



## LTC Reimbursement and Rate Setting Section

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### File Transfer Application Instructions and Information for Medicaid LTC Providers

The DCH-File Transfer application is available for the secure transfer of files between Medicaid LTC providers (Nursing Homes, County Medical Care Facilities, and Hospital Long Term Care Units) and the Michigan Department of Community Health's LTC Reimbursement and Rate Setting Section (RARSS).

#### Granting of Access to File Transfer Application

The RARSS 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 Section email address – [DARS@michigan.gov](mailto:DARS@michigan.gov) prior to registering through the MiLogIn. In the email, the Subject line should read "Provider Name – File Transfer" if requesting access to an individual provider area. In the email, the Subject line should read "Home Office Name – File Transfer" if requesting access to a Home Office area, if applicable. All users desiring access to the DCH-File Transfer application must have their own unique MiLogIn 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 RARSS (at [DARS@michigan.gov](mailto:DARS@michigan.gov)) when a user of the File Transfer application no longer needs access so that they can be removed from the application access list. In the email, the Subject line should read "Provider Name – File Transfer" when access to an individual provider area is to be removed. In the email, the Subject line should read "Home Office Name – File Transfer" when access to a Home Office area, if applicable, is to be removed.

#### RARSS File Transfer Application – Area Names

The RARSS has set up two types of Area Names for providers:

- Shared – common files (cost report templates) for individual provider or home office entity
- Provider Specific – for a single provider or single home office

The naming convention used for Area Names is as follows:

##### Shared

RARSS-<provider or home office>

##### Provider Specific

LTC RARSS PR <Medicaid county code/license number> - <National Provider Identifier number>  
<provider name>

LTC RARSS HO <Medicaid home office number> <home office name>

Examples:

##### Shared

LTC RARSS PR 00001-1111111111 MDCH Admin Services

LTC RARSS HO MHO-111 MDCH Administrative Services

### Provider Specific

LTC RARSS PR 01499-1234567890 Georges Nursing Home  
LTC RARSS HO HMO999 Georges Health Care Management

## **File Transfer Application Instructions and Information for Medicaid Providers (Continued)**

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 (/).

### **RARSS File Transfer Application – File Naming Conventions**

The files that a provider uploads to RARSS need to be named using the following naming conventions:

- Individual Provider Medicaid Cost Report file names need to be the default name assigned by the software.
- Files need to begin with Medicaid county code license number, an underscore, the period end date, and a file content suffix.
  - Example: 99-999 YYYY-MM-DD.FCR
- Medicaid Home Office Cost Report file names need to be the default name assigned by the Medicaid home office cost report software.
- Files need to begin with Medicaid home office number, an underscore and a file content description.
  - Example: MHO-111 YYYY-MM-DD.FHCR
- Other files maybe submitted but must contain the county code license number, National Provider Identifier number, and content description {file name}.
- Files that pertain to certain fiscal periods need to include the county code license number, National Provider Identifier number, document name, and also the fiscal period(s) in mmddyyyy format.
  - Example 1: 99-999-1234567890-Square Footage-07012008-06302009.doc
  - Example 2: 99-999-1234567890-FinancialStatement-07012008-06302009.xls

### **RARSS File Transfer Application – File Retention Period**

The provider is responsible for keeping a copy of any file that is uploaded to the RARSS. Files that RARSS shares with individual providers will be shared for a maximum of 30 days and may be removed prior to 30 days. Files that RARSS 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.