

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Purchased Services
Process for Submission of Service Encounter Data

Service Encounter Data Batch Submission Guidelines

(09/01/2011)

The following describes the process guiding entities external to the State of Maine in submitting electronic batch Service Encounter data for the DHHS Division of Purchased Services.

Please read these instructions carefully.

FTP Process:

Only submissions via secure FTPs will be accepted. In order to continue the use of processes provider agencies may already be familiar with, the Department is using the same FTP host site as the State's claims submission process. Provider agencies that already possess these Secure FTP User IDs and passwords can use the same login/password for the batch Service Encounter submissions.

If the provider agency does not already have a Secure FTP account, the agency should contact DHHS Provider Relations at (207) 624-7539 and request that a work order be opened to create a Secure FTP account.

Acceptance of files. When production mode processes the files received, you will receive an e-mail notification indicating the status (accepted or rejected). The individual records in the file will be validated for format and content (i.e., matches the dates and services in the contract). Based on this validation, records will be accepted or rejected. If individual records are rejected due to standards violations, the e-mail notification will be sent that an error file (describing the error(s) and record(s) to be fixed) is available for viewing. The error file can be found in your Momentum Outbound directory (be sure to change the directory from /users/account# to /out/account#o. Only corrected records should be resubmitted (not the entire file).

FTP Client Configuration information:

Host site = momentum2.bis.state.me.us

Login ID: Same as used for Mainecare claims FTP submissions.

Password: Same as used for Mainecare claims FTP submissions.

** (Contact Janet Barreto 215-5292 with any FTP login or password questions or issues.)

Recommended FTP client software = filezilla - <http://filezilla.sourceforge.net/>

- Filezilla is currently available free of charge and has the ability to submit data via secure public and privately generated keys.

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Janet Barreto (215-5292) is available for configuration/setup/connection issues related to connecting to the State server. State staff can NOT provide technical support in connection with Filezilla or any other Secure FTP product beyond providing information to complete configuration/connection parameters for a product.

Download Instructions

1. Either click on the link to filezilla above or cut and paste the URL into the browser.
2. As of the 05/18/2007 filezilla Website configuration: Click on DOWNLOAD from the menu on the left-hand side of the screen.
3. For Windows 32 bit version users select file: FileZilla release 2.2.32 and follow the instructions to save and install.

Other FTP Clients are available; however, no expertise is available to assist in installation or configuration issues specific to the FTP Client software. WS-FTP Pro is one alternative available from www.IPSwitch.com; however, this is not a free product.

Configuration Instructions:

Filezilla Configuration instructions to communicate with State Momentum server (if not already configured).

1. Select File.
2. Select Site Manager.
3. Select 'New Site' at bottom of screen, name of your choosing for the new site.
4. Enter 'momentum2.bis.state.me.us' as the host name. Exclude apostrophes.
5. Maintain Port 21 as default port.
6. Check box for 'Normal' Logon type.
7. Check box to 'Bypass proxy sessions' in Logon Type.
8. Enter Login and Password.
 - Use Mainecare assigned user id and password (contact Michelle Bonner (624-9729) for new FTP login/password or for FTP enabling of existing login id.)
9. Select 'ftp over SSL (explicit encryption)' as Servertype.
10. Select Advanced button at bottom of screen.
11. Check box for 'Passive Mode selection' (This ensures the State FTP Server will assign port number for secure communications.)
12. Select OK.
13. Select CONNECT or SAVE & EXIT.
14. Accept SSL certificate if asked to do so.

** Note: There is a known issue with Secure FTP transmissions and VPN (Checkpoint) software. The existence of both filezilla and VPN software will not allow secure FTP connections to be established. It is not clear whether other vendor's VPN software will yield the same test results. Solution: Install on a system which does not have VPN installed.

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Data Files:

Test data file required prior to start of production submissions.

Files should be ASCII Text files

File Naming Convention: (AGREIS.TXT)

** All provider agencies are to submit data files (TEST and PRODUCTION) using the same file name of AGREIS.TXT. Once these files are submitted to Momentum, they are renamed by the server with the timestamp as the extension, i.e. AGREIS.102030, which marks the time in 10th hour 20th minute and 30th second, when the file was picked up by the Momentum server.

The first line/record of the data file is the File Header.

The second and additional lines/records of the data file would be the Detail records.

Note that fields in detail records (line/record 2 and up) are all pipe (|) delimited and that all fields are required. Note also that there is no pipe (|) after the last field of each detail record.

For TEST file:

The first line/record of the test data file is the File Header. It must consist of the following information:

EIN_Num+()+Mainecare Provider Billing ID#+()+MON-YYYY+()+TEST+() + (VERSION NUMBER)
Production Example: 999999999_123450000_JAN-2009_TEST_01

VERSION NUMBER noted in above line would be 01 for the 1st test file of the month, 02 for the 2nd test file, 03 for the 3rd test file...etc.

For PRODUCTION file:

Note: The only difference from the test file is to remove 5 characters (TEST_) as shown in the example below. The first line/record of the Production data file is the File Header. It must consist of the following information:

EIN_Num+()+ Mainecare Provider Billing ID#+()+MON-YYYY+()+ (VERSION NUMBER)
Production Example: 999999999_123450000_JAN-2009_01

VERSION NUMBER noted in above line would be 01 for the 1st file of the month, 02 for the 2nd file, 03 for the 3rd file...etc.

