Electronic Load of Delegated Authorizations

BUSINESS AND TECHNICAL BULLETIN

L.A. Care Health Plan

Version 20.8

10/01/2024

Contents

Introduction

Participating Physician Groups (PPG) have been contracted to provide extended delegated medical management functions under their Shared Risk Agreement with L.A. Care Health Plan. Specifically, PPGs will provide: (1) Utilization Management (UM) referral management of outpatient and inpatient services (2) conduct utilization review for lower level of care services including, but not limited to durable medical equipment, hospice, home health, and skilled nursing. The services authorized for members under the Shared Risk Agreement must be transmitted to L.A. Care for timely and appropriate claims processing. In order to eliminate manual and redundant processes, an automated import solution has been developed at L.A. Care to load delegated referral management determinations into L.A. Care's core system.

The Electronic Authorizations (ELDA – Electronic Load of Delegated Authorizations) will provide PPGs the ability to submit **Approved/Denied** authorization determinations electronically.

Overview

On a daily basis, PPG will provide a positioned flat file to the established L.A. Care sFTP site address. L.A. Care will process the submitted file to import the authorizations into L.A. Care's core system twice a day (7:00am, 3:00pm).

File Management

File Frequency

The frequency of the ELDA data exchange is daily. The PPG is required to make every effort to submit finalized authorizations through ELDA file daily. However, in cases where a daily submission is not possible, the authorization shall be submitted to L.A. Care within two (2) business days of the decision being finalized.

File Format and Naming Convention

PPG shall submit a flat file, which meets the positions, length, and data types as described in the pre-certification record layout requirements, along with the validation rules. PPG will include the PPG Code for members as part of the data sent in the file (refer to the table - Precertification Record Data Requirements, PRECRT label, field PPG Code). PPG will use the following syntax name: **Delegated PPG Code-ELDA-MMDDYY (e.g.: *DHSD*-ELDA-*MMDDYYYY*).** In the event that these rules are not followed, errors will be classified as Fatal/Warnings (*see section handling of Errors*).

Referral Tracking Numbers

L.A. Care will assign a unique referral tracking number to each authorization that successfully loads into L.A. Care's core system(s). PPG's assigned tracking number will be recorded into L.A. Care's core system(s); this will assist both internal and external staff when communicating about any submitted authorization.

Referral Management

Mandatory Information

L.A. Care's core system requires specific member and service level information for accurate processing of referrals and claims (see *Precertification Record Data Requirements Table page 13*)

The structured record layout is a guideline for submitting all authorization determination decisions to L.A. Care. Deviations from the layout may cause authorization acceptance by L.A. Care core systems to fail.

PPG will convert code values to L.A. Care code values based on the tables referred to within the technical bulletin prior to authorization file submission. PPG should submit the following type of authorizations:

- Pre-Service
- Post-Service/Retroactive Review
- Closed

All approved and denied authorizations should utilize L.A. Care contracted providers.

MOU (Memorandum of Understanding)/ LOA (Letter of Agreement)

Nonparticipating provider utilization is acceptable only under the following circumstances:

1. Continuity of Care
2. Services not available within L.A. Care contracted providers

If PPG chooses to utilize a non-participating provider, then PPG is required to follow L.A. Care's Memorandum of Understanding (MOU), also known as Letter of Agreement (LOA) process.

Authorizations received with a non-participating provider via ELDA file will be rejected.

Service Codes

L.A. Care uses the most current version of the standard codes for referral management, which include:

- ICD-10 – coded to the highest level of specificity
- CPT
- HCPCS
- Place of Service (POS)
- CMS Revenue Codes (REV)
- Bed Types/Level of Care

For a limited amount of services, the requesting provider or vendor may use the Medicare or Medi-Cal Local Procedure Codes, as appropriate. Refer to https://www.cms.gov/.

Referral Determinations

L.A. Care utilizes the standard approved and denied determination codes and reasons, which are required for appropriate loading into its core system. Details on how authorizations should be submitted are listed below.

Diagnosis Codes

PPG can report multiple diagnosis codes as needed. Using the standard ICD-10 format, the first diagnosis code will be categorized as the primary diagnosis, and additional codes following in sequence; second diagnosis, and so forth.

Multiple Procedures, Services or Dates

For multiple procedures, and dates, ELDA will capture the determinations as multiple line items under a single authorization record. (See attachment section "Record Type – PRC"). This allows for approvals and denials to be reported within one authorization. Reflecting all approved days on one line, and denied days on a separate line.

