

# COMMONWEALTH OF VIRGINIA



**Medicaid Enterprise System (MES) Program**

**Encounter Processing Solution (EPS)**

## **EDI Procedure Manual**

**3/19/2025**

**Document Version 1.9**

**Department of Medical Assistance Services (DMAS)**

**Publication Version Control**

Version	Date	Revision Description	Prepared By:
1.9	19MAR2025	EPS Web portal, MFT and other sections updated	DMAS
1.8	22JUN2018	Added section to Web Portal 4.13 Payment Cycle	DMAS
1.7	8JUN2018	Updated X12/NCP figures; Added link in section 2.1; Updated Web Portal sections for enhancements	DMAS
1.6	22DEC2017	Updated folder name in section 2.4.2 Production Processing; Added Diagrams to sections 3.1 and 3.2; Updates to 4.6 Reports for enhancements	DMAS
1.5	16OCT2017	Updates to 4.11 Feedback; 4.12 File Certification	DMAS
1.4	26SEP2017	Update to 2.4.4 for Medallion 3.0	DMAS
1.3	25SEP2017	Added sections to Web Portal: 4.4 Rules; 4.5 Providers; 4.6 Reports; 4.7 Health Care Codes; 4.8 Drug Codes; 4.9 Cache Code Sets; 4.10 FAQ; Updates to 3.1 and 3.2 Response Reports tables; Added sections 2.3.4 Testing Signoff, 2.4.4 File Certification, 2.4.5 Reporting Issues	DMAS
1.2	04AUG2017	Added Web Portal	DMAS
1.1	21JUL2017	Added Sample XML file	DMAS
1.0	14JUN2017	Initial Release	DMAS

## Table of Contents

<b>1</b>	<b>INTRODUCTION .....</b>	<b>1</b>
1.1	HIPAA Administrative Simplification .....	1
1.2	Supported HIPAA Transaction Types .....	1
1.3	EDI Resources .....	1
1.3.1	Implementation Guides.....	1
1.3.2	Other EDI Documentation .....	1
<b>2</b>	<b>EDI SUBMISSION PROCESS.....</b>	<b>3</b>
2.1	Service Center Registration .....	3
2.2	Managed File Transfer (MFT) .....	4
2.2.1	Service Center User Registration .....	4
2.3	Test Transmission.....	5
2.3.1	Limit on Number of Records in Test Transmission .....	5
2.3.2	Test File Delivery / Test Results Pick up.....	5
2.3.3	Testing Procedure.....	6
2.3.4	Testing Signoff .....	7
2.4	Production Transmission .....	8
2.4.1	Production Data Submission Requirements .....	8
2.4.2	Production Processing .....	8
2.4.3	Data Submission Feedback.....	8
2.4.4	File Certification.....	8
2.4.5	Reporting Issues .....	8
<b>3</b>	<b>REPORTS.....</b>	<b>10</b>
3.1	Encounter X12 Response Reports.....	10
3.1.1	Acknowledgement X12 Report - EPS-EDI-001 .....	12
3.1.2	TA1 X12 File .....	13
3.1.3	TA1HR Report - EPS-EDI-002 .....	13
3.1.4	999 X12 File .....	14
3.1.5	999HR Report - EPS-EDI-003.....	14
3.1.6	X12ERROR File .....	15
3.1.7	277 CA X12 File .....	15
3.1.8	EPS RESPONSE ENCOUNTER Report.....	17
3.1.9	EPS RESPONSE ENCOUNTER XML Report.....	18
3.2	Encounter NCPDP Response Reports .....	20
3.2.1	Acknowledgement NCPDP Report - EPS-EDI-001 .....	21
3.2.2	TA1 NCPDP File .....	22
3.2.3	TA1HR Report - EPS-EDI-001 .....	22
3.2.4	999 NCPDP File .....	23
3.2.5	999HR Report - EPS-EDI-004.....	23
3.2.6	NCPDP ERROR FILE.....	24
3.2.7	EPS RESPONSE ENCOUNTER Report - NCPDP.....	24
3.2.8	EPS RESPONSE ENCOUNTER XML Report.....	26
<b>4</b>	<b>EPS WEB PORTAL .....</b>	<b>28</b>
4.1	Login.....	28
4.1.1	Production and Test .....	28

<b>4.2</b>	<b>Dashboard .....</b>	<b>30</b>
<b>4.3</b>	<b>EDI File Status .....</b>	<b>31</b>
4.3.1	File Search.....	31
4.3.2	Encounter Summary Details .....	33
4.3.3	Encounter Details .....	35
4.3.4	Encounter Line Details.....	36
<b>4.4</b>	<b>Rules .....</b>	<b>38</b>
<b>4.5</b>	<b>Providers .....</b>	<b>40</b>
<b>4.6</b>	<b>Reports .....</b>	<b>42</b>
<b>4.7</b>	<b>Health Care Codes .....</b>	<b>43</b>
<b>4.8</b>	<b>Drug Codes .....</b>	<b>44</b>
<b>4.9</b>	<b>Cache Code Sets .....</b>	<b>45</b>
<b>4.10</b>	<b>EVV Information .....</b>	<b>46</b>
<b>4.11</b>	<b>Service Authorization.....</b>	<b>47</b>
<b>4.12</b>	<b>FAQ .....</b>	<b>48</b>
<b>4.13</b>	<b>Feedback .....</b>	<b>49</b>
<b>4.14</b>	<b>File Certification .....</b>	<b>50</b>
4.14.1	File Search.....	50
<b>4.15</b>	<b>Payment Cycle .....</b>	<b>53</b>
4.15.1	Payment Cycle Search .....	53
4.15.2	Add Payment Cycle Data .....	53
4.15.3	Batch Payment Cycle Certification Details .....	54
	Users can upload CSV file to upload Batch payment cycle. Click upload button or drop payment cycle CSV File. ....	54
4.15.4	Payment Cycle Certification.....	55
4.15.5	Update Payment Cycle Data .....	56
<b>Appendix A - TA1 X12 Errors (Links will be updated) .....</b>		<b>57</b>
<b>Appendix B - TA1 NCPDP Errors .....</b>		<b>57</b>
<b>Appendix C - Business Rules Engine Rules .....</b>		<b>57</b>

# **1 INTRODUCTION**

The Purpose of this document is to assist a provider's office, Managed Care Organization (MCO), vendor or agency responsible for performing electronic transaction with the development of processes and procedures for HIPAA compliant transactions and submissions. This information is intended to supplement ANSI X12 / NCPDP Implementation Guides (IG) and Virginia MES Companion Guides. The HIPAA Implementation Guides and Addenda are the official standard for electronic submission of healthcare data. However, there are areas in these IGs that are situational, open to interpretation, or that require further clarification by the receiving entity. Nothing in this documentation is intended to conflict or contradict the ANSI X12 / NCPDP Implementation Guides (IG) and Virginia MES Companion Guides. Please notify DMAS at [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov) if you identify any conflicts.

## **1.1 HIPAA Administrative Simplification**

DMAS is mandated to use the HIPAA transaction sets as its standard for EDI data submission. HIPAA adopted national code sets for use in all transaction sets. Information about the required code sets can be found at the wpc-edi and NCPDP web sites.

## **1.2 Supported HIPAA Transaction Types**

DMAS currently requires use of the Provider-to-Payer-to-Payer COB model of the 837 transaction sets, Version/Release 005010 for facility and professional services. For prescription drugs, the mandated transaction set is the NCPDP Batch Version 1.2 and Telecommunication Standard Version D.O. As new versions of the transaction sets are adopted by HIPAA, DMAS will use the newer versions in accordance with HIPAA requirements.

## **1.3 EDI Resources**

### **1.3.1 Implementation Guides**

Detailed information on how each of the 837 transaction sets should be used is contained in each Implementation Guide (IG) and its corresponding Addendum. There are separate IGs and Addenda for professional and institutional services and they can be downloaded for free at [www.wpc-edi.com](http://www.wpc-edi.com). The same site also has purchase options for the IGs.

The IGs and Addenda provide details about which loops, segments and data elements are required in various health care situations. If submitters carefully follow the instructions in these IGs and Addenda, the certification and testing processes outlined in Section 2.3 of this guide should be completed smoothly and expeditiously.

For prescription drug claims/encounters, the NCPDP documentation is available through its Web site: [www.ncdp.org](http://www.ncdp.org). This site also contains other helpful information for implementing this transaction set. There are fees for the NCPDP standard implementation guides.

