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New York State Medicaid Management Information System (MMIS)

Managed Care Plans EP6891 - Pharmacy Carve Out - MRT II

Interface Control Document (ICD)

Outbound File

Managed Care Organizations Data File (MCOF)

ICD Version 1.0

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1. Purpose of Interface Control

The intended audience of the Electronic Medicaid of New York (eMedNY) Project Interface Control Document (ICD) is all project stakeholders, including the project sponsor, senior leadership, and the project team.

This ICD defines the eMedNY system's Managed Care Organizations Data File (MCODF) ~~(H-O)~~, which interface with Managed Care Organizations. Each Managed Care Organization will receive their daily individual Managed Care Organizations Data File via their preferred platform (eMedNY Exchange, File Transfer Protocol, Internet File Transfer Protocol, Webservice) that they ~~is currently set up on their default ETI~~ ~~are currently set up and receive electronic file transfers through~~. The purpose of this ICD is to communicate the output related to the Managed Care Organizations Data File (MCODF), and all related potential actions. Its intended audience consists of the project managers, project teams, development teams, and stakeholders interested in interfacing with the system utilizing this eMedNY interface.

2. Introduction

Electronic Medicaid of New York (eMedNY) is the New York State (NYS) Medicaid program claims processing system. The system allows NYS Medicaid providers to submit claims and receive payments for Medicaid-covered services provided to eligible clients.

This Interface Control Document (ICD) describes the relationship between the Electronic Medicaid of New York (eMedNY) information system and the Managed Care Organizations and specifies the requirements of each participating systems. This includes the concept of operations, the file structure, and Managed Care Organization protocols that govern the interchange of data, and the communication paths along which the data is expected to flow.

This is the current and official version of the interfaces. Other versions in development represent proposed changes until fully approved.

For each interface, the following information will be 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

It is the responsibility of the individual Managed Care Organizations to notify eMedNY Design Team of any potential or planned changes to these interfaces as soon as those changes are known, in order to minimize adverse impacts. When required, modifications to the ICD will be made by eMedNY and approved and disseminated by the New York State Department of Health.

3. Overview

In order to determine the client eligibility, adjudicate, and pay healthcare claims and generally serve as the Medicaid Fiscal Agent for the NYSDOH, the eMedNY information system must exchange data with a number of external State and Federal agencies and partners.

As the Medicaid Fiscal Agent for the NYSDOH, the eMedNY information system will need to provide paid and denied (originals, adjustments, and reversals) Pharmacy/DME data files, which will include requested Claims, Provider, Client, Reference and Prior Authorization information, to the Managed Care Organizations as requested. This ICD describes the interface between the eMedNY system and the Managed Care Organizations specifically for the Managed Care Organizations Data File file information.

4. Assumptions/Constraints/Risks

4.1 Assumptions

- The Managed Care Organization File will not contain any pended claims.
- The Managed Care Organization File will contain Original, Adjustment, and Reversal claims.
- As most fields are pertinent to Pharmacy claims, they are not available on DME claims. Please refer to the section 6.1 for specific field level details.
- The Managed Care Organization File will be delivered on a daily basis to the Managed Care Organizations.
- If a Managed Care Organization doesn't have any claims on the given days file, the Managed Care Organization will not receive a file for that day.
- No DME crossovers will be on the Managed Care Organization File.
- [The routing preference linked to the Managed Care Organizations default ETIN will be used when determining the platform which to send the Managed Care Organization File. This is consistent with the direction used for Rosters to the plans.](#)
- [DME claims with multiple lines will be sent to the Managed Care Organization that the client was in on the most recent Date of Service.](#)
- [DME claims for the Managed Care Organization File will be identified as all claims having Service Area B procedure codes, along with procedure codes K0533 and K0534 for Continuous Glucose Monitor products from Service Area E.](#)

4.2 Constraints

- eMedNY Claims SLA will not be adversely impacted by the introduction of the interface.
- No coding changes that interrupt connectivity between the two systems may be performed on this interface without NYSDOH approval.
- All system to system file transfer activity must be logged, correlated and reviewed to ensure compliance with New York State (NYS) and GDIT auditing practices.
- ICDs will be reviewed, updated and routed/transmitted for approval based on changes resulting from Evolution Project requirements and/or other enhancements or maintenance activities.

4.3 Risks

- [The process that generates the Managed Care Organizations Data File feed may potentially impact eMedNY SLAs. \(Performance Assessment and Testing is in progress\) Claims SLAs. \(In subsequent DRAFT deliverable\)](#)

5. General Interface Requirements

5.1 Interface Overview

eMedNY's Managed Care Organization Data File interface supports the transfer of data files via the current platforms in which the Managed Care Organizations choose to receive their electronic file transfer. The platforms available are eMedNY Exchange, File Transfer Protocol, Internet File Transfer Protocol, and Webservice.

5.2 Functional Allocation

The eMedNY system creates data files for Managed Care Organizations ~~that will be to received~~ via their preferred platform ~~for receiving electronic file transfers as associated with their default ETIN.~~

The Managed Care Organizations Data files will "normally" be delivered between TBD-am and TBD-am daily (7 days a week). Delays are possible.

