



APS Healthcare-West Virginia

**Department of Health & Human Resources-Bureau for Medical Services
TITLE XIX MR/DD WAIVER PROGRAM**

INSTRUCTIONS AND DEFINITIONS:

**For completing the APS to Provider
data elements within the MR/DD Waiver Application**

INTRODUCTION

The APS Healthcare Inc. - West Virginia Title XIX MR/DD Waiver Application Instructions and Definitions serve as a guide for service coordinators and other providers of service to persons on the Title XIX MR/DD Waiver program in submitting data. Data will be utilized to evaluate the types and amounts of service being provided to MR/DD Waiver recipients, ensure recipients health and safety needs are addressed, assure program cost parameters are followed, and provide information to the claims payer regarding selected services and amounts.

The APS MR/DD Waiver Application is organized in a way that allows the Bureau for Behavioral Health and Health Facilities, APS Service Support Facilitators, Service Coordinators, and service providers to enter and view appropriate consumer data. The site is secure and only allows access to the data necessary for the specific user to perform their functions relevant to service provision.

Providers are encouraged to review the APS Healthcare Inc. website, particularly the Frequently Asked Questions (FAQ's), for additional clarifications about the instructions and the process.

These instructions are organized in the order in which they appear in the APS to Provider process (data submission layout). Only those files which are APS to Service Coordination Provider or Service Provider are included in these instructions. Service Coordination or Service Provider to APS files are described in a separate document. Web users will view the required items for submission and all items subject to validation must be completed before a record can be submitted. Additional items not required are completed as necessary and will be subject to basic validation (allowable values).

Please follow these instructions carefully. Completing these demographic and other necessary data elements as instructed will enable accurate and timely processing of the members' information.

Note: The validation standards, as outlined in the Data Elements/Validation Standards document, for each field within the APS Title XIX MR/DD Waiver data set will be applied.

APS Title XIX MR/DD Waiver data may be submitted through direct web entry or EDI file transfer to APS-WV.

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File Name: Service Coordination Assignment

Description: This file is utilized when a Service Coordination provider has been assigned/approved by BHHF and is an APS to Service Coordinator provider file.

Instructions for completing data elements:

(1) APS Assigned ID: (APS_ASSIGN_ID) This field is pre-filled by APS and contains a referral ID generated by APS and cannot be modified.

(2) APS Consumer Identification Number: (APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(3.) Provider Requesting Transfer Provider ID: (TransFrom_SC_Provider_ID) This is the transferring Service Coordination APS assigned Provider ID, if applicable. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

This field will be blank if the service coordination assignment is not a transfer and will be pre-filled if a

transfer of service coordination has been requested. This field may not be modified.

NOTE: If this is not a case transfer this field will be blank.

(4.) Service Coordination Provider Requesting Transfer Telephone Number:

(TransFrom_SC_Provider_Phone) This is the telephone number (including area code) without symbols (e.g. hyphens (-)) of the contact at the service coordination agency requesting the transfer.

NOTE: If this is not a case transfer this field will be blank.

(5.) Service Coordination Provider Requesting Transfer Telephone Extension:

(TransFrom_SC_Provider_Phone_Ext) This is the telephone number extension, if applicable, of the contact at the service coordination agency requesting the transfer. This is an optional field, if there is no extension leave the field blank.

NOTE: If this is not a case transfer this field will be blank.

(6.) Service Coordination Provider Requesting Transfer Consumer Identifier:

(TransFrom_SC_Consumer_ID) This is the unique identifier assigned to the consumer by the transferring service coordination agency. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to

any other consumer receiving services from that agency.

NOTE: If this is not a case transfer this field will be blank.

(7.) Provider ID of Service Coordination Provider consumer is being transferred to: (TransTo_SC_Provider_ID) This is the APS assigned Provider ID for the provider receiving the case (or provider the case is being transferred to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(8.)First Name of Consumer: (Con_First_Name) This field contains the consumer's first name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field is pre-filled and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(9.) Middle Name of Consumer: (Con_Middle_Name) This field contains the consumer's middle name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field is pre-filled and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(10.) Last Name of Consumer: (Con_Last_Name) This field contains the consumer's last name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field is pre-filled and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(11.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any suffix to the consumer's name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field is pre-filled and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(12.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This number must be submitted in the transfer file and match the master entered by BHHF.

(13.)Consumer's Birthdate: (Con_Birthdate) This field contains the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and

may not be modified. This date must be submitted in the transfer file and match the master entered by BHHF.