### **1.3.2 Other EDI Documentation**

WEDI, the Workgroup for Electronic Data Interchange, is an organization that was formed specifically to promote and assist in the development of better information exchange and management in health care. WEDI's Strategic National

Implementation Process or SNIP was formed to facilitate the implementation of national standards, such as HIPAA, within the health care industry. The SNIP Web site provides a wealth of information from white papers on numerous topics to workgroups and LISTSERVS. You can access the WEDI site at [www.wedi.org](http://www.wedi.org) and follow the links to SNIP.

Other Web sites Submitters may find helpful in understanding the HIPAA regulations and in preparing HIPAA-compliant transaction sets include:

- [www.cms.gov](http://www.cms.gov) - Follow the links for Regulations and Guidance and scroll down to the HIPAA Administrative Simplification selection to access information on the regulations, education, and code sets.
- [www.x12.org](http://www.x12.org) - ACS X12 is the Accredited Standard Committee and maintains electronic data interchange standards globally. Work and task groups under X12 developed the transactions sets and implementation guides that have been adopted under HIPAA.
- [www.wedi.org](http://www.wedi.org) - Workgroup for Electronic Data Interchange or WEDI is committed to the implementation of electronic commerce in healthcare and EDI standards for the healthcare industry. WEDI's members include providers, health plans, consumers, vendors, government organizations and standards groups.
- [www.ncdpd.org](http://www.ncdpd.org) - NCPDP leads the pharmacy services sector by creating and promoting standards for electronic healthcare transactions.

Most of the above sites also contain links to other sites that may provide additional assistance with implementation of outbound HIPAA transaction sets.

## **2 EDI SUBMISSION PROCESS**

### **2.1 Service Center Registration**

Submitters must be registered as a Service Center with DMAS to submit HIPAA mandated transaction sets. Enrollment forms and instructions are included in the DMAS EDI Registration Package found at [EPS Support | MES](#).

Submitters should complete and submit the enrollment forms by fax or email to the EDI Support team at DMAS to initiate the enrollment process. Once DMAS has received these forms from the requester and verified their accuracy, it will assign a four-digit Service Center ID within 3 Business days. Once the requester is a registered Service Center, any updates should be made in writing and directed to the DMAS EDI Support team via email at [DMASEDISupport@dm.virginia.gov](mailto:DMASEDISupport@dm.virginia.gov).

Service Centers must register each user that will be submitting and receiving files on their behalf and update the DMAS EDI Support team when any changes occur. Prior to submitting production files, the requester must submit test files and receive DMAS approval to complete the registration process.

The DMAS EDI and Encounter teams should be notified at the earliest when there is an upcoming change in the subcontracted member services. When there is a new subcontractor, the Contractor must submit the appropriate EPS registration documents to obtain a new EPS subcontractor ID.

## **2.2 Managed File Transfer (MFT)**

DMAS requires a secure method of transferring files electronically utilizing a SSL (Secure Socket Layer) connection. Service Centers will send and receive data electronically using SFTP client software that supports 128-bit Explicit SSL encryption.

EDI submitters can upload and retrieve batch files via the MFT application using either a web-browser or an SFTP client application.

### **2.2.1 Service Center User Registration**

Service Centers must register each user that will access the DMAS MFT Server. Each user **MUST** have their own account. Password sharing is **NOT** allowed. If the Service Center has multiple users, the Service Center must submit registration forms for each user.

Service Centers must complete and submit a Service Center User Agreement for each user. The Service Center User Agreement is included in the DMAS EDI Enrollment Package. Service Center Users must also complete and sign the forms in the EDI User Security Access Package. These forms should be submitted along with the Service Center User Agreement.

Once the user account has been established, the user will receive an email from [mft@dmass.virginia.gov](mailto:mft@dmass.virginia.gov) with instructions to setup a password.

Once the user has been given access, the Service Center User can connect to the DMAS MFT Server to submit and receive files. Passwords must be changed every 90 days. Also, the users are disabled in DMAS MFT server if there is no activity for 60 consecutive days. Users are, therefore, advised to login to MFT server at regular intervals to avoid delays in reinstating their accounts when the accounts are disabled due to inactivity.

Service Centers may request access for additional Service Center Users if needed after the initial Service Center Registration. Service Centers are required to notify DMAS if Service Center Users are no longer working for them or do not require access to the DMAS MFT Server anymore.

Service Center Users will also get access to the EPS Web Portal which provides access to view files and related information. See [Section 4 EPS Web Portal](#) for more information.



## 2.3 Test Transmission

Prior to submitting production files, each new Service Center is required to submit test files. Service Centers are also required to submit test files for any event that impacts the submission and/or content of the EDI transactions, such as a change to the Service Center's subcontractor.

DMAS may issue a test plan based on the testing required. Test results will be reviewed by DMAS and the Service Center to determine if the file is acceptable, with ultimate approval by DMAS. All test files should be successfully processed without compliance and business validation errors. It is expected that initial testing should be completed in accordance with the timelines specified in the Encounters Technical Manual, unless otherwise notified by DMAS.

For testing timelines, please refer to the [Encounters Technical Manual](#) (section 3.3 Cardinal Care Managed Care Encounter Testing - Expectations & Timeline).

### 2.3.1 Limit on Number of Records in Test Transmission

The maximum number of records is limited to 5,000 transactions for any inbound EDI test file. Test files may be submitted without prior notification as long as the test file record limit is respected.

### 2.3.2 Test File Delivery / Test Results Pick up

For testing, submitters must connect securely to the DMAS MFT server using the following protocols, network addresses and ports:

Protocol	Address	Port
HTTPS	<a href="https://TPT.MFT.DMAS.VIRGINIA.GOV">TPT.MFT.DMAS.VIRGINIA.GOV</a>	443
SFTP	<a href="https://TPT.MFT.DMAS.VIRGINIA.GOV">TPT.MFT.DMAS.VIRGINIA.GOV</a>	22

The following information pertains to file locations and is important for submissions and response files for testing.

- Submitters should navigate to the **/EPS/TPT** secure folder which contains three subfolders.
- Submitters should upload test files in the **EDIIN** folder. Test files should be submitted with 'T' in the ISA15 data element.
- DMAS will post corresponding response files and reports in the **EDIOUT** folder.
- **EDIARCHIVE** folder will contain the original file from the **EDIIN** folder, as well as response files from the **EDIOUT** folder which have been viewed.
  - Files remain in the **EDIARCHIVE** folder for 30 days.

Emails relating to testing should be sent to [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov) and [ccmcencounters@dmass.virginia.gov](mailto:ccmcencounters@dmass.virginia.gov) mailboxes.

### 2.3.3 Testing Procedure

The SFTP/MFT server will automatically check for files in the EDIIN folder every minute and automatically begin processing.

The original test files will be renamed using the following standard:

USERID	MFTID	CCYYMMDD	HHMMSS	ORIGINAL FILE NAME	.edi
--------	-------	----------	--------	--------------------	------

A sample file name might look like this:

RAJG--M62840379--20161010--133744--institutional-test1--.edi

All the Response files will be associated with a unique FILEID. The system will generate the FILEID using the following standard:

**Table 1: FILEID Standard**

	File Identifier	Submission Date	File Count Per Day	Program Identifier	Service Center	Transaction Indicator	Transaction Type
Position	1	2-7	8-12	13-14	15-18	19	20
Format/ Value(s)	F = File Id	YY [17-99] MM [01-12] DD [01-31]	00001-99999	Currently, we use 00 as default value.	CPxx DSxx NExx M4xx CDxx DExx	E = Encounter	P=837P I=837I D=837D N=NCPDP
Example	F	170501	00005	00	CP01	E	P

An acknowledgement Report (ACK) will be generated to notify that DMAS received the File. The EPS-assigned FILEID will be returned in the ACK file. File naming standard for ACK Report is:

FILEID\_ACK\_ORIGINAL FILE NAME.html.zip

The EDI Preprocessor will perform Initial Level 0 validation and will produce TA1 files in HTML Report format and X12/NCPDP format. Level 0 validation verifies the data in the ISA/IEA, GS/GE, ST/SE and BHT segments. Files will be accepted if there are no TA1 errors. Rejected files will contain a list of applicable Error codes.

*The submitter must review the TA1 files.* If the file fails Level 0 validation, no further processing will occur, and the submitter must resend corrected files until all Level 0 errors are resolved. Appendices provide error codes for the following:

[Appendix A](#): TA1 X12 Error codes

[Appendix B](#): TA1 NCPDP Error codes

If the file passes Level 0 validation, it is accepted, and EDI Compliance check will perform Level 1 – 4 validation on the remaining segments and produce 999 files in HTML and X12/NCPDP format.

