

- MCO PA Extract file Layout

Index	Element	Description	Max Length	Type	Required	Expected Value(s) Format / Validation Rules
1	PayerID	Sandata EVV assigned ID for the payer. Payer ID is determined during the implementation process.	64	String	Yes	AHCCCS Health Plan ID – Format: 6 character string (000000)
2	PayerRegion	If applicable, the region in which this client is being provided services. Potential use and list of values to be determined during implementation.	2	String	Optional	Do Not Provide
3	ClientQualifier	Value being sent to unique identify the client. Values: ClientCustomID.	30	String	Yes	ClientCustomID
4	ClientIdentifier	ID used to uniquely identify the client. ID type identified by ClientQualifier.	64	String	Yes	MedicaidID Format: A00000000; 9 char, starting w/ 1 UC letter [A-Z], followed by 8 digits [0-9]
5	ProviderQualifier	Identifier being sent as the unique identifier for the provider. Values: MedicaidID.	30	String	Yes	MedicaidID

Index	Element	Description	Max Length	Type	Required	Expected Value(s) Format / Validation Rules
6	ProviderID	ID to uniquely identify the provider. ID type identified by ProviderQualifier.	64	String	Yes	FORMAT: 6 character string [000000], left padded with zeros
7	AuthorizationReferenceNumber	Unique identifier for the authorization generated by the payer's source system.	30	String	Yes	LIVE DATA
8	AuthorizationAmountType	The type of authorized amounts being supplied. Values: H = Hourly, V = Visit, U = Unit, M = Monetary.	1	String	Yes	H V U M
9	AuthorizationMaximum	The maximum number of the specified type to allow. If the authorization is active, 0 in this field indicates unlimited. This is the overall limit and may be further limited by the Authorization Limits fields below.	6	Integer	Optional	LIVE DATA
10	AuthorizationStartDate	Start date for the authorization.	10	Date	Yes	FORMAT: YYYY-MM-DD
11	AuthorizationEndDate	End date for the authorization. Preference is to provide this value, if available.	10	Date	Required for AZ	FORMAT: YYYY-MM-DD Note that if no end date is available, MMIS will use rule to future date this 100 years
12	AuthorizationShared	To be used, shared authorizations must be part of the program specifications. Denotes that the authorization being provided is part of a shared authorization set.	1	String	Optional	Default = N Values Y, N
13	AuthorizationComments	Free text comments. Used by the payer to include additional information. If value provided is greater than the maximum, the text will be truncated to the maximum	256	String	Optional	LIVE DATA
14	AuthorizationLimitType	If the authorization has sub limits, the type of sub limits being detailed. Values: N = None, S = Specified Schedule, D = Day, W = Week, M = Month, Y = Year. Default = N.	1	String	Yes	N S D W M Y
15	AuthorizationStatus	The status of the authorization. Values: A = Active, I = Inactive, V = Voided, S = Suspended. Default = A.	1	String	Yes	A I V S
16	ServiceAuthorizedDate	Date the service was authorized/created.	10	Date	Optional	FORMAT: YYYY-MM-DD

