Managed Care

A compendium of information related to the exchange of files between PROMIS*e*™ and PA Medical Assistance via DHS on their secure SeGov platform. ***Updated version for Consolidated Community Reporting Initiative submitters 3/30/2022.***

For Entities Submitting Encounters

General Information for Submitters

Connectivity

Once DHS's Bureau of Information Systems (BIS) has given a business partner electronic access to SeGov, files can be exchanged with PA MA PROMISe™. Entities submitting encounters will have directories in:

TFP: (Test for Production) - Transfers files from DHS to PROMISe™ UAT which is the test environment used by all business partners. This is where all certification and test files are sent.

PROD: Transfers files from DHS to PROMISe™ production. All paid and denied records are extracted for use in tracking and monitoring Encounter Data.

UAT and Production Environment IP Addresses

The User Acceptance Testing (UAT) environment is for initial MCO certification and ongoing MCO user testing. Files are sent to and from DHS at the IP addresses below.

From Submitter to PROMISe™	From PROMISe™ to Submitter
TFP Directory – Initial Certification & Testing ➢ Connect to *MoveIT FTP Test account* (**IP 199.5.88.8**) and cd to the 'TFP' directory. ➢ Place Certification/test files in the 'TFP' directory.	TFP Directory – Initial Certification & Testing ➢ MoveIT will connect to the *MCO FTP test account* and cd to the 'TFP' directory. ➢ MoveIT will place Certification/test files in the 'TFP' directory
PROD Directory – Production ➢ Connect to *MoveIT FTP Production account* (**IP 199.5.87.8**). ➢ Place production files in the home directory.	PROD Directory – Production ➢ MoveIT will connect to the *MCO FTP Production account*. ➢ MoveIT will place production files in the home directory.

File Packaging

File Transfer Protocols (FTP) files consist of a base file (vendor data file) zipped into a carrier file. The base file and the zip file are named exactly the same, including the use of upper and lower case letters. If the base file is 837JJJSS.MM, the carrier file is 837JJJSS.MM.zip.

837 Processing

Mapping and capability for the translator requires that transaction files be separated as follows:

- o   837 Professional
- o   837 Institutional Inpatient

- o   Incoming 837 files cannot exceed 75,000 records in production.
     Incoming 837 files cannot exceed 100 records in UAT.
- o   No more than one plan code can be contained on any type of incoming file.
- o   Production submissions are accepted Monday through Friday between 12:00 AM and 12:00 PM (Noon), including state holidays.
- o   Test submissions are accepted Monday through Friday at any time. However, before sending a test file, the Plan should contact OMHSAS Encounter Data Resource Account RA-PWOMHSAS837ISSUES@pa.gov to give the name of the test file and date in which it will be sent. OMHSAS will then be able to track and monitor the file.

- o   PROMIS*e*™ is processing HIPAA v.5010

HIPAA Sender/Receiver IDs

(Also referred to internally as "BES ID".) This ID is assigned by DXC per submitting entity. Multiple plan codes submitted from the same business entity can share the same ID. In HIPAA transactions, the ID is used in the ISA06 Interchange Sender ID and the ISA08 Interchange Receiver ID.

DHS **production** sender/receiver ID **345529167**
DHS **test** sender/receiver ID **445562154**

Counties can obtain or verify their HIPAA Sender/Receiver IDs by contacting RA-PWOMHSAS837ISSUES@pa.gov.

For future reference, the Plan may record their ID's in the spaces below.

MCO **production** sender/receiver ID _____

MCO **test** sender/receiver ID_____

Master Provider ID (MPI)

PA MA (Medical Assistance) issues an MPI with a unique service location for each County/Joinder plan code. The MPI (9 bytes) and service location (4 bytes) is sent as one data element of 13 bytes in 837 files in loop 1000A, data element NM109 (submitter primary identifier). This is ID assigned at enrollment.

Types of Files Sent from a CCRI Plan to DHS for Processing in PROMIS*e*™

- HIPAA 837 Encounter Data File

Types of Files Sent from DHS to MCO

Information Files:

- PRV416
- PRV720
- PRV435
- Diagnosis Code File

Response Files:

- HIPAA translator response
- Encounter submission response

Reports:

- EDI Submission Statistics

Implementation Guides

All 837 submitters must have access to the 5010 X12 Type 3 Technical Reports (TR3) which is also known as the 'HIPAA Implementation Guides.' This guide is available for purchase from the Washington Publishing Company http://www.wpc-edi.com/.

Accept / Reject Reports Layout

BES Report Layout Requirements (5010).

PROMIS*e*™ Companion Guides for all HIPAA transactions

The guides contain:

- Specific usage for PA Medicaid HIPAA data elements
- Specific PA Medicaid service program encounter transaction guide Appendix B

This information is available in DocuShare or by contacting RA-PWOMHSAS837ISSUES@pa.gov

PROMISe™ Internal Control Number

A 13-digit internal control number (ICN) is assigned to every claim for processing, tracking, and reporting purposes. This is the data returned in the U277 claim status response file, loop 2200D, REF02. If the encounter is identified as a duplicate the value in this segment will be the current ICN that denied for duplicate, a dash, and then the ICN of the previously paid encounter that caused the duplicate.

