Version 4 Updated 11/5/2014

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 No*: This should the Providers 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.

Screening File Format (Inquiry)

The file must be in this format with a file extension of {inq} in order to upload successfully
Sample file name:
      206_Inquiry_20150715_01.inq

Basic Info **HEADER**	Provider ID No|MemberID for Worker|Number of Records in the File|Update desired?|
Row 1	 means Begin Row and **Screen Design ID# (3 for UNCOPE, 4 for CRAFFT)**||MemberID for Worker|Date of Inquiry|Fund Code|
Row 2	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 3	Question ID#|Answer|Question ID#|Answer|<ER> means End Row
206|228|1|Y| 4||228|20071107|SA| Fred|Testcase|L|Alias1|Alias2|123-45-6789||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|3|<ER>	

HaPI Assessment files and Enrollment/Facility info File Format

The file format of the assessment record is being expanded to accommodate for an optional Enrollment row (row 4). It is essential that "previously" valid files still are able to be processed so for each record there can now be 2, 3, or 4 lines.

The file format is:
*   **Header** Basic Information (Provider ID, MemberID for Worker, # of records, etc

For each individual record a
<ER> will be utilized to show the begin and end respectively. There may be 2, 3 or 4 rows as follows:
*   **Row 1** (required): Screen Design, CaseNo, MemberID for Worker, Date of Inquiry, FundCode
*   **Row 2** (required): Assessment Information
*   **Row 3** (optional): Diagnostic Information
*   **Row 4** (optional): Enrollment/Facility Information

If the enrollment row is provided, the Diagnostic row is also "required" and will contain just blanks and pipes if no diagnosis data is being uploaded. The Enrollment Row is "optional" and can contain just blanks and pipes or it can be missing altogether.

Consumer Assessment File Format with Assessment, Diagnosis and Enrollment/Facility
206|228|1|Y| Header
**
1|358327|228|20070905|SA|||Complete| Row 1**
-3|Testcase|-2|Fred|-1||110|Parent|111|Admission|112|None|113|Alcohol|114|Not Collected|115|No Use in the Past Month|116|Test
|166|No|167|No|168|No|169|Legally Married|170|First Grade|171|None|172|No| **Row 2**
Axis I Diag Primary|Axis I Secondary|Axis II Diag 1|Axis III Diag 1|Axis IV Diag 1||1|1|1|1|1|1|1|1|1|1|GAF|GAF|1| **Row 3**
206|Open|13|Open|<ER>   Row 4

Enrollment Line format - Row 4
The enrollment line (if present) consists of 4 elements:
*   Provider ID Number
*   Enrollment Disposition: **OPEN   - in most cases disposition will be OPEN**
*   Facility Number: Facility No   *** See note below for facility number**
*   Facility Disposition: **OPEN   - in most cases disposition will be OPEN**
*To get your facility number – in ASAIS select Provider (left side) when provider info displays, select Facility tab. Your facility will display in last column.

Assessment, Diagnosis, Enrollment and Facility Format:

File Naming Guideline: <ProviderID No>_ <FileDescription>_YYYYMMDD_<FileCounter>.<ext>
1. **ProviderID No**: This should the Providers 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.

The file must be in this format with a file extension of {asm} in order to upload successfully
Sample File name:
206_Assessment_20150715_01.asm

Header	Provider ID No|MemberID for Worker|Number of Records in the File|Update desired?|
Row 1	 means Begin Row|Screen Design ID#|CaseNo|MemberID for Worker|Review Date of Assessment|Fund Code|||Status of Assessment|
Row 2	-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
Row 3	Axis 1 Primary Diag Code| Axis 1 Secondary|Axis 1 Tertiary| Axis II Diag1|Axis III Diag1 ||1|1|1|1|1|1|1|1|1|1|GAF|GAF|1| Must have 19	marks in Row 3 of file in order to process even if items are left blank
Row 4	**Provider ID No| Enrollment Disposition	Facility No	Facility Enrollment Disposition <ER>**

206|228|1|Y|

1|358327|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|No|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|171|None|172|No|
F10.20|||||||||||||||||||
206|Open|13|Open<ER>

Discharge File Format

File Naming Guideline: <ProviderID No>_ <FileDescription>_YYYYMMDD_<FileCounter>.<ext>

6. **ProviderID No**: This should the Providers unique identifier which equates to the VenderNo in Harmony
7. **FileDescription**: This is an abbreviated description of the type of file, for example an Inquiry file.
8. **Date**: This should be the date the file was submitted
9. **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.
10. **ext**: This will be a unique file extension which will determine which set of business rules will be operated upon this file.

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

Sample File name:
206_Discharge_20150715_01.asm

Enrollment Line format - Row 4

The enrollment line consists of 2 elements:
•   Provider ID Number
•   Enrollment Disposition: **Discharged**

*** If the diagnosis doesn't change from assessment no need to enter discharge diagnosis code, this is a required field if no diagnosis you will enter all pipes "|" delimiter (total 19 pipes)

Header	Provider No|MemberID for Worker|Number of Records in the File|Update desired?|
Row 1	 means Begin Row|Screen Design ID#|CaseNo|MemberID for Worker| **Date of Discharge** |Fund Code|||**Status of Discharge**|
Row 2	-3|Last Name of Consumer|-2|First Name of Consumer|-1|Middle Initial of Consumer|Question ID#|Answer|Question ID#|Answer|
Row 3	Diagnosis Code|Diagnosis Code| <Must have 19	marks in Row 4 of file in order to process even if items are left blank [NOTE: in example below, the entire diagnosis row is blank]
Row 4	**Provider ID No|Enrollment Disposition|**|<ER> [< ER> means End Row]

206|228|1|Y|

2|358327|228|**20140506**|SA|||**Complete**|

-3|Testcase|-2|Fred|-1||200|No|201|**20100428**|202|**20100506**|203|Marijuana/Hashish|204|Marijuana/Hashish|205|1-2 times in the past week|206|Other Opiates and Synthetics|207|Other Narcotic Analgesics|208|No use in the past month|209|Benzodiazepines|210|Other Benzodiazepines|211|No use in the past month|213|Plan Includes Treatment for Co-occurring Disorders|214|Resides with Family|215|Disabled|216|0|217|Left against professional advice (dropped out)|

|||||||||||||||||||| -**required if no diagnosis enter total of 19 pipes**

206|Discharged||<ER>