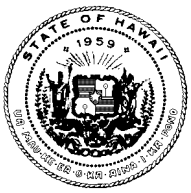
**DAVID Y. IGE**
GOVERNOR

**CATHY BETTS**
DIRECTOR

**JOSEPH CAMPOS II**
DEPUTY DIRECTOR



**STATE OF HAWAII**
**DEPARTMENT OF HUMAN SERVICES**
Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

October 20, 2021

MEMORANDUM

MEMO NO.
QI-2163

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) DATA REQUIREMENTS FOR HEALTH PLANS

The Med-QUEST Division (MQD) is issuing this memo to provide guidance to QI Health Plans regarding EPSDT processing requirements for electronic EPSDT (eEPSDT) visit data and paper visit data for service dates beginning January 1, 2022. This memo is directly associated with provider memo QI-2164 which details changes to the Hawaii Medicaid EPSDT periodicity schedule, revision of the DHS 8015/8016, and the new options for EPSDT providers to submit EPSDT visit data for service dates beginning January 1, 2022.

Providers of EPSDT services shall submit EPSDT visit data through online submission or mail-in submission. Technical documents detailing workflow processes and requirements for the EPSDT visit data file exchange between the QI Health Plans and MQD in each modality can be found in Attachments A and B.

**MQD Partner Portal**

QI Health plans shall continue working closely with MQD to prepare and test all connections and workflow processes involved in eEPSDT file exchange until functional, at which time the QI Health Plans will be granted access to the MQD partner portal. The portal will allow the QI Health Plans access to all member EPSDT visit data submissions, whether for DHS 8015 comprehensive visits or for DHS 8016 follow up visits, for members attributed to the plan. Various functions will be available to search and view member EPSDT records and download

individual or batch reports in the identified Data File Field Specification format (5.0 of Attachment A).

**Processing forms**

QI Health plans will receive EPSDT visit data from providers in two different ways: Online (electronic) submitted data and paper copies of the DHS 8015 or DHS 8016.

Online submission: See page 10 of Attachment A for the Batch Approval of Provider Submitted EPSDT Exam Data Process Flow. The health plans will regularly download visit records for both comprehensive and follow up visits of their members from the partner portal to review each record for accuracy and completeness. Each record submitted online will have a confirmation number. Providers will be instructed to include the confirmation number on the claim to facilitate matching with associated claims in the following locations:

- 837: loop 2300 NTE 01: ADD, then loop 2300 NTE 02: (confirmation #)

- CMS 1500: FL 19

QI Health Plans will only approve a record if the visit data is complete, accurate, and an associated claim has been approved for reimbursement to the provider. The QI Health Plans will then upload status updates of either "approved" or "revise (with revise reason)" in the provided eEPSDT schema (provided in Attachment B) and uploaded to the designated eEPSDT folders located on the MQD sFTP. All file names will follow the designated naming conventions in Attachment B.

Paper copy submission: QI Health plans will also receive paper copies of DHS 8015 or 8016 mailed by providers. See page 6 of Attachment A for the paper form ingestion process flowchart. Health plans will scan paper forms to CSV file, and additionally create a PDF of the form. The QI Health Plans will review the data for accuracy and completeness and match to claims. No confirmation number is provided for paper copy submissions. The CSV and PDF files of the paper forms are uploaded by the QI Health Plans to the MQD sFTP. Only forms that are complete, accurate, and have an associated claim approved for reimbursement to the provider will be uploaded to sFTP folder. All file names will follow the designated naming conventions in Attachment B.

**Provider Support**

Health plans will support and assist EPSDT providers in the transition to new options to submit EPSDT visit data. Health plans will be provided opportunities for representatives to learn how to support providers in navigating the different options to submit EPSDT data. MQD's EPSDT webpage will provide training materials for health plans to reference when supporting providers and their staff in learning how to login, navigate in the portal, and how to submit EPSDT visit data through each of the new options. Health plans will support EPSDT providers in navigating this change.

MQD will provide one-page communications designed to explain various topics on upcoming changes for EPSDT providers. Health plans will all use these communications to consistently message EPSDT providers. These communications will be provided by MQD to health plans on a weekly basis for six consecutive weeks.

For any questions or clarifications on the content of this memorandum, contact Jon Fujii at jfujii@dhs.hawaii.gov.

Attachment A: QI Health Plan File Processing Design Document
Attachment B: QI Health Plan File Processing Requirements Document

# State of Hawai‘i

*Department of Human Services: Med-QUEST Division*

## eEPSDT File Processing Design Document
## QUEST Integration Health Plan

Electronic Early and Periodic Screening, Diagnostic, and Treatment

October 2021
Pre-Release Revision 1.1

# State of Hawai‘i

Department of Human Services: Med-QUEST Division

# eEPSDT File Processing Requirements
# QUEST Integration Health Plan

Electronic Early and Periodic Screening, Diagnostic, and Treatment

October 2021
Revision 1.1

## Document History

| Date | Version | Description | Author |
|---|---|---|---|
| 10/1/2021 | v.1.0 | Initial draft | MQD- Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
| 10/15/2021 | v.1.1 | Official Release | MQD- Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
| | | | |

## References

Please refer to the additional project documentation (see table below) for more information, not captured in this document, regarding the MQD EPSDT Modernization project.

| Date | Document Name/Location | Author/Owner |
|---|---|---|
| 10/15/2021 | eEPSDT File Processing Design Document QUEST Integration Health Plans | MQD- Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
| | | |
| | | |
| | | |

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## 1.0 Introduction

The purpose of this document is to describe the MQD EPSDT System file import process, required files, and the data file (CSV) specification. The following sections will cover the file processing requirements, data load validations, and description of the standards, conventions and expected values when constructing the import file.

The MQD EPSDT File Processing module is designed to use a common file layout to support data integration for the following use cases.