5.3 Data Transfer

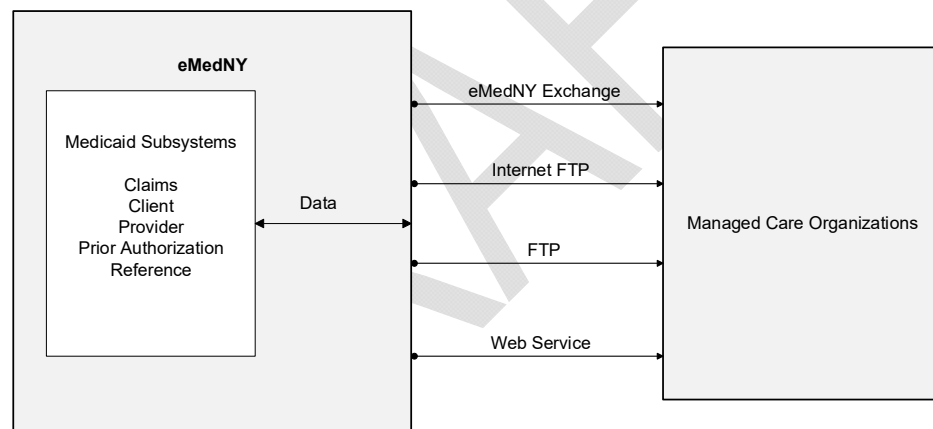


Figure 1 – Data Transfer Diagram **(in progress)**

- eMedNY creates the outbound Managed Care Organizations Data Files (MCODF) – ~~IO-XXXX-F-990, out of the Claims Subsystem.~~
- ~~Managed Care Organizations will receive their files via the preferred routing platform as is set up under their Default ETIN. The files are then sent to Managed Care Plans either via eMedNY Exchange, File Transfer Protocol, Internet File Transfer Protocol, or Webservice.:~~
- ~~eMedNY Dataset Name: <TBD>~~
- eMedNY will not transmit empty files to the Managed Care Organizations.

5.4 Transactions

Not Applicable.

5.5 Security and Integrity

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred in this interface. When issues with this interface are discovered that prevent data exchange, Managed Care Organizations will be notified immediately by eMedNY operations teams.

[The Managed Care Organizations Data File will be distributed using the existing eMedNY eCommerce Distribution File process, which sends files to the receivers' preferred routing platform \(based on their Default ETIN\).](#)

5.6 Operational Support & Service Levels

This section discusses the Operational Level expectations of the interface regarding availability, performance, and scale. Interfaces do not inherit eMedNY's "continuously available" SLA's unless specifically mentioned in the section below.

5.6.1 Service Level Agreements (SLA)

This interface does not have any Service Level Agreements.

5.6.2 Operational Expectations

5.6.2.1 Usage Policy

This interface is designed to meet the use cases as mentioned in the requirements document. Extending the usage of interfaces beyond the original intent requires the approval of DOH and GDIT.

The interface user/consumer might be disabled if their usage pattern presents security risks or operational expectations are not met.

5.6.2.2 Availability & Performance

Not Applicable.

5.6.2.3 Support

If you face issues with the interface in the production environment, call the GDIT Command Center at +1 318-549-4333.

Non production issues need to be communicated to the onboarding team/project team during normal business hours.

6. Detailed Interface Requirements

This section refers and/or describes details for the Managed Care Organizations (MCOs) interface. This ICD defines the conditions under which each file is built and sent.

6.1 Requirements for Managed Care Organization Data File (MCO) (~~1-OC-~~ F-990)

The Managed Care Organizations need all paid and denied original, adjustment, and reversal Pharmacy and DME Fee For Service claim information, including specified supporting Client, Provider, Prior Authorization, and Reference information, for clients specific to their Managed Care Organization, sent to them on a daily (7 days a week) basis. This interface file was created to provide them with the requested information.

6.1.1 Assumptions

NYSDOH is responsible to attend all State Test Results given by the System Integration Testing (SIT) Team and approve any modifications to files and processing prior to implementation.

6.1.2 General Processing Steps

- Job PRCD0250 runs daily (7 days a week) at 12:01am (subject to change) to extract all paid and denied (original, adjustment, and reversals) Pharmacy and DME Fee For Service claims that were adjudicated the previous day. In addition to the claims data information, client, provider, prior authorization and reference data will also be extracted.
- Job PRCD0255 runs daily at the completion of PRCD0250 job. This job will create the header and trailer records for the Managed Care Organizations Data File (MCODF), as well as split the files accordingly by platform.
- Job PRID0250 runs daily at the completion of PRCD0255 job. This job will deliver the Managed Care Organizations Data File (MCODF) to the Managed Care Plans.

6.1.3 Interface Processing Time Requirements

The Managed Care Organizations Data files will be made available by eMedNY by TBDam (we are aware of the need for the MCOs to receive this early in the morning – i.e. by 8am) daily (7 days a week). The files will be shared with the individual Managed Care Organizations on their chosen preferred platform [as set up on their default ETIN](#) for receiving electronic file transfers.