(14.) Consumer Medicaid Number: (Con_Medicaid_Number) This is the consumer's eleven (11) digit Medicaid number. Do not include any hyphens or the decimal point before the suffix. It is the Provider's responsibility to verify that the Medicaid number listed is correct and currently valid.

NOTE: The provider is responsible for verifying the consumer's Medicaid Number and dates of eligibility. APS does not conduct Medicaid eligibility verification.

(15.) Enrollment Date: (Enrollment Date) This is the date the consumer was approved for the Title XIX MR/DD Waiver (received a "slot"). This date is in a MMDDYYYY format.

(16.) Start date of services at new Service Coordination Provider: (Start_Date_New_TransTo_SC) This field is the start date of services for the consumer at the new service coordination agency. This date is in a MMDDYYYY format.

NOTE: If this is not a case transfer this field will be blank.

(17.) First Name of Currently Assigned Service Coordinator: (TransFrom_Assigned_SC_First_Name) This is the first name of the service coordinator currently assigned to provide service coordination to the consumer and/or family.

NOTE: If this is not a case transfer this field will be blank.

(18.) Last Name of Currently Assigned Service Coordinator: (TransFrom_Assigned_SC_Last_Name) This is the last name of the service coordinator currently assigned to provide service coordination to the consumer and/or family.

NOTE: If this is not a case transfer this field will be blank.

(19.) Last Name of Requested Service Coordinator: (TransTo_PREFERRED_SC_Last_Name) This is the last name of the service coordinator requested by the consumer and/or family, if a specific individual is requested. The consumer and/or family is apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service coordinator if the referral is accepted. If no specific preference is expressed, this field will be blank.

(20.) First Name of Requested Service Coordinator: (TransTo_PREFERRED_SC_First_Name) This is the first name of the service coordinator requested by the consumer and/or family, if a specific individual is requested. The consumer and/or family is apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service

coordinator if the referral is accepted. If no specific preference is expressed, this field will be blank.

additional information to be communicated from BHHF to the new service coordination provider.

(21.) Service Coordination Referral Status:

(SC_Referral_Status) This is the status of the current referral to the service coordination agency. One of the following statuses will be assigned:

REFER=New enrollee referral to SC provider

TRNSFR= Transfer from another provider

ALERT 1= First alert for inaction

ALERT 2= Second alert for inaction

WDRWN= Referral withdrawn

ACCEPT= Transfer accepted by TransTo SC Provider

REJECT= Transfer Rejected by TransTo SC Provider

On the first, second, third or fourth calendar day after a referral or transfer the service coordination agency (TransTo) may accept or reject the service coordination referral. The first alert is received on day 3 if no action is taken on the referral. Alert 2 is received on the fourth day if no action is taken on the referral. If after five calendar days there is no action on the referral (not accepted or rejected by the service coordination provider) the referral is withdrawn.

NOTE: ACCEPT, REJECT or WITHDRAWN are final statuses.

(22.) Transfer Comments:
(Transfer_Comments) This text field is used to indicate any

File Name: Access

Description: This file is utilized when a Service Coordination provider has accepted a referral and is an APS to Service Coordinator provider file. APS sends the initial data set about the consumer to the service coordination provider via this file.

Instructions for completing data elements:

(1.) APS Access Primary Key: (APS_Access_Pk) This is the APS assigned Access Record primary key. The Access Pk links the data files. This unique identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(2.) Date access file is created by APS: (APS_Create_Date) This is the date APS creates the access file following the service coordination provider acceptance of the referral. This field is in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(3.) Service Coordination Provider ID: (SC_Provider_ID) This is your organization's APS assigned Provider ID. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) APS Consumer Identification Number: (APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified in the web application. This identifier must be submitted via the transfer file and match the correct consumer name.

(5.) First Name of Consumer: (Con_First_Name) This field contains the consumer's first name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(6.) Middle Name of Consumer: (Con_Middle_Name) This field contains the consumer's middle name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(7.) Last Name of Consumer: (Con_Last_Name) This field contains the consumer's last name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field

will be pre-filled on the web application and may not be modified. This name must be submitted in the transfer file and match the master entered by BHHF.

(8.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any suffix to the consumer's name, as it would appear on his/her social security card, as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This suffix must be submitted in the transfer file and match the master entered by BHHF.

(9.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number as reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This number must be submitted in the transfer file and match the master entered by BHHF.