*The submitter must review the 999 files.* If the records fail compliance, the submitter must correct and resend the transactions until all the compliance errors are resolved.

If there are compliance errors on 837 transactions, an X12ERROR file will be generated with the rejected transactions. They will be wrapped with:

ISA/IEA - Interchange Control Segments  
GS/GE - Functional Group Segments  
ST/SE - Transaction Sets

If the file passes Level 0 validation, it will also generate a 277 CA file with the X12 compliance Results.

If any assistance is needed with the testing, please email the CCMC Encounters team at [ccmcencounters@dmass.virginia.gov](mailto:ccmcencounters@dmass.virginia.gov) and the DMAS EDI support team at [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov).

### **Encounters**

If the file passes the EDI Compliance check, the EPS Rules Engine performs business edits and generates EPS Response Reports in HTML and XML format. EPS Reports include the following:

1. **Encounter Error Summary Report** - Contains the summary of the Errors
2. **Encounter Error Count Report** - Contains the list of Errors
3. **Encounter Detail Report** - Contains details of the Errors

EPS Response Reports should be reviewed, and errors must be corrected. For instructions on how to submit corrections, please see the program-specific Technical Manual.

Business owners will notify DMAS EDI support team when the service center is production ready.

#### **2.3.4 Testing Signoff**

When testing is complete, the Service Center Testing Coordinator should sign the Service Center Signoff Sheet and submit along with the completed test case grid to [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov).

## 2.4 Production Transmission

### 2.4.1 Production Data Submission Requirements

Please refer to the Technical Manual.

### 2.4.2 Production Processing

For production, submitters must connect securely to the DMAS MFT server using the following protocols, network addresses and ports:

Protocol	Address	Port
HTTPS	<a href="https://MFT.DMAS.VIRGINIA.GOV">MFT.DMAS.VIRGINIA.GOV</a>	443
SFTP	<a href="https://MFT.DMAS.VIRGINIA.GOV">MFT.DMAS.VIRGINIA.GOV</a>	22

The following information pertains to file locations, and is important for submissions and response files for production:

- Submitters should navigate to the **/EPS/PRD** secure folder which contains three subfolders.
- Submitters should submit production files in the **EDIIN** folder. Production files should be submitted with **'P'** in the ISA15 data element.
- DMAS will post corresponding response files and reports in the **EDIOUT** folder.
- **EDIARCHIVE** folder will contain the original file from **EDIIN** folder as well as response files from **EDIOUT** folder which have been viewed.
  - Files remain in the **EDIARCHIVE** folder for 30 days.

Emails relating to production should be sent to [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov)

### 2.4.3 Data Submission Feedback

Refer to Section 3 for listing of all Response Reports.

All Response files should be picked-up and reviewed by the Contractor. This will indicate if the file was accepted or if the file or any transactions within the file were rejected.

### 2.4.4 File Certification

Encounter files should be certified by the 15<sup>th</sup> of each month for the previous calendar month. For example, all files submitted from September 1 through September 30 should be certified by October 15. The CFO, CEO or Authorized Designee will need to register as a Service Center User and request access to the Web Portal in order to certify encounter files.

NOTE: For Medallion 3.0 Pharmacy encounters, please follow the certification process outlined in the Medallion 3.0 Technical Manual.

### 2.4.5 Reporting Issues

When reporting an issue, please identify the following information and submit in an email to [DMASEDISupport@dmass.virginia.gov](mailto:DMASEDISupport@dmass.virginia.gov):

- Region – Trading Partner Testing (TPT) or Production
- Filename or File ID

- Submitter Claim ID or EPS TCN
- Description of the issue and expected result
- Area impacted – MFT Server, Web Portal, EDI File

## 3 REPORTS

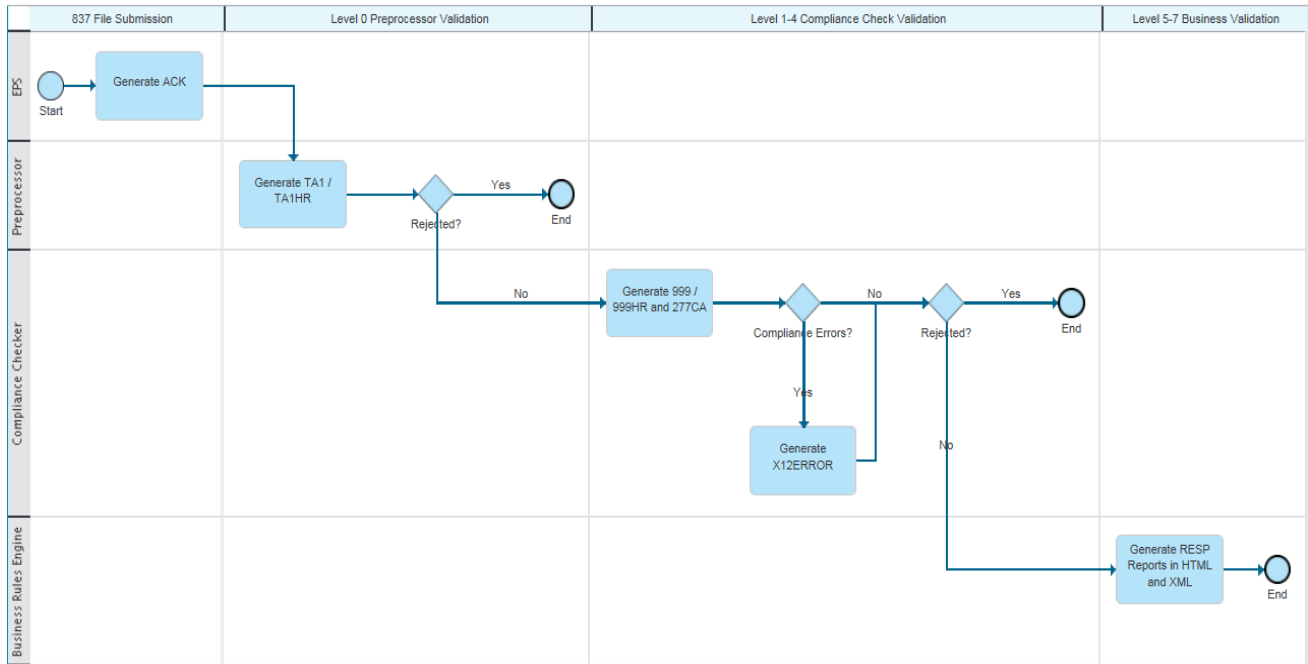
### 3.1 Encounter X12 Response Reports

EPS will generate the following responses for the X12 file in the order below:

**Table 2: Encounter X12 Response Reports**


No.	Type	Format	File Name	Description
1	ACK	HTML	FILEID_ACK_originalfilename.html	Immediate response to the submitter to notify that we received the file.
2	TA1	X12	FILEID_TA1.x12	Initial validation of the file (LEVEL 0).
3	TA1HR	HTML	FILEID_TA1HR.html	Initial validation of the file (LEVEL 0) in human readable html format.
4	999	X12	FILEID_999.x12	X12 compliance result in X12 999 format. Generated only if it passes LEVEL 0.
5	999HR	HTML	FILEID_999HR.html	X12 compliance result in human readable html format.
6	X12ERROR	X12	FILEID_X12ERROR.x12	Generated only if there are compliance errors. Rejected X12 transactions will be wrapped with ISA, GS and ST segments.
7	277CA	X12	FILEID_277CA.x12	X12 compliance result in X12 277CA format. Generated only if it passes LEVEL 0.
8	RESP	HTML	FILEID_RPT_RESP.html	Encounter Response REPORT in html format. Generated only if it passes compliance check.
9	RESP	XML	FILEID_RPT_RESP.xml	Encounter Response REPORT in xml format. Generated only if it passes compliance check.

The following diagram outlines the EPS process flow for X12 encounters:



**Diagram 1: Processing Flow for X12 Encounter in EPS**

### 3.1.1 Acknowledgement X12 Report - EPS-EDI-001




DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
 Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EDI-001

**EDI FILE RECEIPT**  
 04-MAR-2025 01:02:26.940 AM

FILEID	FILENAME	SENDER	ISA CONTROL NUMBER
F2503040000100M449E	INP837P.UPLOAD.20250303135431432.Pa.txt		100033256



NAME	DETAIL
File Type	X12
Submitted USER	
Receiver ID	VAMES EPS
Sender ID	
Service Center ID	
SubContractor ID	
Sender Name	
Contract Program	MEDAL4
TEST/PROD	P
Submitted Date	03/04/2025
Submitted Time	01:01:30
Bytes Received	13556
Status TimeStamp	04-Mar-2025 01.02.26.939
Status	sent to compliance check process...

