

Children’s Long-Term Support (CLTS) Prior Authorization File Specification

Overview

1. This specification defines the structure of the files sent to Gainwell by the County Waiver Agency for authorization data for the Children’s Long Term Support Program (CLTS).
2. The file will be delivered via ForwardHealth Portal (<https://www.forwardhealth.wi.gov/WIPortal/>).
3. **The file will be processed twice daily, Monday-Friday at 12 p.m. and 7 p.m. central time. Multiple files per day will be accepted and processed in date/time order.**
4. The file should contain a single instance of each prior authorization. Only the most recent version of the authorization should be sent.
5. The file is uploaded to the ForwardHealth portal and validated. If the file fails portal validation, the entire file will be rejected and must be corrected and resubmitted.

General Information

File Format

- The inbound file must be in Excel (*.xls **OR** *.xlsx) format. Other file formats will not be processed.
- Each line represents a single prior authorization record.
- Each authorization record must contain the required fields, per the record specification.
- The structure of the file must not be altered.
- **The response file will be in CSV format.**

Record Types

Each file contains three distinct record types: Header, Detail and Trailer.

- The file must contain exactly one Header record, and it must be the first record in the file.

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- The file must contain exactly one Trailer record, and it must be the last record in the file.
- The number of Detail records must reconcile with the count of detail records indicated in the Trailer record Detail Record Count. If no Detail records, then the value of ‘0’ may be in that field.

Valid Characters

- Only printable ASCII characters are allowed. ASCII codes 0 through 31 are prohibited, except for carriage return and line feed at the end of each cell. HTML reserved characters (e.g., ampersands, tildes, asterisks, and the < and > symbols) are not permitted.
- Fields, including character strings, should not be enclosed in quotes. Both number and string types should be presented in the same format.
- Fields must not contain line feeds or carriage returns within the cell content.

Field Data Types

- In the record layout documentation that follows, the *Type* is specified for each field (Char, Varchar, Numeric, Datetime)
- Fields specified as Numeric must be submitted as a valid number, with a decimal point if applicable.
- Care must be taken to properly submit alphanumeric data in procedure codes, etc., because in such fields leading zeros are significant characters.

Required Fields

In the record layout documentation that follows, the Req column specifies the requirement levels for each field. Fields specified as ‘R’ are required, ‘O’ are optional, and ‘Cond’ refers to the field that has been designated as ‘conditional’.

Allowable Field Values

In the record layout documentation that follows, the *Allowable Values* column specifies limits on the values that may be placed in the field. In some cases, this column will contain a reference to a values table in the database. In other cases, a list of valid values or even a single valid value is provided.

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File Name Format

IIIIIIII_userID00_e_YYYYMMDD.xls/x

Where: IIIIIII = County Waiver ID (Identifier in Header Record)

userID00 = desired user id and sequence to uniquely identify files. (Useful in cases of multiple users and submission)

e = environment indicator (P - prod, T - test)

YYYYMMDD = date of the file (year, month, and day)

Example file name: 23110000_cbills01_P_20250207.xlsx

Note: Multiple files may be sent on the same day. After a file is processed it will be moved to another folder for archiving.

Data File Assumptions

- The file should only contain Approved, Amended, or Inactive Reversal (canceled) prior authorizations.
- The file contains a single instance of a given prior authorization. Only the most recent version of the prior authorization should be sent.
- If a prior authorization record was sent in error and needs to be cancelled (Inactive Reversal), then it will need to be resent using the Auth Revision Indicator Status of '2' and enter the ForwardHealth Prior Authorization (PA) Number field.
- If an approved prior authorization needs to be changed (amended), then it will need to be resent using the Auth Revision Indicator Status of '1' and enter the ForwardHealth Authorization Number field.
- The Payment Method will be automatically assigned based on the 'Unit Approved' Field.
 - If it is 0 units, it will be assigned a payment method of ‘Dollar limit’. (this payment method decrements by dollars)
 - If it is 1 or more, it will be assigned a ‘unit fee price with unit limit’. (this payment method decrements by units)

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HEADER RECORD

#	Field Name	Req	Type	Length	Allowable Values	Comments
01	Record Type	R	Char	1	Value = H for Header	Identifies the record type (header record).
02	County Waiver ID	R	VarChar	10		County Waiver Agency Organization Identifier.
03	Date	R	Date	8		Date in YYYYMMDD format.
04	End of record indicator		String	1		