(10.) Consumer Medicaid Number: (Con_Medicaid_Number) This is the consumer's eleven (11) digit Medicaid number. Do not include any hyphens or the decimal point before the suffix. It is the Provider's responsibility to verify that the Medicaid number listed is correct and currently valid.

NOTE: The provider is responsible for verifying the consumer's Medicaid Number and dates of eligibility. APS does

not conduct Medicaid eligibility verification.

(11.) Consumer's Birthdate: (Con_Birthdate) This field contains the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is reported by the Bureau for Behavioral Health and Health Facilities (BHHF). This field will be pre-filled on the web application and may not be modified. This date must be submitted in the transfer file and match the master entered by BHHF.

(12.) Certification Date: (Certification_Date) The Certification date is the date of acceptance of the consumer by a service coordination provider. For consumers already admitted to the program at the outset of APS data collection, the certification date listed will be the date of the most recent annual IPP meeting. This field is in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(13.) Enrollment Date: (Enrollment Date) This is the date the consumer was approved for the Title XIX MR/DD Waiver (received a "slot"). This field is in a MMDDYYYY format (e.g. 06191986 is June 19, 1986). This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(14.) Consumer Gender: (Con_Gender) This is the consumer's gender- male or female.

(15.) Consumer Mailing Address: (Mailing_ Address_ Line 1) This is the consumer's mailing address/street address including the consumer's full street and/or post office box address.

(16.) Consumer Mailing Address: (Mailing_ Address_ Line 2) This field contains additional information for the consumer's mailing address/street address if there is insufficient room in Mailing Address Line 1. Include the consumer's full street and/or post office box address not previously recorded in Mailing Address Line 1.

(17.) Consumer City Address: (City) This is the city in which the consumer lives.

(18.) Consumer State of Residence: (State) This is the state in which the consumer resides. Consumers receiving services through the WV Title XIX MR/DD Waiver Program must be residents of West Virginia.

(19.) Consumer Zip Code: (Zip Code) This is the zip code for the address and city listed in the preceding fields.

(20.) County DHHR: (County_ DHHR) This is the county of the Department of Health and Human Resources (DHHR) office the consumer visits to establish initial and ongoing WV Title XIX MR/DD Waiver program eligibility.

(21.) First Name of Requested Service Coordinator: (Preferred_Service_

Coordinator_First_Name) This is the first name of the service coordinator requested by the consumer and/or family, if a specific individual is requested. The consumer and/or family needs to be apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service coordinator if the referral is accepted. If no specific preference is expressed, this field will be blank.

(22.) Last Name of Requested Service Coordinator:

(Preferred_Service_ Coordinator_Last_Name) This is the last name of the service coordinator requested by the consumer and/or family, if a specific individual is requested. The consumer and/or family needs to be apprised that while this information is sent to the service coordination agency to which the consumer is being transferred, there is no guarantee that this will be the assigned service coordinator if the referral is accepted. If no specific preference is expressed, this field will be blank.

(23.) Requested Service Coordination Provider E-mail: (Preferred_Service_Coordinator_E mail) This is the e-mail address of the preferred service coordinator. If no specific preference is expressed this field will be blank.

(24.) Requested Service Coordination Provider Telephone Number: (Preferred_Service_

Coordinator_Provider_Phone) This is the telephone number (including area code) without symbols (e.g. hyphens (-)) of the preferred service coordinator. If no specific preference is expressed this field will be blank.

(25.) Service Coordination Provider Requesting Transfer Telephone Extension: **(TransFrom_SC_Provider_Phone_Ext)** This is the telephone number extension, if applicable, of the preferred service coordinator. If there is no extension or no specific preference is expressed this field will be blank.

(26.) Consumer Legal Status: **(Con_Legal_Status)** This is the consumer's legal status:

1 Legally Competent Adult- the individual is over 18 years of age and does not have a legal or court appointed guardian or conservator. If the individual is under 18 years of age this option may not be selected.

2 Parent or Relative is Guardian or Conservator

3 Non-relative is Guardian or Conservator

4 State or County is Guardian or Conservator

If the consumer's legal status is **not** legally competent adult the guardian information **must** be completed.

(27.) Consumer Guardian First Name:

(Con_Guardian_First_Name) This field contains the consumer guardian's first name as reported by the Bureau for Behavioral Health and Health Facilities (BHFF).

(28.) Consumer Guardian Last Name:

(Con_Guardian_Last_Name) This field contains the consumer guardian's last name as reported by the Bureau for Behavioral Health and Health Facilities (BHFF).