This file acknowledges the receipt of an EDI file. It contains the assigned FILEID and the original file name.

Figure 1: Sample Acknowledgement Report



### 3.1.2 TA1 X12 File

The TA1 file contains validation errors relating to the ISA/IEA, GS/GE, ST/SE and BHT segments in X12 format.

```
ISA*00*          *00*          *ZZ*VAMES EPS    *ZZ*          *250304*0102*^^*00501*506301022*0*P*:~
TA1*100033256*250304*0102*A*000~
IEA*0*506301022~
```

Figure 2: Sample TA1 X12 File

### 3.1.3 TA1HR Report - EPS-EDI-002

The TA1HR Report contains the same data as the TA1 X12 file but in HTML format:

DMAS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EDI-002

EDI FILE TA1 REPORT  
04-MAR-2025 01:02:27.003 AM

FILEID	FILENAME	PROGRAM	SENDER	ISA CONTROL NUMBER
FZ503040000100M449EP	M449000.INP837P.UPLOAD.20250303135431432.Pa.txt	MEDAL4		100033256

ACCEPTED

SEQ NUMBER	TA1 ERROR CODE	DMAS ERROR CODE	SEGMENT/ ELEMENT	ERROR DESCRIPTION	ERROR DATA
	000	000		NO ERRORS!	

Figure 3: Sample TA1HR Report without Errors

DMAS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EDI-002

EDI FILE TA1 REPORT  
15-MAR-2024 01:04:46.004 PM

FILEID	FILENAME	PROGRAM	SENDER	ISA CONTROL NUMBER
FZ403150006200M449EP	M449000.INP837P.UPLOAD.20240315114234923.Ta.txt	MEDAL4		100023737

REJECTED

SEQ NUMBER	TA1 ERROR CODE	DMAS ERROR CODE	SEGMENT/ ELEMENT	ERROR DESCRIPTION	ERROR DATA
1	022	906	X12	File is already submitted - duplicate	M449000.INP837P.UPLOAD.20240315090749030.Ta.txt Received Date:20240315 102510

Figure 4: Sample TA1HR Report with Errors

The 999 X12 file contains Level 1-4 compliance errors in X12 format:

The 999HR Report contains the same data as the 999 X12 file but in HTML format:

The 999HR Report contains the same data as the 999 X12 file but in HTML format:

### 3.1.6 X12ERROR File

The X12ERROR file will be generated only if there are compliance errors. Rejected X12 transactions will be wrapped with ISA, GS and ST segments:

```
ISA*03*CP01      *00*          *ZZ*CP01000      *ZZ*VAMES EPS      *160805*0509*^*00501*000020498*1*P*::~~
GS*HC*CP01000*VAMES EPS*20160105*0708*20498*X*005010X222A1~
ST*837*000000001*005010X222A1~
BHT*0019*00*083548904220160805071024688837*20160805*071024*RP~
NM1*41*2*GATEWAY EDI*****46*CP01~
PER*IC*PAYER TEAM*TE*8008883666~
NM1*40*2*DEPT OF MEDICAL ASSISTANCE SERVICES*****46*VAMMIS FA~
HL*1**20*1~
NM1*85*2*SPECIALTY GRP PLLC*****XX*1234567890~
N3*601 MAIN ST~
N4*NORFOLK*VA*235071910~
REF*EI*541871633~
PER*IC*FIRST LAST*TE*7575557007~
NM1*87*2~
N3*PO BOX 700~
N4*BALTIMORE*MD*212790137~
HL*2*1*22*0~
SBR*P*18*VA MEDIC*****MC~
NM1*IL*1*LAST*FIRST*MIDDLE***MI [REDACTED]~
N3*301 AIRPORT DR~
N4*RICHMOND*VA*236010000~
DMG*D8*20150514*M~
NM1*PR*2*VA MEDICAID*****PI*00913~
N3*PO BOX 27444~
N4*RICHMOND*VA*232617444~
CLM*102500000*50***22:B:1*Y*A*Y*Y~
REF*D9*16080572~
HI*ABK:R197~
NM1*DN*1*LAST*FIRST*U***XX [REDACTED]~
NM1*82*1*LAST*FIRST*A***XX [REDACTED]~
PRV*PE*PXC*207ZP0102X~
NM1*77*2*PATIENT DEPARTMENT*****XX [REDACTED]~
N3*601 MAIN ST~
N4*NORFOLK*VA*235071910~
LX*1~
SV1*HC:89055*50*UN*2**1~
DTP*472*D8*20160701~
REF*6R*124100000~
SE*39*000000001~
GE*1*20498~
IEA*1*000020498~
```

Figure 8: Sample X12ERROR File

### 3.1.7 277 CA X12 File

The 277CA X12 File is an additional file containing compliance results:

```
ISA*03*CP13      *00*          *ZZ*VAMES EPS      *ZZ*CP13000      *170501*1500*^*00501*000000001*1*P*::~~
GS*HN*VAMES EPS*CP13000*20170501*1500*1*X*005010X214~
ST*277*0001*005010X214~
BHT*0085*08*277X2140001*20170501*1500*TH~
HL*1**20*1~
NM1*PR*2*DEPT OF MEDICAL ASSISTANCE SERVICES*****46*VAMMIS FA~
TRN*1*000000001~
DTP*050*D8*20170501~
DTP*009*D8*20170501~
HL*2*1*21*1~
NM1*41*2*GATEWAY EDI*****46*CP13000~
TRN*2*7102488888~
STC*A1:19*20170501*WQ*50~
QTY*90*1~
AMT*YU*50~
HL*3*2*19*0~
NM1*85*2*SPECIALTY GROUP PLLC*****XX*1234567890~
TRN*1*0~
STC*A1:19*WQ*50~
QTY*QA*1~
AMT*YU*50~
SE*20*0001~
GE*1*1~
IEA*1*000000001~
```

**Figure 9: Sample 277CA X12 File**

### 3.1.8 EPS RESPONSE ENCOUNTER Report

The EPS Response Report is generated for encounters only. The EPS Reports dropdown menu provides access to the Error Count, Error Summary and Error Detail Reports in the HTML version. An XML version will also be generated:

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-001		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR COUNT					
		EPS-EPE-001 ERROR COUNT		15-MAR-2024 06:10:17.084 AM					
		EPS-EPE-002 ERROR SUMMARY							
		EPS-EPE-003 ERROR DETAIL							
FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2403150000500CP17EP	CCCPLUS	403120223	0017000	2551	4	2547	2543	4	
No.	RULEID	RULE NAME				ERROR COUNT	ENCOUNTER COUNT		
1	LI050102	The EVV Ending Location is Missing				3	3		
2	LI050101	The EVV Beginning Location is Missing				3	3		
3	LI052508	Attendant Last Name is Missing				3	3		
4	LI052509	Attendant First Name is Missing				3	3		
5	LI040101	EVV Time is Missing				3	3		
6	DV003003	Original Payer Claim of Void or Reversal Failed in Validation				1	1		

Figure 10: Sample EPS RESPONSE ENCOUNTER Report

#### 3.1.8.1 EPS RESPONSE Report - EPS-EPE-001 ERROR COUNT

The EPS Error Count Response Report contains the list of Errors:

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-001		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR COUNT					
				15-MAR-2024 06:10:17.084 AM					
FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2403150000500CP17EP	CCCPLUS	403120223	0017000	2551	4	2547	2543	4	
No.	RULEID	RULE NAME				ERROR COUNT	ENCOUNTER COUNT		
1	LI050102	The EVV Ending Location is Missing				3	3		
2	LI050101	The EVV Beginning Location is Missing				3	3		
3	LI052508	Attendant Last Name is Missing				3	3		
4	LI052509	Attendant First Name is Missing				3	3		
5	LI040101	EVV Time is Missing				3	3		
6	DV003003	Original Payer Claim of Void or Reversal Failed in Validation				1	1		

Figure 11: Sample EPS RESPONSE ENCOUNTER Report – ERROR Count

### 3.1.8.2 EPS RESPONSE Report - EPS-EPE-002 ERROR SUMMARY

The EPS Error Summary Response Report contains the summary of the Errors:

DMAS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EPE-002

EPS REPORTS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS RESPONSE: ENCOUNTER ERROR SUMMARY

15-MAR-2024 06:10:17.084 AM


FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED
F2403150000500CP17EP	CCCPLUS	403120223		2551	4	2547	2543	4

