Florida Department of Health

Early Steps Data System (ESDS)

ESDS Interface Specifications

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Version Number

1.0

CONTACTS

Agency Project Manager:		Agency Project Sponsor:	
Maryanne Marchese		**Dusty Stern**	
Phone:	(850) 445-4551	Phone:	(850) 245-4674
Email:	Maryanne.Marchese@flhealth.gov	Email:	dusty.stern@flhealth.gov

SSG Project Manager:		SSG Engagement Lead:	
Andrew Tsai		**Ted Hill**	
Phone:	(617) 461-9593	Phone:	(732) 299-7117
Email	atsai@ssg-llc.com	Email:	thill@ssg-llc.com

Revision History

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0.1	6/28/2024	Initial draft of combined ESDS Interface Specifications document	Meghan Collette Julia Larson
0.2	07/21/2024	ESDS Project Team first review	Maryanne Marchese
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Signature and Acceptance Page

I have reviewed the ESDS Interface Specifications and supporting documentation and agree that the content of the document is accurate and clearly describes the ESDS Interface Specifications, Data Mappings, and Sample files.

Signature: _____ Date: __10/09/2024__

Print Name: __Maryanne Marchese__

Title: __ESDS Project Manager__

Agency: __Florida Department of Health, Division of Children's Medical Services__

Role: __ESDS Project Manager__

Signature: _____ Date: __10/09/2024__

Print Name: __Dusty Stern__

Title: __Chief, Early Steps and Newborn Screening__

Agency: __Florida Department of Health, Division of Children's Medical Services__

Role: __ESDS Project Sponsor__

Signature: _____ Date: _____

Print Name: __Jennifer Canfield__

Title: __Program Analyst II__

Agency: __Florida Department of Health, Division of Children's Medical Services__

Role: __ESDS Project Contract Manager__

Signature: _____ Date: _____

Print Name: _____

Title: _____

Agency: _____

Role: __SSG Project Manager__

Signature: _____ Date: _____

Print Name: _____

Title: _____

Agency: _____

Role: __SSG Engagement Lead__

Table of Contents

1   Introduction

The Early Steps Data System (ESDS) Interface Specifications document describes the **system-to-system interfaces** implemented as part of the Early Steps Data System. This document contains assumptions, conventions, and data standards that may be specific to Early Intervention (EI) when implementing Health Insurance Portability and Accountability Act of 1996 (HIPAA) Accredited Standards Committee X12 (ASC X12N) Implementation Guides.

2   References, Glossary, and Contact Information

The ESDS Glossary of terms lists standard definitions for terms used within the ESDS system. The ESDS Glossary of Terms can be found here - References, Glossary and Contact Information.pdf.

3 Context Diagram

The following Context Diagram depicts the high-level, conceptual view of how external systems and data feeds interact with ESDS. This diagram is intended to help establish a high-level understanding of the context within which the ESDS is a part.
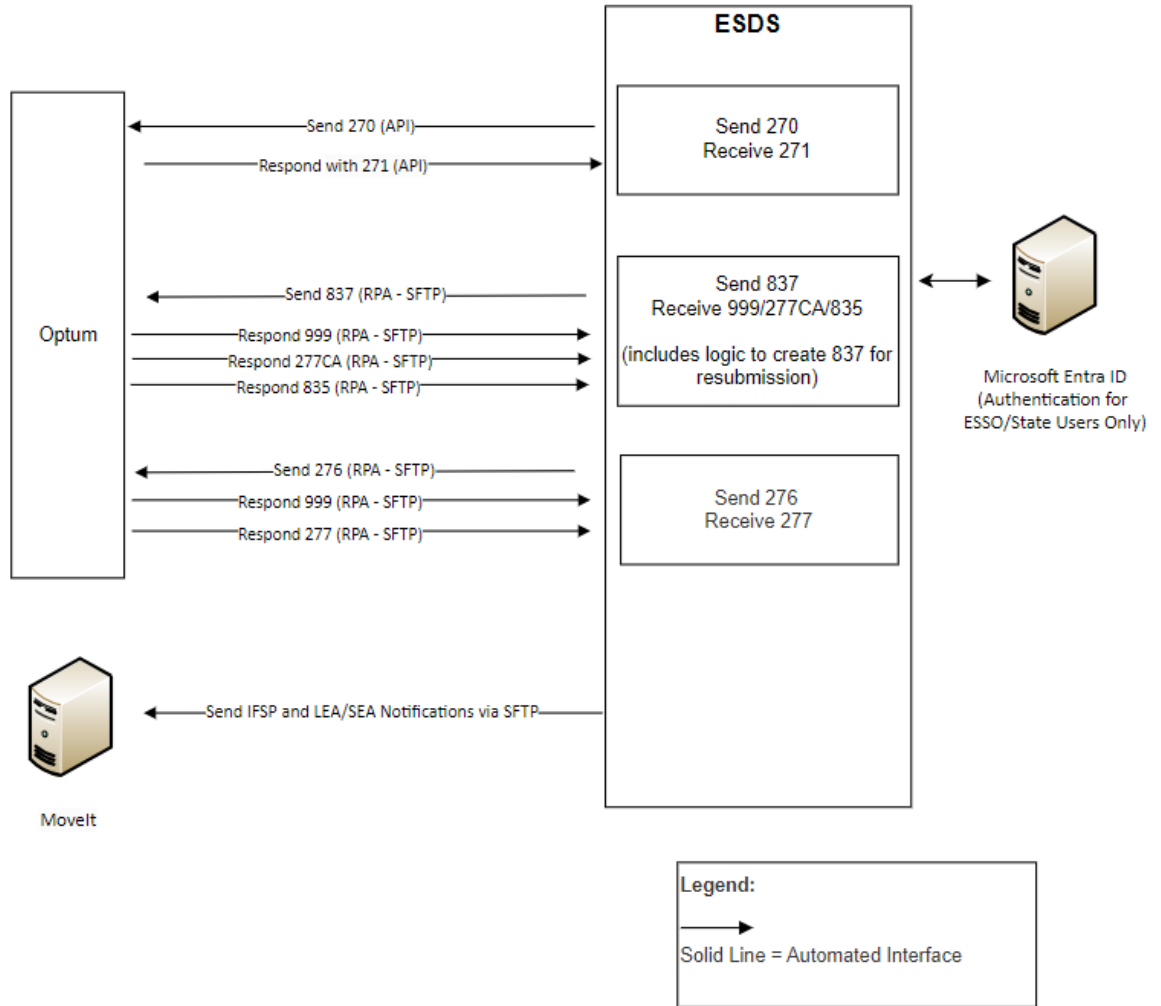
*EHR/EMR Systems, Billing Systems, and Provider Master List (PML) File are data uploads via the UI and not a system interface.

