

Alabama Medicaid Agency

Medicaid



Alabama Medicaid Guide for Case Management Transactions

Standard Guide Communications/Connectivity Information

Instructions related to Transactions for submissions of Case Management Activity

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<https://amarco.sharepoint.com/sites/ACHN/SitePages/Home.aspx>

If referencing a downloaded copy, it is the responsibility of the reader to verify the correct version. Alabama Medicaid will track revision changes using a Change Summary Table.

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1 INTRODUCTION

Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to electronic data interchange (EDI) trading partners that exchange Case Management Activity information with the Alabama Medicaid Agency.

Intended Use

The following information is intended to serve as a guide for the submission of Case Management Activity records and receipt of Case Management Response (CMR) files.

2 GETTING STARTED

Working Together

Alabama Medicaid, in an effort to assist the community with their electronic data exchange needs, have the following options available for either contacting a help desk or referencing a website for further assistance.

- Alabama Medicaid Website: <http://www.medicaid.alabama.gov/>
- Contacts: http://medicaid.alabama.gov/content/10.0_Contact/default.aspx

3 CONTACT INFORMATION

EDI CUSTOMER SERVICE/TECHNICAL ASSISTANCE

Electronic Media Claims Helpdesk

The Electronic Media Claims Helpdesk assists with Provider Electronic Solutions (PES) software, vendor-related issues, electronic transmission problems and pharmacy-related billing issues. The EMC Helpdesk also issues user IDs and passwords for the Agency's secure website portal. For contact names, numbers and call center availability please see the EMC Help Desk website: http://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.2_EMCHelpDesk.aspx

PROVIDER SERVICES

Provider Relations Department

The Provider Relations Department is composed of field representatives who are committed to assisting Alabama Medicaid providers in the submission of claims and the resolution of claims processing concerns. For contact names, numbers, and call center availability, please see the Provider Relations website:

http://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.5_Provider_Reps.aspx

Provider Assistance Center

The Provider Assistance Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Voice Response System (AVRS), electronic claims submission and remittance advice (EOPs). For contact names, numbers, and call center availability, please see the Provider Assistance Center website:

https://medicaid.alabama.gov/content/10.0_Contact/10.3_Provider_Contacts/10.3.3_Provider_Assistance_Center.aspx

4 Case Management Record Definitions

Field Status Values

- R for Required
 - *This field is mandatory and must always be sent*
- S for Situational
 - *This field may be required based on criteria within the record, otherwise it is not required*
- O for Optional
 - *This field is never required and may be sent at the submitters discretion*

Delimiting

The Fields will be Vertical Bar/Pipe (|) Delimited

The order of the fields specified in this guide must be followed. Even if a field is situational or optional either a || or ||| must be submitted in the record. The exception to this is that the maternity fields are not required to be accounted for on General and Family Planning Records.

- Acceptable Alphanumeric Characters Alpha Characters: A-Z and a-z Numeric digits: 0-9
- Special Characters
 - Apostrophe '
 - Comma ,
 - Period .
 - Dash –

Maternity Fields Clarification

A subset of the activity data to be submitted is only necessary for Maternity Case Management Records. For CM Types General (G) and Family Planning (F) the fields can be sent but will be ignored. G & F records may end at the Assessment Result for a new record, or Original CCN for a void record.

5 Case Management Activity (CMA)

Field Specifications for all CMA Records

Name	Status	Function	Format	Valid Values	Comments
CM Type	R	Identify Type of Case Management Activity Record	Char (1)	G, F, M	G = General F = Family Planning M = Maternity
Version	R	Record version number	Char (3)	010	Starting version
Action	R	Identify new submission or void	Char (1)	N, V	N = NEW V = VOID
Date Submitted	R	Date the record was created for submission	Number (8) CCYYMMDD		Cannot be a future date
Submitter Control Number	O	User-defined unique record ID	Char (30)		Value will be returned on Case Management Response file (CMR)
Region	R	Region providing service	Char (1)		
Network Provider ID	R	Network Provider ID	Char (10)		NPI of the Network Entity
Network Provider Name	R	Network Provider Name	Char (70)		Name of the Network Entity as enrolled with AMA
Member Medicaid ID	R	Member Medicaid ID	Number (13)		
Member Last Name	R	Member Last Name	Char(20)		
Member First Name	R	Member First Name	Char (15)		
Case Status	R	Status of member case as of date of service	Char (1)	O, C	O = Open C = Closed (considered an informational record)
Date Member Case Opened	S	Date the member case was opened	Number (8) CCYYMMDD		Required if Case Status = O
Date of Service	R	Date service provided	Number (8) CCYYMMDD		
CM Code	R	Code identifying service provided	Char (5)		
CM Code Description	R	Description of service provided	Char (50)		
Staff Level	R	Staff Credentials	Char (3)		
Staff Name	R	Name of staff member that provided the service	Char (50)		
Assessment Date	R	Date of Last Assessment	Number (8) CCYYMMDD		
Assessment Result	S	Result of most recent assessment	Char (1)	H, M, L	H = High M = Medium L = Low
Original CCN	S	CCN to be voided	Number (13)		Required if Action = V

Field Specifications for Maternity Related Fields

The following fields are Situational and only **sent** for Maternity Activity Records, CM Type = M. The status of the field indicated is in relation to the Maternity **record**.