No.	PAYER CLAIM ID	EPS TCN	PAYER PAYMENT STATUS	PAYER PAYMENT DATE	MEMBER ID	BILLING ID	SERVICE BEGIN DATE	SERVICE END DATE	BILLED AMOUNT	LINE COUNT	TOTAL ERROR COUNT
1	N2322264086	T2403150004819BCPEPO	PAID	2024-03-11		1386713303	2023-07-31	2023-07-31	\$92.55	1	5
2	N2325658781	T2403150004905BCPEPO	PAID	2024-03-11		1265008924	2023-09-10	2023-09-10	\$148.08	1	5
3	RN2328761511	T2403150005190BCPEPV	PAID	2024-03-11		1295784155	2023-07-10	2023-07-10	\$111.06	1	1
4	NN2328761511	T2403150005223BCPEPO	PAID	2024-03-11		1295784155	2023-07-10	2023-07-10	\$111.06	1	5

Figure 12: Sample EPS RESPONSE ENCOUNTER Report – ERROR SUMMARY

### 3.1.8.3 EPS RESPONSE Report - EPS-EPE-003 ERROR DETAIL

The EPS Error Detail Response Report contains details of the Errors:



DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EPE-003

EPS REPORTS

EPS RESPONSE: ENCOUNTER ERROR DETAIL

15-MAR-2024 06:10:17.084 AM

FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED
F2403150000500CP17EP	CCCPLUS	403120223		2551	4	2547	2543	4

No.	PAYER CLAIM ID	EPS TCN	LINE	RULE ID	RULE NAME	DISP	ERROR DATA
1	N2322264086	T2403150004819BCPEPO	1	LI040101	EVV Time is Missing	E	
2	N2322264086	T2403150004819BCPEPO	1	LI050101	The EVV Beginning Location is Missing	E	
3	N2322264086	T2403150004819BCPEPO	1	LI050102	The EVV Ending Location is Missing	E	
4	N2322264086	T2403150004819BCPEPO	1	LI052508	Attendant Last Name is Missing	E	
5	N2322264086	T2403150004819BCPEPO	1	LI052509	Attendant First Name is Missing	E	
6	N2325658781	T2403150004905BCPEPO	1	LI040101	EVV Time is Missing	E	
7	N2325658781	T2403150004905BCPEPO	1	LI050101	The EVV Beginning Location is Missing	E	
8	N2325658781	T2403150004905BCPEPO	1	LI050102	The EVV Ending Location is Missing	E	
9	N2325658781	T2403150004905BCPEPO	1	LI052508	Attendant Last Name is Missing	E	

Figure 13: Sample EPS RESPONSE ENCOUNTER Report – ERROR DETAIL

### 3.1.9 EPS RESPONSE ENCOUNTER XML Report

The EPS Response Report is also generated in an XML format. The XML file should contain all encounters that have passed compliance. Each will have an EPS validation status of PASS or FAIL and include any errors. The <Errors> nodes are nested under <Document> and <Line> nodes.

```

1  <EncounterResponse>
2    <FileDetail>
3      <FileID></FileID>
4      <FileName></FileName>
5      <ContractProgram></ContractProgram>
6      <ServiceCenter></ServiceCenter>
7      <SenderID></SenderID>
8      <SubmittedDate></SubmittedDate>
9      <SubmittedTime></SubmittedTime>
10     <BatchControlNumber></BatchControlNumber>
11     <FileSize></FileSize>
12     <TransactionType></TransactionType>
13     <EPSPProcessTimeStamp></EPSPProcessTimeStamp>
14     <EncounterCount></EncounterCount>
15     <ComplianceRejectCount></ComplianceRejectCount>
16     <ValidationDetail>
17       <ValidationCount></ValidationCount>
18       <ValidationPASSCount></ValidationPASSCount>
19       <ValidationFAILCount></ValidationFAILCount>
20     </ValidationDetail>
21   </FileDetail>
22   <MedicalClaim>
23     <PayerClaimID></PayerClaimID>
24     <TCN></TCN>
25     <ValidationStatus></ValidationStatus>
26     <ValidationErrorCount></ValidationErrorCount>
27     <LineCount></LineCount>
28     <Document>
29       <BillingID></BillingID>
30       <MemberID></MemberID>
31       <ServiceBeginDate></ServiceBeginDate>
32       <ServiceEndDate></ServiceEndDate>
33       <PayerPaymentStatus></PayerPaymentStatus>
34       <PayerPaymentDate></PayerPaymentDate>
35       <BilledAmount></BilledAmount>
36       <Frequency></Frequency>
37       <OriginalPayerClaimID></OriginalPayerClaimID>
38       <Errors>
39         <Error>
40           <RuleID></RuleID>
41           <Data></Data>
42         </Error>
43       </Errors>
44     </Document>
45     <ServiceLines>
46       <Line>
47         <LineNum></LineNum>
48         <RenderingID></RenderingID>
49         <LineServiceBeginDate></LineServiceBeginDate>
50         <LineServiceEndDate></LineServiceEndDate>
51         <LineProcedureCode></LineProcedureCode>
52         <LineProcedureModifier1></LineProcedureModifier1>
53         <LineDMEProcedureCode></LineDMEProcedureCode>
54         <LineServiceUnit></LineServiceUnit>
55         <LineRevenueCode></LineRevenueCode>
56         <LineChargeAmount></LineChargeAmount>
57         <Errors>
58           <Error>
59             <RuleID></RuleID>
60             <Data></Data>
61           </Error>
62         </Errors>
63       </Line>
64     </ServiceLines>
65   </MedicalClaim>
66 </EncounterResponse>

```

Figure 14: Sample EPS RESPONSE ENCOUNTER XML Report for Medical Claim

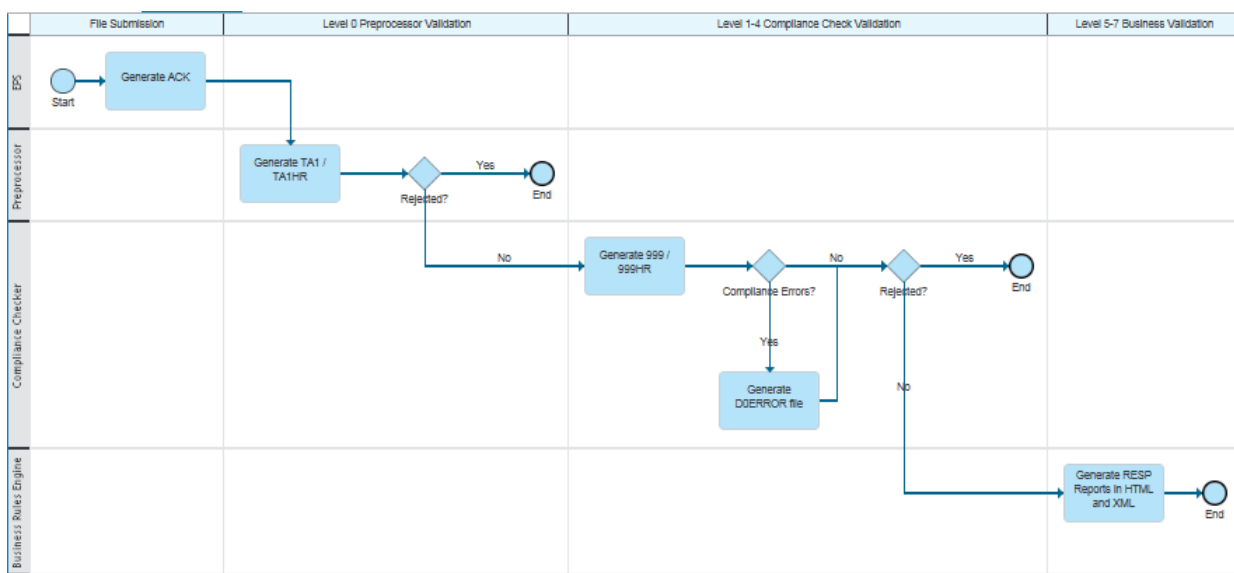
## 3.2 Encounter NCPDP Response Reports

EPS will generate the following response files in the order below:

**Table 3: Encounter NCPDP Response Reports**

No.	Type	Format	File Name	Description
1	ACK	HTML	FILEID_ACK_originalfilename.html	Immediate response to the submitter to notify that we received the file.
2	TA1	NCPDP 1.2 D.0	FILEID_TA1.ncp	Initial validation of the file (LEVEL 0).
3	TA1HR	HTML	FILEID_TA1HR.html	Initial validation of the file (LEVEL 0) in human readable html format.
4	999	NCPDP 1.2 D.0	FILEID_999.ncp	NCP compliance result in NCP D.0 format. Generated only if it passes LEVEL 0.
5	999HR	HTML	FILEID_999HR.html	NCP compliance result in human readable html format.*
6	DOERROR	NCPDP 1.2 D.0	FILEID_DOERROR.ncp	Generated only if there is compliance error.*
7	RESP	HTML	FILEID_RPT_RESP.html	Encounter Response REPORT in html format. Generated only if it passes compliance check.
8	RESP	XML	FILEID_RPT_RESP.xml	Encounter Response REPORT in xml format. Generated only if it passes compliance check.