The following table describes the purpose and timing of each interface in the diagram above.

Interface	Purpose	Timing
Send 270 / Receive 271	A 270 is sent to an insurer to identify if a child has coverage with that insurer. The response (271) is processed and provides information on the child's insurance eligibility and benefits.	Immediate via API
Send 837 / Receive 999 / 277CA /835	An 837 is sent for each claim and sent to the appropriate payer through Change Healthcare. An 835 is received for adjudication of claims and details of remittance. A 999 is received for acknowledgement of a transaction from Optum, and it displays if there are any syntax errors in the submitted claim.	**837:** Daily batch to Optum **999/277CA/835:** Retrieved from Optum multiple times/day (frequency/timing <mark>pending</mark>)
Send 276 / Receive 999 / 277	A 276 is sent through Optum to the appropriate payer to inquire about the status of a claim. A 999 is received for acknowledgement of a transaction from Optum, and it displays if there are any syntax errors in the submitted request. A 277CSR) is received and provides information about the status of the claim.	**276:** Sent to Optum immediately on user request **999 / 277:** Retrieved from Optum multiple times/day (frequency/timing <mark>pending</mark>)
Send IFSP and Local Education Agency (LEA) / State Education Agency (SEA) Notifications	An IFSP file or LEA/SEA Notification file is sent securely via SFTP to a selected MMA, SEA or LEA using MOVEit.	Daily batch process to MOVEit
Entra ID (formerly known as Azure AD)	Login/authenticate Early Steps State Office (ESSO) users also known as State Users to the Early Steps Data System (ESDS).	Immediate based on user action

4 Health Care Eligibility Benefit Inquiry and Response Send 270 / Receive 271

4.1 Integration Overview

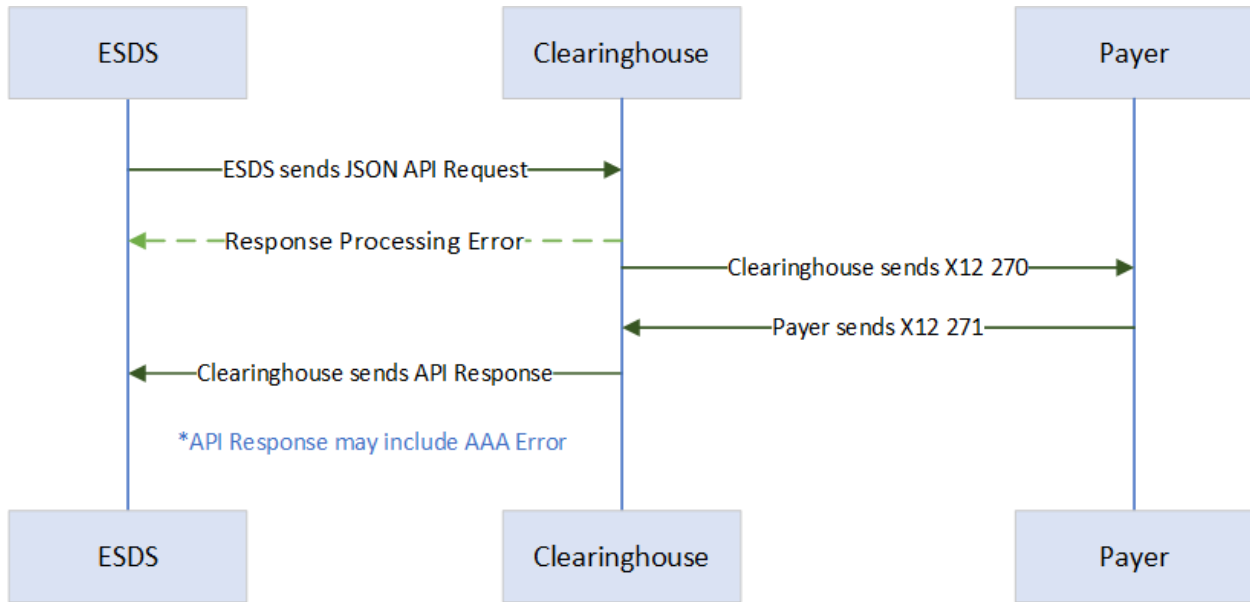| Item	Description
Purpose of Integration	The purpose of integrating 270/271 transactions is to verify whether a child enrolled in Early Steps has insurance coverage with a given insurer. The user sends a 270 request to each payer to check the child's eligibility. The payer responds with a 271 transaction, indicating the coverage status. • Send 270 Request for Insurance Eligibility: A request is created to identify the subscriber with the insurer, containing sufficient information to verify the child's eligibility. • Receive and Process 271 Response: The response is processed to determine if the child has insurance coverage, including information about the coverage period and the services covered. • Update Subscriber's Record: If coverage is available, the child's insurance record within ESDS is updated with the insurance status and coverage dates. If no match is found, the user is informed of the eligibility check failure, along with the reasons returned by the response error codes. The system supports both individual and batch eligibility benefit inquiries. Individual checks are manually run for newly added Optum-supported insurance, while batch checks run automatically at the end of each month to re-verify eligibility for all existing and previously verified Optum-supported insurances on active enrollments.
Assumptions	• Interface is subject to availability of Optum Eligibility API. • Eligibility checks will only be available for Optum-supported insurances that have the minimum required fields required for an eligibility check. • ESDS expects to receive one 271 response via API from the Clearinghouse for each 270 request sent. ESDS does not anticipate receiving subsequent unsolicited 271 responses after the initial response is received. If a match is not found due to an error with the Clearinghouse, the error will be displayed in the user interface. The user will be expected to initiate a new 270 request, at which time ESDS will expect and process a new 271 response. • ESDS will only send the fields as described in this document in the 270 request. Similarly, ESDS will only process the fields as described in this document in the 271 response. ESDS will not send or process additional fields in the 270/271 transactions.