6.1.4 File Naming Convention

The [eMedNY C-F-990](#) Managed Care Organizations Data File output file [will be sent to the Managed Care Organizations to their preferred routing preference as determined using their default ETIN](#).

[The eMedNY C-F-990 Managed Care Organizations Data File being delivered via eMedNY Exchange or Webservice, the naming convention will be: RCCYYDDDDXXXX.RXCO.0000.txt. The CCYYDDDD representing the Julian Date, and the XXXXX is a sequence number.](#)

The eMedNY C-F-990 Managed Care Organizations Data File being delivered via FTP or Internet FTP, the naming convention will be: RCCYYDDDDXXXXX-RXCO-0000.txt. The CCYYDDDD representing the Julian Date, and the XXXXX is a sequence number. name: <TBD>

6.1.5 Message Format (or Record Layout) and Required Protocols

Communicating partners will comply with the agreed upon protocol details as described in the following sections.

6.1.5.1 File Layout

The Managed Care Organizations Data File (MCODF) (I-O-xxxC-F-990) has three types of records:

- File Header
- Detail
- File Trailer

6.1.5.2 Data Assembly Characteristics

Table 1 – Data Assembly Characteristics - Managed Care Organizations Data File (MCODF) (I-O-xxxC-F-990)

DSN	<u>?? (TBD) RCCYYDDDDXXXXX.RXCO.0000.txt or RCCYYDDDDXXXXX-RXCO-0000- txt</u>
Description	Managed Care Organization Files
Structure	Sequential Flat File
Copybook	<u>P1C18188P1C1818D</u>
Length	95 <u>2632</u>
Format	Variable Block Record Length - <u>EBCDIC</u>
Access	Sequential
Record Count	<u>?? (TBD) Record count based on daily Pharmacy and DME claims submissions</u>

6.1.5.3 Field/Element Definition

Table 2 – Field/Element Definition - Managed Care Organizations Data File (MCODF) (I-O-xxC-F-990)

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
File Header Record						
Record Type	N/A	1	1	Alphanumeric	Yes	'H' = Header
Send Entity	N/A	2	8	Alphanumeric	Yes	'EMEDNY'
Receiving Entity MMIS	1563	10	8	Alphanumeric	Yes	MCO Plan MMIS ID
Receiving ETIN	4312	18	4	Alphanumeric	Yes	MC Plan Tape Supplier Number (TSN)
File Creation Date & Time	N/A	22	26	YYYYMMDDHHMMSSSS (year, month, day, hour, minutes, 2 seconds, 3 milliseconds and 9 trailing spaces)	Yes	Current timestamp
Reporting Date	N/A	48	10	CCYY-MM-DD	Yes	Date - this will represent the date the claims data is for
File Type	N/A	58	1	Alphanumeric	Yes	'P' = PROD, 'T' = TEST
Detail Record						
Record Type	N/A	1	1	Alphanumeric	Yes	'D' = Detail
Client Information	N/A	2	217	Group	Yes	
Client Identification Number	0694	2	8	Alphanumeric	Yes	eMedNY's Client ID
Client Last Name	0637	10	25	Alphanumeric	Yes	Client Last Name on File
Client First Name	0638	35	20	Alphanumeric	Yes	Client First Name on File
Client Middle Initial	0640	55	1	Alphanumeric	Yes	Client Middle Initial on File
Date of Birth	0601	56	10	CCYY-MM-DD	Yes	Clients Date of Birth on File
Gender	0229	66	1	Alphanumeric	Yes	'F' = Female 'M' = Male Clients Gender on File
Address Line 1	3408	67	55	Alphanumeric	Yes	Clients Address Line 1 – Mailing Address on File

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Address Line 2	3408	122	55	Alphanumeric	Yes	Clients Address Line 2 on File – Mailing Address
City	0574	177	15	Alphanumeric	Yes	Clients City – Mailing Address on File
State	9808	192	2	Alphanumeric	Yes	Clients State – Mailing Address on File
Zip	9805	194	15	Alphanumeric	Yes	Clients Zip – Mailing Address on File
Phone	0588	209	10	Alphanumeric	Yes	Clients Phone Number on File
Claim Information	N/A	219	151147	Group	Yes	
Transaction Control Number	0537	219	16	Alphanumeric	Yes	eMedNY unique claim number
Claim Line Number	0429	235	4	Numeric (FORMAT +0000, S9(4))	Yes	Only Applicable for DME claims
Related Transaction Control Number	0537	239	16	Alphanumeric	No	Represents the TCN of the Claim that is being adjusted or voided
Claim Type	0141	255	1	Alphanumeric	Yes	'R' = Pharmacy, 'S' = DME
Claim Media Type	0142	256	1	Alphanumeric	Yes	'0' = Paper, '2' = Tape/ECS Billing(SI??), '3' = POS
Claim Status	1020	257	1	Alphanumeric	Yes	'P' = Paid, 'D' = Denied
Claim Line Status	1020	258	1	Alphanumeric	Yes	'P' = Paid, 'D' = Denied Only applicable on DME Claims
Claim Adjustment Type Code	0705	259	1	Alphanumeric	Yes	'7' = Adjustment, '8' = Void/Reversal
Claim Procedure Modifier 1	0139	260	2	Alphanumeric	Yes	Applicable to both Pharmacy and DME
Claim Procedure Modifier 2	0139	262	2	Alphanumeric	Yes	Applicable to both Pharmacy and DME
Claim Procedure Modifier 3	0139	264	2	Alphanumeric	Yes	Applicable to both Pharmacy and DME
Claim Procedure Modifier 4	0139	266	2	Alphanumeric	Yes	Applicable to both Pharmacy and DME
Claim Place of Service	4178	268	2	Alphanumeric	Yes	HIPAA Code Set 237 (DME) and NCPDP Standard Values
Date Ordered	0860	270	10	CCYY-MM-DDAlphanumeric	Yes	Only applicable to Pharmacy claims
Date of Service	1022	280	10	CCYY-MM-DDAlphanumeric	Yes	