Outpatient Authorizations

For outpatient authorizations, ELDA will capture multiple line items as necessary within a single authorization record. In addition to specific member details, required data elements for outpatient referrals are:

- Authorization Case Type
- Refer By Provider
- Service From Date
- Service To Date
- Treating Provider
- Primary Diagnosis Code
- PPG Authorization ID
- PPG Code
- At least one diagnosis code is required in line level
- Procedure Code
- Procedure From Date
- Procedure To Date
- Decision Code
- Procedure Decision Date
- # of visits (where Procedure Code is applicable)
- Quantity (where Procedure Code is applicable)

Procedure codes should be coded to the highest level of specificity. Service dates should be submitted with a sixty (60) day window to allow for scheduling and rendering of the service(s) by the referred-to provider.

Inpatient Authorizations

For inpatient authorizations, ELDA will capture multiple line items as necessary within a single authorization record. In addition to specific member details, required data elements for inpatient referrals are:

- Authorization Case Type
- Refer By Provider
- Service From Date
- Service To Date
- Treating Provider
- Primary Diagnosis Code

- PPG Authorization ID
- PPG Code
- At least one diagnosis code is required in line level
- Procedure Code
- Procedure From Date
- Procedure To Date
- Decision Code
- Procedure Decision Date
- # of visits (where Procedure Code is applicable)
- Quantity (where Procedure Code is applicable)
- Bed Type

Maternity Admissions/Deliveries

L.A. Care tracks maternity admissions and live births in its core system in order to meet Department of Health Care Services (DHCS) reporting requirements. If applicable, the flat file must include the Newborn information including the

- Birth Order (Numeric)
- Date of Birth (Required)

Data Exchange

Initial Set-up

Delegated PPGs technical team will be on-boarded with the L.A. Care technical team and assigned a unique PPG code. A sFTP IP address, path and login in instructions, along with a designated ELDA data exchange folder will be provided.

Frequency and Status

The expected frequency of data exchange is daily, or within five (5) days of decision. The data provided for all finalized authorizations, should be real-time, and all required fields should be complete. This allows authorizations to load into our systems prior to claim(s) being received for adjudication.

Handling of Errors

Fatal Load errors are critical to Authorization Processing and will be transmitted back to PPG to their assigned sFTP folder for resubmission.

PPG is required to submit error corrections within five (5) business days after receipt of their error report. When submitting ELDA files, please be sure to populate each field. Failure to do so can cause an error and a delay in your files being loaded.

When submitting error corrections, the re-submittal must include the entire string of data for the rejected authorization. Resubmitted authorizations can be submitted on the daily ELDA files using the normal naming convention: *"**Delegated PPG Code-ELDA-MMDDYY (e.g.: DHSD-ELDA-MMDDYYYY)"**.*

Error Files from L.A. Care to PPGs

PPG Data Error Report (.csv File)

L.A. Care will load error file to PPG's assigned sFTP folder with naming convention: **"PPG Code_AUTH_ELDA_ERROR_RPT_YYYYMMDD.csv"**

PPG Syntax Error Report (.txt File)

When L.A. Care receives a corrupt file where either the header record (PCT) is missing, or there are length issues, or we've received duplicate file (same naming convention as previously sent), we will error these files and share the report in the same sFTP folder as PPG error report with naming convention: **"PPG Code_AUTH_ELDA_ERROR_RPT_YYYYMMDD.txt"**

Missing Auths File

When L.A. Care receives a Claim and we cannot find a matching authorization, we share a file with PPGs via Provider Portal. PPG shall submit the Approved/Denied authorization to match the Claim via ELDA file.