The following diagram outlines the EPS process flow for NCPDP encounters:



**Diagram 2: Processing Flow for NCPDP Encounter in EPS**



### 3.2.1 Acknowledgement NCPDP Report - EPS-EDI-001




DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
 Virginia Medicaid Enterprise System - Encounter Processing Solution

EPS-EDI-001
 

**EDI FILE RECEIPT**  
 04-MAR-2025 07:35:54.950 AM

FILEID	FILENAME	SENDER	NCP BATCH NUMBER
F2503040004300M448EN	3_NCPDP_006_20250304063119_0019.EDI		0368423



NAME	DETAIL
File Type	NCP
Submitted USER	
Receiver ID	5148010900
Sender ID	
Service Center ID	
SubContractor ID	
Sender Name	
Contract Program	MEDAL4
TEST/PROD	P
Submitted Date	03/04/2025
Submitted Time	07:34:37
Bytes Received	2524255
Status TimeStamp	04-Mar-2025 07:35:54.949
Status	sent to compliance check process...

Figure 15: Sample Acknowledgement Report

### 3.2.2 TA1 NCPDP File

Error:

STX00R5148010900	1601901201702151128P12CP11000	ETX
STX99160190100000000002	DUPLICATE FILE CONTENT	ETX

No Error:

STX00R5148010900	1707359201703221142P12CP11000	ETX
STX99170735900000000002	NO ERRORS IN BATCH FORMAT 1.2	ETX

Figure 16: Sample TA1 NCPDP Files with and without Errors

Figure 16: Sample TA1 NCPDP Files with and without Errors

### 3.2.3 TA1HR Report - EPS-EDI-001



		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution		
EPS-EDI-002		<b>EDI FILE TA1 REPORT</b> 04-MAR-2025 07:35:58.280 AM		
FILEID	FILENAME	PROGRAM	SENDER	NCPDP BATCH NUMBER
F2503040004300M448EN	3_NCPDP_006_20250304063119_0019.EDI	MEDAL4		0368423
				
SEQ NUMBER	ERROR CODE	SEGMENT/ ELEMENT	ERROR DESCRIPTION	ERROR DATA
	000		NO ERRORS IN BATCH FORMAT 1.2	

Figure 17: Sample TA1HR Report without Errors



		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution		
EPS-EDI-002		<b>EDI FILE TA1 REPORT</b> 01-FEB-2024 01:46:24.083 PM		
FILEID	FILENAME	PROGRAM	SENDER	NCPDP BATCH NUMBER
F2402010001400M445EN	txt	MEDAL4		0462578
				
SEQ NUMBER	ERROR CODE	SEGMENT/ ELEMENT	ERROR DESCRIPTION	ERROR DATA
1	23		DUPLICATE FILE CONTENT	txt Received Date:20240131 102542

Figure 18: Sample TA1HR Report with Errors



### 3.2.6 NCPDP ERROR FILE

```
STX00TCP11000 1707359201703141259P125148010900 STX
STXG10000000001010900DOB1DRVAPROD 1011649288888 20170502000000000000ESSESAM01ESC420151231ESC52ESCAFIRST
STX99170735900000000003 STX
```

Figure 22: Sample NCPDP Error File

### 3.2.7 EPS RESPONSE ENCOUNTER Report - NCPDP

The EPS Response Report is generated for encounters only. The EPS Reports dropdown menu provides access to the Error Count, Error Summary and Error Detail Reports in the HTML version. An XML version will also be generated.

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-001		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR COUNT					
				04-MAR-2025 07:40:12.851 AM					
		EPS-EPE-001 ERROR COUNT							
		EPS-EPE-002 ERROR SUMMARY							
		EPS-EPE-003 ERROR DETAIL							
FILEID	PROGRAM NAME	BATCH NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2503040002700CP18EN	CCCPLUS	0368424	000000	951	0	951	939	12	
No.	RULEID	RULE NAME				ERROR COUNT	ENCOUNTER COUNT		
1	DV003001	Original Payer Claim of Void or Reversal Not Found				12	12		

Figure 23: Sample EPS RESPONSE ENCOUNTER Report

#### 3.2.7.1 EPS RESPONSE Report - EPS-EPE-001 ERROR COUNT

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-001		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR COUNT					
				04-MAR-2025 07:40:12.851 AM					
FILEID	PROGRAM NAME	BATCH NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2503040002700CP18EN	CCCPLUS	0368424	000000	951	0	951	939	12	
No.	RULEID	RULE NAME				ERROR COUNT	ENCOUNTER COUNT		
1	DV003001	Original Payer Claim of Void or Reversal Not Found				12	12		

Figure 24: Sample EPS RESPONSE ENCOUNTER Report – ERROR Count

### 3.2.7.2 EPS RESPONSE Report - EPS-EPE-002 ERROR SUMMARY

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-002		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR SUMMARY					04-MAR-2025 07:40:12.851 AM
FILEID	PROGRAM NAME	BATCH NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2503040002700CP18EN	CCCPLUS	0368424		951	0	951	939	12	

No.	PAYER CLAIM ID	EPS TCN	PAYER PAYMENT STATUS	PAYER PAYMENT DATE	MEMBER ID	BILLING ID	SERVICE BEGIN DATE	SERVICE END DATE	BILLED AMOUNT	LINE COUNT	TOTAL ERROR COUNT
1		T2503040092004BCPENV				1689753907	2023-11-16	2023-11-16		1	1
2		T2503040092005BCPENV				1689753907	2023-11-16	2023-11-16		1	1
3		T2503040092007BCPENV				1689753907	2023-11-16	2023-11-16		1	1
4		T2503040092008BCPENV				1689753907	2023-11-17	2023-11-17		1	1
5		T2503040092009BCPENV				1689753907	2023-12-01	2023-12-01		1	1
6		T2503040092011BCPENV				1003323163	2024-07-01	2024-07-01		1	1
7		T2503040092014BCPENV				1740351204	2024-11-27	2024-11-27		1	1
8		T2503040092015BCPENV				1740351204	2024-11-27	2024-11-27		1	1
9		T2503040092016BCPENV				1740351204	2024-11-27	2024-11-27		1	1
10		T2503040092017BCPENV				1740351204	2024-11-27	2024-11-27		1	1
11		T2503040092012BCPENV				1033139944	2024-11-01	2024-11-01		1	1
12		T2503040092006BCPENV				1689753907	2023-11-16	2023-11-16		1	1

Figure 25: Sample EPS RESPONSE ENCOUNTER Report – ERROR Summary

### 3.2.7.3 EPS RESPONSE Report - EPS-EPE-003 ERROR DETAIL

DMAS		DEPARTMENT OF MEDICAL ASSISTANCE SERVICES Virginia Medicaid Enterprise System - Encounter Processing Solution							
EPS-EPE-003		EPS REPORTS		EPS RESPONSE: ENCOUNTER ERROR DETAIL					04-MAR-2025 07:40:12.851 AM
FILEID	PROGRAM NAME	BATCH NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED	
F2503040002700CP18EN	CCCPLUS	0368424		951	0	951	939	12	

No.	PAYER CLAIM ID	EPS TCN	LINE	RULE ID	RULE NAME	DISP	ERROR DATA
1		T2503040092004BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
2		T2503040092005BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
3		T2503040092006BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
4		T2503040092007BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
5		T2503040092008BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
6		T2503040092009BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
7		T2503040092011BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
8		T2503040092012BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
9		T2503040092014BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
10		T2503040092015BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
11		T2503040092016BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	
12		T2503040092017BCPENV	0	DV003001	Original Payer Claim of Void or Reversal Not Found	E	

Figure 26: Sample EPS RESPONSE ENCOUNTER Report – ERROR Detail

### **3.2.8 EPS RESPONSE ENCOUNTER XML Report**

The EPS Response Report is also generated in an XML format. The XML file should contain all encounters that have passed compliance. Each will have an EPS validation status of PASS or FAIL and include any errors. The <Errors> nodes are nested under <Document> and <Line> nodes.