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Adjudication Date	0963	290	10	CCYY-MM-DD Alphanumeric	Yes	
Compound Code	0824	300	1	Alphanumeric	Yes	'1' = Not Compound, '2' = Compound. Only applicable to Pharmacy Claims
Other Coverage Code	3078	301	1	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
Procedure Code	2042	302	7	Alphanumeric	Yes	Applicable to both Pharmacy and DME
Claim Prescription Number	0990	309	7	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Prescription Serial Number	2011	316	12	Alphanumeric	Yes	Only applicable on Pharmacy Claims
RX Origin Code	2371	328	1	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
Quantity Submitted	0991	329	406	Numeric (FORMAT S9(78)V3 COMP-3, +0000000.000)	Yes	Only applicable on Pharmacy Claims
Quantity Dispensed	0989	335	406	Numeric (FORMAT S9(7)V3 COMP-3, +0000000.000)	Yes	Only applicable on Pharmacy Claims
Days Supply	1170	341	3	Numeric (S9(3), FORMAT +000)	Yes	Only applicable on Pharmacy Claims
Dispense As Written	0246	344	1	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
Refill Number	4237	345	2	Alphanumeric Numeric	Yes	Only applicable on Pharmacy Claims
Refill Authorized	0851	347	2	Alphanumeric Numeric	Yes	Only applicable on Pharmacy Claims
Submission Clarification Code 1	0874	349	2	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
Submission Clarification Code 2	0874	351	2	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
Submission Clarification Code 3	0874	353	2	Alphanumeric	Yes	NCPDP Standard Values Only applicable on Pharmacy Claims
National Drug Code (NDC)	1856	355	11	Alphanumeric	Yes	Only applicable on Pharmacy Claims

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Reference Drug Information	N/A	366	235236	Group	Yes	
Drug Label Name	1855	366	30	Alphanumeric	Yes	Only applicable on Pharmacy Claims
MediSpan Package Size Unit of Measure	3232	396	2	Alphanumeric	Yes	'EA' = Each 'GM' = Grams 'ML' = Milliliters Only applicable on Pharmacy Claims
First DataBank Unit of Measure (Drug Form Code)	1833	398	2	Alphanumeric	Yes	'1' = Each (Tablets, Kits, Etc.) '2' = Milliliters(Liquids) '3' = Grams (Solids) Only applicable on Pharmacy Claims
Drug Dosage Form	2232	400	2	Alphanumeric	Yes	Valid Values from First DataBank Only applicable on Pharmacy Claims
Drug Generic Name	4118	402	34	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Drug Strength Units Count	1882	436	11	Numeric (FORMAT S9(8)v3, +00000000.000)	Yes	Only applicable on Pharmacy Claims
Drug Strength Units Type	1883	447	10	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Generic Indicator	2913	457	1	Alphanumeric	Yes	'1' = Multiple Source '2' = Single Source Only applicable on Pharmacy Claims
Generic Product Indicator	0842	458	1	Alphanumeric	Yes	'0' = Non-Drug Item '1' = Generic Drug '2' = Branded Drug '3' = Multi Source Drug '4' = Single Source Drug Only applicable on Pharmacy Claims
MediSpan Generic Product Identifier	2373	459	14	Alphanumeric	Yes	Only applicable on Pharmacy Claims.
Drug Maintenance Drug Indicator	1849	473	1	Alphanumeric	Yes	'0' = Not a Maintenance Drug '1' = Maintenance Drug Only applicable on Pharmacy Claims
Drug Category Code	0311	474	1	Alphanumeric	Yes	Only applicable on Pharmacy Claims