1. Ingestion of Approved Paper Forms Scanned Images and Data
2. Ingestion of Approved 8015/8016 and Supplemental Data from Kaiser
3. Batch Approval Processing of Provider Submitted Forms

# 2.0 File Processing Requirements

## 2.1 Common File Processing Requirements

The table below describes the processing requirements that are common to all MQD EPSDT file processing.

| Number | Description |
|---|---|
| REQ-01 | Health Plan files (CSV Flat File, PDF Scanned Image) will be processed by the MQD EPSDT System on workdays, Monday thru Friday, at 5 PM HST. |
| REQ-02 | Health Plan files must be placed in the Health Plan "IN" subfolder by 5PM HST for same day processing. |
| REQ-03 | CSV File must be **pipe-delimited** and include a header row. |
| REQ-04 | All Files will be scanned for viruses. If a virus is found or file(s) cannot be opened, the file(s) will not be processed, and the failure will be included in an exception report and emailed to Health Plan and MQD Administrators. |
| REQ-05 | Each record in the CSV must pass criteria defined in Section 3.0 Data Load Validation.<br>Upon failure:<br>1. The record will be rejected.<br>2. For Paper Form modality, the corresponding scanned image (PDF) will be rejected.<br>3. The failure will be included in an exception report and emailed to the Plan and MQD Administrators. |
| REQ-06 | Each record in the CSV must pass the maximum column size validation to be ingested in the MQD EPSDT System Database.<br>Upon failure:<br>1. The record will be rejected.<br>2. For Paper Form modality, the corresponding scanned image (PDF) will be rejected.<br>3. The failure will be included in an exception report and emailed to the Plan and MQD Administrators. |
| REQ-07 | Each record in the CSV will be further validated to determine if the expected format, values, or not null requirements are met.<br>Upon failure:<br>1. The record will be written to the MQD EPSDT System Table as approved but marked as loaded with error(s).<br>2. Columns that do not meet the format requirement will be set as null or a defined error value.<br>3. For Paper Modality, the corresponding scanned image (PDF) will be inserted into Filenet. |
| REQ-08 | An email notification listing successfully processed files will be sent to the Plan and MQD Administrators. |
| REQ-09 | Any records and files that are rejected must be corrected by the Health Plan and resubmitted for processing in a subsequent process. |
| REQ-10 | Any processing errors must be investigated and triaged by MQD Tier 2 support. |

| Number | Description |
|---|---|
| REQ-11 | After processing, files will be moved to the OUT subfolder. Within the OUT folder, there will be subfolders to store FAILED and SUCCESSFUL files. |
| REQ-12 | The Health Plan will participate in user acceptance testing (UAT) and provide scanned images and data files for testing purposes. |
| REQ-13 | The Health Plan must accept the UAT results as a requirement for MQD EPSDT System onboarding. |

## 2.2 File Processing Requirements for Ingestion of Approved Paper Forms

In addition to the requirements in the above section, 2.1 Common File Process Requirements, the following requirements applies to the ingestion of approved Paper Forms.

| Number | Description |
|---|---|
| REQ-PF-01 | CSV files must be named according to the following convention:<br><plan_name>_INSERT_<dateandmilitarytime>.csv<br>*Example*: HMSA_INSERT_081820210856.csv |
| REQ-PF-02 | Acceptable values for <**plan_name**> are:<br>• ALOHA<br>• HMSA<br>• KAISER<br>• OHANA<br>• UNITED |
| REQ-PF-03 | **Insert Screen Date between Medicaid ID and Iteration (change denoted in blue font)**<br><plan_name>_INSERT_<dateandmilitarytime>_<medicaidid>_**<screendate>**_<iteration>.pdf<br><plan_name>_INSERT_<dateandmilitarytime>_<medicaidid>_<screendate>_<iteration>.pdf<br>*Example*: HMSA_INSERT_081820210856_1234567890_08192021_1.pdf<br>Note:<br>• ***screendate*** must be formatted as MMDDYYYY<br>• ***iteration*** is an incremental number to uniquely identify the PDF file in the event there are multiple scanned form images (PDF) for a patient. |
| REQ-PF-04 | For the Paper Form modality, each PDF File must have a corresponding record in the CSV file. The "PDF_ID" field in the CSV record will contain the filename of the PDF.<br>If a PDF File does not have a corresponding record:<br>1. The PDF will be rejected.<br>2. The failure will be included in an exception report and emailed to the Plan and MQD Administrators. |
| REQ-PF-05 | For the Paper Form modality, each record in the CSV file must have a corresponding PDF File as identified in the "PDF_ID" field in the record.<br>If a record does not have a corresponding PDF File:<br>1. The PDF will be rejected. |

| Number | Description |
|---|---|
| | 2. The failure will be included in an exception report and emailed to the Plan and MQD Administrators. |
| REQ-PF-06 | For Paper Form ingestion, the EPSDT_EXAM_ID must be NULL. |
| REQ-PF-07 | For Paper Form ingestion, the EXAM_STATUS_CD, REVISE_REASON_CD and REVISE_COMMENT will be ignored. |

## 2.3 File Processing Requirements for Ingestion of Approved 8015/8016 and Supplemental Data from EMR (Kaiser)

In addition to the requirements in the above section and section 2.1 Common File Process Requirements, the following requirements applies to the ingestion of approved 8015/8016 and supplemental data from EMR (currently only Kaiser).

| Number | Description |
|---|---|
| REQ-EM-01 | CSV files must be named according to the following convention:<br><plan_name>_INSERT_<dateandmilitarytime>.csv<br>*Example*: KAISER_INSERT_081820210856.csv |
| REQ-EM-02 | Acceptable values for <**plan_name**> are:<br>• ALOHA<br>• HMSA<br>• KAISER<br>• OHANA<br>• UNITED |
| REQ-EM-03 | For EMR (Kaiser) ingestion, the EPSDT_EXAM_ID must be NULL. |
| REQ-EM-04 | For EMR (Kaiser) ingestion, the EXAM_STATUS_CD, REVISE_REASON_CD and REVISE_COMMENT will be ignored. |

## 2.4 File Processing Requirements for Batch Approval Processing of Provider Submitted Forms

In addition to the requirements in the above section and section 2.1 Common File Process Requirements, the following requirements applies to the batch approval processing of Provider submitted forms.

| Number | Description |
|---|---|
| REQ-BA-01 | CSV files must be named according to the following convention:<br><plan_name>_UPDATE_<dateandmilitarytime>.csv<br>*Example*: ALOHA_UPDATE_081820210856.csv |
| REQ-BA-02 | Acceptable values for <**plan_name**> are:<br>• ALOHA |

| Number | Description |
|---|---|
| | • HMSA<br>• KAISER<br>• OHANA<br>• UNITED |
| REQ-BA-03 | For Batch Approval Processing of Provider Submitted Forms, the following fields are required and must not be null.<br>1. EPSDT_EXAM_ID<br>2. EXAM_STATUS_CD<br>3. REVISE_REASON_CD<br><br>The following field is optional.<br>1. REVISE_COMMENT<br><br>All other fields will be ignored. |
| REQ-BA-04 | Prior to record update, the existing exam status field will be evaluated to determine if the record state is still awaiting batch approval. If the record state changed after the export, the transaction will be flagged as an error and the record will be not be updated. |

## 3.0Data Load Validation

Each line in the CSV file will be checked by the system to verify that relevant business rules are met prior to entering the MQD EPSDT System. Any errors discovered will be reported in an exception report and the corresponding record will not be imported.