L.A. Care Application system (QNXT-UM Module) - FATAL LOAD error scenarios

Field in Error	PPG/ LAC	Errors	Definition
Authorization Case Type	PPG	Required field is blank: Authorization Case Type	Authorization case type filed is blank. Please refer to table 1 in the Tech Bulletin.
Member ID	PPG	Required field is blank or invalid: Member Identification Number	Member Identification field is blank or invalid. For Medi-Cal - CIN LAC Covered Care -Member ID Number DSNP – CIN or Member ID Number PASC-SEIU – IH Number
Refer by Provider	PPG	Required field is blank or has an invalid NPI: Refer by Provider	Refer by provider NPI missing or is invalid
Treating provider	PPG	Required field is blank: Treating Provider NPI or Tax ID	Treating Provider NPI **AND** Tax ID is missing
Treating Provider	PPG	Required field has an invalid NPI	Required field has an invalid NPI. NPI should be 10 digits and numeric.
Treating Provider	PPG	Required field has an NPI not found in our system	Treating Provider not found
Service From Date	PPG	Service From date is missing or invalid	Service From date is missing. This is a required field for Authorization.
Service To Date	PPG	Service To date is missing or invalid	Service To date is missing. This is a required field for Authorization.
Primary Diagnosis Code	PPG	Required Field is missing or invalid: Diagnosis Code	Primary Diagnosis code is blank or missing
Diagnosis Code	PPG	Diagnosis Code is invalid or missing	Diagnosis code is invalid/termed or missing. At least one diagnosis is required on the line level.
Procedure Code	PPG	Procedure Record Missing	Procedure record is missing. At least one procedure is required for Authorization.
Procedure Code	PPG	Invalid or Missing Procedure Code	Procedure code is invalid/termed or blank (includes revenue codes). Please use most current industry standard code sets.

Field in Error	PPG/ LAC	Errors	Definition
Procedure from Date	PPG	Invalid or Missing Procedure From date	Beginning date of service of procedure line should not be blank or invalid. DATE format: YYYYMMDD
Procedure to Date	PPG	Invalid or Missing Procedure To date	End date of service of procedure line should not be blank or invalid. DATE format: YYYYMMDD
Procedure To Date Procedure From Date Service From Date Service To Date	PPG	Date range in the line level is not within the header level.	The date range on the line item(s) do not line up with the header's service from and service to date
Procedure Decision Date	PPG	Required field is blank: Procedure Decision Date	Procedure Decision Date is missing. This is a required field for Authorization.
Procedure Quantity	PPG	Missing Procedure Quantity	Procedure Quantity is missing or Invalid
Procedure line(s)	PPG	Invalid Value: Certification.RequestedUnits	# of visits or days per line item are missing or invalid (Value must be between 1 and 99999 inclusive)
Procedure line(s)	PPG	Overlapping DOS on IP Auths	Multiple bed stays, dates should not overlap for INPATIENT FACILITY
Procedure line(s)	PPG	Auth with pend status or Invalid	Auth has one or more service(s) with pend status. For ELDA, we only expect finalized auths.
Newborn DOB	PPG	Required Field is blank Newborn's date of birth	Newborn's date of birth is missing. This date is used as service dates for the static procedure code-99460 is added to all newborn auths.
Newborn DOB	PPG	Required Field is Invalid: Newborn's date of birth	Newborn's date of birth is incorrect
Sequence	PPG	Data elements is out of sequence	Auth sequence in the order of: -PCT -NBN (Optional) -DGN -PRC -NTE (Optional)
Header Missing	PPG	Header (PCT Record) is missing	PCT record (Data elements as listed in Tech Bulletin) is missing
Length Issue	PPG	Length doesn't matching the Tech Bulletin	Length doesn't matching the Tech Bulletin

Field in Error	PPG/LAC	Errors	Definition
Duplicate Auths	PPG	Duplicate Auth(s)	Auth received multiple times without any update
Duplicate File	PPG	Duplicate file	Duplicate file with same naming convention
PPG Auth ID	PPG	Required field is blank: PPG Auth ID	PPG Auth ID is missing
PPG Auth ID	PPG	Required field is blank or invalid: PPG Code	PPG Code is missing or invalid
File Naming Convention	PPG	File Name does not have the word 'ELDA' which is required to process the file.	Naming Convention: Delegated PPG Code-ELDA-MMDDYY (e.g.: DHSD-ELDA-MMDDYYYY)

ELECTRONIC AUTHORIZATIONS	
ELDA Department (213) 694-1250 Ex.4444 ELDA@lacare.org	

Precertification Record Data Requirements

Notes:

- Please **DO NOT** send Auths that are in **PEND or BLANK** status. Only send the auths after it has been finalized.