DETAIL RECORD

#	Field Name	Req	Type	Length	Allowable Values	Comments
01	Record Type Field	R	Char	1	Value = D for Detail	Identifies the record type (detail record).
02	Record Number	R	String	10		Start at 1 increment by 1. Must be unique in the file, and count each individual authorization in the file
03	County Waiver ID	R	VarChar	10		County Waiver Agency Organization Identifier.
04	CWA Authorization Num	O	Char	20		Prior Authorization Number assigned by the County Waiver Agency
05	Member Medicaid ID	R	Char	10		The member’s Medicaid ID Number
06	Auth Start Date	R	DateTime	8		Authorized effective date for the service code in YYYYMMDD format.
07	Auth End Date	R	DateTime	8		Authorized end date for the service code in YYYYMMDD format.
08	Diagnosis Code	R	Char	7		Diagnosis code (Do not transmit the decimal point for diagnosis codes. The decimal point is implied.)
09	Service Code	R	Char	5		The Procedure Code or Revenue Code being authorized
10	Modifier 1	O	Char	2		Modifier 1
11	Modifier 2	O	Char	2		Modifier 2
12	Modifier 3	O	Char	2		Modifier 3

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#	Field Name	Req	Type	Length	Allowable Values	Comments
13	Modifier 4	O	Char	2		Modifier 4
14	Units Approved		Numeric	4		Number of units approved. Note that 0 units is valid if payment type is 2 (dollar limit).
15	Auth Dollar AMT	‘Cond’	Decimal	9,2		A valid dollar amount for the prior authorization services.
16	Billing Provider Number	R	Char	15	MA ID	The Billing Provider Agency Medicaid ID assigned from Gainwell Provider enumeration process
17	Auth Revision Indicator	R	Char	1	0, 1, 2	Indicates the last update action that occurred on the prior authorization record. 0 - New Day Add 1 - Amended 2 - Inactive Reversal
18	ForwardHealth PA Num	‘Cond’	Numeric	10	Field is required when revision indicator is not 0	The Prior Authorization number assigned by ForwardHealth
19	Rendering Provider Type	NR	Char	3		Reserved for future use
20	Rendering Provider Number	NR	Char	15		Reserved for future use

TRAILER RECORD

	Field Name	Req	Type	Length	Allowable Values	Comments
01	Record Type	R	Char	1	Value = T for Trailer	Identifies the record type (Trailer record).
02	Detail Record Count	R	Char	4		Count of detail records between the Header and the Trailer excluding the Header and Trailer record.
03	End of Record Indicator		String	1		Must be the last record on the file. Only one trailer record per file.

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Response File: The CLTS Response file will return line level information for each record submitted on the input file. The record number will correspond to the record number on the input file.

Field Name	Type	Length	Comments
Record Number	String	10	Starts at one and increments up to match the number of submitted records.
County Wavier ID	VarChar	10	Agency ID submitted on the input file.
CWA Auth	Char	20	CWA internal PA number as submitted on the input file.
Member ID	Char	10	
Auth Start	DateTime	8	MM/DD/YYYY
Auth End	DateTime	8	MM/DD/YYYY
Diagnosis	Char	7	
Service Code	Char	5	
Modifier 1	Char	2	
Modifier 2	Char	2	
Modifier 3	Char	2	
Modifier 4	Char	2	
Units Approved	Numeric	4	
Payment Method	Numeric	1	Pay Dollar Limit (2) Pay Unit Fee Price w/Unit Limit (4)
Auth Dollar AMT	Decimal	9,2	

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Field Name	Type	Length	Comments
Billing Provider Num (MA ID)	Char	15	
Auth Revised Indicator	Char	1	Indicates the last update action that occurred on the prior authorization record. 0 - New Day Add 1 - Amended 2 - Inactive Reversal
ForwardHealth PA Number	Numeric	10	
ForwardHealth PA Status	Char	1	Status will be ‘A’ if the PA was loaded, blank if errored or ‘B’ for inactive reversal. If a PA amendment fails, the response file may still display an ‘A’ status. However, the presence of error codes indicates that the amendment was not successfully processed.
Rendering Provider Type	N/A	N/A	Reserved for future use
Rendering Provider Number	N/A	N/A	Reserved for future use
Error	Char, VarChar	1000	Error code is 4 characters followed by a description. If multiple errors are identified there will be a space between the description and next error.

