Georgia Department of Community Health
Georgia Families - Care Management Organization (CMO)
Supplemental Neonatal Intensive Care (NICU) Supplemental Payment Process

File Submission Instructions (as of 3/25/14)
Process for NICU Supplemental Payment
Data Submission and Verification

File Layout:

• Data Elements:

No.	Data Element	Description	Type	Size
1	CMO Enterprise ID	Enterprise ID (CMO Provider ID without the regional alpha indicator – 9 digits)	Alphanumeric	15
2	TCN Number/Claim Number	TCN or claim number assigned to claim by CMO.	Alphanumeric	20
3	Member Medicaid/PCK ID	Member's Medicaid ID (this is the Newborn's ID).	Alphanumeric	12
4	Member Last Name	Newborn's last name as appears on eligibility file.	Alphanumeric	25
5	Member First Name	Newborn's first name as appears on eligibility file.	Alphanumeric	25
6	Diagnosis Related Group	Valid DRG code (See list in #5 below.)	Alphanumeric	5
7	Admission Date to Hospital	Date of admission: CCYYMMDD.	Numeric	8
8	Discharge Date from Hospital	Date of discharge: CCYYMMDD.	Numeric	8
9	Billing Provider Name	Name of billing provider.	Alphanumeric	60
10	Billing Provider Medicaid Number	Billing provider's Medicaid number	Numeric	9
11	Paid Date	Date claim was paid by CMO: CCYYMMDD.	Numeric	8
12	Paid Amount	Amount paid to the provider in dollars: 999999.99	Numeric	9
13	Outlier Flag	Indicate if Outlier (Y or N).	Alphanumeric	1
14	Check Number	Check Number issued by the CMO to the provider	Alphanumeric	16
15	MMIS Response Code (see additional information section below)	"X" for inbound files. Will be populated on the outbound response file by the MMIS with success or reject code.	Alphanumeric	3
16	Additional Response Codes	This will only appear on the response file. This is a comma separated list of additional edits that were encountered for the NICU request.	Alphanumeric	240
17	End of Line Character	DOS Carriage Return character to indicate end of record. ASCII 0x0D.	Alphanumeric	1

Note: **All fields are required**

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Data Submission

The Care Management Organization (CMO) will submit a monthly inbound tab-delimited flat file, using this proprietary file format sent via SFTP to the HP server. The file should contain no header records and should not be zipped. The response file will be placed in the same folder into which the CMO deposits the inbound file. Files will be distinguished by date, sequence number, and CMO ID. See naming standards below for details.

- **Protocol and Frequency for Submission by the Plans**
  The CMO will submit the NICU Supplemental Payment request file monthly. The submission deadline is the 5th of the month. When the 5th of the month falls on a weekend or a State holiday, the deadline will be extended to the next Business Day. Upon receipt of the NICU Supplemental Payment request file by DCH, the CMO will receive an automated notice stating that the file was received.

  DCH will process and pay the CMO monthly. Those files NOT uploaded by the given deadline will be processed by the DCH during the next monthly processing cycle.

  DCH will validate the submitted files utilizing a set of edits and audits. Those records on the CMO submitted file that fail to pass these edits and audits will be rejected back to the CMO and included on the response file one week after receipt of the submitted report. If a CMO has questions on the Medicaid response file, the CMO may contact DCH. If the CMO is able to correct the information on the rejected records, the records can be resubmitted in the next cycle. On a regular basis, DCH will audit encounter data to validate the submitted data.

- **Media for Submission by the Plans**
  The file will be submitted via SFTP to HP

- **Naming Convention for the Inbound Submitted File**

  The file name should follow the naming convention specified (filename is NOT case-sensitive):

  TTTTTT_CMO_NICU_REQUEST.YYYYMMDD.SSSS.txt

  TTTTTT = Trading Partner ID for the Payee of the submitting CMO (T_TP.ID_ISA_IDENTIFIER)

  CMO_NICU_REQUEST = The name identifying the file as NICU request

  YYYYMMDD = The date the file was created by the source system

  SSSS = Sequence number as defined by the CMO

- **Naming Convention for the Outbound Response File**

  The file name should follow the naming convention specified (filename is NOT case-sensitive):

  TTTTTT_CMO_NICU_RESPONSE.YYYYMMDD.SSSS.txt

  TTTTTT = Trading Partner ID for the Payee who submitted the CMO inbound request file (T_TP.ID_ISA_IDENTIFIER)

  CMO_NICU_RESPONSE = The name identifying the file as NICU response

  YYYYMMDD = The date the file was created by the source system

  SSSS = Sequence number as defined by the CMO on the inbound request file

Data Verification:

1. **Missing Data Elements**
   DCH will reject service lines with missing, incomplete or invalid formatted data elements.

2. **Member Verification**
   DCH will validate the submitted NICU Supplemental Payment files against the Member eligibility file. The Member's Medicaid/PCK ID, Last Name, and First Name data elements will be utilized for Member verification. The verification will consider all merged IDs.

3. **Participation in Georgia Families**
   This will validate plan affiliation for the enrolled Member. On the date of admission, the Member must be enrolled in Georgia Families and be enrolled with the CMO making the request.

   This will also validate that the Care Management Organization code submitted exists in the provider master file.

4. **Admission Date Verifications**
   The Admission date must be on or after the Member's date of birth. The Admission date must be equal to or prior to the Discharge date.

