fields.
13. If PROV\_NPI field is **Blank** or **Null** or **all 1’s (1111111111)** or **all 9’s (9999999999)** then service plan snapshot file will be rejected and will follow the reject process as explained in the below Processing Overview section.
14. If PROV\_TIN field is **Blank** or **Null** or **all 1’s (111111111)** or **all 9’s (999999999)** then service plan snapshot file will be rejected and will follow the reject process as explained in the below Processing Overview section.
15. **As per meeting with MCO’s on 06/09/2020**, service plan snapshot files from January 2020 to April 2020 contains invalid data in PROV\_NPI and PROV\_TIN fields. MCO’s need to resend January, February, March and April 2020 files by Wednesday 06/17/2020.

# **Processing Overview**

MCO will be used to demonstrate the processing steps, however these steps pertain to MCO as well.

1. MCO places snapshot file, for Active month of September 2019 in the SFTP File Drop Location

SFTP file drop location:

Snapshot file Name:

1. State Processes the snapshot file

Image of the snapshot file with errors identified.

1. The snapshot file contains errors.
2. Row 1 and row 40 each contain 4 columns in error and row 8 contains 1 column in error.
3. The columns in error are circled in red and hi-lighted. 1) Type of Waiver 2) Type of Change 3) Reason for Change 4) MCO Plan Id
4. State creates an error file and places it in the SFTP drop location:

NOTE: The date time stamp on the error file will match with the snapshot date time stamp.

1. State sends an email to MCO contacts that the snapshot file has errors and an error file has been placed on the SFTP server.

NOTE: The file name in this error file will be

Rows 1 through 4 in the error file correlate to the 4 errors on Row 1 on the snapshot file.

Row 5 in the error file correlate to the 1 error on Row 8 on the snapshot file.

Rows 6 through 9 in the error file correlate to the 4 errors on Row 40 of the snapshot file.

1. MCO processes the Error file and corrects all the errors.
2. MCO places a corrected snapshot file,

Note: The corrected snapshot file follows the same naming format as the original snapshot file with the exception of an updated date time stamp. The State will know the snapshot file is for September of 2019 because of the Active CCYYMM within the file.

1. MCO notifies the State the snapshot file has been corrected and has been placed in the SFTP drop location.
2. State processes the corrected snapshot file.

Image of the corrected snapshot file

The columns in error have been corrected and are shown hi-lighted and circled in green.