(29.) Consumer Guardian Mailing Address: **(Con_Guardian_Add1)**

This is the consumer guardian's mailing address/street address including the guardian's full street and/or post office box address.

(30.) Consumer Guardian Mailing Address:

(Con_Guardian_Add2) This field contains additional information for the consumer guardian's mailing address/street address if there is insufficient room in Mailing Address Line 1. Include the guardian's full street and/or post office box address not previously entered in the Mailing Address Line 1.

(31.) Consumer Guardian City Address: **(Con_Guardian_City)**

This is the city in which the consumer's guardian resides.

(32.) Consumer Guardian State of Residence:

(Con_Guardian_State) This is the state in which the consumer's guardian resides.

(33.) Consumer Guardian Zip Code: **(Con_Guardian_Zip)**

This is the zip code for the guardian address and city listed in the preceding fields.

(34.) Consumer Guardian Phone Number: (Con_Guardian_Phone)

This is the consumer guardian's phone number.

(35.) APS BHHF Foreign key (Fk): (APS_BHHF_Fk)

This is the APS Assigned Record Foreign Key (Fk) tied to the APS Assigned Primary Key (Pk) in the BHHF Record. This unique identifier will be pre-filled and cannot be modified.

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File Name: Budget

Description: This file is utilized when APS sends the Service Coordinator the determined budget information. Receipt of the budget by the Service Coordinator enables the consumer and the IDT Team to make purchases.

NOTE: The first year of budget determination is significantly different from subsequent years so this file layout is subject to change after the first year.

Instructions for completing data elements:

(1.)APS Budget ID: (APS_Budget_ID)

This is the APS assigned number for the consumer's budget. This ID number is pre-filled and cannot be modified.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified.

(3.) Service Coordination Provider ID: (SC_Provider_ID)

This is the APS assigned Provider ID for your agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Consumer Identifier: (SC_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) First Name of Consumer: (Con_First_Name)

This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(6.) Middle Name of Consumer: (Con_Middle_Name)

This field contains the consumer's middle name. This field is pre-filled and may not be modified.

(7.) Last Name of Consumer: (Con_Last_Name)

This field contains the consumer's last name. This field is pre-filled and may not be modified.

(8.) Consumer Name Suffix: (Con_Name_Suffix)

This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II). This field is pre-filled and may not be modified and must be accurately submitted via EDI utilizing the appropriate recode table value in the EDI file layouts.

(9.)Consumer's Social Security Number: (Con_SSN)

This is the consumer's nine-digit social security

number. This field is pre-filled and may not be modified and must be accurately submitted via EDI.

(10.) Consumer's Birth date: (Con_Birthdate) Report the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986).

(11.) Budget Start Date: (Budget_Start_Date) This is the initial date of the period the consumer's budget covers for service purchases. This date is based upon the Annual IPP date.

All service purchases must have a start date on or after the budget start date.

(12.) Budget End Date: (Budget_End_Date) This is the end date of the period the consumer's budget covers for service purchases.

All service purchases must have a start date on or before the budget end date.

(13.) Annual Budget Amount: (Budget_Amount_Annual) This is the allocated budget for the consumer to make service purchases in the period from the budget start date to the budget end date.

File Name: Health/Safety

Description: This file is utilized when APS “flags” a health/safety issue that the Service Coordinator, consumer and IDT must address when planning and purchasing services. These issues may be addressed through natural supports or non-billable activities but this must be noted in the discussion field in the purchase file. A separate file is sent for EACH health/safety issue identified.

NOTE: In the first year of operation the IDT will identify health/safety needs. In subsequent years of operation these issues will be identified based on the assessment conducted by APS. For this reason, this file layout is subject to change in subsequent years.

Instructions for completing data elements:

(1.) APS Budget ID: (APS_Budget_ID)

This is the APS assigned number for the consumer’s budget. This ID number is pre-filled and cannot be modified.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified.

(3.) Service Coordination Provider ID: (SC_Provider_ID)

This is the APS assigned Provider ID for your agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(5.) Service Coordination Provider Consumer Identifier: (SC_Consumer_ID)

A unique identifier must be assigned to each consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(6.) First Name of Consumer: (Con_First_Name)

This field contains the consumer’s first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(7.) Middle Name of Consumer: (Con_Middle_Name)

This field contains the consumer's middle name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(8.) Last Name of Consumer: (Con_Last_Name)

This field contains the consumer’s last name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(9.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II) as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(10.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified.