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Drug Generic Code Number (GCN)	1795	475	5	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Drug Generic Code Number (GCN) Sequence Number	1838	480	6	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Drug Therapeutic Class Code	0080	486	3	Alphanumeric	Yes	Valid Values from First DataBank Only applicable on Pharmacy Claims
Drug Therapeutic Class Description	6451	489	100	Alphanumeric	Yes	Values from First DataBank Only applicable on Pharmacy Claims
CMS Drug Efficacy Study Implementation (DESI) Code	1819	589	1	Alphanumeric	Yes	Only applicable on Pharmacy Claims
CMS Drug Efficacy Study Implementation (DESI) Effective Date	1820	590	10	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Route Code	0317	600	1	Alphanumeric	Yes	'A' = Intravenous (Only) 'B' = Buccal 'C' = Intramuscular 'D' = Dental 'E' = Epidural 'F' = Perfusion 'G' = Subcutaneous 'H' = Inhalation 'I' = Intracavernosal 'J' = Intraarterial 'K' = Intraarticular 'M' = Miscellaneous (Med Supplies) 'N' = Implantation 'O' = Intrathecal 'P' = Intraperitoneal 'R' = Irrigation 'S' = Sublingual 'T' = Transdermal 'U' = Urethral 'V' = Vaginal '1' = Oral '2' = Injection '3' = Rectal '4' = Mucousmembrane

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
						'5' = Topical '6' = Ophthalmic '7' = Nasal '8' = Otic '9' = Intradermal Only applicable on Pharmacy Claims
DEA Code	0314	601	1	Alphanumeric	Yes	'0' = No Control '1' = LSD, Heroin, Marijuana – Research '2' = Morphine, etc. – Most Abused '3' = Aspirin, etc. – Less Abused '4' = Valium, etc. – Potential Abuse '5' = Controlled Sale by Pharmacy Only applicable on Pharmacy Claims
Provider Information	N/A	602	194	Group	Yes	
National Provider Identifier (NPI) - Billing Provider	6477	602	10	Alphanumeric	Yes	
MMIS Provider Identifier - Billing Provider	1843	612	8	Alphanumeric	Yes	
Provider Drug Enforcement Agency (DEA) Number – Billing Provider	1538	620	9	Alphanumeric	Yes	
Provider Name – Billing Provider	1589	629	35	Alphanumeric	Yes	
Provider Address Line 1 – Billing Provider	1508	664	40	Alphanumeric	Yes	
Provider Address Line 2 – Billing Provider	1508	704	40	Alphanumeric	Yes	
Provider Address City – Billing Provider	1506	744	25	Alphanumeric	Yes	
Provider Address State – Billing Provider	2638	769	2	Alphanumeric	Yes	
Provider Address Zip – Billing Provider	9805	771	15	Alphanumeric	Yes	
Provider Address Phone – Billing Provider	1610	786	10	Alphanumeric	Yes	

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Managed Care Provider Information	N/A	796	8	Group	Yes	
Managed Care MMIS Provider Identifier	1843	796	8	Alphanumeric	Yes	
Prescriber Provider Information	N/A	804	194	Group	Yes	
National Provider Identifier (NPI) – Prescriber/Ordering Provider	6477	804	10	Alphanumeric	Yes	
MMIS Provider Identifier – Prescriber/Ordering Provider	1843	814	8	Alphanumeric	Yes	
Provider Drug Enforcement Agency (DEA) Number – Prescriber/Ordering Provider	1538	822	9	Alphanumeric	Yes	
Provider Name – Prescriber/Ordering Provider	1589	831	35	Alphanumeric	Yes	
Provider Address Line 1 – Prescriber/Ordering Provider	1508	866	40	Alphanumeric	Yes	
Provider Address Line 2 – Prescriber/Ordering Provider	1508	906	40	Alphanumeric	Yes	
Provider Address City – Prescriber/Ordering Provider	1506	946	25	Alphanumeric	Yes	
Provider Address State – Prescriber/Ordering Provider	2638	971	2	Alphanumeric	Yes	
Provider Address Zip – Prescriber/Ordering Provider	9805	973	15	Alphanumeric	Yes	

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Provider Address Phone – Prescriber/Ordering Provider	1610	988	10	Alphanumeric	Yes	
Payment Information	N/A	998	15	Group	Yes	
Dispensing Fee	0817	998	3	Numeric (FORMAT S9(3)V2 COMP-3, +000.00)	Yes	Only applicable on Pharmacy Claims
Medicaid Copay	1026	1001	6	Numeric (FORMAT S9(9)V2 COMP-3, +000000000.00)	Yes	
Reimbursement Amount	1028	1007	6	Numeric (FORMAT S9(9)V2 COMP-3, +000000000.00)	Yes	
Prior Authorization Information	N/A	1013	37	Group	Yes	
Prior Authorization/Approval (PA) Number	0426	1013	11	Alphanumeric	Yes	
Prior Authorization/Approval (PA) Line Number	0429	1024	4	Numeric (FORMAT S9(4) +0000)	Yes	
Prior Authorization/Approval (PA) Effective Date	0414	1028	10	CCYY-MM-DD Alphanumeric	Yes	
Prior Authorization/Approval (PA) Expiration Date	0415	1038	10	CCYY-MM-DD Alphanumeric	Yes	
Prior Authorization/Approval (PA) Header Status Code	0164	1048	1	Alphanumeric	Yes	'A' = Approved 'B' = Partially Approved 'C' = Approved as Modified 'D' = Denied 'I' = Inactivated 'L' = Logically Purged 'P' = Pended 'R' = Rejected 'S' = Suspended 'V' = No PA Required
Prior Authorization/Approval (PA) Line Status Code	0163	1049	1	Alphanumeric	Yes	'A' = Approved 'C' = Approved as Modified