Item	Description
	• ESDS will transmit 270 requests and receive 271 responses in the API format as described in this document. Any changes to the API format or process must be communicated by the State and discussed with SSG.
Interfacing System	Optum Change HealthCare Eligibility API v3 • API Reference (interactive) • OpenAPI Specification (formal schema for requests/responses)
Direction of Data Flow (uni-directional or bi-directional)	Bidirectional 270 Inquiry is outbound from ESDS and 271 Response is inbound to ESDS.
What data is being sent?	Identifying information about the Subscriber used by the Payer to verify insurance coverage. Identifying information is further described in detail under *Data Mapping.* Schema: EDI 270 (standard) Format: JSON (Optum specific mapping of EDI 270) • EDI 270 JSON mapping by field (detailed breakdown of Optum mapping from Optum API to standard EDI 270 file)
What data is being received?	Whether the child is eligible for insurance, and further details about their insurance beyond what was provided by the request. Mapping of child eligibility to ESDS fields is described in the Data Mapping section for 271. Schema: EDI 271 (standard) Format: JSON (Optum specific mapping of EDI 271): • EDI 271 loops and elements (high-level breakdown) • EDI 271 JSON mapping by field (detailed breakdown)
What triggers the interface?	Adding or updating insurance coverage to ESDS for a child under these scenarios: • New insurance with a Optum supported Payer entered in ESDS • Existing insurance with a Optum supported Payer updated in ESDS

Item	Description
	• Scheduled re-verification of child's insurance coverage
Technology or protocol used to communicate with the interface	REST over HTTPS, with JSON payloads.
Authentication Mechanism	Primary mechanism: OAuth2 • Authentication: OAuth2 bearer token o API endpoint for authentication • Access control: JWT. • Client access via ID and secret provided via registration.
Availability Service Level Requirements	24/7 availability, subject to availability of Optum Eligibility API
Error Handling / Error Handling Rules	Multiple Scenarios 1) Error Handling: Errors will have a status of Match Not Found. The error will be presented to user and will include the Error Reason. Users will be able to update and resubmit. 2) Instances where the message does not make it to Optum will be addressed as part of the EDI error flows (prod support) being discussed in upcoming design sessions. <mark>Workflow Pending.</mark>

A note on data

Optum's Eligibility API converts JSON formatted API requests from ESDS into X12 270 EDI documents and X12 271 EDI documents from the insurer into JSON formatted responses. When this integration refers to "270" or "271", the details of those EDI files are hidden behind the Optum EDI to API Mapping. This specification deals only with the API fields.

4.2 Sequence Diagram

4.3 Explanation of Data Flow

Step #	Step Name	Step Description
1	ESDS sends JSON API request	ESDS sends a JSON API request with payer-specific identification and child information necessary to populate a 270 eligibility inquiry to identify the subscriber with a given insurer.
2	Message Fails to Reach Clearinghouse	If the message fails to reach Optum, there will be a timeout error or an error indicating the message was unable to be processed. Instances where the message does not make it to Optum will be addressed as part of the EDI error flows (prod support) being discussed in upcoming design sessions.
3	Clearinghouse sends X12 270	The Clearinghouse receives the information from the API request, translates it into an X12 270 file, and sends this file to the insurance company.
4	Insurance sends X12 271	The insurance company responds to the 270 eligibility inquiry with a 271 X12 response, providing detailed information about the patient's insurance coverage, including coverage status, effective dates, and the specific benefits and services included under the policy.
5	Clearinghouse sends JSON API response	The Clearinghouse translates the information received in the X12 271 response from the insurance company into a JSON API response, which is then sent to ESDS.

Step #	Step Name	Step Description
6	ESDS processes 271 response	ESDS processes the 271 responses to determine if the child has insurance coverage. The response includes details about insurance status the coverage dates. If applicable coverage is found, ESDS will complete or update the child's insurance record within the system, including details such as insurance status and overall coverage dates. If no match is found, the user will be informed that the eligibility check has failed for the specified payer and provider, along with the reasons provided by the response error codes. Error Handling: Errors will have a status of Match Not Found. The error will be presented to user and will include the Error Reason. Users will be able to update and resubmit. Instances where the message does not make it to Optum will be addressed as part of the EDI error flows (prod support) being discussed in upcoming design sessions.

4.4   Send 270 Request for Insurance Eligibility

4.4.1   270 Data Mapping

X12 270-271 API Data Mapping.xlsx

4.4.2   Sample API 270 Request

- {
"controlNumber": "123456789",
"tradingPartnerServiceId": "12345",
"provider": {
   "organizationName": "ESDS",
   "npi": "0123456789"
},
"subscriber": {
   "firstName": "John",
   "lastName": "Doe",
   "dateOfBirth": "19930101",
   "memberId": "1234512345"
},
"dependents": [
   {
      "firstName":"janeOne",
      "lastName":"doeOne",
      "gender":"F",
      "dateOfBirth":"20230101",
   }
],
"encounter": {
   "dateOfService": "20230701",
   "serviceTypeCodes": [
      "30"

```
        ]
    }
}
```

4.5   Receive and Process 271 Response

4.5.1   271 Data Mapping
X12 270-271 API Data Mapping.xlsx

4.5.2   Sample API 271 Response

```json
{
    "controlNumber": "123456789",
    "reassociationKey": "123456789",
    "tradingPartnerServiceId": "AETNA",
    "provider": {
        "providerName": "FL DoH Early Steps",
        "entityIdentifier": "Provider",
        "entityType": "Non-Person Entity",
        "npi": "0123456789"
    },
    "subscriber": {
        "firstName": "John",
        "lastName": "Doe",
        "gender": "M",
        "entityIdentifier": "Insured or Subscriber",
        "entityType": "Person",
        "dateOfBirth": "19930101",
        "memberId": "1234512345",
        "provider": {}
    },
    "dependents": [
        {
            "firstName":"Jane",
            "lastName":"Doe",
            "gender":"F",
            "dateOfBirth": "20230101",
        }
    ],
    "subscriberTraceNumbers": [
        {
            "traceTypeCode": "1",
            "traceType": "Current Transaction Trace Numbers",
```

```
      "referenceIdentification": "123456789",
      "originatingCompanyIdentifier": "9EMDEON999"
    }
  ],
  "payer": {
    "entityIdentifier": "Payer",
    "entityType": "Non-Person Entity",
    "name": "AETNA",
    "payorIdentification": "AETNA"
  },
  "planInformation": {
    "socialSecurityNumber": "111111111"
  },
  "planDateInformation": {
    "plan": "20230101-20240101"
  },
  "planStatus": [
    {
      "statusCode": "1",
      "status": "Active Coverage",
      "planDetails": "QMB",
      "serviceTypeCodes": [
        "30"
      ]
    }
  ],
  "benefitsInformation": [
    {
      "code": "1",
      "name": "Active Coverage",
      "coverageLevelCode": "IND",
      "coverageLevel": "Individual",
      "serviceTypeCodes": [
        "30"
      ],
      "serviceTypes": [
        "Health Benefit Plan Coverage"
      ],
      "insuranceTypeCode": "QM",
      "insuranceType": "Qualified Medicare Beneficiary",
      "planCoverage": "QMB",
```

```
"benefitsDateInformation": {
    "benefit": "20230101-20240101"
  }
 }
]
}
```