### 3.1 Ingestion of Approved Paper Form – New Record Insert

| FIELD NAME | EXPECTED VALUES | DESCRIPTION | FILENET METADATA | DATA LOAD VALIDATION |
|---|---|---|---|---|
| PATIENTS_PLAN | ALOHA<br>HMSA<br>KAISER<br>OHANA<br>UNITED | Short Name of Health Plan. | | Flag as error if not one of the five names listed in the "Expected Values" column |
| EPSDT_SUBMISSION_DATE | Valid date format MMDDYYYY | Date of File Submission | | Flag as error if null or not a valid date |
| SCREEN_DATE | Valid date format MMDDYYYY | Date of Screening Visit | X | Flag as error if null or not a valid date |
| PATIENT_LNAME | -- | Patient's Last Name | X | Flag as error if > 200 characters |
| PATIENT_FNAME | -- | Patient's First Name | X | Flag as error if > 200 characters |
| PATIENT_MNAME | -- | Patient's Middle Name | | Flag as error if > 508 characters |
| PATIENT_MEDICAID_ID | 10-Digit Number | Patient's Medicaid ID Number (10-Digits) | X | Flag as error if:<br>(1) Not a number<br>(2) More than 10 digits<br>(3) Is null |
| PATIENT_DOB | Valid date format MMDDYYYY | Patient's Date of Birth | X | Flag as error if null or not a valid date |
| PROVIDER_PRINT_NAME | -- | Provider's Printed Name | X | Flag as error if > 200 characters |
| RENDERING_NPI | 10-Digit Number | Rendering Provider's NPI Number (10-digit) | X | Flag as error if:<br>(1) Not a number<br>(2) More than 10 digits<br>(3) Is null |
| EXAM_TYPE | 0: Initial<br>1: Follow-up | Exam Type | | Flag as error if not 0 or 1 |
| MODALITY | 0: Paper Form | Mode in which Form 8015/8016 is submitted | | Flag as error if not 0 |
| EPSDT_EXAM_ID | NULL | EPSDT Exam ID - System Assigned Unique ID | | Flag as error if not null |

## 3.2 Ingestion of Approved 8015/8016 and Supplemental Data from EMR (Kaiser) – New Record Insert

| FIELD NAME | EXPECTED VALUES | DESCRIPTION | DATA LOAD VALIDATION |
|---|---|---|---|
| PATIENTS_PLAN | ALOHA<br>HMSA<br>KAISER<br>OHANA<br>UNITED | Short Name of Health Plan. | Flag as error if not one of the five names listed in the "Expected Values" column |
| EPSDT_SUBMISSION_DATE | Valid date format MMDDYYYY | Date of File Submission | Flag as error if null or not a valid date |
| SCREEN_DATE | Valid date format MMDDYYYY | Date of Screening Visit | Flag as error if null or not a valid date |
| PATIENT_LNAME | -- | Patient's Last Name | Flag as error if > 200 characters |
| PATIENT_FNAME | -- | Patient's First Name | Flag as error if > 200 characters |
| PATIENT_MNAME | -- | Patient's Middle Name | Flag as error if > 508 characters |
| PATIENT_MEDICAID_ID | 10-Digit Number | Patient's Medicaid ID Number (10-Digits) | Flag as error if:<br>(1) Not a number<br>(2) More than 10 digits<br>(3) Is null |
| PATIENT_DOB | Valid date format MMDDYYYY | Patient's Date of Birth | Flag as error if null or not a valid date |
| PROVIDER_PRINT_NAME | -- | Provider's Printed Name | Flag as error if > 200 characters |
| RENDERING_NPI | 10-Digit Number | Rendering Provider's NPI Number (10-digit) | Flag as error if:<br>(1) Not a number<br>(2) More than 10 digits<br>(3) Is null |
| EXAM_TYPE | 0: Initial<br>1: Follow-up | Exam Type | Flag as error if not 0 or 1 |
| MODALITY | 3: EMR | Mode in which Form 8015/8016 is submitted | Flag as error if MODALITY is not 3<br>AND EPSDT_EXAM_ID is NULL |
| EPSDT_EXAM_ID | NULL | EPSDT Exam ID - System Assigned Unique ID | Flag as error if not null |

## 3.3 Batch Approval Processing of Provider Submitted Forms - Update Existing MQD EPSDT System Records

| FIELD NAME | EXPECTED VALUES | DESCRIPTION | FILENET METADATA | DATA LOAD VALIDATION |
|---|---|---|---|---|
| EPSDT_EXAM_ID | NUMBER | EPSDT Exam ID - System Assigned Unique ID | N/A | Flag as error if blank or not a valid number |
| EXAM_STATUS_ID | 5: Approved<br>6: Revise | EPSDT Exam Status | N/A | Flag as error if not 5 or 6 |
| REVISE_REASON_CD | TBD | Plan's Reason for Revision (Rejection) | N/A | Flag as error if EXAM_STATUS_ID is 6 and REVISE_REASON_CD is blank or not a valid reason code. |
| REVISE_COMMENT | -- | Optional Revision Comment | N/A | Flag as error if > 500 characters |

## 4.0Data File Format

Each data file must adhere to the pre-defined file format described below:

1. The first record in the data file must contain a column name header for each field, separated by a pipe [ | ] character.
2. Each record will be contained on one line of the file, terminated by a line feed, or a carriage return and line feed pair.
3. Each field must be separated by a pipe [ **|** ] character.
4. A pipe character should not follow the final field in the record.
5. Field value must not be enclosed in any characters.
6. Leading and trailing spaces or tabs will be trimmed.

Header 1|Header 2|Header 3|Header 4|Header 5| ...

value 1|  value 2  | value 3a, value 3b, value 3c | |  value “5” | ...

| Header 1 | Header 2 | Header 3 | Header 4 | Header 5 | ... |
|---|---|---|---|---|---|
| value 1 | value 2 | value 3a, value 3b, value 3c | | value “5” | ... |

## 5.0 Data File Field Specification

Fields within the line must be properly formatted and able to be parsed as specified in the following table.

