

General File Requirements

All files will be plain ASCII text files, with a pipe "|" delimiter. In addition, they must adhere to the following naming guideline:

File Naming Guideline: <ProviderID>_<FileDescription>YYYYMMDD_<FileCounter>.<ext>

1. *ProviderID:* This should be the Provider's unique identifier which equates to the VenderNo in Harmony
2. *FileDescription:* This is an abbreviated description of the type of file, for example an Inquiry file.
3. *Date:* This should be the date the file was submitted
4. *FileCounter:* This portion of the file name should be used when a provider submits more than 1 file on the same day; it should be incremented by 1 for each subsequent file.
5. *ext:* This will be a unique file extension which will determine which set of business rules will be operated upon this file.

Sample file names:

12345678_Inquiry_20060930_01.inq
 12345678_Assessment_20060930_02.asm
 12345678_Discharge_20061002_01.dis

Screening File Format

Screening File Format

| | |
|---|--|
| The file must be in this format with a file extension of {inq} in order to upload successfully | |
| Row 1 | Provider No MemberID for Worker Number of Records in the File Update desired? |
| Row 2 | means Begin Row Screen Design ID# (3 for UNCOPE, 4 for CRAFFT) CaseNo (if known) MemberID for Worker Date of Inquiry Fund Code |
| Row 3 | First Name of Consumer Last Name of Consumer Middle Name Alias1 Alias2 SSN Street1 Street2 City State Zip Code Home Phone Work Phone Residence County DOB Gender Race Ethnicity |
| Row 4 | Question ID# Answer Question ID# Answer <ER> means End Row |
| 103 146 1 Y 4 146 20071107 SA John Teller L Alias1 Alias2 416-94-0275 524 Eastbrook Drive Birmingham AL 35215 555-555-5555 555-555-5556 Jefferson 19680918 Male White Not of Hispanic Origin 20 Yes 21 No 22 Yes 23 No 24 Yes 25 No 26 <ER> | |

Assessment File Format

The file must be in this format with a file extension of {asm} in order to upload successfully

| | |
|---|---|
| Row 1 | Provider No MemberID for Worker Number of Records in the File Update desired? |
| Row 2 | means Begin Row Screen Design ID# CaseNo MemberID for Worker Review Date of Assessment Fund Code Status of Assessment |
| Row 3 | -3 Last Name of Consumer -2 First Name of Consumer -1 Middle Initial of Consumer Question ID# Answer Question ID# Answer <ER> means End Row |
| 206 228 1 Y 1 135354 228 20070905 SA Complete -3 Testcase -2 Fred -1 109 No 110 Parent 111 Admission 112 None 113 Alcohol 114 Not Collected 115 No Use in the Past Month 116 Test Value 117 None 119 Oral 120 No Use in the Past Month 121 Test Value 122 None 123 124 Oral 125 No Use in the Past Month 126 Test Value 127 Full Time 128 Hearing 129 English Proficiency 130 Lives Alone 131 No 132 No 133 Negative 134 No 135 No 136 No 137 0 Previous episodes 138 Test Value 139 Wages/Salary 140 Self-Pay 141 Self-Pay 157 Intensive Outpatient 160 Service not available 161 Wait List 163 Yes 164 Yes 165 No 166 No 167 No 168 No 169 Legally Married 170 First Grade <ER> | |

Assessment Diagnosis File Format

| | |
|--|---|
| Row 1 | Provider No MemberID for Worker Number of Records in the File Update desired? |
| Row 2 | means Begin Row Screen Design ID# CaseNo MemberID for Worker Review Date of Assessment Fund Code Status of Assessment |
| Row 3 | -3 Last Name of Consumer -2 First Name of Consumer -1 Middle Initial of Consumer Question ID# Answer Question ID# Answer |
| Row 4 | Diagnosis Code Diagnosis Code <Must have 19 marks in Row 4 of file in order to process even if items are left blank <ER> means End Row |
| 206 228 1 Y 1 135354 228 20070905 SA Complete -3 Testcase -2 Fred -1 109 No 110 Parent 111 Admission 112 None 113 Alcohol 114 Not Collected 115 No Use in the Past Month 116 Test Value 117 None 119 Oral 120 No Use in the Past Month 121 Test Value 122 None 123 124 Oral 125 No Use in the Past Month 126 Test Value 127 Full Time 128 Hearing 129 English Proficiency 130 Lives Alone 131 No 132 No 133 Negative 134 No 135 No 136 No 137 0 Previous episodes 138 Test Value 139 Wages/Salary 140 Self-Pay 141 Self-Pay 157 Intensive Outpatient 160 Service not available 161 Wait List 163 Yes 164 Yes 165 No 166 No 167 No 168 No 169 Legally Married 170 First Grade 290.13 <ER> | |

Discharge File Format

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|--|---|
| Row 1 | Provider No MemberID for Worker Number of Records in the File Update desired? |
| Row 2 | means Begin Row Screen Design ID# CaseNo MemberID for Worker Review Date of Assessment Fund Code Status of Assessment |
| Row 3 | -3 Last Name of Consumer -2 First Name of Consumer -1 Middle Initial of Consumer Question ID# Answer Question ID# Answer <ER> means End Row |
| 206 228 1 Y 2 135354 228 20070905 SA Pending -3 Testcase -2 Fred -1 200 Yes 201 20070905 202 20070902 217 Treatment Completed 203 Alcohol 206 209 204 Alcohol 207 210 205 No use in the past month 208 211 214 Resides with Family 215 Student 213 Addiction Treatment Only 216 00 <ER> | |