5 Health Care Claim Processing (837/999/277CA/835)

5.1 Integration Overview

Item	Description
Purpose of Integration	The purpose of this integration is to streamline the claims submission and adjudication process, ensuring efficient and accurate handling of payer claims. Payer claims are submitted through the Early Steps Data System (ESDS), which generates an 837 file for claims by organization and payer. These files are sent daily to Optum, the clearinghouse, which then dispatches all claims to the appropriate payer and returns the corresponding response files. The Clearinghouse issues a 999 Functional Acknowledgment to indicate whether the 837P is accepted or rejected. If the accepted 837P is forwarded to the payer, the Payer may respond with a 999 acknowledgment, or a 277CA (Claim-level Acknowledgment). The Clearinghouse forwards the 277CA and or 999 to ESDS. Upon claim adjudication, the payer sends an 835 to the Clearinghouse, which is then forwarded to ESDS. Claim adjudication results, including denials, payments, and adjustments, are integrated into the platform, and displayed within the ESDS user interface (UI). Submission errors can be corrected and resubmitted via 837P, with the ideal outcome being the receipt of an 835 indicating full payment of claims.
Assumptions	• The X12 Versions specified in the referenced mapping documents will be utilized for all EDI transactions. Any requested updates to the versions in use must be communicated by the State and discussed with SSG. • ESDS will not be sending or receiving attachments via EDI. 837 Transactions: • The Clearinghouse will provide 999 acknowledgments for all 837 transactions sent by ESDS.

Item	Description
	999 Transactions: • ESDS is not required to send 999 acknowledgments to the Clearinghouse for 999, 277CA, 277, and 835 transactions. 277CA Transactions: • The Clearinghouse will send 277CA transactions to ESDS for every 837 transaction accepted via 999 acknowledgment. • All payers will send a 277CA for each 837 transaction received. The Clearinghouse will forward the 277CA to ESDS from the payer. 835 • No additional assumptions.
Interfacing System	Optum RPA (https://www.changehealthcare.com/revenue-cycle-management/reimbursement-management/revenue-performance-advisor)
Direction of Data Flow (unidirectional or bi-directional)	• Bi-directional, request-response. • Claims in the submission; acknowledgement, remittance, and adjudication (including denials) in response. • More than one response may be returned per request.
What data is being sent?	• 837P (Professional) will be used by ESDS to transmit health care claims submission to payers for reimbursement.
What data is being received?	• 999 (Functional Acknowledgement) of the 837 file. The 999 responses represent acknowledgement of a transaction (e.g., claim submission). If any high-level validation errors occur (e.g., a segment is expecting a number and a word is provided), then those are returned along with identifying information and possibly resolution guidance. If there are structural problems in the submitted 837, they are communicated via the 999 file. • 277 CA (Claims Acknowledgement): Provides the status of claims submitted in the 837 file. This includes validation failures in the submitted 837 and information about whether a claim has been accepted or rejected by the payer, along with the reasons for rejection. • 835 (Electronic Remittance Advice (ERA): Contains details of the adjudication of claims and remittance information.

Item	Description
Technology or protocol used to communicate with the interface	SFTP
Authentication Mechanism	Username and Password used for authentication to send files to RPA via SFTP.
Availability Service Level Requirements	24/7 availability; 837 requests will be sent nightly and ESDS will retrieve and process 999, 277CA, 835 multiple times/day (frequency/timing pending)
Error Handling / Error Handling Rules	All error handling is managed within the user interface (UI). The ESDS system converts data from responses internally and displays errors on the relevant tasks and entities. Errors identified from 999 and 277CA files can be corrected by the SSG product support team or by the user through the UI. Once corrected, transactions can be resubmitted to the payer. • **999** errors report syntax issues causing a file to be accepted with errors or rejected. These errors are rare. When they occur, users are notified, and the errors are reported to SSG Production Support for correction. These errors are displayed in the UI and accessible to appropriate user roles. System Administrators can view these errors. Errors in the 999 file are typically point errors, such as incorrect values in expected fields. They can be corrected, and the file resent. Frequently occurring errors should be reviewed with ESSO, and validations may be implemented to prevent recurring issues. • **277CA** errors are validation errors displayed to users on the UI, allowing them to make corrections and submit replacement claims. • **835** denials are the results of claim adjudication. ESDS enables users to submit replacement claims to correct errors in previously adjudicated claims. Challenging the claim denial decision must be done through the insurance company's reconsideration or appeals process. This will occur outside of ESDS. **Note:** Workflow, design, and implementation for the 999 remediation process is pending.

5.2   Sequence Diagram
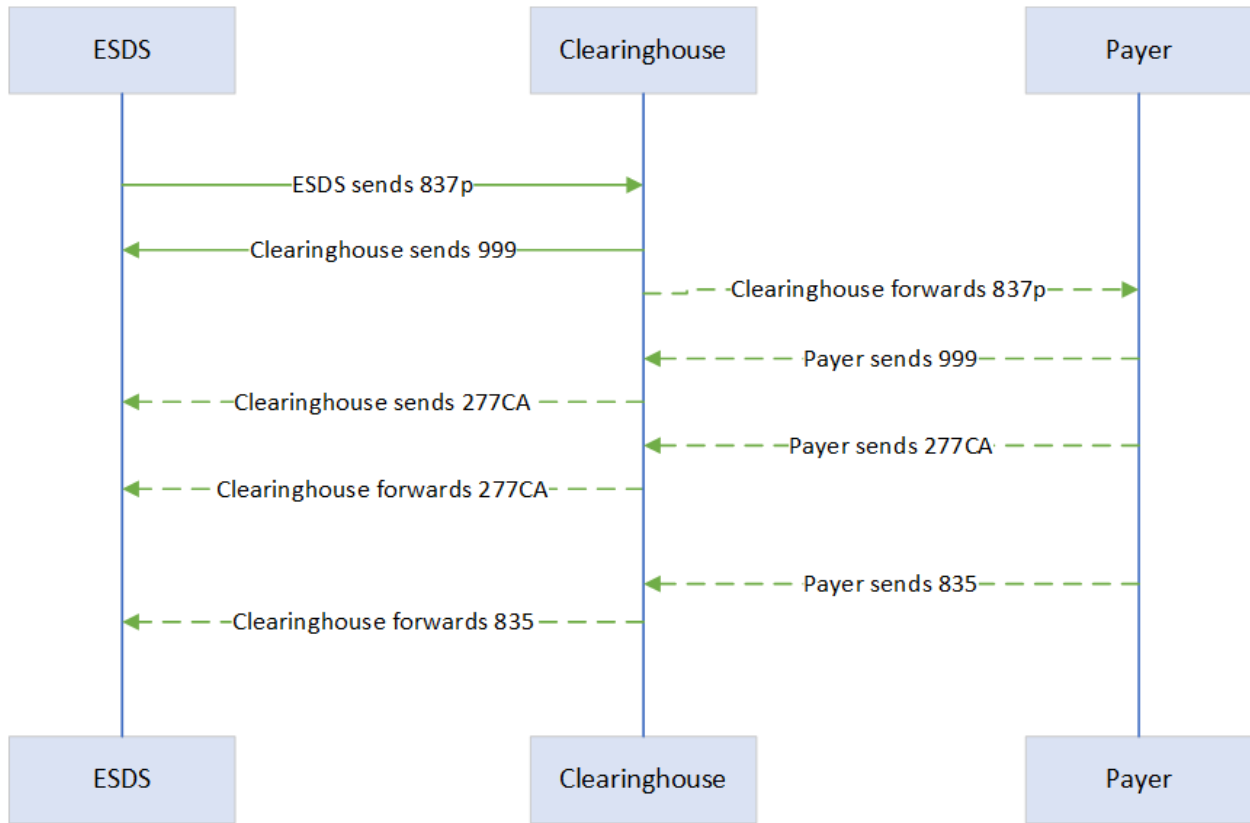
The transactions in this sequence diagram are independent and may occur in varied sequence.
Their occurrence depends on the results of previous transactions and the organization's choices.

