Illinois Department of Human Services

ILLINOIS DEPARTMENT OF HUMAN SERVICES COMMUNITY REPORTING SYSTEMS

OPIOID MAINTENANCE THERAPY (OMT) PHARMACY SYSTEM

INSTRUCTION MANUAL FOR FILE SUBMISSION TO DHS

Information Management and Development
Unified Health Systems Section
Provider Claims Unit

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Introduction

The Opioid Maintenance therapy (OMT) Pharmacy System was designed by the Illinois Drug Abuse Program (IDAP) in 1969 to monitor the use of methadone as a treatment medium in treating heroin addiction.   It also is responsible for creating and maintaining a file of persons who receive medication as part of their treatment regimen.   The system is monitored by the Department of Human Services (DHS) Substance Use Prevention and Recovery (SUPR).   The DHS Office of Management Information Systems (MIS) provides management information services to support the system.

This document sets the guidelines for the creation and submission of files of OMT Pharmacy data to the Department of Human Services by OMT clinics.   Each OMT clinic must be responsible for the quality of its data.   The rules for the creation of data files must be followed exactly to ensure the reliability of the data and to minimize the chances of error.   This requires close contact between the clinic=s data processing personnel and the clinic=s staff that is responsible for reporting data to DHS.   This communication between the two entities is essential to the success of the system.   It enables the clinic to resolve problems with the input quickly and prevents a high error rate that, once started, becomes difficult to resolve.   The OMT clinic has the sole responsibility for the proper positioning and quality of the data.

The Department of Human Services will notify the OMT clinics in a timely manner of any changes to the current data or addition of new data that will require modification to the data record.

Questions concerning the content of these guidelines should be directed to the Unified Health Systems (UHS) Help Desk by e-mail at DHS.SUPRHELP@illinois.gov.

File Submission Requirements

Data records must be created in compliance with the record formats as described on the following pages. In addition to the data records created, each file **must** contain a trailer record which must be the last record on the file. The data for each record must be in an ASCII fixed length format. There must be no delimiting characters between fields. Each record must be terminated with carriage return (CR) and line feed (LF) characters. The CR is one byte (hex 0d) and the LF is one byte (hex 0A). The entire file is then terminated by an end of file character (hex 1A).

File Transfer Protocol (FTP) Registration

OMT clinics must register with the Department of Human Services (DHS), Management Information Services, in order to submit their information to the department using FTP. FTP software will be provided that is necessary to exchange files with DHS. Registration information and forms can be found at www.dhs.state.il.us/mhdd/mh/repCommServices.

Production Schedule

The production file must be received by DHS/MIS by the cut-off date and time to be included in the processing for the week. Multiple FTP file submissions will be accepted for a production schedule. If the production file is received after the cut-off date and time, it will be held and processed the following week. The cut-off for all OMT Pharmacy FTP files is Tuesday of each week, at 5:00 p.m.

After processing of the clinic=s submitted data is complete, DHS/MIS will return a file to the clinic with the results of the processed data and provide a report listing which will summarize the data processed. Paper reports will not be provided for data submitted for the OMT Pharmacy System. Access to reports are available by using Mobius Document Direct via the Internet. Report viewing is limited to your specific provider FEIN and Clinic Code. It is the responsibility of each clinic to print reports from Mobius Document Direct, if desired. Reports will be stored for at least six months to allow sufficient time to view/print as needed.

Any rejected record may be resubmitted to DHS after the error condition has been corrected.

FTP Transfers

After the clinic has been successfully registered with DHS, you may begin transferring files via FTP. The FTP software transmits data using Secure Sockets Layer (SSL) over FTP. If your agency utilizes a fire wall (and most do), then port 2021 and a small range of high ports between 11,000 and 11,999 must be open for connectivity.

Establish a connection to the Internet, if not already established (such as a DSL or cable connection) then run ACALLFTP.EXE@.   The following screen will be displayed.

The **FTP Transfer to/from DHS** screen displays the selection process for FTP file transfers. There are three options displayed on the menu bar.

Settings   Displays a screen showing detailed file information. File locations and their names can be modified.

Transaction History   Displays a window showing past file transfer activity after *View Log* is selected from the drop down list.   This is a running log of ALL transfers attempted.   The log may be cleared by selecting *Clear Log* from the drop down list.

