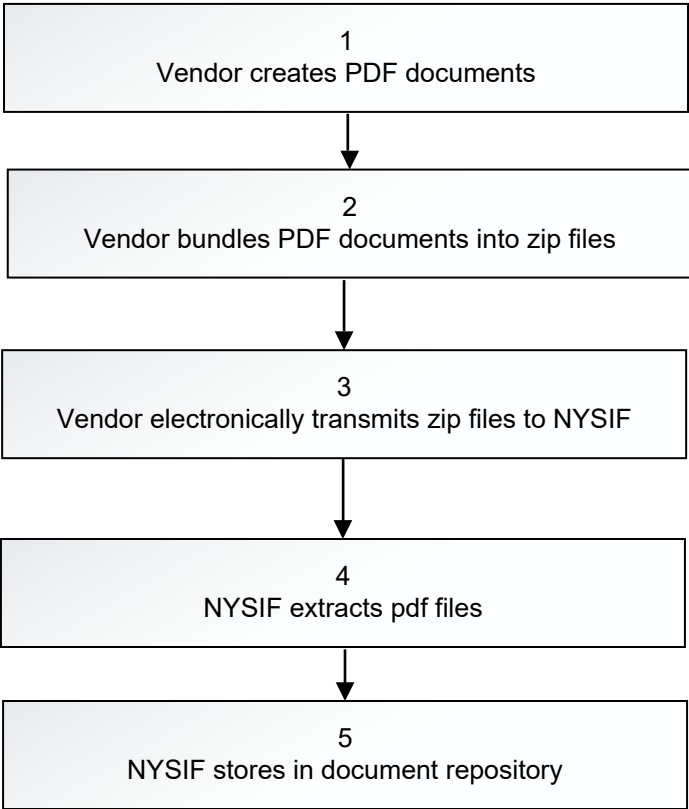


NEW YORK STATE INSURANCE FUND ELECTRONIC RECEIPT OF SUPPLEMENTAL FILES PROJECT PLAN

NYSIF/Vendor Electronic Submission of Supplemental Documents



ATTACHMENT 6
SUPPLEMENTAL DOCUMENTS FILE LAYOUT

Supplemental Documents

Purpose:

This process will ensure that the vendor electronically submits to NYSIF Supplemental Documents that are in accordance with the defined NYSIF business rules for electronic Data Exchange, including:

- 24/7 Advocacy Report
- 24/7 Authorization Letter

The vendor shall:

- Create PDF report summaries for any received First Report of Injury
- Name the PDFs using the file naming conventions as defined below
- Bundle the PDF documents in zip files using the file naming convention as defined below
- Encrypt the file using an agreed upon encryption methodology
- Transmit the Supplemental documents via SFTP
- Transmit the Supplemental documents daily, every hour, at a to be determined time

NYSIF shall:

- Extract the individual PDFs from the zip file
- Store the PDF files in NYSIF's document repository, indexed by NYSIF claim

Zip file Naming Convention: <Vendor Name>_<Document Name>_<Date>_<Time>_<Seq>.zip

Sample: <Vendor Name>_FROIEDISupDocs_20251205_102931_001.zip

File Name Node	Type and Length	Description	Example
Vendor Name	Char(10)	Vendor Name	Vendor Name
Document Name	Char(15)	Hardcoded Document Name	FROIEDISupDocs
Date	Char(8)	Formatted YYYYMMDD	20220517
Time	Char(6)	Formatted HHMMSS	102931
Seq	Char(3)	Sequence Number of File	001
extension	Char(4)	File extension always .ZIP	.zip

Individual PDF documents Naming Convention:

<Vendor Name>_<Document Name>_<Vendor Unique Claim Number>_<Date>_<Time>_<Seq>.pdf

Sample: <Vendor Name>_247AdvocacyReport_1234567890_20221205_104501_001.pdf

Sample: <Vendor Name>_247AuthorizationLetter_1234567890_20221205_104638_001.pdf

File Name Node	Type and Length	Description	Example
Vendor Name	Char(10)	Vendor Name	Vendor Name
Document Name	Char(25)	Hardcoded Document Name	Depends on report
Vendor Unique Claim Number	Char(25)	Vendor Unique Claim Number matching what was provided to NYSIF in FROI EDI	1234567890
Date	Char(8)	Formatted YYYYMMDD	20220517
Time	Char(6)	Formatted HHMMSS	092411
Seq	Char(3)	Sequence Number matching zip file it was bundled in	001
extension	Char(4)	File extension always .PDF	.pdf