5.3   Explanation of Data Flow

Step #	Step Name	Step Description
1	ESDS sends 837P	ESDS sends 837P Healthcare Claim to the Clearinghouse. 837 may include new or replacement claims.
2	Clearinghouse sends 999	The Clearinghouse sends a 999 Functional Acknowledgment to confirm receipt of the 837P transaction. The 999 will indicate that the file was Accepted or Rejected.
3	Clearinghouse sends 277CA	If 999 result is Accepted, the Clearinghouse will send a 277CA.

Step #	Step Name	Step Description
4	Clearinghouse forwards 837	If 277CA result is Accepted, the Clearinghouse forwards the 837P to the referenced Payer.
5	Payer sends 999	Payer will send a 999 Functional Acknowledgement to Clearinghouse in response to receiving the 837P.
6	Payer sends 277CA	Payer will send a 277CA (Claim-level Acknowledgement) to Clearinghouse in response to 837P.
7	Clearinghouse forwards 277CA	If 277CA received from Payer, Clearinghouse will forward it to ESDS.
8	Payer sends 835	If claim is adjudicated, Payer will send an 835 to Clearinghouse.
9	Clearinghouse forwards 835	If 835 received from Payer, Clearinghouse will forward it to ESDS.
10	ESDS sends 837P *Replacement	A 999 or 277CA may contain errors that need to be corrected before the adjudication process can be completed. If a response file contains errors, the user or SSG production support may correct the errors and send a replacement claim via 837P.

5.4   Data Mapping and Sample Files

5.4.1   837
Here is the link to the X12 837 Data Mapping Document

Here is the link to the X12 837 Sample File

5.4.2   999 Data Mapping Document
Here is the link to the X12 999 Data Mapping Document

Here is the link to the X12 999 Sample Files folder

5.4.3   277CA
Here is the link to the X12 277CA Data Mapping Document

Here is the link to the 277CA Sample Files folder

5.4.4   835
Here is the link to the X12 835 Data Mapping Document

Here is the link to the X12 835 Sample Files folder

6 Health Care Claim Status Request and Response (Send 276 / Receive 277)

6.1 Integration Overview

Item	Description
Purpose of Integration	The 276 transaction is initiated by an ESDS user to inquire about the status of a healthcare claim. This request generates an EDI file sent to the payer, asking whether the claim has been received, processed, or if there are any issues. The payer responds with a 277 transaction, providing the current status of the claim, including acceptance, rejection, or ongoing processing details. This response also includes any issues or reasons for rejection and updates the claim status in the ESDS interface, including the payer control number if the claim is accepted.

Assumptions	• 276/277 inquiries will be transmitted via RPA between ESDS and Optum
	    o ESDS will be sending 276 to designated Optum RPA folder
	    o Optum will return 277 responses in designated EDI Optum RPA folders

Interfacing System	Optum RPA (https://www.changehealthcare.com/revenue-cycle-management/reimbursement-management/revenue-performance-advisor)

Direction of Data Flow (unidirectional or bi-directional)	• Bi-directional, request-response.
	    o Claim Status Request in the submission.
	    o Acknowledgement and Claim Status Response in response.

What data is being sent?	• 276 Claim Status Inquiries will be transmitted from ESDS to inquire about the status of healthcare claims. When an ESDS user wants to check the status of a claim they submitted, they may send a 276 transaction by submitting a "request" via the ESDS user interface. Whenever a user makes a 276 request in ESDS, ESDS generates an EDI file that is sent to the Clearinghouse and forwarded to the payer. This transaction asks the payer for information on whether the claim has been received, processed, or if there are any issues.

Item	Description
What data is being received?	• 999 Functional Acknowledgements may be sent from the Clearinghouse to confirm receipt of the 276 transactions. The 999 will indicate that the transaction was Accepted or Rejected. • 277 Claim Status Response (CSR) transactions may be sent from the payer in response to the 276 inquiries. The 277CSR provides the status of the claim, indicating whether it has been accepted, rejected, or is still being processed. This transaction also includes details about any issues or reasons for rejection, assisting the provider in understanding the current state of their claim. The information received in the 277CSR will be displayed in the user interface.
Technology or protocol used to communicate with the interface	SFTP
Authentication Mechanism	Username and Password used for authentication to send files to RPA via SFTP.
Availability Service Level Requirements	24/7 availability; 276 requests will be sent as they are made by users, ESDS will retrieve responses from Optum multiple times per day (frequency/timing pending)
Error Handling / Error Handling Rules	ESDS will update the status of the claim to be Pending Payer Response or Accepted or Rejected based on the 277 category code. If the category code indicates a rejection, the rejection details will be visible on the user interface. The user may make corrections and resubmit the claim.