Name	Status	Function	Format	Valid Values	Comments
Pregnancy Start Date	R	Start Date of Pregnancy	Number (8) CCYYMMDD		
First Prenatal Visit Date	O	Date of first Prenatal Visit	Number (8) CCYYMMDD		
Delivery Date	S	Date of Delivery	Number (8) CCYYMMDD		Required for Delivery and Post-Partum Visits
Prenatal Visits Received?	S	Indicates if member received any visits	Char(1)	Y, N	Required for all transactions except Eligibility Assistance
Total Prenatal Visits	S	Total number of Prenatal Visits	Number (3)		If Prenatal Visits Received = Y, must be > 0
Gravida	S	Total number of prior pregnancies	Number (3)		Required for all transactions except eligibility assistance
Para	S	Number of pregnancies reaching a viable gestational age	Number (3)		Required for all transactions except eligibility assistance
Prenatal Care Provider NPI	S	NPI of the provider of prenatal care	Char (10)		Required for screening (M0003) and when Prenatal Visits Received = Y
Prenatal Care Provider Medicaid ID	O	Alabama Medicaid ID of the provider of prenatal care	Char (9)		Submit if provider has multiple enrollments
Prenatal Care Provider Name	S	Name of the provider of prenatal care	Char (70)		Required if Prenatal Care Provider NPI submitted. If individual, submit as last name, first name
Delivering Provider NPI	S	NPI of the delivering provider	Char (10)		Required for Delivery and Post-Partum
Delivering Provider Medicaid ID	O	Alabama Medicaid ID of the delivering provider	Char (9)		Submit if provider has multiple enrollments
Delivering Provider Name	S	Name of the delivering provider	Char (70)		Required if Delivering Provider NPI submitted. Submit as last name, first name
Delivering Hospital NPI	S	NPI of the hospital where delivered	Char (10)		Required for Delivery and Post-Partum
Delivering Hospital Medicaid ID	O	Alabama Medicaid ID of the hospital where delivered	Char (9)		Submit if provider has multiple enrollments
Delivering Hospital Name	S	Name of the of the hospital where delivered	Char (70)		Required if Delivering Hospital NPI submitted

Example Records

G|010|N|20181018|AB123AB|1|1234567890|REGION 1 Network|1234567890123|DOE|Jane
|O|20181001|20181001|AB123|Face to face practice Encounter w Member |LPN|TAMMY JONES|H|

M|010|N|20181018|Ac345AD|1|1234567890|REGION 1 NETWORK|1234567890123|Doe|JANE
|O|20181001|20190501|MB567|Maternity Face to Face Delivery Encounter|RN|TAMMY JONES
|H|20180816|20180830|20190430|Y|4|0|0|||9090912839||Masey THOMPSON||9023412839|South East Hospital|

6 Case Management Response (CMR)

The Case Management Response File is a proprietary fixed length text file created by Alabama Medicaid to communicate the results of processing an Activity file. An unsolicited CMR will also be provided monthly to communicate the final outcome of previously suspended records, and report any currently suspended records. The file will have a CMR prefix.

Field name	Attributes	Description	Notes
Trading Partner ID	Char (15)	The TP ID of the submitting network	
CCN	number(13)	The internal control number that uniquely identifies a transaction in the MMIS system.	
Transaction Status	Char (01)	Indicates if the transaction was accepted into the system for further processing or rejected due to critical errors	A - Accepted R - Rejected I - Informational
Member Medicaid ID	Char (13)	The recipient ID number that was submitted on the transaction.	
Submitter Control Number	Char (30)	Unique record ID submitted on the transaction and returned to the submitter	
CM Type	Char (1)	Type of Case Management Activity Record submitted on transaction	G= General F=Family Planning M=Maternity
CM Code	Char (5)	Case Management Code submitted on transaction	
Date of Service	number(08)	The date of service on the transaction in CCYYMMDD format.	
Message Count	number(04)	The number of error messages that was set on the transaction.	Max number of errors reported will be 50.
Message Error Code#	number(04)	The error message status code that has set on the transaction.	
Message Code Status#	Char (01)	Status code that represents the disposition of the specific error message that has set on the transaction.	R - Rejected I - Informational P - Post and Accept
Message Description#	Char (400)	The text description of the error message that was set on the transaction.	
Note: fields marked with the "#" will repeat in sequence according to the number of errors returned in Message Count.			