The following screenshot displays a sample EPS RESPONSE ENCOUNTER XML Report for Pharmacy Claim

```

1  <EncounterResponse>
2      <FileDetail>
3          <FileID></FileID>
4          <FileName></FileName>
5          <ContractProgram></ContractProgram>
6          <ServiceCenter></ServiceCenter>
7          <SenderID></SenderID>
8          <SubmittedDate></SubmittedDate>
9          <SubmittedTime></SubmittedTime>
10         <BatchControlNumber></BatchControlNumber>
11         <FileSize></FileSize>
12         <TransactionType></TransactionType>
13         <EPSProcessTimeStamp></EPSProcessTimeStamp>
14         <EncounterCount></EncounterCount>
15         <ComplianceRejectCount></ComplianceRejectCount>
16         <ValidationDetail>
17             <ValidationCount></ValidationCount>
18             <ValidationPASSCount></ValidationPASSCount>
19             <ValidationFAILCount></ValidationFAILCount>
20         </ValidationDetail>
21     </FileDetail>
22     <PharmacyClaim>
23         <G1TransactionReferenceNumber></G1TransactionReferenceNumber>
24         <TCN></TCN>
25         <ValidationStatus></ValidationStatus>
26         <ValidationErrorCount></ValidationErrorCount>
27         <TransactionCount></TransactionCount>
28         <TransactionHeader>
29             <TransactionCode></TransactionCode>
30             <ServiceProviderID></ServiceProviderID>
31             <MemberID></MemberID>
32             <ServiceDate></ServiceDate>
33             <PayerPaymentStatus></PayerPaymentStatus>
34             <PayerPaymentDate></PayerPaymentDate>
35             <Frequency></Frequency>
36             <OriginalPayerClaimID></OriginalPayerClaimID>
37             <Errors>
38                 <Error>
39                     <RuleID></RuleID>
40                     <Data></Data>
41                 </Error>
42             </Errors>
43         </TransactionHeader>
44         <TransactionLevel>
45             <Transaction>
46                 <TransactionNumber></TransactionNumber>
47                 <PayerClaimID></PayerClaimID>
48                 <PrescriptionNumber></PrescriptionNumber>
49                 <NDC></NDC>
50                 <ReFillNumber></ReFillNumber>
51                 <CompoundCode></CompoundCode>
52                 <QuantityDispensed></QuantityDispensed>
53                 <PrescriberID></PrescriberID>
54                 <BilledAmount></BilledAmount>
55                 <Errors>
56                     <Error>
57                         <RuleID></RuleID>
58                         <Data></Data>
59                     </Error>
60                 </Errors>
61             </Transaction>
62         </TransactionLevel>
63     </PharmacyClaim>
64 </EncounterResponse>

```

Figure 27: Sample EPS RESPONSE ENCOUNTER XML Report for Pharmacy Claim

## 4 EPS WEB PORTAL

The EPS Web Portal is a web-based tool available to submitters to view the status and details of submitted files including errors.

### 4.1 Login

Service Center Users login with the same credentials used to login to the DMAS MFT GoAnywhere Server.

#### 4.1.1 Production and Test

For production and test environment, submitters will login to the MES Web Portal using the following URL:

URL Address
<a href="#">DMAS Identity, Credentials and Access Management</a>

For more information on MES portal login, navigate to [MES Module Access](#).

The MES landing page will display the EPS Tile.

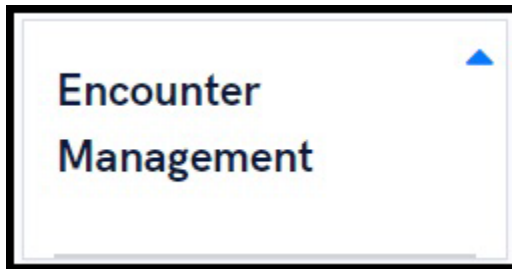
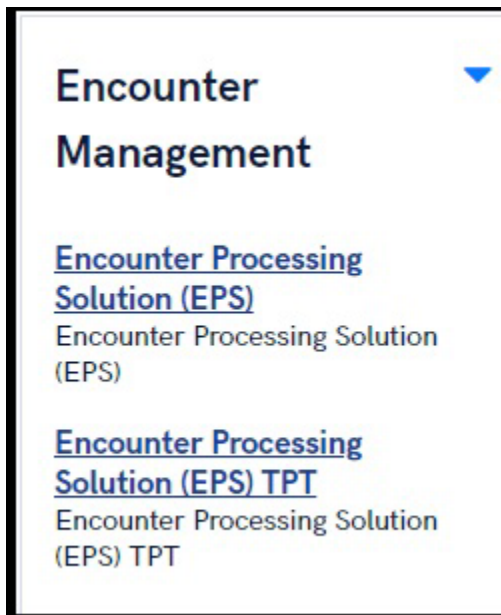


Figure 28: EPS Tile on MES Landing Page

The drop-down arrow will display the links for the production and test environments.





**Figure 29: EPS Tile with link to PROD and TPT regions**

Once logged in, users will see a menu of options aligned vertically on the left of the screen. Depending on the User Role.

Menu options include Dashboard, EDI File Status, Rules, Providers, Reports, User Security, Trading Partners, Data Dictionary, Member Details, Health Care Codes, Drug Codes, Cache Code Sets, File Certification, Payment Cycle, Service Authorization, EVV Information, FAQ Feedback and Help Content.

Users are also able to view and update their User Profile by clicking on their name depending on permissions. Help is available on any screen by clicking on the '?' in the upper right corner.

## 4.2 Dashboard

The Dashboard provides at-a-glance summaries of submissions and statuses for files submitted in the last 30 days. Hover the cursor over the graph to see specific totals.

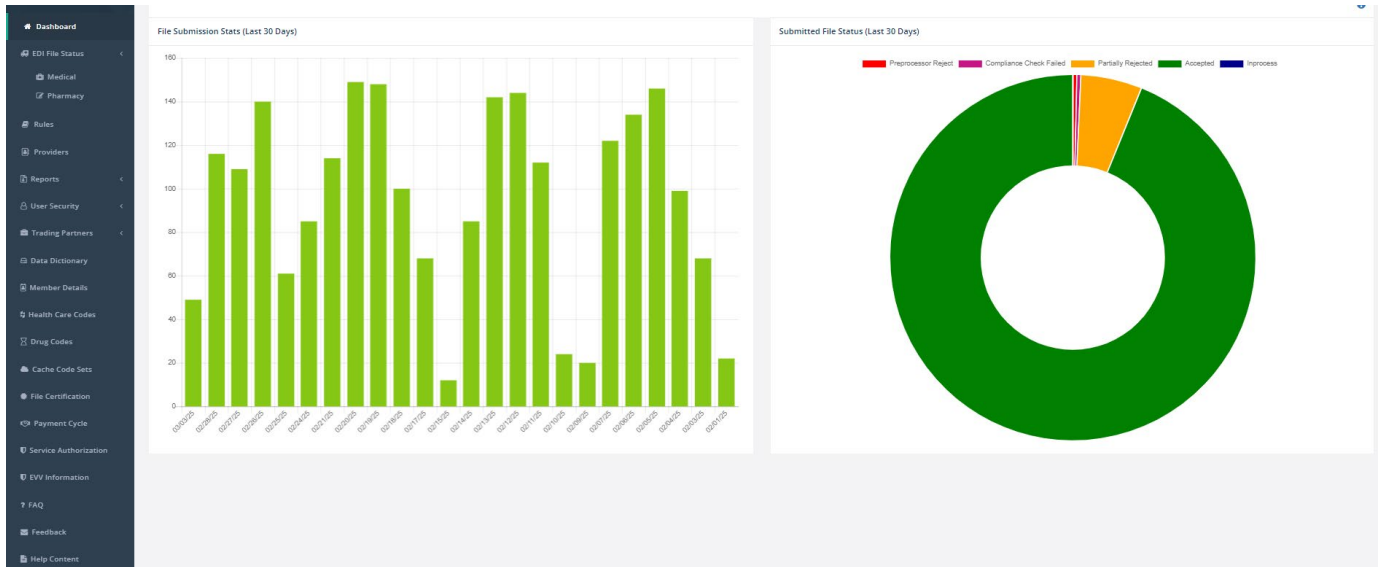


Figure 30: Sample Dashboard

## **4.3 EDI File Status**

EDI File Status allows submitters to search for Medical and Pharmacy files that they have submitted and view the validation statuses. Submitters can also view errors and limited encounter data on the files.