(11.) Consumer's Birth date: (Con_Birthdate) Report the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986).

(12.) APS Health/Safety Issues ID: (APS_HS_Issues_ID) This is a unique APS assigned ID for the specific health/safety issue associated with the specific group of services purchases linked with the budget for the consumer.

(13.) Identified Health/Safety Issue: (Health_Safety_Issue) This text field identifies the specific health/safety issue that has been "flagged" (e.g. mobility).

File Name: Purchasing Status

Description: This file is sent by APS to the assigned Service Coordinator to designate the status of specific service(s) purchased with the budget allocated to the Title XIX MR/DD Waiver member. There are certain services mandated to be provided per the Waiver Services manual and some of these services have minimum purchase thresholds. Additionally, some services have caps that may not be exceeded in a designated time period. For a detailed explanation of services and the manual requirements please refer to the MR/DD Waiver Service Guidelines located at www.apshealthcare.com

Instructions for completing data elements:

(1.) APS Purchase Primary Key Number: (APS_Purchase_PK)

This is the APS assigned number for the specific service purchase that corresponds to the APS Budget Primary Key in the APS to provider Budget file. This unique identifier will be pre-filled and cannot be modified.

(2.) APS Consumer Identification Number: (APS_Consumer_ID)

A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified.

(3.) Service Coordination Provider ID: (SC_Provider_ID)

This is the APS assigned Provider ID for your agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider Consumer Identifier: (SC_Consumer_ID)

This is the unique identifier your agency assigned to the consumer that follows him/her throughout his/her services with your organization. If the consumer is discharged and then returns, the same identifier is to be assigned to the consumer. This identifier cannot be reassigned to any other consumer receiving services from you at any time.

(5.) Service Code: (Service_Code)

This is the national code (CPT or HCPCS) for the service purchased. This code is always five characters (e.g. T2012).

(6.) Service Code Modifier 1: (Service_Modifier_1)

This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(7.) Service Code Modifier 2: (Service_Modifier_2)

This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement

rates often vary based on the modifier.

(8.) This field is not in use in the EDI schema at this time.

(9.) Provider ID of Service Provider consumer is being assigned/transferred to:

(Service_Provider ID) This is the APS assigned Provider ID for the provider requested to receive the specific service referral (provider case is being transferred/assigned to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(10.) Service Purchase Status: (STATUS) This field tracks the progress of a service purchase to a final status (Withdraw, Accept, Reject or Referral Closed are final statuses).

The initial status of a purchase request will be PEND (pending for APS review/discussion with the service coordinator or REFER (purchase was registered/approved and forwarded to the selected service provider). Any service purchase request that pends will have a reason(s) indicated in field #14. A pending service request will not be sent to the service provider until the pending is resolved.

If the provider receiving the service referral does not select ACCEPT or REJECT within three calendar days an alert is given (ALERT1), if no response is made within four days a

second alert is sent (ALERT2) and if the referral is not accepted or rejected within 5 calendar days the referral is withdrawn (WITHDRAW).

If the provider receiving the referral rejects the referral the status is REJECTED. The service coordinator may then modify the request and return it to the same provider or refer the service request to another provider. If the service is rejected the Rejection Reason will display in field #14 and the reason description will be required.

If the referral is ACCEPTED the end date of the authorization will be in field #12 and the authorized number of purchased units will be in field #13.

If the discussion between APS staff and the service coordination provider results in a decision to close the request the status is CLOSED. The reason the service purchase request is closed will be in field #14.

(11.) Service Start Date: (Start_Date) This is the selected and accepted start date for the service.

(12.) Service End Date: (End_Date) This is the calculated end date for the service based on the selected service start date and authorization period for the service (as described in the Waiver Service Guidelines).

(13.) Authorized Units of Service: (Authed_Units) This is the number of units of service purchased by the consumer and the IDT that have been registered/authorized.

(14.) Reason for Pend, Close or Rejection: (Reason) This is the reason the service was pended, closed or rejected by the service provider.

(15.) Reason for Pend, Close or Rejection Description: (Reason_Description) This is a free-text field used to impart additional information to the service coordinator about the reason for the pend, close or rejection.