17	MedicalNecessityDeterminationDate	This is the medical necessity determination date.	10	Date	Optional	FORMAT: YYYY-MM-DD
18	CaseManagerLastName	Case manager's last name	30	String	Optional	LIVE DATA
19	CaseManagerFirstName	Case manager's first name	30	String	Optional	LIVE DATA
20	CaseManagerEmail	Case manager's email address. This individual, using their email address, will have the ability to view data and reports specific to the identified payer and client.	64	String	Optional	FORMAT: xxx@yyy.zzz RULES: @ and extension (.zzz) are required to validate email address.
21	SegmentName	If this is a child segment, the name of the segment. Valid values are found above. NOTE: Field should be omitted when using the REST API.	30	String	Conditional	AuthorizationLimit DiagnosisCode
Segment: AuthorizationLimit- This section is REQUIRED for all data elements marked as required. If AuthorizationLimitType = N the conditional data elements are not required.						
22	AuthorizationServiceID	The procedure or service to be performed. This will correspond to a HCPCS code to be used in billing. These values will be established as part of the implementation process.	5	String	Yes	See Appendix 2 HCPCS column In Sandata Addendum Document
23	PayerProgram	If applicable, the program to which this client belongs. Potential use and list of values to be determined during implementation.	9	String	Yes	See Appendix 1 ProgramID column In Sandata Addendum Document
24	AuthorizationBillingType	Optional information which may control additional mapping including determining billing information including HCPCS code and modifiers. Potential use and values to be determined during the implementation process. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well.	64	String	Optional	DO NOT PROVIDE
25	AuthorizationLimit	The limit value for the sublimit being specified. Required if this segment is provided. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well. Claims and encounters editing should remain unchanged.	5	String	Yes	LIVE DATA
26	AuthorizationWeekStart	Required if AuthorizationLimitType is W.	3	String	Conditional	MON TUE WED THU FRI SAT SUN
27	AuthorizationLimitDayOfWeek	Required if AuthorizationLimitType is S or D.	3	String	Conditional	MON TUE WED THU FRI SAT SUN
28	AuthorizationLimitStartTime	Required if AuthorizationLimitType is S. Optional if AuthorizationLimitType is D. If AuthorizationLimitType = S, the schedule MUST start at the time specified. If AuthorizationLimitType = D, the start and end times provide a range in which services are to be delivered. Does not apply for other AuthorizationLimitTypes. Client or Account time zone is assumed.	4	String	Conditional	FORMAT: HHMM assuming a 24-hour clock.
29	AuthorizationLimitEndTime	Optional if AuthorizationLimitType is S. Optional if AuthorizationLimitType is D. If AuthorizationLimitType = S, the service is scheduled to end at the time specified. If AuthorizationLimitType = D, the start and end times provide a range in which services are to be delivered. Does not apply for other AuthorizationLimitTypes. Client or Account time zone is assumed.	4	String	Conditional	FORMAT: HHMM assuming a 24-hour clock.
30	Modifier1	First modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	2	String	Conditional	See Appendix 2 Modifier columns

31	Modifier2	Second modifier if applicable. Authorizations may include modifier information to be used for service provision and billing	2	String	Conditional	See Appendix 2 Modifier columns
32	Modifier3	Third modifier if applicable. Authorizations	2	String	Conditional	See Appendix 2 Modifier columns
		may include modifier information to be used for service provision and billing				
33	Modifier4	Fourth modifier if applicable. Authorizations may include modifier information to be used for service provision and billing.	2	String	Conditional	See Appendix 2 Modifier columns In Sandata Addendum Document
Segment DiagnosisCode: Diagnosis codes for the client. This is a repeating element. Only one diagnosis code can be indicated as primary. This is an optional segment.						
34	ClientDiagnosisCodeIsPrimary	Indicates that the diagnosis code is the primary code for the client. If more than one code is primary, first value designated as primary will be assumed to be primary. Required if segment is provided. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well.	1	String	Optional	Y N Default = N
35	ClientDiagnosisCode	The client's diagnosis code in ICD -10 format. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well.	10	String	Optional	FORMAT: ICD-10
36	ClientDiagnosisCodeBeginDate	The beginning date associated with the specified diagnosis code. Format YYYY-MM-DD. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well.	10	Date	Optional	FORMAT: YYYY-MM-DD
37	ClientDiagnosisCodeEndDate	The ending date associated with the specified diagnosis code. Format YYYY-MM-DD. Client may send this attribute but it will not be validated or stored in Sandata's DB. This field will not be included in the DW Export as well.	10	Date	Optional	FORMAT: YYYY-MM-DD

Additional Information:

- Produce the extracts daily, Monday through Sunday, including holidays.
- If no authorization records are found for a health plan, provide a 'Null' file with no data. Headers will not be provided.
- This is the same layout health plans are required to follow when submitting an authorization file to Sandata. Each record shall be 1000 bytes, Fields shall be pipe(|) delimited and encased in quotes ("). Blank fields shall be populated with double quotes (""), Element values will be provided as header values encased in quotes.