PLEASE NOTE ALL ALPHA CHARACTERS MUST BE IN CAPITAL

INFORMATION ITEM	DESCRIPTION	REQUIRED/ OPTIONAL	LEN	START	END	DATA TYPE	VALIDATION
PRECERT Data Record type (Screen used for both inpatient and outpatient authorization request types)							
Precert record label	Precert record label	Required	3	1	3	Alphanumeric	**PCT**
Authorization Case Type	Inpatient/Outpatient	Required	4	4	7	Alphanumeric	**See Table 1**
Member Identification Number	For Medi-Cal – CIN LACC - LAC Covered Care - Member ID Number DSNP – CIN or Member ID Number PASC-SEIU – IH Number	Required	12	8	19	Alphanumeric	
Refer By Provider	NPI of the provider making the request	Required	10	20	29	Numeric	
Place of Service	Place of Service	Optional	4	30	33	Alphanumeric	Please use industry standard code sets
Service From Date	Start Date of the services covered in this service request.	Required	14	34	47	DATE format YYYYMMDD	Do not include the time
Admission Type	Admission Type	Optional	5	48	52	Text	Please use industry standard code sets
Precertification Status	Precert status	Optional	1	53	53	Text	**See Table 2**
Service To Date	End Date of the services covered in this service request.	Required	14	54	67	DATE format YYYYMMDD	Do not include the time
Discharge Status	**For Inpatient Only** (Conditional Field) *Required if member was discharged	Optional	4	68	71	Alphanumeric	**See Table 3**

INFORMATION ITEM	DESCRIPTION	REQUIRED/ OPTIONAL	LEN	START	END	DATA TYPE	VALIDATION
	Not used for Outpatient						
Review Type	Review type	Optional	3	72	74	Alphanumeric	Please use industry standard code sets
Treating Provider	This is the provider the member will see as a result of the referral. The "Pay To" Provider. NPI is required for all treating providers. In the event NPI is not available for Facility or Vendor, Tax ID # is acceptable. Populate ID in the Treating Provider Tax ID field. **Note:** For Inpatient authorizations use "Facility Name" as "Treating Provider".	Required	10	75	84	Numeric	
Attending Physician	**Optional for Inpatient Auths** NPI of provider who oversees the member's care. However, since NPI may not be available in Provider File, use Hospital already entered in "Pre-Cert Provider Field listed above.	Optional	10	85	94	Numeric	
Primary Diagnosis*	Primary diagnosis	Required	10	95	104	Alphanumeric	Industry standard ICD-10 to the greatest specificity
Diagnosis at the time of discharge	**For Inpatient Only** (Conditional Field) Required if member was discharged Diagnosis at the time of discharge. Does not apply to outpatient.	Optional	10	105	114	Alphanumeric	Industry standard ICD-10 to the greatest specificity
Number of Visits	OP = No. of visits Authorized IP = LOS	Optional	3	115	117	Numeric	
Treating Provider Tax ID	TAX ID of the Vendor linked to the Treating provider.	Conditional	10	118	127	Numeric	

INFORMATION ITEM	DESCRIPTION	REQUIRED/ OPTIONAL	LEN	START	END	DATA TYPE	VALIDATION
NPI	NPI of the Vendor linked to Treating provider.	Optional	10	128	137	Alphanumeric	
PPG Authorization ID	The Auth ID from the PPG system	Required	20	138	157	Alphanumeric	
PPG Code	PPG code as assigned by L.A. Care within 834 file	Required	4	158	161	Alphanumeric	
CR/LF	Carriage Return/Line Feed	Required	1	162	162		This is a line break to separate sections.
NEWBORN Data Record Type (Note: Birth weight and birth gender are not required for maternity payment)							
Newborn record label	Newborn record label	Conditional	3	1	3		**NBN (Required if a Newborn Authorization)**
Birth Order	Birth Order Number	Optional	10	4	13	Numeric	
Newborn Birth Date	Newborn's Birth Date	Required	14	14	27	DATE, YYYYMMDD	Do not include the time
CR/LF	Carriage Return/Line Feed	Required	1	28	28		This is a line break to separate sections.
DIAGNOSIS Data Record Type – One or Multiple Diagnosis Records per Precertification							
DIAGNOSIS record label	DIAGNOSIS record label	Required	3	1	3	Alphanumeric	**DGN**
Diagnosis	Diagnosis code **At least one Diagnosis Code required*.**	Required	10	4	13	Alphanumeric	Industry Standard ICD10 to the greatest specificity
CR/LF	Carriage Return/Line Feed	Required	1	14	14		This is a line break to separate sections.
PROCEDURE Data Record Type							
PROCEDURE record label	PROCEDURE data record type	Required	3	1	3	Alphanumeric	**PRC**
Procedure Code	Procedure Code for Outpatient Revenue Code for Inpatient	Required	11	4	14	Alphanumeric	Industry Standard Procedure codes for OP LAC only uses RevCodes for IP (room and board), PPG pays for professional services for IP claims.