**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

File Format:

For TEST and PRODUCTION files - DETAIL records:

All data files must be saved in .txt format. The second and additional lines/records of the data file would be the DETAIL records. They are comprised of 17 fields as noted in example below - descriptions of each field follow example. All columns must be present in the file for submission, and the columns must be in the order identified below. The following data standards will be enforced:

```
MH9-99-999|01-0001|ssn-ss-nssn|Lastname|Firstname|M|Y|Y|Community Integration|1202|21.30|09/01/2008|09/30/2008|24|511.20|0.00|Y
field#      1         2         3         4         5         6 7 8         9         10        11        12        13        14        15        16 17
```

- Column 1, Agreement #: Enter the agreement number assigned using the information provided to you by the DHHS Agreement Administrator (enter using the format provided by the Agreement Administrator, including hyphens).
- Column 2, Invoice #: Enter the number you have assigned to the invoice associated with these service encounters. (may include hyphens if your invoice numbers are formatted with such.)
- Column 3, SSN: Enter the Social Security number of the client to whom you provided service. Each client must be reported separately by service type and date of service. Social Security numbers should contain the 9 characters separated by hyphens (xxx-xx-xxxx).
- Column 4, Last Name: Enter the last name of the client to whom you provided service.
- Column 5, First Name: Enter the first name of the client to whom you provided service.
- Column 6, Payment Request Type: Enter the DHHS service encounter type for the client, using the following entry abbreviations only:

<u>Entry Abbreviation</u>	<u>Description</u>
I	Client is currently in an Institute for Mental Disease
J	Client is currently incarcerated
S	Client is currently in MaineCare spend down status
U	Client is currently uninsured
C	Service Encounter is covered by private insurance, which requires a co-payment or deductible
M	Client is currently covered by Medicare for this service
N	Non-categorical client

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Column 7, Class Status: Indicate whether the client is a Class Member under the AMHI Consent Decree (enter Y or N).
- Column 8, MaineCare Enrolled: Indicate whether client is MaineCare enrolled (enter Y or N).
- Column 9, Service Type: Enter using the information provided to you by the DHHS Agreement Administrator, according to the services purchased under your Agreement.
- Column 10, Activity Number: Enter using the information provided to you by the DHHS Agreement Administrator, by service type, according to the services purchased under your Agreement. Only values listed on the Department's web site are permitted (<http://www.maine.gov/dhhs/purchased-services/index.html>).
- Column 11, Rate: Enter your approved rate for that service, in ¼ hour or full hour rate (as appropriate for that service). Enter the number with 2 decimal places (do not include \$ symbol).
- Column 12, Service Start Date: Enter the starting date of service provided to the client for this service for the reporting month. Dates should be formatted as MM/DD/YYYY, 10/03/2005, not 10/3/2005, slashes included.
- Column 13, Service End Date: Enter the ending date of service provided to the client for this service for the reporting month. Dates should be formatted as MM/DD/YYYY, 10/03/2005, not 10/3/2005, slashes included.
- Column 14, Units: Enter the number of units of service provided to the client for the reporting month. Be sure to use the same unit of measure (1/4 hour or full hour, as appropriate) approved by for that service. **NOTE:** In some cases it may be necessary to adjust service encounter data submitted on a previous invoice. For example, payment may have been requested for service in a previous billing period before it was discovered that the consumer was covered by MaineCare (or another source of payment). In this case you would enter the same service dates as reported on the previous invoice, but you will enter a negative number of units on the current invoice. This will result in the calculation of a negative cost (credit) to DHHS.
- Column 15, Amount of Self-Pay: Enter the amount paid by the consumer for this service, if applicable. Enter the number with 2 decimal places (do not include \$ symbol).
- Column 16, Amount of Co-payment/Deductible: Enter the estimated amount of co-payment or deductible required by Medicare or the private insurance provider for this service, if applicable. Enter the number with 2 decimal places (do not include \$ symbol).

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Column 17, MaineCare Application: Indicate whether client has applied for MaineCare (enter Y or N). If not applicable, enter X.

If you have any questions about or difficulties with this electronic batch submission process, please submit a helpdesk ticket via the following link: <http://www.maine.gov/dhhs/bh/footprint/submit-bh3.html> or contact the OIS Help Desk at (207) 624-7350. Enter a brief description of your problem and enter your contact information. Fields should be completed as follows:

- Choose Applications: Provider Management
- Choose Client Service Population: AM Services
- Choose Module: Data

The individuals listed below may be contacted; however, please be aware any voicemail or email is subject to availability of staff. It is highly recommended that the helpdesk options above be used. A ticket will be opened and triaged to available staff automatically. Tickets are escalated if not addressed within an assigned time frame.

Contact Summaries:

Technical issues related to batch data submissions:

Nancy Tan: (Nancy.Tan@maine.gov) or Lorna Bullard: (Lorna.Bullard@maine.gov)

FTP Issues, Momentum server login or password issues: Janet Barreto 215-5292 (Janet.L.Barreto@maine.gov)

Agreement Administrator (listed in Rider B of your agreement): required data elements and reporting requirements.