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
						'D' = Denied 'I' = Inactivated 'P' = Pended 'R' = Rejected 'S' = Suspended 'V' = No PA Required
Counters	N/A	1050	4218	Group	Yes	
PA HID Counter	N/A	1050	23	Binary (FORMAT-00) Alphanumeric	Yes	
PA Reject Counter	N/A	40521053	23	Binary (FORMAT-00) Alphanumeric	Yes	
Claims Diagnosis Counter	N/A	40541056	23	Binary (FORMAT-00) Alphanumeric	Yes	
Compound Counter	N/A	40561059	23	Binary (FORMAT-00) Alphanumeric	Yes	
DUR Data Counter	N/A	40581062	23	Binary (FORMAT-00) Alphanumeric	Yes	
Edit Reject Counter	N/A	40601065	23	Binary (FORMAT-00) Alphanumeric	Yes	
PA HID Reject Group – Occurs up to 4 times, depending on the PA HID Counter value						
PA HID Reject Group	N/A	*	176	Group	Yes	
Pharmacy Prior Authorization System (PPAS) Reject Code	3276	*	4	Alphanumeric	Yes	
Pharmacy Prior Authorization System (PPAS) Reject Code Description	3277	*	40	Alphanumeric	Yes	
PA Reject Group – Occurs up to 4 times, depending on the PA Reject Counter value						
PA Reject Group	N/A	*	176	Group	Yes	
Prior Authorization/Approval (PA) Edit Code	2972	*	4	Alphanumeric	Yes	

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Claim Edit Code Short Description	1907	*	40	Alphanumeric	Yes	
Claims Diagnosis Group – Occurs up to 5 times, depending on the Claims Diagnosis Counter value						
Claims Diagnosis Group	N/A	*	50	Group	Yes	
Diagnosis Code	4183	*	10	Alphanumeric	Yes	
Compound Claim Information Group – Occurs up to 25 times, depending on the Compound Claim Information Counter value						
Compound Claim Information Group	N/A	*	64256325	Group	Yes	This whole Group is only available on Pharmacy Claims. This will only be populated if the claim is for a Compound.
Other National Drug Code (NDC)	1856	*	11	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Label Name	1855	*	30	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Generic Name	4118	*	34	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Strength Units Count	1882	*	11	Numeric (FORMAT S9(8)v3, +00000000.000)	Yes	Only applicable on Pharmacy Claims
Other Drug Strength Units Type	1883	*	10	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Generic Indicator	2913	*	1	Alphanumeric	Yes	'1' = Multiple Source '2' = Single Source Only applicable on Pharmacy Claims
Other Generic Product Indicator	0842	*	1	Alphanumeric	Yes	'0' = Non-Drug Item '1' = Generic Drug '2' = Branded Drug '3' = Multi Source Drug '4' = Single Source Drug Only applicable on Pharmacy Claims
Other MediSpan Generic Product Identifier	2373	*	14	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Maintenance Drug Indicator	1849	*	1	Alphanumeric	Yes	Only applicable on Pharmacy Claims

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Other Drug Category Code	0311	*	1	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Generic Code Number (GCN)	1795	*	5	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Generic Code Number (GCN) Sequence Number	1838	*	6	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Drug Therapeutic Class Code	0080	*	3	Alphanumeric	Yes	Valid Values from First DataBank Only applicable on Pharmacy Claims
Other Drug Therapeutic Class Description	6451	*	100	Alphanumeric	Yes	Values from First DataBank Only applicable on Pharmacy Claims
Other Route Code	0317	*	1	Alphanumeric	Yes	'A' = Intravenous (Only) 'B' = Buccal 'C' = Intramuscular 'D' = Dental 'E' = Epidural 'F' = Perfusion 'G' = Subcutaneous 'H' = Inhalation 'I' = Intracavernsonal 'J' = Intraarterial 'K' = Intraarticular 'M' = Miscellaneous (Med Supplies) 'N' = Implantation 'O' = Intrathecal 'P' = Intraperitoneal 'R' = Irrigation 'S' = Sublingual 'T' = Transdermal 'U' = Urethral 'V' = Vaginal '1' = Oral '2' = Injection '3' = Rectal '4' = Mucousmembrane '5' = Topical '6' = Ophthalmic '7' = Nasal '8' = Otic