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File Name: Service Referral

Description: This file is sent by APS to providers selected to provide specific service(s) purchased with the budget allocated to the Title XIX MR/DD Waiver member. There are certain services mandated to be provided per the Waiver Services manual and some of these services have minimum purchase thresholds. Additionally, some services have caps that may not be exceeded in a designated time period. For a detailed explanation of services and the manual requirements please refer to the MR/DD Waiver Service Guidelines located at www.apshealthcare.com

Instructions for completing data elements:

(1.) APS Service ID: (APS_Service_ID) This is the service identified from the APS to provider service file (Service PK). This field is pre-filled by APS and contains a service ID generated by APS and cannot be modified.

(2.) APS Consumer Identification Number: (APS_Consumer_ID) A unique identifier is assigned to each consumer by APS that is maintained on all portions of the data application to link data specific to that consumer. This unique identifier will be pre-filled and cannot be modified and must be accurately submitted via EDI.

(3.) Provider ID of Service Provider consumer is being assigned/transferred to: (Service_Provider ID) This is the

APS assigned Provider ID for the provider requested to receive the specific service referral (provider case is being transferred/assigned to). This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(4.) Service Coordination Provider ID: (SC_Provider_ID) This is the APS assigned Provider ID for your agency. This number is typically the behavioral health license number (for licensed behavioral health centers) or Medicaid assigned provider number. This number is unique for each Provider.

(5.) First Name of Consumer: (Con_First_Name) This field contains the consumer's first name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(6.) Middle Name of Consumer: (Con_Middle_Name) This field contains the consumer's middle name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(7.) Last Name of Consumer: (Con_Last_Name) This field contains the consumer's last name, as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(8.) Consumer Name Suffix: (Con_Name_Suffix) This field contains any appropriate suffixes to the consumer's name (e.g. Sr, Jr, II)

as it would appear on his/her social security card. This field is pre-filled and may not be modified.

(9.) Consumer's Social Security Number: (Con_SSN) This is the consumer's nine-digit social security number. This field is pre-filled and may not be modified.

(10.) Consumer's Birth date: (Con_Birthdate) This is the consumer's date of birth in a MMDDYYYY format (e.g. 06191986 is June 19, 1986).

(11.) Service Code: (Service_Code) This is the national code (CPT or HCPCS) for the service purchased. This code is always five characters (e.g. T2012).

(12.) Service Code Modifier 1: (Service_Modifier_1) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(13.) Service Code Modifier 2: (Service_Modifier_2) This is a 2 character modifier that most often indicates either the practitioner or ratio for the selected service. It is important to utilize the appropriate modifier(s) since reimbursement rates often vary based on the modifier.

(14.) This field is not in use in the EDI schema at this time.

(15.) Service Start Date: (Start_Date) This is the selected and accepted start date for the service.

(16.) Service End Date: (End_Date) This is the calculated end date for the service based on the selected service start date and authorization period for the service (as described in the Waiver Service Guidelines).

(17.) Units of Service: (Service_Units) This is the number of units of the service purchased by the consumer and the IDT.

(18.) Service Status: (Service_Status) This field tracks the progress of a service purchase to a final status (Withdraw, Accept, Reject, or Service Coordination Error are final statuses).

The initial status of a purchase request will be REFER (purchase was registered/approved and forwarded to the selected service provider).

If the provider receiving the service referral does not select ACCEPT or REJECT in three calendar days (Provider to APS Service Reply) an alert is sent to the provider (ALERT1), if no response is made within four days a second alert is sent (ALERT2) and if the referral is not accepted or rejected after 5 calendar days the referral is withdrawn (WDRAWN).

If the provider receiving the referral rejects the referral the status is REJECTED. The service coordinator is informed of the provider's decision

to reject the referral (in the Purchase Status file from APS to the Service Coordinator) and may then modify the request and return it to the same provider or refer the service request to another provider.

If the referral is ACCEPTED the service coordinator is informed of the provider's decision to accept the referral (in the Purchase Status file from APS to the Service Coordinator) and the authorization is sent to the provider in the APS to Service Provider Authorization file (AUTH and MOD files are described in the instructions for using response files located on the APS Healthcare, Inc. website at apshealthcare.com).

If the referral was sent to the provider but the service coordination provider requests that the referral be withdrawn due to an error on the part of the Service Coordination provider the status Service Coordination Error (SCERR) will be utilized to withdraw the referral. The referral may be withdrawn by the service coordinator due to error (SCERR) at any time until the provider has accepted the referral.

If the referral has already been accepted before the error is determined the authorization will be modified and the modification will be indicated in the APS to Service Provider Modification file (AUTH and MOD files are described in the instructions for using response files located on the APS Healthcare, Inc. website at apshealthcare.com).