

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

PROCESS FOR SUBMISSION OF SERVICE ENCOUNTER DATA

Service Encounter Data Batch Submission Guidelines

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 an approved provider agency does not have a Secure FTP account, the agency should contact K at 207- and request that a work order be opened to create the 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 = ftps.maine.gov

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

Password: Same as used for Mainecare claims FTP submissions.

(** Please contact the Helpdesk at 207-624-7700 with any FTP login or password questions or issues. Please ask the Helpdesk to assign the ticket to the Behavioral Health team. Someone will get back to you quickly for resolution.)

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Recommended FTP client software = filezilla - <https://filezilla-project.org/>

- Filezilla is currently available free of charge and has the ability to submit data via secure public and privately generated keys.
- The OIT Behavioral Health Team is available for configuration/setup/connection issues related to connecting to the State server. Please contact the Helpdesk at 207-614-7700 and ask them to create a ticket for the BH Team. 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. Click on DOWNLOAD Filezilla Client.
3. Select the 32 or 64 bit version as appropriate.

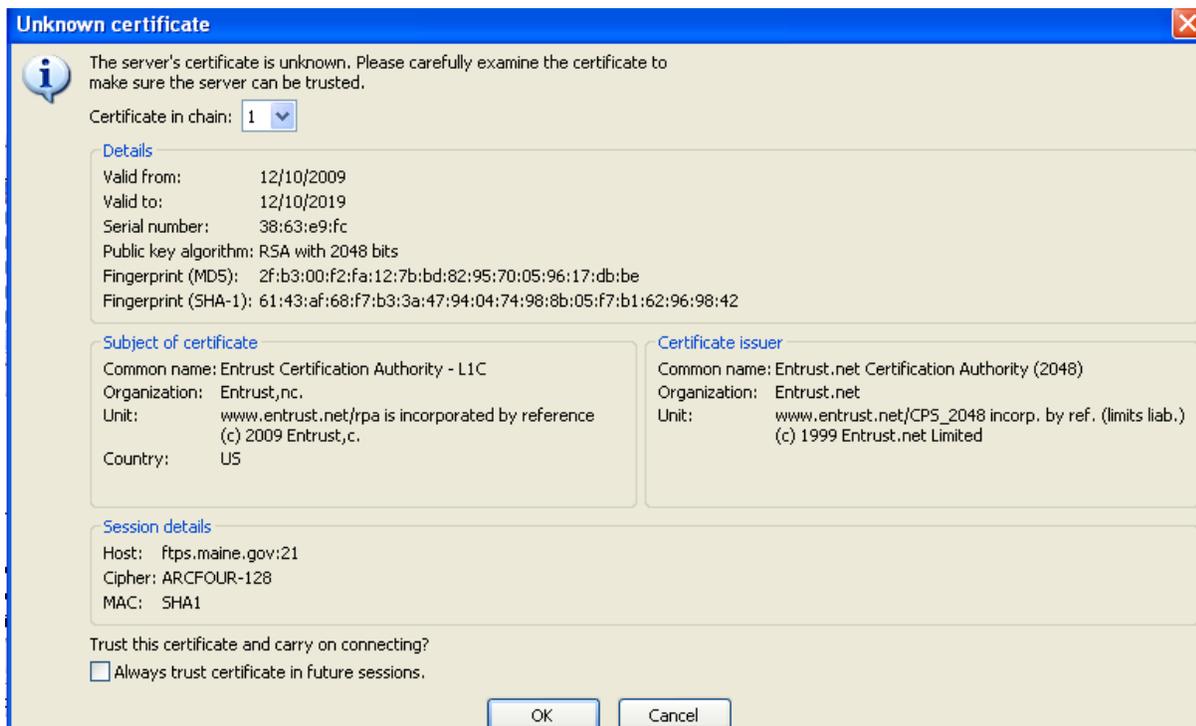
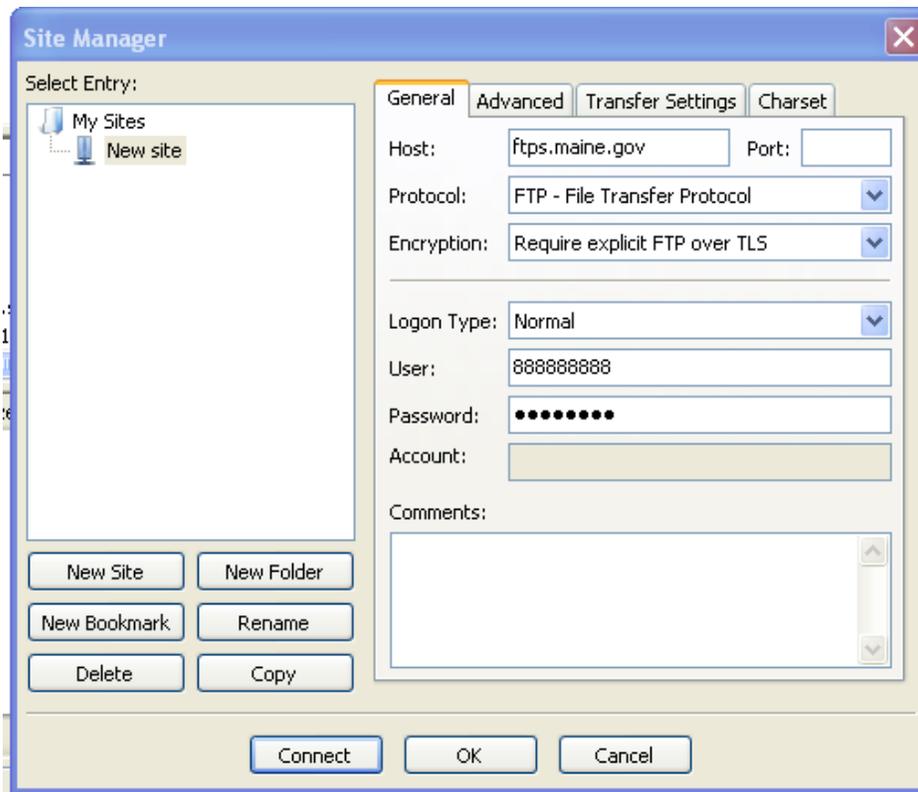
Other FTP Clients are available; however, no expertise is available to assist in installation or configuration issues specific to the FTP Client software.