Examples

100001234|4018002123456|A|100000123456|ABC123ABC|G|G0001|20181001|

100001234|4018102324556|R|100000123456|CAA576ABC|M|F0001|20181001|2|1234|R|Recipient Not Covered for Date of Service|7878|I|Field is now required

7 Activity Payments

Activity payments will be reported using a proprietary report in pdf and csv formats. Layouts for these reports are included in the ACHN Network Reports document that can be found on the ACHN SharePoint Portal. Refer to the disclaimer on the cover page for details.

8 File Transfers and Naming - SFTP connection information

Files will be submitted and retrieved from the Gainwell secure FTP server ALFTP.

Initial connection set up

Initial security set up will be performed by Gainwell once communications with the external entity are established. A security document will be completed by Gainwell, after obtaining information on a first point of contact and after hours contact for the individual representing the external entity. This will need to be an individual and not a company name and general contact information. Although general contact information and distribution lists will also be needed, the SFTP ID will need to belong to an individual for security purposes.

Information initially required.

- a) Entity Name, Phone and email.
- b) SFTP identified first point of contact Name, 24/7 Phone, and email
- c) Additional information as requested.

Once this information is submitted to Gainwell, Gainwell will submit all necessary security documentation, then the external entity POC person will be contacted with the ID, Host, and Password information.

A work meeting between the Gainwell representative and the external entity will be required to perform initial test connections to be sure no additional connection issues need to be addressed.

The standard sftp port 22 will be used, no other ports will be available.

It is important to know that when the entity logs into the sftp server they will see two subfolders for use for input and output files. These directories are called “datain” and “dataout”.

Incoming files to Gainwell

Input activity files

When dropping off the Activity file into the Gainwell ALFTP server, place the file into the subdirectory called “/datain”.

Required file naming standard – “CMA_<TP ID>_<date time stamp>.txt.zip”

<TP ID> – this will be the entity trading partner ID, for example NETWORKA1

<date time stamp> – this may be any unique number identifying a submitted batch. Gainwell recommends using the field to identify the upload time in CCYYMMDDHHMMSS format. The maximum number of characters will be restricted to 15 characters.

Example 20181211121535

Given the above examples for a particular day, the input file name might be.

CMA_NETWORKA1_20190403161520.txt.zip

Outbound files from Gainwell

All output files from Gainwell will be placed into the entity's "/dataout" directory for download. It is expected that once the download occurs, the entity will then delete the file from the "/dataout" directory.

Translator Acknowledgement file

After placing an Activity file on the Gainwell ALFTP server, within approximately one hour an acknowledgement file will be placed in the /dataout subdirectory. This file will contain Gainwell's unique batch ID and a Status which will indicate either: Success - the file successfully passed through the CMA translator; or Failed – the file contained errors and was not processed further. If the file is rejected, the ACK response will contain error information.

File naming standard – ACK_<original filename>

Example successful ACK –

Tracking Number: 2711, Status: SUCCESS

Example failed ACK –

Tracking Number: 2712, Status: FAILED

Failed - Exceeded max allowed length (CMA_NETWORKB1_20201006135800.txt) line/field# (1/3) for field/sequence (cde_req_type/3) for key - Value - (M010) (NN)
Failed - Exceeded Max Length (CMA_NETWORKB1_20201006135800.txt) line/field# (1/4) for field/sequence (dte_submit/4) for key (M010) - Value - (201907030)

Output Activity Response files

Within one to two hours of receiving a successful ACK response, a CMR response file will be placed into the subdirectory called /dataout.

File naming standard - CMR_<trading partner ID>_< CCYYMMDD24mmss >.txt.zip

– this will be the entity trading partner ID, example NETWORKA1

9 Change Summary

This section details the changes between this version and the previous versions.

DATE	DOCUMENT VERSION	AUTHOR	Section/Page	DESCRIPTION OF CHANGE
12/07/2018	1.0	Alex Spurlock	n/a	Created Document
06/07/2019	2.0	Russ Wishum/ Shyju Viswambaran	Sections 5, 6, 8, 9	Updated 'Trading Partner ID' in CMA/CMR to 'Network ID'. Updated filename conventions Removed X12 section and references to x12 transactions Added comments to Maternity Provider fields.
4/20/2021	3.0	Russ Wishum, Gainwell PMO	Global Cover page Section 3 Section 6	Conversion from DXC to Gainwell branding Updated URL in disclaimer message Updated Provider Assistance Center URL on Alabama Medicaid website Replaced 'Network NPI' with 'Trading Partner ID' within the Case Management Response file layout.
11/27/2023	4.0	Russ Wishum	Section 8	Cleanup of file naming standard for CMA/CMR. Added information on ACK response.