INFORMATION ITEM	DESCRIPTION	REQUIRED/ OPTIONAL	LEN	START	END	DATA TYPE	VALIDATION
Procedure From Date	Beginning date of service of procedure line and it should be On or After Service From Date.	Required	14	15	28	DATE format YYYYMMDD	Do not include the time
Procedure To Date	End date of service of procedure line and it should be On or Before Service To Date.	Required	14	29	42	DATE format YYYYMMDD	
Decision Code	Determination for the service	Required	4	43	46	Alphanumeric	**See Table 4**
Decision Reason	Decision reason	Optional	6	47	52	Alphanumeric	Please use industry standard code sets
Procedure Decision Date	Determination DATE for the service based on date the authorization was closed. Required for ALL Authorizations	Required	14	53	66	DATE format YYYYMMDD	Do not include the time
Procedure Quantity	# of visits or days per line item Required for ALL Authorizations	Required	5	67	71	Numeric	
Bed Type	Required for Inpatient authorizations only; Denotes level of care or type of bed	Required for Inpatient	3	72	74	Alphanumeric	Please use industry standard code sets
CR/LF	Carriage Return/Line Feed	Required	1	75	75		This is a line break to separate sections.
NOTES (COMMENTS) Data Record Type – One or Multiple Notes Records per Precertification							
NOTES record label	NOTES record label	Optional	3	1	3	Alphanumeric	NTE
Notes	Notes	Optional	75	4	78	Alphanumeric	English Text
CR/LF	Carriage Return/Line Feed	Required	1	79	79		This is a line break to separate sections.

Appendix A — Code Tables

TABLE 1 — CLAIM TYPE

Drives payment therefore required field			
-	-	**BUSINESS FUNCTION**	**SPECIAL INSTRUCTIONS**
M	MEDICAL SERVICES (Outpatient)	Use for every service other than SNF, inpatient bed	
IH	INPATIENT FACILITY	Use for SNF and inpatient bed only	

TABLE 2 — PRECERT STATUS

Precert Status			
-	-	**BUSINESS FUNCTION**	**SPECIAL INSTRUCTIONS**
V	VOID	Use when authorization opened in error	
C	CLOSED	All determinations. approved, denied, modify, term	

TABLE 3 — DISCHARGE STATUS
**ONLY APPLIES TO IH (CLAIM TYPE)

Admit Type			
-	-	**BUSINESS FUNCTION**	**SPECIAL INSTRUCTIONS**
7	LAMA/DISCONTD CARE	Use when patient "leaves against medical advice"	
L02	EXPIRED		
L03	DISC TO ACUTE HOSP	Use for SNF to hospital	
L04	DISC TO HOME		
50	DISCHARGE TO HOSPICE		
H02	DISCHARGE/TRANSFER TO ACUTE CARE HOSPITAL	Use for hospital to hospital transfer i.e. non-contracted to contracted facility	
3	Discharge/Transfer to SNF	Use for discharge to SNF	

TABLE 4 – DECISION CODES
*CONTRACT STATUS CRITICAL

Drives payment and is required field			
-	**-**	**BUSINESS FUNCTION**	**SPECIAL INSTRUCTIONS**
A	APPROVED	Use for all outpatient service approvals, SNFs and contracted hospital days and scheduled admissions to non-contracted facilities with MOU. Also use for Retrospective review when there is an MOU.	
D	DENIED	Use for all denials	
V01	VOID	Use with VOID Precert status (Table 4)	

Acceptance

The listed L.A. Care and PPG stakeholders formally acknowledge that the data requirements presented in this document are understood, have been reviewed and meet the agreed upon scope for version 12 of the Electronic Authorizations (ELDA) Technical Bulletin.