6.2   Sequence Diagram
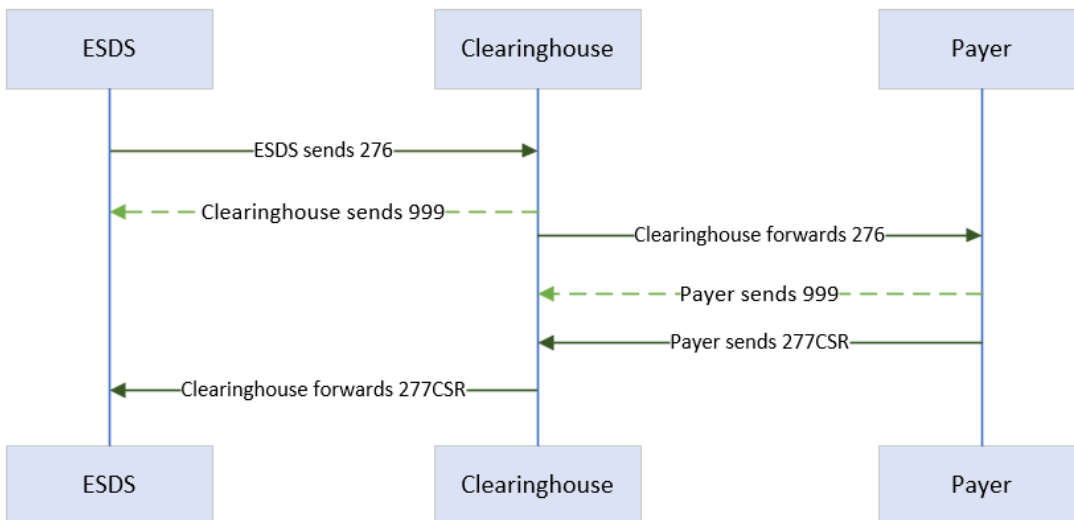
6.3 Explanation of Data Flow

Step #	Step Name	Step Description
1	ESDS sends 276	The Early Steps Data System (ESDS) creates and sends a 276 Claim Status Inquiry, containing the required information for the claim whose status is being requested.
2	Clearinghouse sends 999	The Clearinghouse will send a 999 to acknowledge receipt of the 276. The 999 will indicate if the 276 was Accepted or Rejected.
3	Clearinghouse forwards 276	If received, Clearinghouse forwards the 276 Claim Status Inquiry to the referenced payer.
4	Payer sends 999	Payer will send a 999 to acknowledge receipt of 276 Claim Status Inquiry. 999 will indicate if the 276 was Accepted or Rejected.
5	Payer sends 277CSR	The payer may respond to the 276 Claim Status Inquiry with a 277 Claim Status Response (CSR), which is sent to the Clearinghouse for transmission to the source application (ESDS).
6	Clearinghouse forwards 277CSR	If received, the Clearinghouse transmits the 277 Claim Status Response (CSR) to ESDS.
7	ESDS consumes 277CSR	ESDS processes the 277 Claim Status Response (CSR) to determine the status of the claim, including the status of individual service lines if provided. This information will be available on the user interface.

6.4 Data Mapping and Sample Files

6.4.1 276/277 Data Mapping

Here is the link to the X12 276/277 Data Mapping File

6.4.2 276/277 Sample File
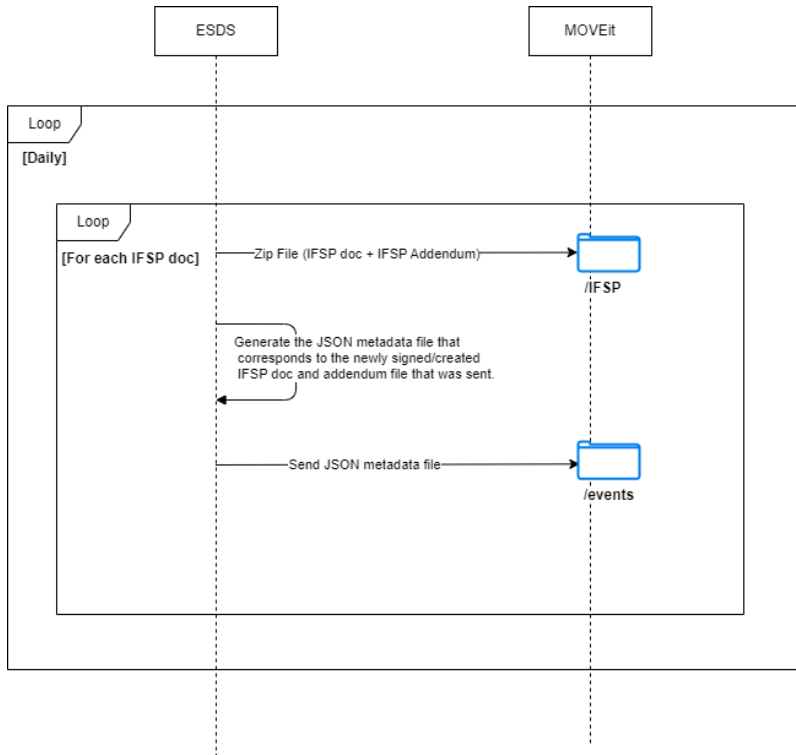
Here is the link to the X12 276/277 Sample Files folder

7 MOVEIt Send IFSP and LEA/SEA Notifications

7.1 Integration Overview

Item	Description
Purpose of Integration	The three types of files that need to be securely sent to external users for the ESDS project are: • **Individualized Family Service Plan (IFSPs)** – If a new service is assigned or reassigned to an IFSP, a signed IFSP doc and IFSP addendum files are sent to a pre-defined IFSP location on the MOVEit application. • **Local Education Agency (LEA) Notifications** – When the LEA notification process is initiated, LEA notifications files are sent to the pre-defined LEA location on the MOVEit application. • **State Education Agency (SEA) Notifications** – When the SEA notification process is initiated, notifications file should be generated for the SEA and sent to the pre-defined SEA location on the MOVEit application.
Assumptions	• IFSP ○ **JSON File Name Format:** IFSP_signed_on_<MM-DD-YYYY_HH-MM-SS>_<Enrollment_Number>.json ○ **IFSP File Name Format:** IFSP_signed_on_<MM-DD-YYYY_HH-MM-SS>_<Enrollment_Number>.zip • LEA ○ **JSON File Name Format:** LEA_<MM-DD-YYYY_HH-MM-SS>_<ORG_CODE?>.json ○ **LEA File Name Format:** LEA_<MM-DD-YYYY_HH-MM-SS>_<ORG_CODE?>.csv • SEA ○ **JSON File Name Format:** SEA_<MM-DD-YYYY_HH-MM-SS>.json ○ **SEA File Name Format:** SEA_<MM-DD-YYYY_HH-MM-SS>.csv ○ The ESDS workflow will generate 1 SEA file and 1 metadata file sent to the respective pre-defined folders on the MOVEit application. • The MOVEit team will create four folders on the MOVEit platform. ○ /events (to store event files for IFSP, LEA, and SEA) ○ /ifsp ○ /lea ○ /sea • Once the IFSP, LEA, and SEA files are sent to the MOVEit destination folders, the MOVEit team will notify/route the files to the appropriate recipients based on the event's JSON file. • The events JSON file will include the destination groups for the recipients.