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
						'9' = Intradermal Only applicable on Pharmacy Claims
Other DEA Code	0314	*	1	Alphanumeric	Yes	'0' = No Control '1' = LSD, Heroin, Marijuana – Research '2' = Morphine, etc. – Most Abused '3' = Aspirin, etc. – Less Abused '4' = Valium, etc. – Potential Abuse '5' = Controlled Sale by Pharmacy Only applicable on Pharmacy Claims
Other CMS Drug Efficacy Study Implementation (DESI) Code	1819	*	1	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other CMS Drug Efficacy Study Implementation (DESI) Effective Date	1820	*	10	CCYY-MM-DD Alphanumeric	Yes	Only applicable on Pharmacy Claims
Other Quantity Submitted	0991	*	640	Numeric (FORMAT S9(7)V3 COMP-3, +0000000.000)	Yes	Only applicable on Pharmacy Claims
Other Quantity Dispensed	0989	*	640	Numeric (FORMAT S9(7)V3 COMP-3, +0000000.000)	Yes	Only applicable on Pharmacy Claims
DUR Additional Group	N/A	*	2	Group	Yes	This whole Group is only available on Pharmacy Claims.
Drug Utilization Review (DUR) Intervene Code	0834	*	2	Alphanumeric	Yes	Valid Values on ProDUR Manuals on emedny.org Only applicable on Pharmacy Claims
DUR Data Group – Occurs up to 9 times, depending on the DUR Data Counter value						
DUR Data Group	N/A	*	36	Group	Yes	This whole Group is only available on Pharmacy Claims.
Drug Utilization Review (DUR) Conflict Code	0986	*	2	Alphanumeric	Yes	Valid Values on ProDUR Manuals on emedny.org Only applicable on Pharmacy Claims
Drug Utilization Review (DUR) Outcome Code	0881	*	2	Alphanumeric	Yes	Valid Values on ProDUR Manuals on emedny.org Only applicable on Pharmacy Claims

Layout	eMedNY Data Element	Start Position	Length	Format	Req'd	Description
Edit Reject Group – Occurs up to 25 times, depending on the Edit Reject Counter value						
Edit Rejects Group	N/A	*	1700	Group	Yes	
NCPDP Reject Code	3988	*	2	Alphanumeric	Yes	Only applicable on Pharmacy Claims
NCPDP Reject Code Description	3988	*	30	Alphanumeric	Yes	Only applicable on Pharmacy Claims
Claim Edit Code	1737	*	5	Alphanumeric	Yes	Applicable for both Pharmacy and DME claims
Claim Edit Disposition	0156	*	1	Alphanumeric	Yes	'D' = Force Deny by Reviewer 'F' = Force Pay by Reviewer '1' = Ignore '2' = Deny '3' = Pay and Report '4' = Pend '5' = Pay and Reverse Conflicting Claim '6' = Pay and Replace Conflicting Claim Applicable for both Pharmacy and DME claims
Claim Edit Short Description	0757	*	30	Alphanumeric	Yes	Applicable for both Pharmacy and DME claims
File Trailer Record						
Record Type	N/A	1	1	Alphanumeric	Yes	'T' = Trailer
Total Number of Detail Records	N/A	2	10	Numeric (Include Leading Zeroes)	Yes	Number of Detail Records

NOTE: * means the starting position will vary based on the occurrences.

6.1.6 Communication Methods

eMedNY will deliver the Managed Care Organizations Data File (MCOF) with the individual Managed Care Organizations on their chosen preferred platform (eMedNY Exchange, File Transfer Protocol, Internet File Transfer Protocol, Webservice) [as set up on their default ETIN](#) for receiving electronic file transfers.

6.1.6.1 Interface Initiation

eMedNY's job scheduler schedules the Managed Care Organizations Data file processing initial job (PRCD0250) to run daily (7 days a week) at 12:01 am (subject to change). This is followed by PRCD0255 job to create header and trailer records, and split the file by platform. The final job in the series is PRID0250, which will deliver the Managed Care Organizations Data file to the individual Managed Care Organizations on their chosen preferred platform (eMedNY Exchange, File Transfer Protocol, Internet File Transfer Protocol, Webservice) [as set up on their default ETIN](#) daily by **TBDam**.

6.1.6.2 Flow Control

Flow control is achieved by using a Scheduler.

The GDIT Command Center will notify the individual Managed Care Organization should there be a delivery issue encountered.

6.1.7 Security Requirements

GDIT eMedNY and each Managed Care Organization will comply with applicable Centers for Medicare & Medicaid Services (CMS) and NYS standard policies regarding data security and privacy controls.

7. Qualification Methods

Qualification methods to be used to verify that the requirements for the interfaces defined in Section 6 “*Detailed Interface Requirements*” have been met include:

- During Construction Phase, unit test packages are created with visual examination and approval of test results.
- During System Integration Phase, test packages are created with visual examination and approval of test results. Test results are then presented to NYSDOH for their sign-off.
- During Quality Assurance Phase, automated scripts are executed to determine results are as expected.
- Post Implementation Validate is performed after a project is moved into Production where visual examination of file processing is reviewed for accuracy.