ICN: 3412002899099

Internal Control Number (ICN) Format		
Region Code RR	Year and Julian Day YYJJJ	Claim Sequence # SSSSSS
34	**22002**	**899099**
CCRI Encounters	January 2, 2022	Claim Sequence identifies which claim was received for the region and date.

Encounter Region Codes

Physical Health Region Codes	Behavioral Health Region Codes	Community Health Choices Region Codes
22 – Outpatient Drug	30 – BH Health Choices	29 – Professional Drug
24 – Professional Drug	34 – CCRI	31 – 837 New Day Medical Encounters
32 – 837 Non Drug Encounters	76 – 837 Single Adjustment	33 – Outpatient Drug
35 – NCPDP		36 - NCPDP
73 - Mass Adjustment		39 - NCPDP Void
77 – 837 Single Adjustment/Void		88 - 837 Single Adjustment/Void
79 – NCPDP Void		89 - Mass Adjustment

Unsolicited HIPAA 277 Response Files

Only one U277 file is generated per plan per processing day. The U277 will include all 837 encounters processed on the previous calendar day from 12:01 AM to 11:59 PM. Use the U277 Encounter Transaction Guide posted on DocuShare for further information.

Files Sent to DHS from Counties/Joinders

Use of capital letters and lowercase letters in the file name should be as illustrated below.

File	Name	Key
837 Batch Encounters	837JJJSS.MM.zip	837 = constant, JJJ = Julian date, SS – two-digit sequence number, MM - plan code

Files Sent to Counties/Joinders from DHS

Use of capital letters and lowercase letters in the file name should be as illustrated below.

File	Description	Key
PRV416 - PRV416M.MM.zip	Active and Closed provider service locations with a PROMISe™ EPOMS Provider Eligibility Program on file.	(PRV416 = Constant Value, M = Monthly, MM = Plan Code)
Reference Diagnosis Code File - DIAGYJJJ.MM.zip	The Diagnosis Code File is a listing of diagnosis codes (ICD-9, ICD-10 and local codes) used by DHS in our MA Fee-For-Service invoice editing system.	DIAG = Constant Value, YJJJ = Last digit year, Julian day, MM = Plan Code
PRV435 - PRV435W.XX.zip	The MA provider file will be supplied to each plan by DHS once a week. The file will contain a listing of MA providers/service locations and special indicators.	(PRV435 = Constant Value, W= Weekly, XX = Plan Code)
PRV720 = PRV720M.XX.zip	This file will be supplied to each CCRI Plan on the 1st of each month via SeGOV. The file will contain all active service locations at the time the process is run.	PRV720 = Constant Value, XX = two- digit Plan Code

		U = Constant value, JJ = Last two digits of the Julian day, SSSSS = Sequence number TSSSS = T Sequence number test only
277 (Unsolicited) Batch Claim/Encounter Status UJJSSSSS.MM.zip - production UJJTSSSS.MM.zip – UAT TEST only		

File	Name	Key
EDI Submission Statistics	edi0130X.MM.rpt.YYMMDD.HHMMSS.zip	edi0130 = constant X = D (daily), W (weekly), M (monthly) MM = Plan Code YYMMDD = year, month, day, HHMMSS = hours, minutes, seconds
ZZZ Full File Reject Report sent in response to 837 files submitted.	Original file name.zzz.zip	This report is sent from the translator in response to incoming HIPAA transaction files.
999 Formatting Reject Report sent in response to 837 files submitted.	Original file name.999.zip	This report is sent from the translator in response to incoming HIPAA transaction files.
Transaction Status Summary Report sent in response to 837 files submitted.	Original file name.txn.zip	This report is sent from the translator in response to incoming HIPAA transaction files.
Record Accept/Reject flat file extract sent in response to 837 files submitted.	Original file name ext.zip	This file is sent from the translator in response to incoming HIPAA transaction files.

837 Input File Acknowledgements from the HIPAA Translator

Prior to processing in PROMIS*e*™, the original HIPAA 5010 X12 files are translated for processing. The following files are the types of acknowledgements generated.

An X12 TA3 Acknowledgment (ZZZ)

This report is generated for HIPAA transactions when:

- Submission does not pass EBX security check.

An X12 TA1 Acknowledgment (ZZZ)

This report is generated for HIPAA transactions when:

- Control numbers do not match between the ISA and IEA segments.
- An unexpected transaction set is indicated.

- Incomplete enveloping (missing anyone of the following: ISA, IEA, GS, GE, ST, SE).
- Functional group counts are not correct.