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 1 | EPSDT_EXAM_ID | number | NUMBER | NO | NO | YES | EPSDT Exam ID - System Assigned Unique ID |
| 2 | EXAM_STATUS_CD | n | 5: Approved<br>6: Revise | NO | NO | YES | EPSDT Exam Status |
| 3 | REVISE_REASON_CD | n | TBD | NO | NO | YES | Plan's Reason for Revision (Rejection) |
| 4 | REVISE_COMMENT | alphanumeric,<br>max 500 characters | -- | NO | NO | OPTIONAL | Optional Revision Comment |
| 5 | MODALITY | n | 0: Paper Form<br>3: EMR | YES,<br>(Modality=0) | YES,<br>(Modality=3) | N/A | Mode in which Form 8015/8016 is submitted |
| 6 | PDF_ID | <plan_name>_<br><dateandmilitarytime>_<br><medicaidid>_<br><iteration>.pdf | -- | YES | NO | N/A | Filename of scanned form. |
| 7 | PATIENT_PLAN | alphanumeric,<br>max 10 characters | ALOHA<br>HMSA<br>KAISER<br>OHANA<br>UNITED | YES | YES | N/A | Short name for Health Plan. |
| 8 | EPSDT_SUBMISSION_DATE | MMDDYYYY | Valid Date | YES | YES | N/A | Date of file Submission |
| 9 | SCREEN_DATE | MMDDYYYY | Valid Date | YES | YES | N/A | Date of Screening Visit |
| 10 | PATIENT_LNAME | alphanumeric,<br>max 200 characters | -- | YES | YES | N/A | Patient's Last Name |
| 11 | PATIENT_FNAME | alphanumeric,<br>max 200 characters | -- | YES | YES | N/A | Patient's First Name |
| 12 | PATIENT_MNAME | alphanumeric,<br>max 508 characters | -- | NO | NO | N/A | Patient's Middle Name |
| 13 | PATIENT_MEDICAID_ID | nnnnnnnnnn | 10-Digit Number | YES | YES | N/A | Patient's Medicaid ID Number (10-Digits) |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 14 | PATIENT_DOB | MMDDYYYY | Valid Date | YES | YES | N/A | Patient's Date of Birth |
| 15 | PROVIDER_PRINT_NAME | alphanumeric | Up to 200 characters | YES | YES | N/A | Provider's Printed Name |
| 16 | RENDERING_NPI | nnnnnnnnnn | 10-Digit Number | YES | YES | N/A | Rendering Provider's NPI Number (10-digit) |
| 17 | BILLING_NPI | nnnnnnnnnn | 10-Digit Number | YES | YES | N/A | Billing Provider's NPI Number (10-digit) |
| 18 | EXAM_TYPE | n | 0: Initial<br>1: Follow-up | YES | YES | N/A | Exam Type |
| 19 | FORM_VERSION | MM/YYYY | -- | YES | YES | N/A | Form Revision Date (on the footer) |
| 20 | CONFIRMATION_NBR | nnnnnnnnnn | Number | NO | NO | N/A | EPSDT System Generated Field |
| 21 | INITIAL_CONFIRMATION_NBR | nnnnnnnnnn | Number | YES, for Follow-up visits where Initial Screen Date is after 12/1/2021 | YES, for Follow-up visits where Initial Screen Date is after 12/1/2021 | N/A | For Follow-up visits (Exam Type = 1), enter the Confirmation Number of the Initial Exam |
| 22 | INITIAL_SCREEN_DATE | MMDDYYYY | Valid Date | YES, for Follow-up visits only | YES, for Follow-up visits only | N/A | For Follow-up visits (Exam Type = 1), enter the date of the Initial Screening Visit |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 23 | PATIENT_SCREEN_AGE | n – nn<br>max is 28 | 0-28 (Radio button selection)<br><br>0: <1m 1: 1m<br>2: 2m 3: 4m<br>4: 6m 5: 9m<br>6: 12m 7: 15m<br>8: 18m 9: 24m<br>10: 30m 11: 3y<br>12: 4y 13: 5y<br>14: 6y 15: 7y<br>16: 8y 17: 9y<br>18: 10y 19: 11y<br>20: 12y 21: 13y<br>22: 14y 23: 15y<br>24: 16y 25: 17y<br>26: 18y 27: 19y<br>28: 20y | YES | YES | N/A | EPSDT Periodic Screening Age |
| 24 | MEAS_HEIGHT_IN | n.nn - nnn.nn | 0.00 - 999.99 | NO | NO | N/A | Patient's height in inches |
| 25 | MEAS_WEIGHT_LBS | n.nn - nnn.nn | 0.00 - 999.99 | NO | NO | N/A | Patient's weight in pounds |
| 26 | MEAS_BMI_NUMBER | n.n - nn.n | 0.0 - 99.9 | NO | NO | N/A | Patient's BMI |
| 27 | MEAS_BMI_PERCENT | n – nnn.n<br>precision of 4, scale of 1 | 0 – 100.0 | NO | NO | N/A | Patient's BMI Percent |
| 28 | MEAS_BP_SYSTOLIC | n – nnn,<br>max 3 digits | 0 - 999 | YES, if Patient >= 3 y/o | YES, if Patient >= 3 y/o | N/A | Patient's Blood Pressure - Systolic |
| 29 | MEAS_BP_DIASTOLIC | n – nn,<br>max 2 digits | 00-99 | YES, if Patient >= 3 y/o | YES, if Patient >= 3 y/o | N/A | Patient's Blood Pressure - Diastolic |
| 30 | MEAS_PATIENT_SEX | uppercase F or M | F: Female<br>M: Male | YES, if Patient >= 2 y/o | YES, if Patient >= 2 y/o | N/A | Patient's Sex |
| 31 | MEAS_UNABLE_TO_OBTAIN_IND | n | 0: No/Blank<br>1: Yes | YES, if measurement fields are blank | YES, if measurement fields are blank | N/A | Unable to Obtain Measurements Indicator |
| 32 | VAX_HEPB_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | HEP B Vaccination Given Indicator |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 33 | VAX_PCV_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | PCV Vaccination Given Indicator |
| 34 | VAX_MMR_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | MMR Vaccination Given Indicator |
| 35 | VAX_TDAP_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | TDAP Vaccination Given Indicator |
| 36 | VAX_DTAP_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | DTAP Vaccination Given Indicator |
| 37 | VAX_ROTAV_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | ROTAV Vaccination Given Indicator |
| 38 | VAX_VARICELLA_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Varicella Vaccination Given Indicator |
| 39 | VAX_MCV4_MPSV4_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | MCV4/MPSV4 Vaccination Given Indicator |
| 40 | VAX_IPV_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | IPV Vaccination Given Indicator |
| 41 | VAX_INFLUENZA_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | INFLUENZA Vaccination Given Indicator |
| 42 | VAX_HEPA_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | HEPA Vaccination Given Indicator |
| 43 | VAX_HPV_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | HPV Vaccination Given Indicator |
| 44 | VAX_COVID19_IND | n | 0 = No/Blank<br>1 = Yes | NO | NO | N/A | COVID19 Vaccination Given Indicator |
| 45 | VAX_HIB_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | HIB Vaccination Given Indicator |
| 46 | VAX_MENACWY_MENB_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | MENACWY/MENB Vaccination Given Indicator |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 47 | VAX_UP_TO_DATE | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Vaccination Up To Date |
| 48 | VAX_OTHER | alphanumeric,<br>max 1000 characters | -- | NO | NO | N/A | Other Vaccination Given |
| 49 | VAX_COMMENTS | alphanumeric,<br>max 3000 characters | -- | NO | NO | N/A | Vaccination Comments |
| 50 | SCRN_VISION_IND | uppercase N or A | N: Normal<br>A: Abnormal<br>Null (Blank) | NO | NO | N/A | Vision Assessment |
| 51 | SCRN_HEARING_IND | uppercase N or A | N: Normal<br>A: Abnormal<br>Null (Blank) | NO | NO | N/A | Hearing Assessment |
| 52 | SCRN_DEVELOPMENT_IND | uppercase N or A | N: Normal<br>A: Abnormal<br>Null (Blank) | NO | NO | N/A | Developmental Assessment |
| 53 | SCRN_AUTISM_IND | uppercase N or A | N: Normal<br>A: Abnormal<br>Null (Blank) | NO | NO | N/A | Autism Assessment |
| 54 | SCRN_HGB_G_DL | nn.n | 00.0 - 99.9 | NO | NO | N/A | Screening Hgb g/dl |
| 55 | SCRN_HCT_PCT | nn.n | 00.0 - 99.9 | NO | NO | N/A | Screening Hct Percent |
| 56 | SCRN_HGB_HCT_DONE_IND | n | 0: Not Done/Blank<br>1: Done | NO | NO | N/A | Screening HGB/HCT Done Indicator |
| 57 | SCRN_BLOOD_LEAD_LEVEL_MCG_DL | nnn | 0 - 999 | NO | NO | N/A | Screening Blood Lead Level mcg/dL |
| 58 | SCRN_BLOOD_LEAD_LEVEL_DONE_IND | n | 0: Not Done/Blank<br>1: Done | NO | NO | N/A | Screening Blood Lead Level Done Indicator |
| 59 | SCRN_CHOLESTEROL_DONE_IND | n | 0: Not Done/Blank<br>1: Done | NO | NO | N/A | Screening Cholesterol Done Ind |
| 60 | SCRN_COMMENTS | alphanumeric,<br>max 3000 characters | -- | NO | NO | N/A | Screening Comments |
| 61 | REF_REQUEST_COORDINATION_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Request Coordination Help Indicator |
| 62 | REF_OFFICE_ASSISTANT_NAME | alphanumeric,<br>max 200 characters | -- | NO | NO | N/A | Office Assistant Name |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 63 | REF_OFFICE_DIRECT_PH_NBR | nnnnnnnnnn,<br>max 10 numbers<br>3-digit area code \|\| 7-digit phone number | -- | NO | NO | N/A | Office Direct Phone Number |
| 64 | REF_PARENT_GUARDIAN_NAME | alphanumeric,<br>max 200 characters | -- | NO | NO | N/A | Parent/Guardian Name |
| 65 | REF_RELATIONSHIP_TO_MBR | alphanumeric,<br>max 255 characters | -- | NO | NO | N/A | Relationship to Member |
| 66 | REF_MEMBER_CONTACT_PH_NBR | nnnnnnnnnn,<br>max 10 numbers<br>3-digit area code \|\| 7-digit phone number | -- | NO | NO | N/A | Parent/Guardian/Member Contact Phone Number |
| 67 | REF_COMMENTS | alphanumeric,<br>max 3000 characters | -- | NO | NO | N/A | Request or Referral Comments |
| 68 | PRGM_EARLY_INTERVENTION_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – Early Intervention Indicator |
| 69 | PRGM_DOE_SPECIAL_ED_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – DOE Special Education Indicator |
| 70 | PRGM_CAMHD_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – CAMHD Indicator |
| 71 | PRGM_DENTISTRY_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – Dentistry Indicator |
| 72 | PRGM_DDD_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – DDD Indicator |
| 73 | PRGM_WIC_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – WIC Indicator |
| 74 | PRGM_DOH_CSHN_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Programs – DOSH CSHN Indicator |
| 75 | SPCL_DIET_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Diet Indicator |
| 76 | SPCL_PT_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Physical Therapy |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 77 | SPCL_OT_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Occupational Therapy |
| 78 | SPCL_ST_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Speech Therapy |
| 79 | SPCL_DEVELOPMENTAL_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Developmental Indicator |
| 80 | SPCL_BEHAVIORIAL_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Behavioral Indicator |
| 81 | SPCL_VISION_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Vision Indicator |
| 82 | SPCL_HEARING_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Hearing Indicator |
| 83 | SPCL_MEDICAL_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Medical Indicator |
| 84 | SPCL_SURGICAL_IND | n | 0: No/Blank<br>1: Yes | NO | NO | N/A | Specialty – Surgical Indicator |
| 85 | SPCL_COMMENTS | alphanumeric,<br>max 3000 characters | -- | NO | NO | N/A | Specialty Comments |
| 86 | EMR_ID | alphanumeric,<br>max 255 characters | -- | NO | NO | N/A | EMR Unique Identifier |
| 87 | ASQ3_QNR_COMPLETE_IND | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ-3 Questionnaire Completed |
| 88 | ASQ_COMMUNICATION | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Communication |
| 89 | ASQ_COMMUNICATION_SCORE | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Communication Score |
| 90 | ASQ_GROSS_MOTOR | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Gross Motor |
| 91 | ASQ_GROSS_MOTOR_COMMENT | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Gross Motor Comment |
| 92 | ASQ_FINE_MOTOR | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Fine Motor |
| 93 | ASQ_FINE_MOTOR_COMMENT | alphanumeric,<br>max 2000 characters | -- | NO | NO | N/A | ASQ Fine Motor Comment |