*Categories:
A   Agree with contents
B   Agree, subject to incorporation of comments
C   Disagree, comments included

L.A. Care Stakeholder Name/Title	Signature	Sign Date	*Subject to Category	Comments
Sponsor:				
Requestor:				
Business Analyst/Requirements Writer:				
Lead Architect:				
Project Manager:				
PPG Stakeholder Name/Title	Signature	Sign Date	*Subject to Category	Comments
Sponsor:				
Requestor:				
Business Analyst/Requirements Writer:				
Lead Architect:				
Project Manager:				

Document Revision/Version Control

Version	Date	Description
15.1	05/20/2015	Addition of Prefix to determine ICD-9 vs. ICD-10 Diagnosis/Procedure Code
16	02/21/17	Addition of CCA error handling detail
		Removal of reference to PGP Public Key Data Exchange set-up.
17	6/16/17	References to MHC and DHS removed
19	04/01/2019	Reformatting and removal of concurrent review.
19.1	08/21/2019	Removed any reference of time HHMMSS in the Precertification Record Data Requirements table.
19.2	08/29/2019	Updated naming convention for error resubmission
19.3	10/28/2019	Updated language. Added new error table. Updated data requirements table.
19.4	04/15/2020	Include file size limitations on page 5.
19.5	09/22/2020	Removed 'Modified Authorization' section. Update Bed Type Table 9 to include Skilled Care Acute Facility. Updated POS table.
19.6	01/21/2021	For Inpatient authorizations use "Facility Name" as "Treating Provider".
19.7	3/1/2021	In File Frequency section Changed: • "Authorization shall be submitted to L.A. Care within five (5) business days" to "Authorization shall be submitted to L.A. Care within five (2) business days"
19.8	3/1/2021	Procedure Decision Date Updated to be Required for ALL Authorizations
19.9	2/28/2022	Formatting changes
20	4/14/2022	Precertification Record Data Requirements table/ validation column: Table 1 to 9 hyperlink updated Page 15_Section: Member Identification Number*/LACC – CC number removed from description and updated with Member ID number.
20.1	4/20/2022	Page 5, File frequency section: two (2) business days updated, previous typo on the dates.
20.2	9/29/22	Page 4, PPG acronym definition updated
20.3	10/15/22	Page 16, Tax ID section – NPI verbiage removed.
20.4	7/18/2023	Page 11, error "Overlapping DOS on IP Auths" description and responsibility included in grid. Page 12, error "Missing from date" description and responsibility included in grid. Page 13, Member Identification section – Description included for DSNP and PASC-SEIU.
20.5	10/04/2023	Page 10, error "Invalid Value: Certification. RequestedUnits" description and responsibility included in grid.