Help   Displays FTP software version.

The **FTP File Specifications** screen appears after **Settings** is selected from the menu bar and displays detailed file information.   You can modify where the files are located and their names. File specifications cannot be modified once you get into the FTP Transfer window.

Transfer To DHS:

To begin the file transfer to DHS, enter the **FTP Provider ID** received during the FTP registration process and the **Primary/Secondary Email Addresses** to be notified when the DHS processing is complete on the **FTP Transfer to/from DHS** screen. Select *Upload* in the **Transfer Type** drop down list then select the files you want to transfer listed under **FTPDHS Data Files** by clicking in the box next to the file type. Click **Process** to continue or **Exit** to abort the transfer.

Transfer From DHS:
To begin the file transfer from DHS, enter the **FTP Provider ID** received during the FTP registration process on the **FTP Transfer to/from DHS** screen. Select *Download* in the **Transfer Type** drop down list then select the files you want to transfer listed under **FTPDHS Data Files** by clicking in the box next to the file type. Click **Process** to continue or **Exit** to abort the transfer.

The **Login** window will be displayed next.   Enter your **FTP User ID** and **Password** then click **Ok**   to continue.   If an error box is displayed, check that the FTP User ID and Password are correct.   **Note**: The first time you log into the system, enter your FTP User ID as the password and then you will be prompted to change your password.   The password is case sensitive and must be changed every 30 days.
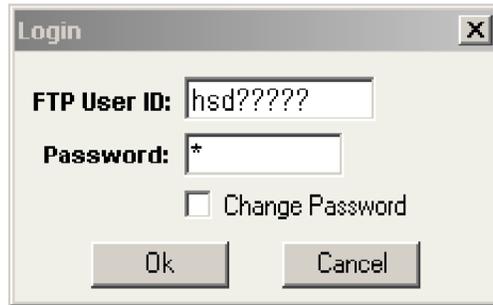
The **FTP Transfer** screen appears after successfully connecting to the FTP server.   Click   **Ok** to begin the transfer to/from DHS.   There are four options displayed on the menu bar.

Connect	Displays the Login window.
File Settings	Displays the FTP File Specifications Screen.
Transaction History	Displays a window showing past file transfer activity.
Help	Displays the software version and technical assistance information (including the DHS Network Services phone number if a password needs to be reset [1-800-366-8768]).

The FTP Transfer dialog box will display information about the transfer process.   To verify a successful transfer, scroll to the bottom of the dialog box to view the transfer results.
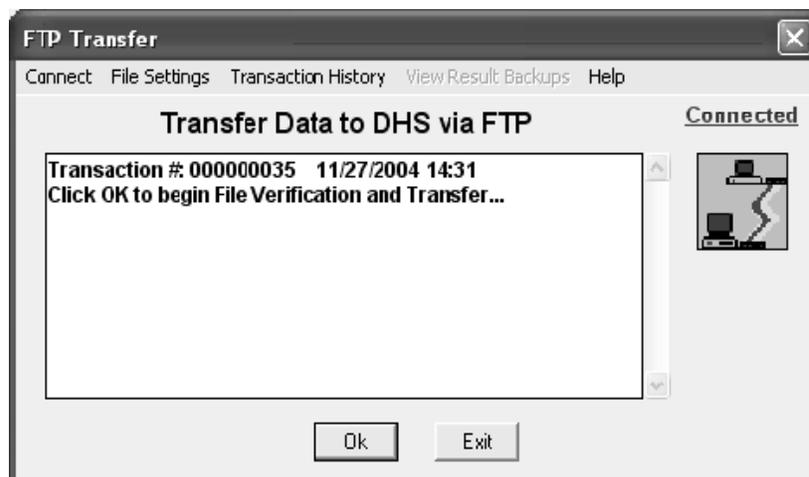
File Record Formats

An OMT information record must be submitted each week for all active patients.   If the patient did not receive treatment on a specific day, dosage information still must be included with the appropriate codes (No Show, etc).   If information submitted in a previous transmission needs to be changed, the dosage information must be complete for all days of the week, not just the day needing to be changed.