| FIELD ORDER | FIELD NAME | FORMAT | EXPECTED VALUES | PAPER FORMS REQUIRED | EMR REQUIRED | BATCH APPROVAL REQUIRED | DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 94 | ASQ_PROBLEM_SOLVING | alphanumeric, max 2000 characters | -- | NO | NO | N/A | ASQ Problem Solving |
| 95 | ASQ_PROBLEM_SOLVING_COMMENT | alphanumeric, max 2000 characters | -- | NO | NO | N/A | ASQ Problem Solving Comment |
| 96 | ASQ_PERSONAL_SOCIAL | alphanumeric, max 2000 characters | -- | NO | NO | N/A | ASQ Personal Social |
| 97 | ASQ_PERSONAL_SOCIAL_COMMENT | alphanumeric, max 2000 characters | -- | NO | NO | N/A | ASQ Personal Social Comment |
| 98 | MCHAT_16-30MO | alphanumeric, max 2000 characters | -- | NO | NO | N/A | MCHAT/MCHAT-R (16-30 months) |
| 99 | VISIT_TYPE | alphanumeric, max 255 characters | -- | NO | NO | N/A | Visit Type |
| 100 | ENCOUNTER_TYPE | alphanumeric, max 255 characters | -- | NO | NO | N/A | Encounter Type |
| 101 | DIAGNOSIS_TYPE | alphanumeric, max 255 characters | -- | NO | NO | N/A | Diagnosis Type |