Configuration Instructions:

Filezilla Configuration instructions to communicate with State FTP 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 ' 'ftps.maine.gov' as the host name. Exclude apostrophes.
5. Select 'FTP – File Transfer Protocol' as the Protocol.
6. Select 'Require explicit FTP over TLS' as the Encryption.
7. Check box for 'Normal' Logon type.
8. Enter Login and Password.
9. If you do not have a MaineCare assigned user id, contact DHHS provider relations at (207)-624-7539. Select OK.
10. Select CONNECT
11. Accept SSL certificate if asked to do so.

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**** 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.

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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 Movelt, 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 Movelt 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. Fields 1-18 are required. Field 19 is optional.

*Note also that there is no pipe (|) after the last field of each detail record.

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)

TEST 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.

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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

DATE, noted in the above line,(MON-YYYY), needs to follow this format exactly the first 3 letters of the month that you are submitting for all CAPS and then a dash and then the four digit year.

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.

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 20 fields as noted in example below - descriptions for each field follow example.
- The first 18 columns must be present in all detail records there needs to be values in columns(column format and details defined below)
- The NEXT column is optional. (column # 19) can be left blank
- The last one is required. (Column # 20)
- The columns must be in the order identified below.
- The following data standards will be enforced and will cause the file to reject if not followed.

****note; there is no PIPE delimiter at the end of the record. (this would indicate a 21st column) which would make the record reject.***

MH9-99-999|010001|ssn-ss-nssn|Lastn|Firstn|M|Y|Y|ACT|1202|21.30|09/01/2008|09/30/2008|24|511.20|0.00|Y|09/30/1968|422981|S

field# 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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- Column 1, **Agreement #:** **Required.** 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 #:** **Required.** 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:** **Required.** 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:** **Required.** Enter the last name of the client to whom you provided service.
- Column 5, **First Name:** **Required.** Enter the first name of the client to whom you provided service.

For all Services, EXCEPT - Medication Management:

- Column 6, **Payment Request Type:** **Required.** 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

For Medication Management Services ONLY:

- Column 6, **Payment Request Type:** **Required.** Enter the DHHS service encounter type for the client, using the following entry abbreviations only (**changes/clarifications noted in blue**):

<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 service is currently not covered by any insurance, including MaineCare (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
D	Client is dual- eligible for MaineCare and Medicare
F	Client has Full MaineCare and/or MaineCare coverage that pays for this service

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- Column 7, **Class Status: Required.** Indicate whether the client is a Class Member under the AMHI Consent Decree (enter Y or N).
- Column 8, **MaineCare Enrolled: Required.** Indicate whether client is MaineCare enrolled (enter Y or N).
- Column 9, **Service Type: Required.** Enter using the information provided to you by the DHHS Agreement Administrator, according to the services purchased under your Agreement. Information in this field should only be: ACT, CI, CRS, Med. Mgt., or DLSS. No other services should be reported. <https://www1.maine.gov/dhhs/samhs/mentalhealth/provider.shtml>
- Column 10, **Activity Number: Required.** 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 (1201, 1203, 1205, 1218, or 1507) listed on the Department's web site are permitted (<https://www1.maine.gov/dhhs/samhs/mentalhealth/provider.shtml>).
- Column 11, **Rate: Required.** 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: Required.** 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: Required.** 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: Required.** 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: Optional.** 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: Required.** 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).
- Column 17, **MaineCare Application: Required.** Indicate whether client has applied for MaineCare (enter Y or N). If not applicable, enter X.

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- Column 18, **Client Birthdate:** **Required.** The field must be in the format mm/dd/yyyy or the record will be rejected. This field required effective June 1, 2017
- Column 19, **Prior Authorization Number:** This field is **optional, but preferred** but if included it should be a numeric field (field containing only numbers). This number would have been provided to you by APS Healthcare.
- Column 20, **Grant Funds:** The field needs to be limited to these entries: S, B, A and N. And is **required**
 - S= State General Funds
 - B= Block Grant Funds
 - A= AG Funds
 - N=Not Grant Funded
 - **If this field is left blank or contains something other than these 4 entries, you will receive an email that the file is “Rejected” and the reason for it. Eg “Data for Grant Funds in column 20 is missing or incorrect, please check you error file”**

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) 624-7700. 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: MH 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:

For questions regarding the data, contact K _____ at 207- _____ or via e-mail at K_____@maine.gov. For questions regarding your contract, contact your SAMHS project officer.

For technical issues related to submitting your claims, contact the OIT helpdesk at 207-624-7700.