Note: All numeric fields should be right justified and zero filled.   All alpha fields should be left justified and space filled.   All fields are required unless stated otherwise.

OMT Treatment Information Record Format

Field Name	From	Thru	Length	Format	Description
Provider Number	1	4	4	numeric	The clinic=s contract number assigned by DHS, Division of Alcoholism & Substance Abuse (SUPR). Report **0000** if the clinic does not have a contract with SUPR
Patient ID	5	13	9	numeric	The unique identification number for the patient. This should be the Recipient Identification Number (RIN) assigned to the patient by DHS via the DHS eRIN System.
Record Type	14	14	1	numeric	The action to be taken for this record. **1** - Add information for a week **2** - Change information for a prior week
Week Begin Date	15	22	8	numeric	The week begin date for which the patient received treatment. This must be a valid date for a Monday. Format: **YYYYMMDD**
Dosage Information (7 occurrences)					**Dosage Amount**: The patient=s treatment dosage in milligrams for the day of the week being reported. Report **0000** if treatment was not received on that day. **Dosage Type**: The type of treatment dosage received by the patient for the day of the week being reported.

					DR - Drug Free **IN** - In-Clinic **NS** - No Show **TH** - Take Home **VD** - Void Leave blank if treatment was not received on that day (value spaces).
Dosage Amount #1 Dosage Type #1	23 27	26 28	4 2	numeric alpha	Monday
Dosage Amount #2 Dosage Type #2	29 33	32 34	4 2	numeric alpha	Tuesday
Dosage Amount #3 Dosage Type #3	35 39	38 40	4 2	numeric alpha	Wednesday
Dosage Amount #4 Dosage Type #4	41 45	44 46	4 2	numeric alpha	Thursday
Dosage Amount #5 Dosage Type #5	47 51	50 52	4 2	numeric alpha	Friday
Dosage Amount #6 Dosage Type #6	53 57	56 58	4 2	numeric alpha	Saturday
Dosage Amount #7 Dosage Type #7	59 63	62 64	4 2	numeric alpha	Sunday
					Note: If the patient was not active at the clinic for the day of the week, Dosage Amount must be **0000** and Dosage Type must be spaces.
Dispense Code	65	65	1	alpha	The frequency of the dispensations to the patient per week. **1** - One on-site dispensation **2** - Two on-site dispensations **3** - Three on-site dispensations **4** - Four on-site dispensations **5** - Five on-site dispensations **6** - Six on-site dispensations **7** - Seven on-site dispensations **0** - Placebo dispensations or dispensing schedules requiring SUPR approval **T** - One on-site dispensation and remaining dispensations off-site for a two week period

					M - One on-site dispensation and remaining dispensations off-site for a month
Funding Code	66	67	2	alpha	The source of funding for the patient=s treatment. **CA** - Young Adult Model **CB** - Male Family Unification **CD** - IL Department of Children and Family Services (DCFS) **CN** - Contract Patient with No Other Dedications or Obligations **CP** - Chicago Public Health **CT** - Temporary Assistance for Needy Families (TANF) **FS** - Federally Funded via State of IL **CO** - STR **DM** - Medicaid **O** - Other City/State/Federal Funding **P** - Private Pay Patient **C** - MCO
Patient Status	68	68	1	numeric	The patient=s status in the OMT Pharmacy System for the we5ek being reported. **2** - Active **3** - Discharged from Clinic **4** - Deceased
Pregnant Indicator	69	69	1	alpha	The patient=s pregnancy status. **N** - Patient is Not Pregnant **Y** - Patient is Pregnant
Modality Code	70	71	2	alpha	The patient=s treatment modality. **DE** - Detoxification **DR** - Drug Free **MM** - OMT Maintenance
Clinic Code	72	73	2	numeric	The code assigned to the clinic by SUPR.
Medication Code	74	75	2	numeric	The type of medication received by the patient. **00** - Abstinence **01** - Methadone, Liquid **11** - Methadone, Diskette **35** - Methadone, Tablet (Dolophine) **44** - Buprenorphine
Patient Name					The complete legal name of the patient.