## Document History

| Date | Version | Description | Author |
|---|---|---|---|
| 10/1/2021 | 1.0 | eEPSDT File Processing Design Document<br>QUEST Integration Health Plan | Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
| 10/15/2021 | 1.1 | eEPSDT File Processing Design Document<br>QUEST Integration Health Plan | Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
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## References

Please refer to the additional project documentation (see table below) for more information, not captured in this document, regarding the MQD EPSDT Modernization project.

| Date | Document Name | Author/Owner |
|---|---|---|
| 10/15/2021 | eEPSDT File Processing Requirements QUEST Integration Health Plan | Phan Sirivattha<br>Todd Xayphone<br>Sharon Thomas |
| | | |
| | | |
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# 2.0 Introduction

## 2.1 Document Summary

This document contains the high-level technical design, use cases, requirements, and assumptions to process approved 8015 and 8016 exams for the following scenarios:

1. Paper Form Ingestion: Insert 8015/8016 Paper Forms that are signed and snail-mailed from the Provider to the Health Plans for approval.
2. Electronic Medical Records (EMR) Ingestion: Insert exam data captured directly from a Plan's EMR into the MQD EPSDT System. This scenario is for Plans that also operate as a Provider and sends approved exam data to MQD EPSDT System.
3. Batch Approval of Forms submitted directly to MQD EPSDT System via ePDF and Adaptive Forms: Update exam approval disposition for exam data that were submitted by the Provider via the ePDF and Adaptive Form modalities. The MQD EPSDT System data is extracted from the MQD EPSDT System for external approval processing and subsequently uploaded back into MQD EPSDT System for batch update.

## 2.2 Use Cases

The following four (4) use cases will be supported in this first release.

| Number | Name | Description |
|---|---|---|
| UC-01 | Ingest EPSDT Approved Paper Forms (Insert of scanned images and corresponding form data) | Ingest EPSDT Paper Forms received from AlohaCare, HMSA, Ohana and United Health that have been approved for payment. Images of the Paper Forms will be imported to and stored in Filenet (ECM). Corresponding exam data (pipe-delimited) will be inserted into the EPSDT Oracle database. |
| UC-02 | Ingest EPSDT Approved Data (Insert of EMR data) | Ingest (Insert) EPSDT exam data that have been approved for payment. Only the data file (pipe-delimited data) will be received and inserted into the EPSDT Oracle database. |
| UC-03 | Data Capture of Supplemental Exam Data (Insert of supplemental exam data) | In addition to data elements on the EPSDT 8015 and 8016 form, supplemental exam data from Kaiser will be captured and stored in the EPSDT Oracle database. |
| UC-04 | Batch Approval Processing of Provider Submitted Forms | Update MQD EPSDT exam data with either an Approve or Revise decision that is determined in a process external to EPSDT. Forms that have been submitted for approval by Providers will be extracted from EPSDT, processed in the Plan's external |

| Number | Name | Description |
|---|---|---|
| | (Update of MQD EPSDT System data) | System and subsequently uploaded and processed in EPSDT to reflect the approval disposition. |

