

CY 2022 UMGD Criteria Response Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be “.TXT”

Plan Users upload Utilization Management Group Description (UMGD) Criteria Responses when there are open requests.

Field Name	Field Type	Maximum Field Length	Field Description	Sample Field Value(s)
Criteria ID	NUM Always Required	NA	Identifier for the UMGD criteria for which to submit response. Note: Criteria ID with open response requests can be found on the UMGD Criteria Detail Report under OJS Reports.	654321
Request for Formulary Gate Opening	CHAR Always Required	1	A 'Y' or 'N' selection must be made to indicate whether a new version of the formulary will be submitted to address the UMGD response.	N = No Y = Yes
Plan Response Option	NUM Always Required	1	Valid values for Plan Response Option field are: 1=Remove Entire UMGD 2=Remove PA Element 3=Revise UMGD Criteria 4=Submit Clinical Justification	1
Plan Clinical Justification/ Resubmission Comment	CHAR Sometimes Required	4000	Comments or clinical justification (this field is optional unless option 4 is chosen for the plan response option)	