An X12 999 Functional Acknowledgment

This report is generated for HIPAA transactions when the following situations exist:

- Invalid Sender Number
- Premature end of file – last character in the file isn't the segment terminator.
- ISA segment is the only fixed length record, it must be 106 positions.
- Control numbers don't match between ISA and IEA segments.
- Missing or invalid grouping of the ISA/IEA, GS/GE, ST/SE enveloping.
- Segments within the transaction set are out of order as defined by X12
- The GS-04 field length is not correct
- For transaction sets containing Hierarchical Levels the HL-01 - field sequence number is not numeric or it does not increment.
- For transaction sets containing Hierarchical Levels the HL-03 - field value is not correct for the defined HL structure.
- Control numbers do not match between the GS/GE or the ST/SE segments
- Segment counts or transaction set counts not correct
- Request message fails a data edit (*real-time*)

Accept/ Reject Reports and Flat File Extracts

These reports are generated by the translator and are returned via FTP to the submitter. The flat file extract contains the same information as the reports. The Accept Report indicates the batch ID and the associated records that processed through the translator and were successfully submitted to PROMIS*e*™. The Reject Report indicates the batch ID and the associated records that failed HIPAA claim editing at the translator and were not transmitted to PROMIS*e*™. These records will need to be corrected and subsequently resubmitted.

Troubleshooting FAQs

Q.) Why was an acknowledgment file not received?
Answer: First, confirm the file naming convention of the .zip file is as instructed under "files sent to DHS" and confirm that the interior file naming convention matches the .zip file. Incorrect file naming convention and file name mismatch between data file and zip carrier file will prevent the file from being picked up for processing. Second, confirm IP address and UAT or production environment.

Q.) Why was a <BATCH ID>.zzz file received?
Answer: This file indicates a security problem. If the zzz file is received, the 999, ext, or txn files will not be received. The zzz is most frequently caused by the sender reversing the sender ID and receiver ID. Refer to the list of common .zzz errors listed below for additional debugging hints.

Q.) Why was a <BATCH ID>.999 file received?
Answer: This file indicates an X12 syntax problem. If the 999 is received, no zzz, ext, or txn files will be received. Frequently syntax issues are caused by an HL or SE segment problem. Refer to the list of common .999 errors listed below for additional debugging hints.

Q.) Why was a <BATCH ID>.ext file received but no <BATCH ID>.txn file was received?
Answer: This is the result of the entire file being rejected for HIPAA edit(s). This usually involves a HIPAA data error instead of a security (zzz) or X12 syntax error (999).

Q.) Why were a <BATCH ID>.ext file and a <BATCH ID>.txn file received?
Answer: This is the result of at least part of the file being accepted. However, there can be individual claims that are rejected. The reasons for rejection are given in both the .ext and .txn files. The patient account number(s) for the claim(s) are listed, to help the user find which claim was rejected and why.

Q.) What is an easy way to check for HL segment errors?
Answer: Open the test file and delete all segments except the HL segments. With the HL segments, the numbering must be correct or the software interpreting the file loses its place. If you open the file to look at it, everything will look fine until you delete everything but the HL segments.

Troubleshooting Routine

Before contacting the PROMISe™ Certification Help Desk for assistance, please review your test data and enter the results below. The information will allow for faster assistance by help desk agents and may bring the cause of an error to your attention allowing for resolution without help desk assistance.

Data elements to verify if <BATCH ID>.ext is received without a corresponding <BATCH ID>.txn	Content of the data elements:
Verify the GS08 and ST03 in 837 professional files are identified as 005010X222A1 because there is a mandated	

addenda.	
Verify the GS08 and ST03 in 837 institutional files are identified as 005010X223A2 because there are two mandated addenda.	
Verify that the file was not opened in Microsoft Word, which places invisible hex characters in the file, rendering it unable to process.	
Data elements to verify if ".zzz" file is received (indicates file has security errors):	Content of the test data elements:
Verify the value of ISA06 (this should be their BBS test ID).	
Verify the value of ISA08 (this should be our BBS test ID).	
Verify the value of ISA15 (Production/Test indicator; this should be 'T' for test and 'P' for production).	
Verify the value of GS02 matches ISA06.	
Verify the value of GS03 matches ISA08.	
Verify the value of GS07 is the correct transaction ID for the transaction.	
Data elements to verify if ".999" file is received (indicates file has X12 syntax errors):	Content of the test data elements:
Verify Sender ID is valid length and format.	
Verify end of file character is valid segment terminator.	
Verify length of ISA segment (must be 106 positions).	
Verify control numbers match between ISA. and IEA segments.	
Verify enveloping, the file may contain missing or invalid grouping of the ISA/IEA, GS/GE, ST/SE enveloping.	
Verify segments within the transaction set are in order as defined by ASC X12.	
Verify the GS-04 field length is correct.	
For transaction sets containing Hierarchical Levels HL-01:	
Verify field sequence number is numeric and increments correctly. HL01 for each HL segment must begin with a 1 for the first one and increment by 1 through the file.	

Verify HL02 for the parent entity (blank for billing providers, the HL01 value for the billing provider in the subscriber).	
Verify HL03 field value is correct for the defined HL structure. HL03 must be the right code for the entity (20 for Billing Provider, 22 for Subscriber, 23 for Dependent).	
Verify control numbers match between the GS/GE or the ST/SE segments.	
Verify segment count in SE01 is correct. The value must be the total number of segments from ST to SE, including the ST and SE. The ISA, GS, IEA, and GE segments are not included in the SE01 value.	

Who To Contact For Further Assistance:

After completing the trouble-shooting routine, if more assistance is needed please contact ra-pwomhsas837issues@pa.gov.