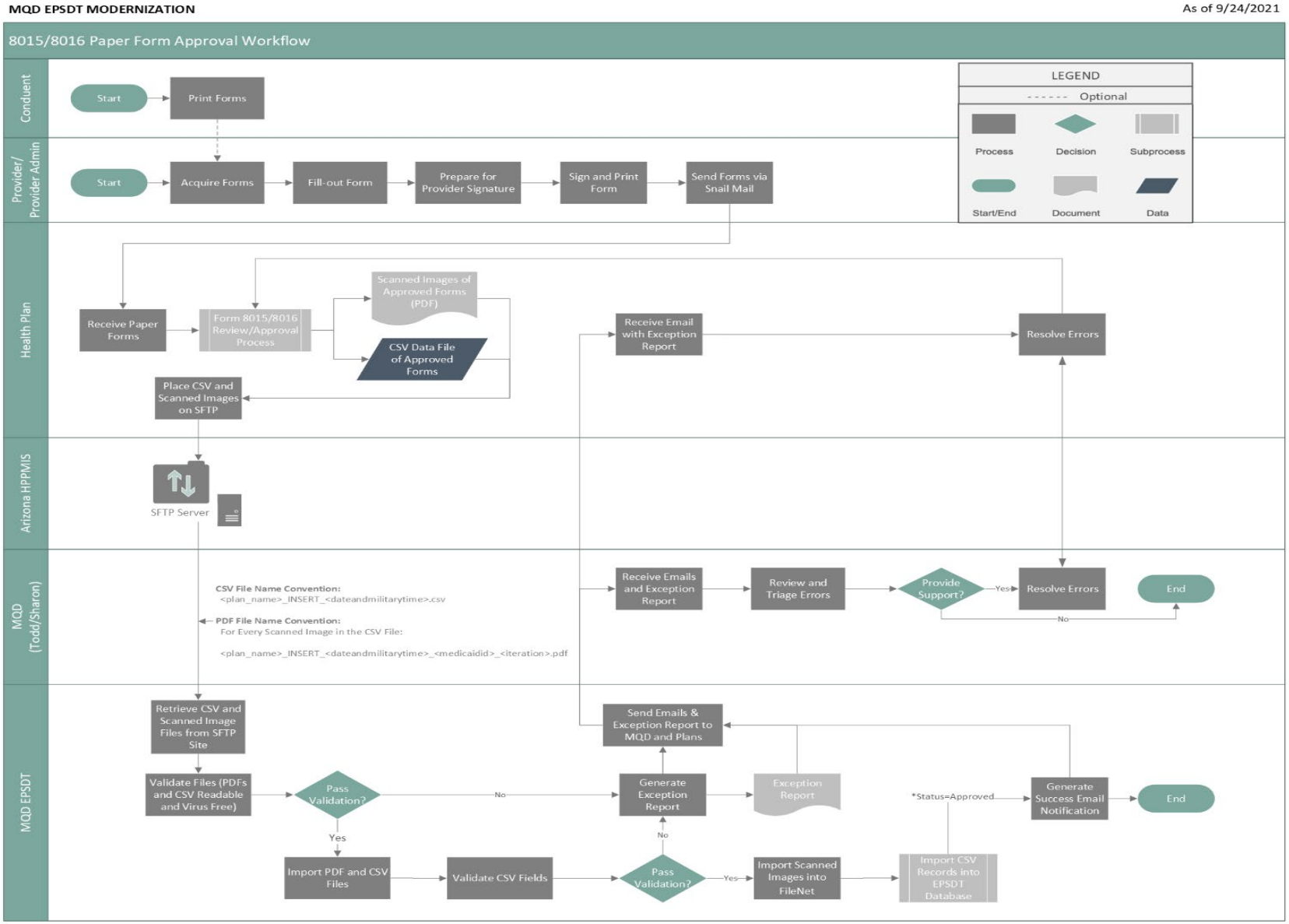
## 3.0 Design Overview

The MQD EPSDT System will utilize Dell Boomi, IBM FileNet and Oracle PL/SQL technologies to integrate data and scanned images from the Health Plans into the DHS Enterprise Content Management (ECM) system and DHS Oracle RDBMS. The file processing operations will include file transfer, virus scan, email generation, PDF import into the ECM and ETL of Plan data into the MQD EPSDT Oracle database.

### 3.1 UC-01: Ingest Approved Paper Forms - AlohaCare, HMSA, Ohana and United Health

1. The Health Plan will send scanned images of approved paper 8015 and 8016 forms as a PDF file to store in the MQD EPSDT document repository (ECM).
2. The Health Plan will send corresponding form data in a pipe-delimited data file to store in the MQD EPSDT System database.
3. An email notification containing an exception report will be sent to the Health Plan and MQD System administrators for any files and/or records that fail data load and validation requirements.

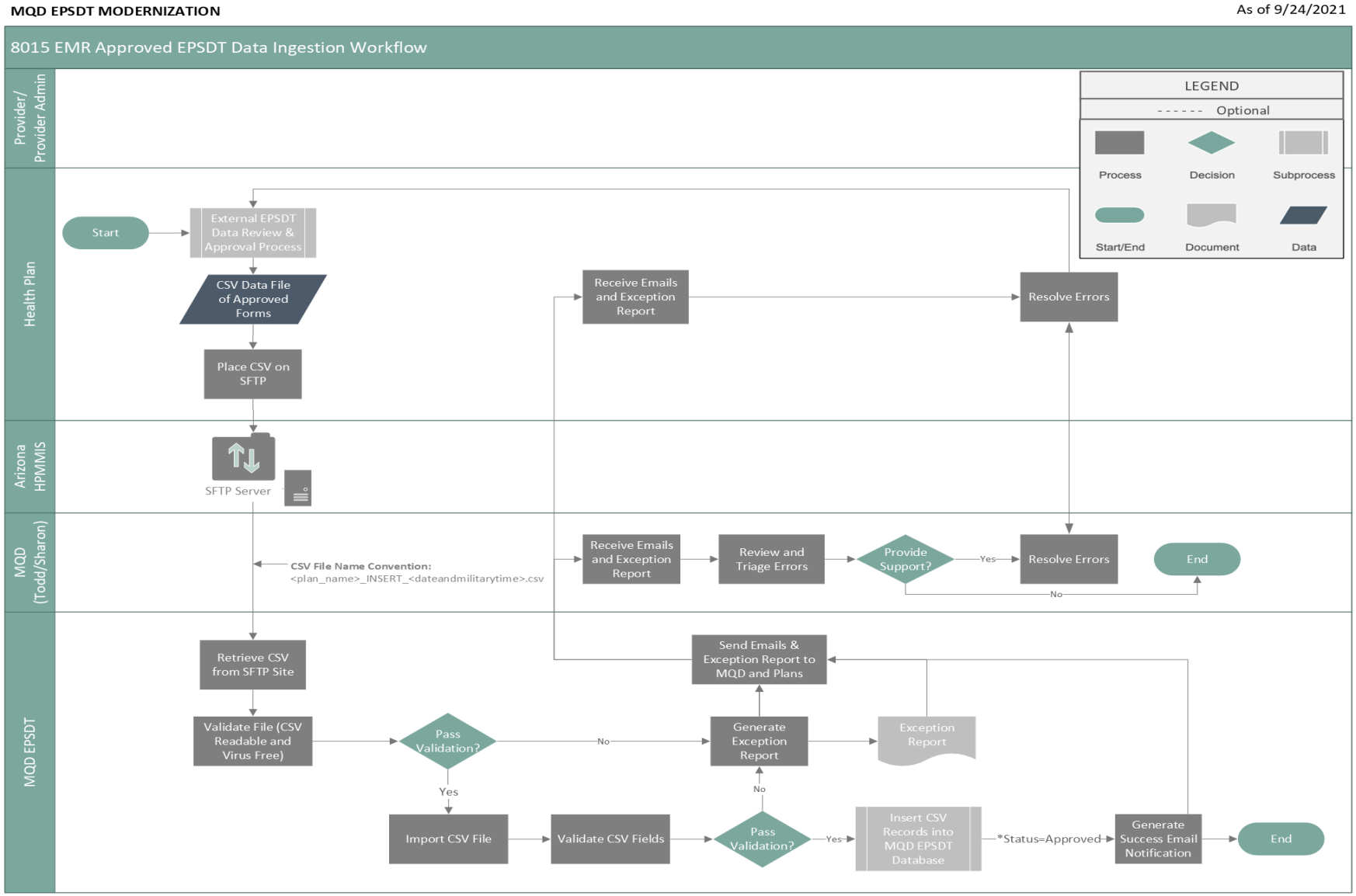
**Figure 1. 8015/8016 Approved Paper Form Ingestion Process Flowchart**



## 3.2 UC-02/UC-03: Ingest Approved 8015/8016 and Supplemental Data from EMR - Kaiser

1. The Health Plan will send only form data of approved 8015 and 8016 in a pipe-delimited data file to store in the MQD EPSDT System database.
2. The Health Plan will include supplemental exam data in the data file, as they currently send today.
3. An email notification containing an exception report will be sent to the Health Plan and MQD EPSDT System administrators for any files and/or records that fail data load and validation requirements.