Item	Description
Interfacing System	MOVEit
Direction of Data Flow (uni-directional or bi-directional)	ESDS to MOVEit
What data is being sent?	IFSPs for MMAs LEA and SEA notifications for corresponding LEA and SEA
What data is being received?	N/A

What triggers the interface?	• IFSP documents (Signed IFSP and IFSP addendum)
	   o A nightly job triggers the sending of all newly signed IFSP zip files containing a signed document and addendum via SFTP to the appropriate IFSP folder on the MOVEit system
	• LEA Notifications
	   o A nightly job runs to create and send LEA files to the appropriate LEA folder on the MOVEit system
	• SEA Notifications
	   o A nightly job runs to create and send SEA file to the appropriate SEA folder on the MOVEit system

Technology or protocol used to communicate with the interface	SFTP
Authentication Mechanism	SFTP username/password-based authentication.
Availability Service Level Requirements	24/7 availability; nightly batch to send files
Error Handling / Error Handling Rules	PENDING

7.2   IFSP Documents Sequence Diagram

7.2.1   Explanation of Data Flow

Step #	Step Description
1	A nightly job is run daily to identify any newly created IFSP addendum files along with their corresponding latest IFSP signed documents that need to be transferred to MOVEit.
2	For each combination of the IFSP signed document and the IFSP addendum file that require sending, the workflow zips both the IFSP documents and generates an associated JSON metadata file.
3	The workflow then transfers both the zipped IFSP documents and events JSON file to their respective pre-defined folders on the MOVEit application. • The zip file will be sent first, followed by the events file. • The events file contains the required metadata like IFSP file names and the MMA's groups that need to be notified by the FL team.

JSON file name format: IFSP_signed_on_<MM-DD-YYYY_HH-MM-SS>_<Enrollment_Number>.json

Sample JSON File: IFSP_signed_on_08-12-2023_12-47-33_827-01.json

```
{
        "fileName": "IFSP_signed_on_08-12-2023_12-47-33_827-01.zip",
        "residingFolder": "IFSP",
        "destinationEmailGroups": [
                "distro1@aetna.com",
                "distro2@aetna.com"
        ],
        "sourceApplication": "ESDS",
        "soureceFileCreatedDateTime": "2023-08-18 10:28:01.258"
}
```

7.2.2 Data Mapping

The MMA destination group mapping for ISFP is stored under the payer table. (PENDING)

7.3 LEA Notifications Sequence Diagram
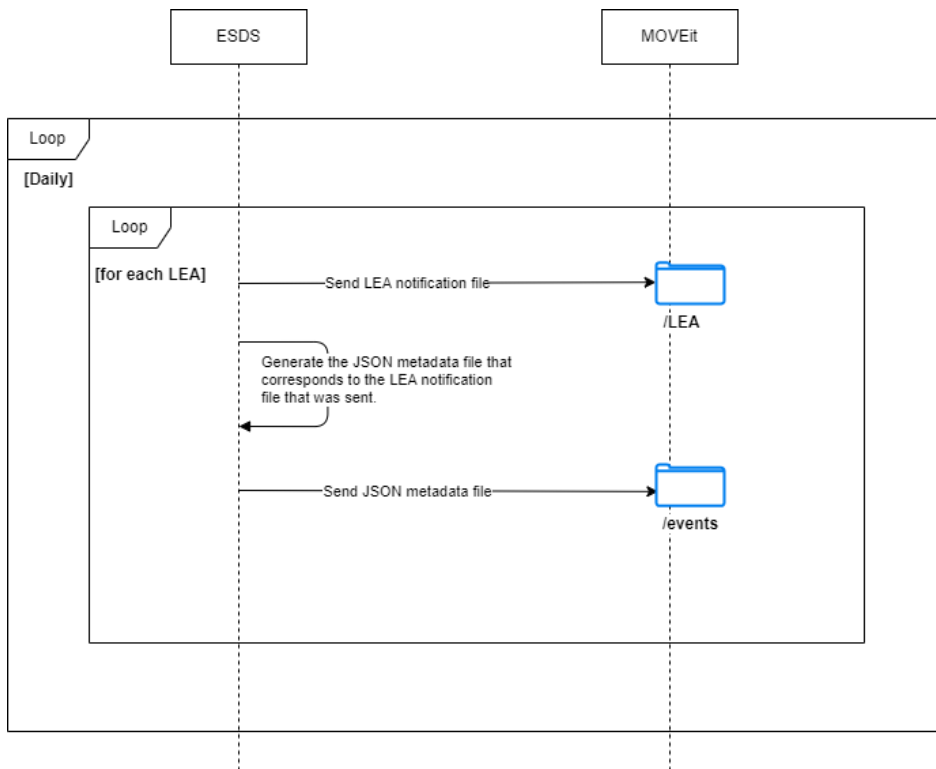
7.3.1 Explanation of Data Flow

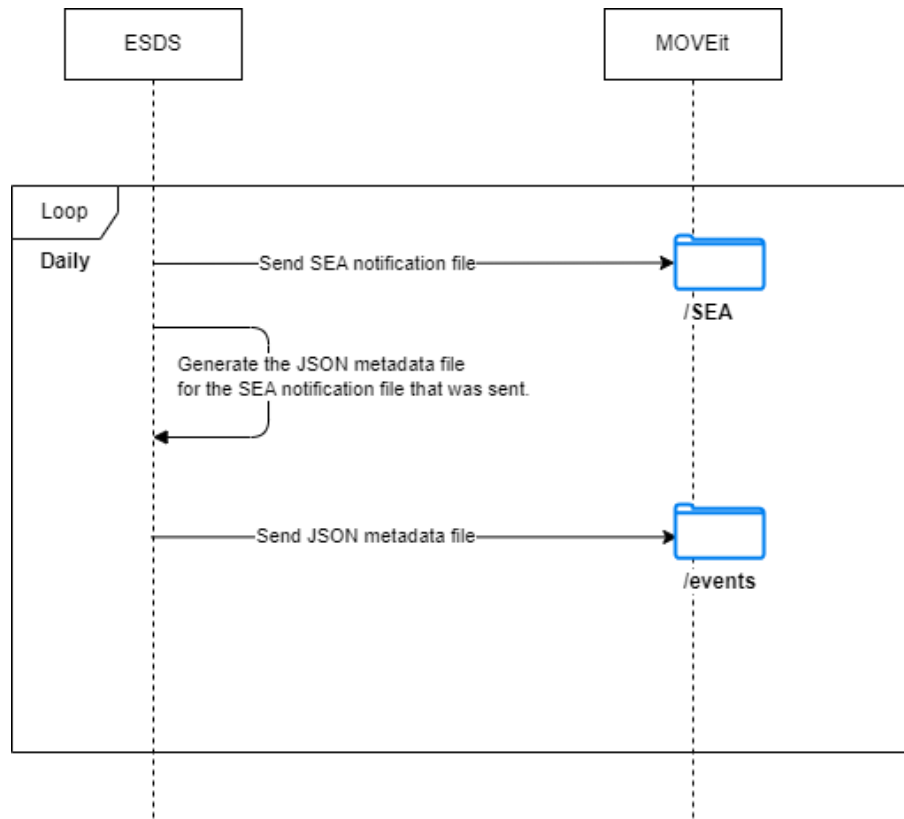| Step #	Step Description
1	A nightly job runs every day to create an LEA extract file for children eligible to be included in the LEA file.
2	For every LEA extract file that is generated, a corresponding metadata events file is also created.
3	The workflow then transfers both the LEA extract file and events metadata file to their respective pre-defined folders on the MOVEit application. • The LEA extract file will be sent first, followed by the events file.