Last Name	76	90	15	alpha	The complete legal last name
First Name	91	102	12	alpha	The complete legal first name
Patient Address					The current address location of the patient.
Street	103	121	19	alpha	Street or box number
City	122	140	19	alpha	City
State	141	142	2	alpha	The Post Office abbreviation for State
Zip Code	143	147	5	numeric	Postal zip code **Note**: If the patient is un-domiciled, report the address of the clinic.
Filler	148	219	72	alpha	Leave this field blank. Value: spaces
Provider Satl	220	221	2	alpha	Leave this field blank. Value: spaces
Provider Fund	222	222	1	alpha	Leave this field blank. Value: space
Previous Patient ID	223	231	9	alpha	If not used, leave this field blank. Use this field when a change is being made to the patient ID number. This field should contain the existing ID for the patient (as it was originally reported). The Patient ID in positions 5 - 13 will contain the Anew@ Patient ID number.
Provider FEIN	232	240	9	alpha	Leave this field blank. Value: spaces
Provider FTP ID	241	248	8	alpha	Leave this field blank. Value: spaces
TPL Code	249	251	3	alpha	Corresponding HFS code for insurance company name
TPL Status	252	253	2	alpha	01 – TPL adjudicated – total payment shown 02 – TPL adjudicated – patient not covered 03 – TPL adjudicated – services not covered 05 – Patient not covered 06 – Services not covered 07 – Billed insurance/not covered
					The name of the paying organization from

TPL Payer Name	254	270	17	alpha	The name of the paying organization from which the provider might expect some payment for treatment service (i.e. private insurance company, Medicare, Medicaid, etc.)
TPL Payer Amt	271	277	7	numeric	Format: DDDDDCC Amount of payment received from the third party health resource or the patient. If no amount then fill with zeros.
TPL Payer Date	278	285	8	alpha	Format: CCYYMMDD If the status is 01, 02 or 03 enter the third party adjudication date. If the status is 05, 06 or 07 enter the service date.
Due From Patient	286	292	7	numeric	Format: DDDDDCC The amount that the patient is responsible for before Medicaid eligibility can be established. If not applicable, should be filled with zeros.
TPL Insureds Lname	293	312	20	alpha	Last name of the person on the policy
TPL Insureds Fname	313	322	10	alpha	First name of the person on the policy
TPL Insureds MI	323	323	1	alpha	Middle initial of the person on the policy
TPL Insureds ID	324	340	17	alpha	The ID of the person on the policy (i.e. insurance company's ID, Medicaid ID, etc.)
TPL Physician ID	341	350	10	alpha	Ten digit all numeric National Physician Identifier (NPI) of the Organization's Medical Director or physician authorized to oversee the patient's treatment episode and other medical procedures.
Filler	351	400	50	alpha	Spaces

OMT Trailer Record Format

Field Name	From	Thru	Length	Format	Description
Filler	1	13	13	alpha	Leave this field blank. Value: spaces
Trailer Indicator	14	14	1	alpha	Value: T **T** - Indicates the TRAILER record
Record Count	15	22	8	numeric	Report the number of records in the file, including the trailer record. **Note**: This field should be right justified and zero filled.
Filler	23	400	378	alpha	Leave this field blank. Value: spaces

OMT Results File Record Format

After processing by DHS, the OMT results file records will contain the same data that was reported for the input plus certain fields will contain information concerning the status of the transactions.

Field Name	From	Thru	Length	Description
Clinic FEIN	1	9	9	The clinic=s nine digit Federal Employer Identification Number (FEIN).
Clinic Satellite Code	10	11	2	An organizational subpart within a provider that does not have a different FEIN assigned to it. This code is assigned by DHS.
Patient ID	12	20	9	The unique identification number for the patient.
Record Type	21	21	1	The action requested to be taken for this record.
Patient First Name	22	35	14	The complete legal first name of the patient.
Patient Last Name	36	65	30	The complete legal last name of the patient.
Patient Address				The current address location of the patient.
Street	66	105	19	Street or box number
City	106	125	19	City
State	126	127	2	The Post Office abbreviation for State
Zip Code	128	132	5	Postal zip code
Patient Status	133	133	1	The patient=s status in the OMT Pharmacy System for the week being reported.
Pregnant Indicator	134	134	1	The patient=s pregnancy status.
Previous Patient ID	135	143	9	The previous patient ID for the patient as it was originally reported.
Week Begin Date	144	155	8	The week begin date for which the patient received treatment. Format: **YYYYMMDD**
Week Number	152	155	4	The week number for which the patient received treatment.
Dispense Code	156	156	1	The frequency of the dispensations to the patient per week.
Funding Code	157	158	2	The source of funding for the patient=s treatment.
Modality Code	159	160	2	The patient=s treatment modality.
Clinic Code	161	162	2	The code assigned to the clinic by SUPR.