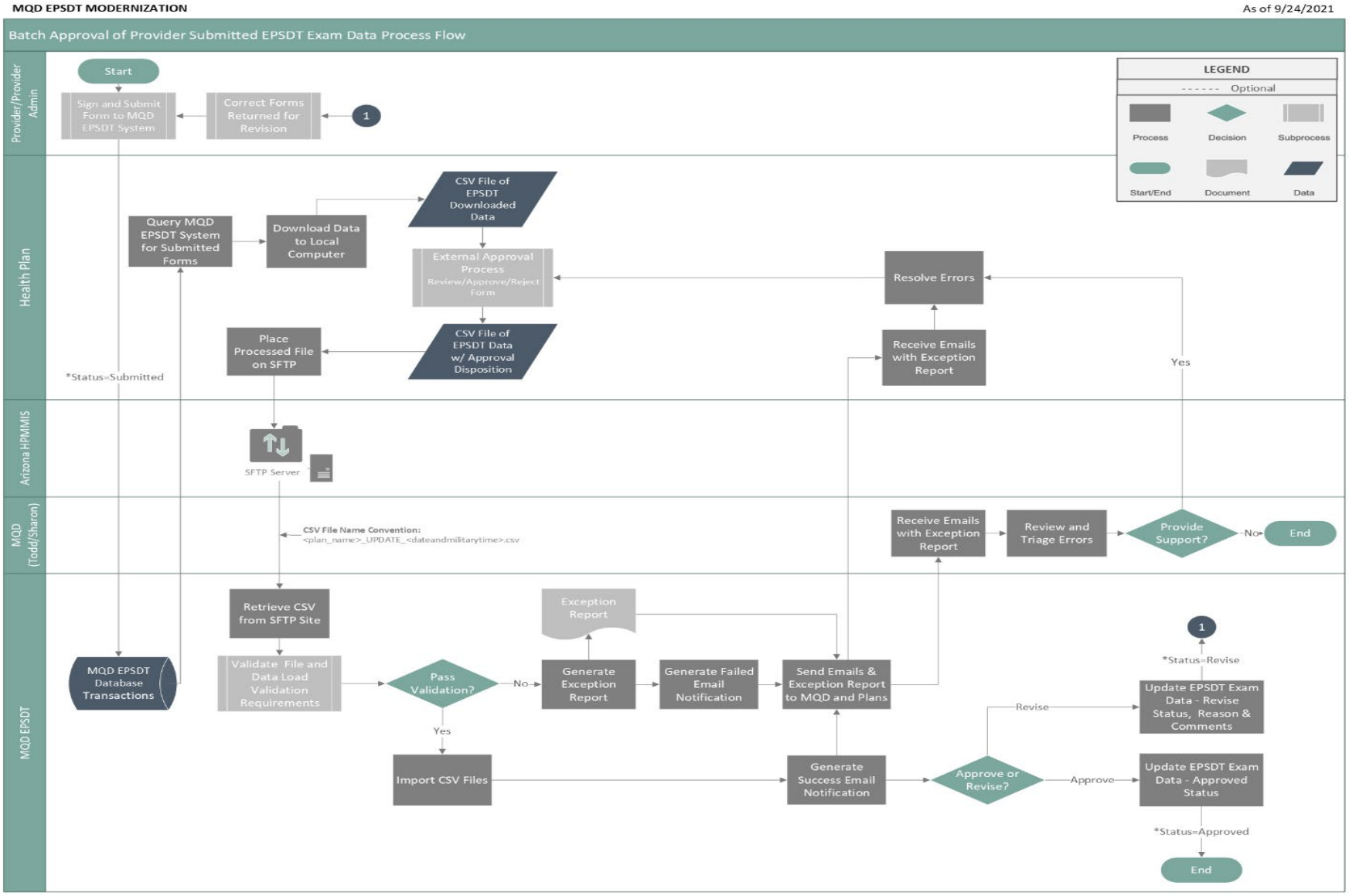
Figure 2. **Approved Kaiser 8015/8016 Data Ingestion Process Flowchart**



## 3.3 UC-04: Batch Approval Processing of Provider Submitted Forms

1. The Health Plan will manually extract MQD EPSDT System data submitted by the Provider for approval via the MQD EPSDT System download functionality in the AEM user dashboard.
2. The Health Plan will process the downloaded data extract through their internal approval system and generate a data extract as defined in Section 4.4 Data File Field Layout and Requirements.
3. The Health Plan will place their processed file on the Arizona HPMMIS SFTP site for processing by the MQD EPSDT System.
4. The MQD EPSDT System will validate the file and CSV records according to sections 4.1 File Processing Requirements, 4.2 Assumptions and 4.3.2. Batch Approval Validations – MQD EPSDT System Update of Existing Records.
5. The MQD EPSDT System will process each record that has been successfully validated and update the corresponding exam data.
    a. The exam status will be updated to reflect the approval disposition of either Approved or Revise.
    b. If the disposition is Revise, the Revise Reason Code will also be updated.
6. Upon failure, an email notification with an exception report will be sent to the Plan and MQD Administrators to resolve.
7. Upon success, an email notification will be sent to the Plan and MQD Administrators.

**Figure 3. Batch Approval of Provider Submitted Forms Flowchart**



# 4.0 Appendix A – Secure FTP Access

## 4.1 Service Account

QUEST Integration Health Plans will use the Arizona SFTP Service Account: svcMQD_EPSDT and have access to the following folders:

| | |
|---|---|
| /ALOHAC/PROD/EPSDT-IN | /ALOHAC/TEST/EPSDT-IN |
| /ALOHAC/PROD/EPSDT-OUT | /ALOHAC/TEST/EPSDT-OUT |
| | |
| /HMSAAA/PROD/EPSDT-IN | /HMSAAA/TEST/EPSDT-IN |
| /HMSAAA/PROD/EPSDT-OUT | /HMSAAA/TEST/EPSDT-OUT |
| | |
| /KAISER/PROD/EPSDT-IN | /KAISER/TEST/EPSDT-IN |
| /KAISER/PROD/EPSDT-OUT | /KAISER/TEST/EPSDT-OUT |
| | |
| /OHANAA/PROD/EPSDT-IN | /OHANAA/TEST/EPSDT-IN |
| /OHANAA/PROD/EPSDT-OUT | /OHANAA/TEST/EPSDT-OUT |
| | |
| /UNITED/PROD/EPSDT-IN | /UNITED/TEST/EPSDT-IN |
| /UNITED/PROD/EPSDT-OUT | /UNITED/TEST/EPSDT-OUT |