5. **Diagnosis Related Group (DRG) Code & Outlier Requirement** (See comment for Rule #5 on page 5)

   This will check that the DRG code submitted is a valid NICU related diagnosis code that qualifies for issuance of the Supplemental Payment. In addition, DRGs 606, 609, 615, 633, 636, and 651 require an outlier. The outlier flag must contain a "Y" for these codes. There should only be one record submitted regardless of the number of valid diagnosis codes submitted on the claim. The valid values are:

DRG	V 24 Tricare Descrip - Use if admission date is between Jul 1, 2009 – Mar 31, 2014	Outlier Required
602	Neonate, birthwt <750g, discharged alive	
604	Neonate, birthwt 750-999g, discharged alive	
606	Neonate, birthwt 1000-1499g, w signif or proc, discharged alive	X
609	Neonate, birthwt 1500-1999g, w signif or proc, w mult major prob	X
615	Neonate, birthwt 2000-2499g, w signif or proc, w mult major prob	X
622	Neonate, birthwt >2499g, w signif or proc, w mult major prob	

DRG	V 30 Tricare Descrip – Use if admission date is after Mar 31, 2014	Outlier Required
612	Neonate, birthwt <750g, discharged alive	
631	Neonate, birthwt 750-999g, discharged alive	
633	Neonate, birthwt 1000-1499g, w signif or proc, discharged alive	X
636	Neonate, birthwt 1500-1999g, w signif or proc, w mult major prob	X
651	Neonate, birthwt 2000-2499g, w signif or proc, w mult major prob	X
681	Neonate, birthwt >2499g, w signif or proc, w mult major prob	

6. **Payment Date Edits**
   This will check to see if the payment has a paid date. In addition, the payment date must be >= the discharge date and less than the file submission date.

7. **Payment Amount Edit**
   The payment amount must be >= $10,000.00. Payments less than this amount will reject for review. (See comment for Rule #7)

8. **Discharge Date Validations**
   The discharge date should be prior to date of death, if there is a date of death for DRG's 606, 604, 602, 633, 631, and 612. If the submitted DRG is 609, 615, 622, 636, 651, or 681, these babies have multiple procedures with major problems and are not required to be discharged before date of death.

9. **Duplicate Checking**
   Duplicate checking logic will verify that the Member ID on the incoming file is unique. The member should only be listed once regardless of the number of qualified DRG codes. This will involve the comparison of the member Medicaid ID for all incoming records within the same request file.

10. **Age Validations**
    This will validate the Member's age as being less than 1 year old as of the Admission Date.

11. **Lifetime Payment**
    There is a one-time payment limit per Member per lifetime; any request received for a Member that has previously received a NICU Supplemental Payment will be rejected.

Note: Rule #5 "Diagnosis Related Group (DRG) Code & Outlier Requirement" is subject to override logic. If records are rejected due to this rule and deemed valid, the CMO should follow the procedure to request an override review. Upon review of the documentation, if DCH agrees with the request, the record will be released for payment and processed in the next payment cycle.

Note: Rule #7 "Payment Amount less than $10,000" is subject to override logic. If records are rejected with this code and deemed valid, the CMO should follow the procedure to request an override review. Upon review of the documentation, if DCH agrees with the request, the record will be released for payment and processed in the next payment cycle.

Note: Requesting an override review simply requires the CMO to send an email to Terri Hodges at tehodges@dch.ga.gov with an explanation along with any supporting documentation as deemed necessary.

Additional Information:

MMIS RESPONSE CODE

SUC	NICU PMT SUCCESSFULLY CREATED
	MEMBER LAST NAME BLANK
	MEMBER FIRST NAME BLANK
	INVALID MEMBER MEDICAID ID
	MEMBER AGE INVALID
	INVALID CMO ID
	NUM TCN FIELD BLANK
	BILLING PROVIDER NAME BLANK
	BILLING PROVIDER ID BLANK
	INVALID DATE FORMAT - ADMISSION DATE
	INVALID DATE FORMAT - DISCHARGE DATE
	INVALID DATE FORMAT - PAID DATE
	ADMISSION DATE BEFORE IMPLEMENTATION DATE
	ADMISSION DATE AFTER DISCHARGE DATE
	PAID DATE BEFORE DISCHARGE DATE
	INVALID DRG CODE
	INVALID PAID AMOUNT
	INVALID OUTLIER INDICATOR
	MEMBER NOT ASSIGNED TO SUBMITTING CMO ON ADMIT DATE
	DUPLICATE PAYMENT REQUEST ON THIS FILE
	NICU PAYMENT ALREADY ISSUED FOR THIS MEMBER
	ADMISSION DATE BEFORE MEMBERS DATE OF BIRTH
	PAID DATE AFTER FILE SUBMISSION DATE
	INVALID CHECK NUMBER
	MEMBER DIED BEFORE DISCHARGE DATE
	PAID AMOUNT MISSING
	INVALID DRG CODE AND OUTLIER IND COMBINATION
	NICU payment not allowed in Foster Care Program

ASC x 12N Version 005010X218 820 DATA

These records can be identified on the ASC x 12N Version 5010X218 820 file as follows:
The 2300B loop – REF02 Reference Identification will have a string of contiguous data:
(Note: Version 4010 sent this information within Loop 2000B - ENT04)

Position 1:	Member's Gender
Position 2-4:	Capitation Category/CoHort = 619
Position 5-7:	Aid Category = NIC
Position 8-15:	Member's Date of Birth (CCYYMMDD)
Position 16-17:	Member's Service Region (Values 01-06)
Position 18-25:	Payment Issue Date (CCYYMMDD)
Position 26-27:	Capitation Reason Code = PU
Position 28-42:	Regional PMP ID
Position 43-48:	Capitation Month (CCYYMM)