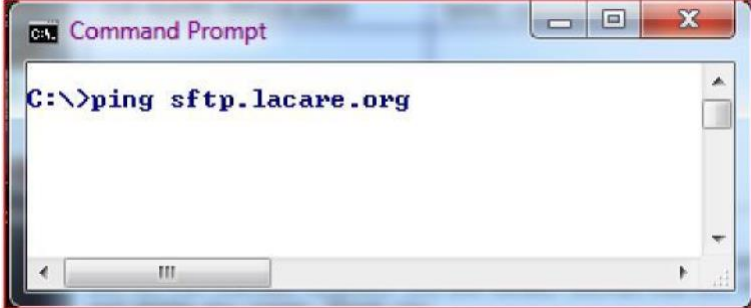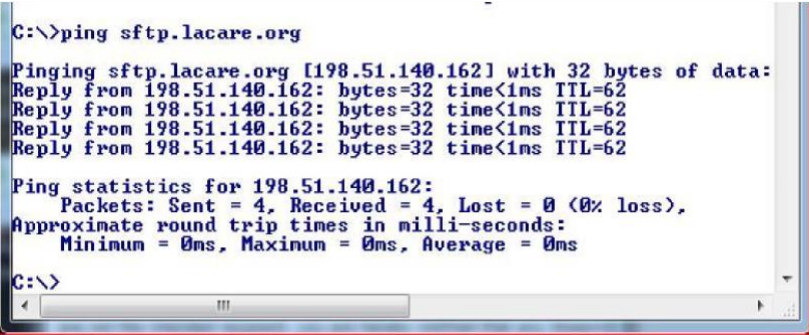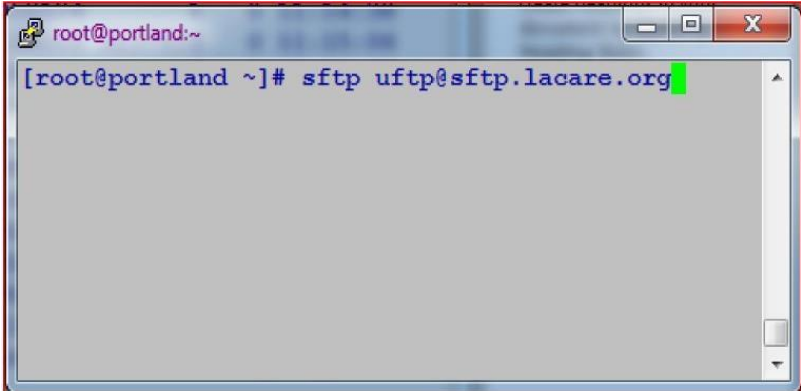| Version	Date	Description
20.6	3/12/2024	Page 5, overview verbiage updated.
		Page 6, updated verbiage of MOU.
		Page 7, updated required fields for Outpatient Auths.
		Page 8, updated required fields for Inpatient Auths.
		Page 8, removed diagnosis codes listed for maternity auths.
		Page 9, updated file naming convention
		Page 9, added files details (Files from LAC to PPGs)
		Page 10, updated errors and error descriptions.
		Page 3-16, update fields require
		o New "Required/Optional" column with status for all fields included
		o Changed POS to Optional
		o Replaced Admit Date with Service From Date, applicable to both IP & OP
		o Replaced Actual Discharge Date with Service To Date, applicable to both IP & OP
		o Changed discharge status to optional
		o Changed Attending Physician to optional
		o Made Primary Diagnosis code a mandatory field
		o Changed Diagnosis at the time of discharge optional
		o Made PPG Auth ID mandatory field
		o Made Birth Date a mandatory field for NewBorns
		o Updated field name to say "Newborn Birth Date"
		o Updated descriptions of Procedure from and To dates
		o Made Procedure Quantity a required field
		Page 17-18 (Appendix), removed tables for POS, Admit Type, Review Type, Reason Code, Bed Type and Revenue Codes as PPGs should be using Industry Standard code sets.
20.7	5/15/2024	Page 11, Added new error codes:
		o For Newbon's DOB
		o PPG Auth ID
		o PPG Code
		o File Naming Convention
20.8	10/1/2024	Page 1, Document title updated
		o Electronic Load of Delegated Authorizations
		Page 11, New error code for newborn included:
		o Required Field is Invalid: Newborn's date of birth
		Page 14, Notes verbiage updated:
		o Do not send auths in PEND or BLANK status
		Page 15, Treating Provider clarification verbiage updated
		o If NPI is not found for Facility or Vendor then submit Tax ID in order of specifics found on Page 15, field - TAX ID of the Vendor linked to the Treating provider

TECHNICAL BULLETIN

SFTP Procedure

Published: October 28, 2013
Updated: March 31, 2019

SFTP Procedure	The process to upload/download files to/from L.A. Care's SFTP server.
Requirements	• Internet connection. • SFTP software. • Business Partner Internet IP address. L.A. Care will provide User Name, Password, folder/directory information for SFTP server.
Initiate SFTP connection Once connected to the Internet, open MS-DOS prompt. Type "ping sFTP.lacare.org" to validate connection to SFTP server.	
Validate SFTP connection Successful connection to SFTP server when "Reply from =" appears. **Note:** If the user's Internet IP Address has **not** yet been entered in L.A. Care's **firewall**, the user will receive a "**Request Timeout**" from the Ping command.	
Open SFTP Session Type **sFTP <username> @sFTP.lacare. org**	

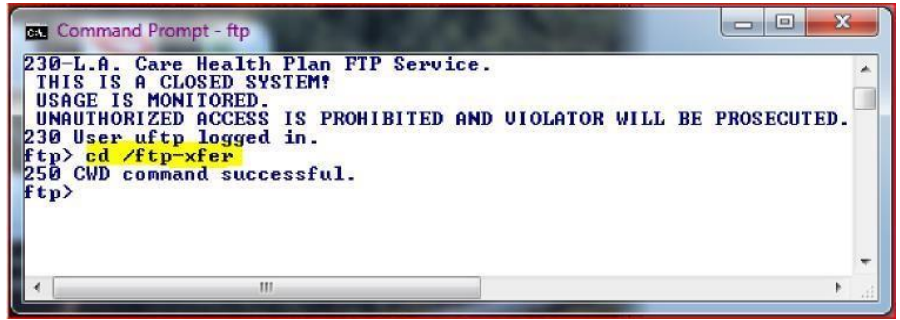|	
User Name Authentication Enter the assigned User Name, and then press the **Enter** key. For SFTP, you specify your User ID when connecting to the SFTP server.	**sFTP <User ID>@sFTP.lacare.org**
Password Authentication A prompt requesting for a **Password** should appear next. Type the assigned password, and then press the Enter key.	
Successful Login For **SFTP**, when the prompt **sFTP>** appears, that means the User Name has successfully login to the SFTP server.	