Field Name	From	Thru	Length	Description
Medication Code	163	164	2	The type of medication received by the patient.
Dosage Information (7 occurrences)				**Dosage Amount**: The patient=s treatment dosage in milligrams for the day of the week being reported. **Dosage Type**: The type of treatment dosage received by the patient for the day of the week being reported.
Dosage Amount #1 Dosage Type #1	165 169	168 170	4 2	Monday
Dosage Amount #2 Dosage Type #2	171 175	174 176	4 2	Tuesday
Dosage Amount #3 Dosage Type #3	177 181	180 182	4 2	Wednesday
Dosage Amount #4 Dosage Type #4	183 187	186 188	4 2	Thursday
Dosage Amount #5 Dosage Type #5	189 193	192 194	4 2	Friday
Dosage Amount #6 Dosage Type #6	195 199	198 200	4 2	Saturday
Dosage Amount #7 Dosage Type #7	201 205	204 206	4 2	Sunday
Provider Number	207	210	4	The clinic=s contract number assigned by DHS/SUPR. This field is **0000** if the clinic does not have a contract with SUPR
Provider Funding Indicator	211	211	1	Indicates the provider has a contract with DHS/SUPR. This field is spaces if the clinic does not have a contract with SUPR.
Process Date	212	219	8	This field is returned with the date the data was processed by DHS. Format: **YYYYMMDD**
Acceptance Indicator	220	221	2	This field is returned with one of the following codes indicating the result of the processing. **PD** - Approved **RJ** - Rejected
Reject Code 1	222	224	3	If the record is rejected during processing by DHS, a rejection code will be noted indicating the

Field Name	From	Thru	Length	Description
				reason the record was rejected by DHS.
Reject Code 2	225	227	3	Same description as Reject Code 1
Reject Code 3	228	230	3	Same description as Reject Code 1
Filler	231	241	11	This field will be blank, value spaces.
Media Indicator	242	242	1	This field indicates the data was submitted via FTP transfer, value **F**.
Provider FTP ID	243	250	8	The Provider FTP ID assigned to the clinic.
Filler	251	300	50	This field will be blank, value spaces.

Appendix A

Rejection Codes and Descriptions

Rejection Codes and Descriptions

Code	Description
103	Invalid or Missing Patient ID Number
104	Invalid or Missing Record Type
105	Missing Patient Name
106	Invalid or Missing Patient Address Information
107	Invalid or Missing Patient Status
108	Invalid or Missing Pregnancy Status
109	Invalid Previous Patient ID Number
110	Invalid or Missing Week Begin Date
111	Invalid or Missing Dispensing Code
112	Invalid or Missing Funding Code
113	Invalid or Missing Modality Code
114	Invalid or Missing Clinic Code
115	Invalid or Missing Medication Code
116	Invalid or Missing Dosage Amount
117	Invalid or Missing Dosage Type
118	Invalid or Missing Patient Zip Code
120	Treatment Information Too Old to Process
121	Invalid Funding Code - Must Have a CPHD Contract
190	Recipient ID Number (RIN) Not Found on DHFS RIN File
191	Patient Name Mismatch With DHFS RIN File
198	Rejected per SUPR Request
199	Rejected per Clinic Request
201	Invalid Patient ID Change
207	Deceased Patient has Active Treatment Information
208	Deceased Patient has Active Treatment Information at Another Clinic
209	Active Treatment Information After Discharge Must Be Voided
210	Void status Change Duplicate Dosage Date At Another Clinic
211	Overlapping Of Treatment Periods Not Allowed
212	TPL Info Must Be Entered Completely OR Not At All

Code	Description
213	Invalid TPL Status
214	Paid Date Cannot Be In The Future
215	Invalid Paid Date