Appendix A – Record of Changes

Table 3 – Record of Changes

Version Number	Date	Author/Owner	Description of Change
0	10/22/2020	Tara Moore	Initial

Appendix B – Acronyms

Table 4 – Acronyms

Acronym	Literal Translation
ICD	Interface Control Document
eMedNY	Electronic Medicaid of New York
GDIT	General Dynamics Information Technology
FTP	File Transfer Protocol
NYS	New York State
DOH	Department of Health
DE	Data Element Number
SIT	Systems Integration Testing
SLA	Service Level Agreements
NYSDOH	New York State Department of Health
ETIN	Electronic Transmitter Identification Number
MCO	Managed Care Organization
MCOFE	Managed Care Organization Data File
DME	Durable Medical Equipment

Appendix C – Glossary

Table 5 – Glossary

Term	Acronym	Definition
<Term>	<Acronym>	<Definition>
<Term>	<Acronym>	<Definition>
<Term>	<Acronym>	<Definition>
<Term>	<Acronym>	<Definition>
<Term>	<Acronym>	<Definition>

Appendix D – Referenced Documents

Table 6 – Referenced Documents

Document Name	Document Location and/or URL	Issuance Date
eCommerce TDD	El Segundo- \\Cscrsrs0005\emedny project file\Semi-Annual Documentation	Semi-annual
Claims TDD	El Segundo- \\Cscrsrs0005\emedny project file\Semi-Annual Documentation	Semi-annual

Appendix E – Approvals

The undersigned acknowledge that they have reviewed the ICD and agree with the information presented within this document. Changes to this ICD will be coordinated with, and approved by, the undersigned, or their designated representatives.

Table 7 – Approvals

Document Approved By	Date Approved
Name: Patric Dempster, CISO and Privacy Officer – CSRA	Date
Name: <Name>, <Job Title> - <Company>	Date
Name: <Name>, <Job Title> - <Company>	Date
Name: <Name>, <Job Title> - <Company>	Date

Appendix F – Contact Information

Table 8 – Contact Information

Entity	Contact Description/Name	Phone	Email Address
GDIT	GDIT Command Center	318-549-4333	RDC_Command_Center@gdit.com
Affinity Health Plan/Need MGO Information to List	Primary Manager Data Quality—Sridhar Neredumelli	718-794-5981	Sneredumello@affinityplan.org
	Secondary AVP-Analytics—Rocco Lulic	718-794-5696	RLulic@affinityplan.org
AmidaCare	Primary John Perry	917-565-6187	jperry@amidacareny.org
	Secondary Sheila Maguire	646-757-7083	smaguire@amidacareny.org
BS WNY	Primary Clare Wheelock - Tech Director	410-404-9218	clare.wheelock@ingenio-rx.com
	Secondary Wendy Popielarcheck	813-539-3082	Wendy.Popielarcheck@anthem.com
CDPHP	Primary Mary Butler	518-641-4328	Mary.Butler@cdphp.com
	Secondary Kersten Myrtle	518-641-5064	Kersten.Myrtle@cdphp.com
Emblem Health	Primary Pharmacy Projects & Business Sys. Manager/ Eliezer Rosado	646-447-0118	ERosado@emblemhealth.com
	Secondary Sr. Gov't Prog. Pharmacy Spec./ Jeff Kerman	347-541-0287	JKerman@EmblemHealth.com
Excellus Health Plan	Primary Corrinne Reed	585-485-6179	PBMS.Portfolio@excellus.com
	Secondary Scott Pudney	585-355-8993	scott.pudney@excellus.com
FidelisCare	Primary Pharmacy Carve-Out Technical Contact / Michael Coppa		mcoppa@fideliscare.org
	Secondary	518-708-5018	lscarpello@fideliscare.org

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Entity	Contact Description/Name	Phone	Email Address
	Pharmacy Carve-Out Technical Workgroup Member - Lou Scarpello		
HealthFirst	Primary Sandeep Pelluru - Director Data Integration	646-767-5305	Spelluru@Healthfirst.org
	Secondary Frank Romano - AVP Enterprise Architecture	203-376-2688	Fromano@healthfirst.org
Empire BCBS Anthem	Primary Clare Wheelock - Tech Director	410-404-9218	clare_wheelock@ingenio-rx.com
	Secondary Wendy Popielarcheck	813-539-3082	Wendy.Popielarcheck@anthem.com
Independent Health	Primary Bill Vivian – Data Architect	716-631-3001 ext2579	William.Vivian@independenthealth.com
	Secondary Amy Eberle – Manager-Data Warehouse & MDM	716-635-3898	Amy.Eberle@independenthealth.com
MetroPlus	Primary Suzana Patel - Pharmacy Directory	212-909-5233	patelsu@metroplus.org
	Secondary Pharmacy Department		pharmacy@metroplus.org
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	Secondary Chris Fox	518-386-7328	cfox@mvphealthcare.com
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	Secondary Kenya Dossous	1-800-377-9594	Kenya.Dossous@MolinaHealthCare.com
UHC	Primary Nels Haugen	952-945-1753	nels.haugen@uhc.com
	Secondary Beth Ptak	952-202-7500	BTAK@uhc.com
	Always Inform Mona Kripalani	952-656-0344	mona.kripalani@uhc.com
VSNY Choice	Primary Sofya Shell - Vice President Pharmacy Services	212-290-6557	Sofya.Shell@vnsny.org
	Secondary Lloyd Alcala - Pharmacy Services Specialist	212-946-9251	Lloyd.Alcala@vnsny.org

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