| **Change of Directory**<br><br>Each user **<u>MUST</u>** change or go to their assigned folder/directory.<br><br>For **SFTP**, you are at your assigned directory at login.<br><br>**Change of Directory validation**<br><br>When the "change directory" command is successful, users might see a "command successful" reply. | ```
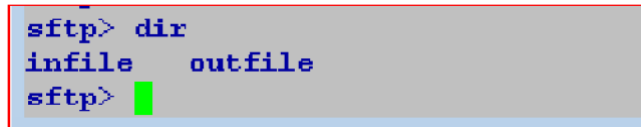Command Prompt - ftp
230-L.A. Care Health Plan FTP Service.
THIS IS A CLOSED SYSTEM!
USAGE IS MONITORED.
UNAUTHORIZED ACCESS IS PROHIBITED AND VIOLATOR WILL BE PROSECUTED.
230 User uftp logged in.
ftp> cd /ftp-xfer
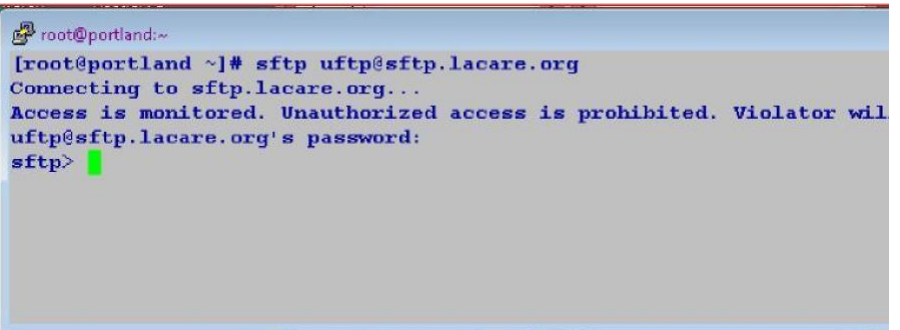250 CWD command successful.
ftp>
``` |
| **Display of Directory**<br><br>When the users type "**Dir**" at the **sFTP>** prompt, the "in_file" and "out_file" subfolders should be listed.<br><br>**<u>Note:</u>**<br>The **"in_file"** sub-directory is for users to deposit files **for** L.A. Care. The **"out_file"** sub-directory is for users to pick up files **from** L.A. Care. | ```
sftp> dir
infile    outfile
sftp>
```<br><br>```
root@portland:~
[root@portland ~]# sftp uftp@sftp.lacare.org
Connecting to sftp.lacare.org...
Access is monitored. Unauthorized access is prohibited. Violator wil
uftp@sftp.lacare.org's password:
sftp>
``` |

File Transfer Users **MUST** then to go to either "in_file" **or** "out_file" sub-directory. To change to one of those two folders, type one of the following commands at the SFTP> prompt: **cd "in_file** (and then press the **Enter key**) or **cd "out_file** (and then press the **Enter key**) When those commands were execute correctly, users might see a "command successful" reply.	``` sftp> sftp> dir infile outfile sftp> cd infile sftp> ```

Note:
1. To see what files (or any other sub-directories) that are available within the "in_file" or "out_file" sub-directory, type "**dir**" at the SFTP prompt, and then press the **Enter key**.
2. To **upload an encrypted file for** L.A. Care, type **"put" <space>** follows by the filename at the SFTP prompt, and then press the **Enter key**.
3. To **download an encrypted file from** L.A. Care, type **"get" <space>** follows by the filename at the SFTP prompt, and then press the **Enter key**.
4. To quit the SFTP process, type **"quit"** or **"bye"** or **"exit"** at the FTP/SFTP prompt, and then press the **Enter key**.