Sample JSON File: LEA_08-12-2023_12-47-33_SEMINOLE.json

```
{
   "fileName": "LEA_08-12-2023_12-47-33_SEMINOLE.pdf",
   "residingFolder": "LEA",
   "destinationEmailGroups": [
                "distro1@seminole1.com",
                "distro2@seminole2.com"
        ],
   "sourceApplication": "ESDS",
   "soureceFileCreatedDateTime": "2023-08-18 10:28:01.258"
}
```

7.3.2 Data Mapping

Each LEA has a record in the Organization entity and stores details for the destination group. (PENDING)

7.4   SEA Notifications Sequence Diagram

7.4.1   Explanation of Data Flow

Step #	Step Description
1	A nightly job runs every day to create an SEA extract file for children eligible to be included in the SEA file.
2	For every SEA extract file that is generated, a corresponding events metadata file is also created.
3	The workflow then transfers both the SEA extract file and events metadata file to their respective pre-defined folders on the MOVEit application. • The SEA extract file will be sent first, followed by the events file.

Sample JSON file: SEA_08-12-2023_12-47-33.json

```
{

        "fileName": "SEA_08-12-2023_12-47-33.pdf",
        "residingFolder": "SEA",
        "destinationEmailGroups": [
                "distro1@sea.com",
                "distro2@sea.com"
        ],
                "sourceApplication": "ESDS",
"soureceFileCreatedDateTime": "2023-08-18 10:28:01.258"
}
```

7.4.2   Data Mapping

Each SEA has a record in the Organization entity and stores details for the destination group. (PENDING)

8   Entra ID (formerly Azure AD)

8.1   Integration Overview

Item	Description
Purpose of Integration	Login/authenticate Early Steps State Office (ESSO) users for application.
Assumptions	• To begin using ESDS, users must first be onboarded on the Entra ID system. Afterward, a manual ticket is required to create the user's account on the ESDS application. Any modifications to the user's account, such as creating, editing, or disabling it on Entra ID, will also require a manual ticket to implement the corresponding changes on the ESDS system. • Logout process: Upon clicking the logout button within the ESDS application, the window will be closed. • Only ESSO users will use Entra ID.
Interfacing System	Entra ID
Direction of Data Flow (uni-directional or bi-directional)	Unidirectional
What data is being sent?	N/A

Item	Description
What data is being received?	Entra ID SAML response to include ESSO user's username
What triggers the interface?	When a user clicks on the ESDS tile on Entra ID, a new window will open, and Entra ID will ask for access to the ESDS application
Technology or protocol used to communicate with the interface	SAML 2.0 POST Binding
Authentication Mechanism	IDP Initiated Single Sign On • Identity Provider - Entra ID • Service Provider - ESDS Application
Availability Service Level Requirements	24/7 availability
Error Handling / Error Handling Rules	PENDING

8.2 Sequence Diagram
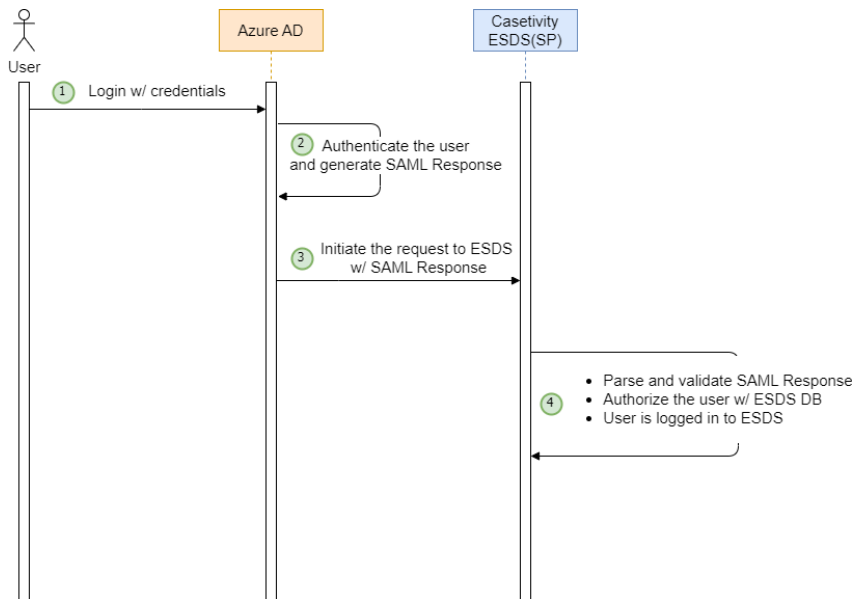
8.3   Explanation of Data Flow

Step #	Step Name	Step Description
1	Login w/ credentials	In order to use the ESDS application, users are required to log in to Entra ID using their login credentials.
2	Authenticate the user	Once the users are authenticated, they will be given access to the application tiles that they are authorized to use.
3	Generate SAML response	When the ESDS tile is clicked by the user, Entra ID will create a SAML response and initiate the request to the ESDS application on a new window.
4	Validate the SAML response and authorize the user	The ESDS application verifies the SAML response and confirms the user's identity by cross-checking it with the ESDS database. Upon successful validation, the user is granted authorization to access the ESDS home page.

8.4   Data Mapping

This data mapping is utilized to uniquely identify the users between Entra ID and ESDS systems.

Entra ID Field	ESDS Field
username	User.login