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Data Validation Error List

The following is a list of validation rejection errors that will be executed upon submission of the PA file.

ERROR MESSAGE	ERROR DESCRIPTION
Member ID Number is Invalid	MEM ID must be numeric and greater than zero.
Member ID Number is not on File	MEM ID must be on file with ForwardHealth on requested start date.
Member is not Eligible	MEM ID must be active in the Medicaid/Waiver Benefit for the PA's first and last effective dates.
Auth Effective Date is Required	Auth Effective Date is a required and cannot be blank.
Auth Effective Date is Invalid	Auth Effective Date must be a valid calendar date.
Auth End Date is Required	Auth End Date is a required and cannot be blank
Auth End Date is Invalid	Must be a valid calendar date.
Auth End Date is Invalid	Auth Start Date must be less than or equal to the Auth End Date.
Auth End Date cannot be more than 1-year from Auth Effective Date	Auth End Date cannot be greater than a year from the Auth Effective Date.
Service Code is Required	Service Code field is required and cannot be blank
Service Code Length Error	Must be greater than spaces and 4 or 5 characters long.
Service Code Changes Not Allowed	Do not allow changes to Service Code.
Diagnosis Code is Required	Diagnosis field is required and cannot be blank
Modifier 1 Changes are Not Allowed	Modifier 1 cannot be changed from or to an Outlier modifier value (U4, U5).
Modifier 1 Changes are Not Allowed due to Services used by Claims	Modifier 1 can be changed on an amendment assuming no claims have been paid using the modifier.
Modifier 2 Changes are Not Allowed	Modifier 2 cannot be changed from or to an Outlier modifier value (U4, U5)
Modifier 2 Changes are Not Allowed due to Services used by Claims	Modifier 2 can be changed on an amendment assuming no claims have been paid using the modifier.
Modifier 3 Changes are Not Allowed	Modifier 3 cannot be changed from or to an Outlier modifier value (U4, U5)
Modifier 3 Changes are Not Allowed due to Services used by Claims	Modifier 3 can be changed on an amendment assuming no claims have been paid using the modifier.
Modifier 4 Changes are Not Allowed	Modifier 4 cannot be changed from or to an Outlier modifier value (U4, U5)
Modifier 4 Changes are Not Allowed due to Services used by Claims	Modifier 4 can be changed on an amendment assuming no claims have been paid using the modifier.

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ERROR MESSAGE	ERROR DESCRIPTION
Units Approved is Invalid	Units Must be numeric
Units Approved Changes are Not Allowed	If Payment Method is Dollar Limit, then changes are not allowed
Units Approved must be Zero	If Payment method is Dollar Limit, then Units Approved must be zero
Auth Dollar Amount Invalid	Must be a valid amount. Field is received with a decimal point and may or may not be zero filled, i.e. 0000009.99 or 9.99
Auth Dollar Amount Cannot be Blank	Modifiers U4, U5, KX, SE, or UK values must be sent with a dollar amount.
Provider ID is Required	Field is required and cannot be blank
Provider ID is Invalid	Field must be Numeric and cannot be zeros
Provider ID Number not on File	Provider ID number not on File
Provider ID Changes are Not Allowed due to Services used by Claims	Allow changes to provider ID when no claims have been submitted.
Revision Indicator is Invalid	Must be one of the following values: 0 (New Day Add) 1 (Amended) 2 (Inactive Reversal)
Revision Indicator is Required	Revision Indicator field is required and cannot be blank.
ForwardHealth PA Number is Required	Field cannot be blank when revision indicator is not '0'.
ForwardHealth PA Number is Invalid	Field must be Numeric and cannot be zeros when revision indicator is not.
ForwardHealth PA Number must be 10 Characters in Length	Must be 10 characters in length.
Rendering Provider Qualifier - No Validation Performed.	The Rendering Provider Qualifier field is not required and will be utilized in future policies.
Rendering Provider ID - No Validation Performed.	The Rendering Provider ID field is not required and will be utilized in future policies.