Michigan Department of Community Health
Medical Services Administration

HOSPITAL & CLINIC REIMBURSEMENT DIVISION

File Transfer Application Instructions and Information for Medicaid Providers

The DCH-File Transfer application is available for the secure transfer of files between Medicaid providers (County Health Plans, Federally Qualified Health Centers, Health Maintenance Organizations, Hospitals, Local Health Departments, Rural Health Clinics, and Tribal Health Centers) and the Michigan Department of Community Health's Hospital & Clinic Reimbursement (HCRD).

Granting of Access to File Transfer Application
The HCRD must be notified in advance of the users that will be applying, the area type(s) they need access to (shared and/or provider specific), and when users access should be removed. Please direct this notification to the HCRD auditor assigned to your facility prior to registering through the SSO. All users desiring access to the DCH-File Transfer application must have their own unique SSO user ID and password, and the user IDs and passwords should not be shared.

Removing of Access to File Transfer Application
It is the providers responsibility to notify HCRD (the HCRD auditor assigned to your facility) when a user of the File Transfer application no longer needs access so that they can be removed from the application access list.

HCRD File Transfer Application – Area Names
The HCRD has set up two types of Area Names for providers:
- Shared – based on type of provider
- Provider Specific – for a single provider

The naming convention used for Area Names is as follows:

> Shared
> HCRD-<provider type>
>
> Provider Specific
> HCRD-<provider type>-<provider name>-<Medicare Number/HCRD Number>

Examples:
> Shared
> HCRD-HOSP
>
> Provider Specific
> HCRD-HOSP-Central Michigan Community Hospita-0080

The provider name is truncated so that the Area Name is 50 characters or less. If the provider name includes any of the following characters, the characters will be removed: ampersand (&), single quote or apostrophe ('), or slash (/).

HCRD File Transfer Application – File Naming Conventions
The files that a provider uploads to HCRD need to be named using the following naming conventions:

- Cost Report file names and Reconciliation Report file names need to be the default name assigned by the software.
- Files need to begin with NPI, an underscore and a file content description.
    - Example: 1234567890_ContactInformation.xls
- Files that pertain to certain fiscal periods need to also include the fiscal periods in mmddyyyy format.
    - Example 1: 1234567890-Claims-07012008-06302009.dat
    - Example 2: 1234567890-FinancialStatement-07012008-6302009.xls

HCRD File Transfer Application – File Retention Period
The provider is responsible for keeping a copy of any file that is uploaded to the HCRD. Files that HCRD shares with individual providers will be shared for a maximum of 30 days and may be removed prior to 30 days. Files that HCRD shares with one of the common shared Area Names may be shared longer than the 30 day maximum.

File Transfer Application – File Size Limitation
The DCH-File Transfer application limits the size of a single file to 2 GB.

File Transfer Application – Security Note
NOTE: All users that have been granted access to an Area Name will be able to download all files that have been shared to that Area Name.