### **4.3.1 File Search**

File Search has multiple options to search for files within a date range. Users specify a time period in the From Date and To Date fields. The default is today's date. Click on the calendar icon to select a date or enter a date directly in the field in MM/DD/CCYY format.

Users can search for a specific File Name or File ID in the File Name/ID field regardless of the date range entered. The full File Name or File ID must be entered in this field.

Users can filter on Status. Possible values include:

- Accepted – file has been accepted with no errors
- Rejected – file has been rejected
- Partially Rejected – some transactions within file have been rejected
- In Process – file is being processed

Additional search options are also available in the Advanced Search box. Click on the arrows in the upper right corner of the box to expand or collapse the Advanced Search Criteria.

Advanced Search Criteria options include:

- Service Center ID
- Subcontractor ID
- Member ID
- Date of Service
- Submitter Claim ID
- EPS TCN

Additional Advanced Search Criteria options for Medical files include:




- Billing Provider ID
- Rendering Provider NPI

Additional Advanced Search Criteria options for Pharmacy files include:

- Service Provider ID
- Rx Number
- Drug Code (NDC)

Users can also filter the result set in the File Search Results box by partial File Name, File ID or Submitted Date. The result set will be filtered as characters are entered. The File Search Results contain the following columns:

- File ID – File ID assigned by EPS
- File Name – Original file name assigned by submitter
- Txn Type – Transaction Type: 837P, 837I, 837D, NCPDP
- Submitted Date – Date submitted by user
- Processed Date – Date processed by EPS
- Fail Rate – Percentage of transactions that failed processing
- Level 0 – Preprocessor Validation\*
- Level 1-4 – Compliance Check Validation\*
- Level 5-7 – Business Validation\*
- Report – EPS Reports\*
- Status – Status of the file
- Details – Click on the green envelope to view the Encounter Summary Details screen

\*  indicates Accepted.  indicates Partial.  indicates Rejected.

If Search Results span multiple pages, users can navigate to a different page using the controls at the bottom left of the page. Users can also change the number of rows to display by selecting the buttons labeled 5, 10, 20, 50 or 100 at the bottom right of the page.

The screenshot displays the 'Medical File Search' interface. On the left is a dark sidebar with navigation links: Dashboard, EDI File Status (selected), Medical, Pharmacy, Rules, Providers, Reports, User Security, Trading Partners, Data Dictionary, Member Details, Health Care Codes, Drug Codes, Cache Code Sets, File Certification, Payment Cycle, Service Authorization, EVV Information, FAQ, Feedback, and Help Content.

The main content area is titled 'Medical File Search'. It includes search filters at the top:
 

- \*From Date: 02/28/2025
- \*To Date: 03/04/2025
- File Name/ID: Enter Submitted File Name or File ID
- Status: (dropdown menu)

Below the filters is the 'Advanced Search Criteria' section with the following fields:
 

- Service Center ID: (dropdown)
- Subcontractor ID: (dropdown)
- Member ID: Enter Member ID
- Date Of Service: (calendar icon)
- Submitter Claim ID: Enter Submitter Claim ID
- Billing Provider ID: Enter Billing ID
- Rendering Provider NPI: Enter Rendering ID
- EPS TCN: Enter EPS TCN

A 'Search' button is located below the criteria. The results section, titled 'File Search Results', shows '163 records retrieved using the search criteria.' Below this is a search bar: 'Search by File Name or File ID or Submitted Date'.

The results are presented in a table with the following columns: File ID, File Name, Txn Type, Submitted Date, Processed Date, Fail Rate, Level 0, Level 1-4, Level 5-7, Report, Status, and Details. The table contains five rows of data, all with a status of 'Accepted'.

File ID	File Name	Txn Type	Submitted Date	Processed Date	Fail Rate	Level 0	Level 1-4	Level 5-7	Report	Status	Details
F2502280000100M444E	VAIMED4_837I_A_25022700001.txt	837I	02/28/2025, 06:10	02/28/2025, 06:22	0.00%	✓	✓	✓	✓	Accepted	ⓘ
F2502280000200M444E	VAIMED4_837I_D_25022700002.txt	837I	02/28/2025, 06:11	02/28/2025, 06:21	0.00%	✓	✓	✓	✓	Accepted	ⓘ
F2502280000300M444E	VAIMED4_837I_O_25022700003.txt	837I	02/28/2025, 06:11	02/28/2025, 06:21	0.02%	✓	✓	✓	✓	Accepted	ⓘ
F2502280000400M444E	VAIMED4_837I_V_25022700004.txt	837I	02/28/2025, 06:11	02/28/2025, 06:16	0.00%	✓	✓	✓	✓	Accepted	ⓘ
F2502280000500M444E	VAIMED4_837I_V_25022700005.txt	837I	02/28/2025, 06:11	02/28/2025, 06:23	0.00%	✓	✓	✓	✓	Accepted	ⓘ

At the bottom of the table are pagination controls: '< 1 2 3 4 5 >' and a range selector '5 10 20 50 100'.

Figure 31: Sample EDI File Search Results for Medical

### 4.3.2 Encounter Summary Details

Encounter Summary Details contains File Summary Information, Edits Summary and Encounter Information boxes. Click on the arrows in the upper right corner of each box to expand or collapse the information in the box. Click on the <<File Search button at the top right of the screen to return back to the File Search screen.

File Summary Information has summary level information about the file, such as the total number of encounters that passed and failed validation.

Edits Summary contains a list of the rules hit during processing of the file. Each row lists the Rule ID, Rule Name, Disposition and Total Hits. Only Internal Users will see Edits with a Disposition of I for Informational. Users can filter the edits by Rule ID or Rule Name. The rows will be filtered as characters are entered in the Search field.

Encounter Information lists the EPS TCN, Member ID, Submitter Claim ID, Date of Service, Validation Status, Charges and Frequency for each Medical encounter. Users can filter the encounters by Submitter Claim ID, EPS TCN or Member ID. The rows will be filtered as characters are entered in the Search field. Click on the green envelope in the Details column to view the Encounter Details screen.

Commonwealth of Virginia  
Medicaid Enterprise Solution (MES) Program  
Encounter Processing Solution (EPS)  
EDI Procedure Manual

Encounter Summary Details

File Name:

VACCCP\_837P\_A\_25022000028.txt

File ID:

F2502210003600CP14EP

File Status:

Accepted

Transaction Type:

837P

Program Name:

CCCPLUS

Total Encounters:

1521

Total Charges:

\$1,587,115.21

File Search

File Summary Information

Total Encounters Passed Validation:

1521

Total Original Encounters:

0

Sender ID:

CP14000

Submitted Date:

02/21/2025, 10:10

Contract Name:

CCCPLUS

Total Encounters Failed Validation:

0

Total Reissue Encounters:

1521

Submitter User ID:

[REDACTED]

Transaction Type:

837P

Submitted Source:

MFT

Edits Summary

Q Search by Rule ID or Rule Name

Rule ID	Rule Name	Disposition	Total Hits
LP020501	Billing Provider NPI is Not Eligible on Line DOS	I	15
DP020501	Billing Provider NPI is Not Eligible on DOS	I	11
DP020502	Rendering Provider NPI is Not Eligible on DOS	I	9
DP020504	Referring Provider NPI is Not Eligible on DOS	I	5
LM010503	Member Not Enrolled in Benefit Plan on DOS	I	4

Encounter Information

Billing Provider NPI

ALL PROVIDERS

Q Search by Submitter Claim ID or EPS TCN or Member ID

Submitter Claim ID	EPS TCN	Member ID	Date of Service	Validation Status	Charges	Frequency	Details
VA25032E008062501	T25022100862028CPEPR	[REDACTED]	11/20/2024 - 11/20/2024	Pass	\$208.00	Replacement	

Figure 32: Sample Encounter Summary Details for Medical

Encounter Information lists the EPS TCN, Member ID, Submitter Claim ID, Date of Service, Validation Status, Charges and Frequency for each Pharmacy encounter. Users can filter the encounters by EPS TCN, Member ID or Submitter Claim ID. The rows will be filtered as characters are entered in the Search field. Click on the green envelope in the Details column to view the Encounter Details screen.

Encounter Summary Details

File Search

File Name: CP17000.NCPDP.P.ESI.B1.UPLD.20250303081315396.Na.txt

Program Name: CCCPLUS

File ID: F250303000400CP17EN

File Status: Accepted

File Summary Information

Total Encounters Passed Validation: 1

Total Original Encounters: 1

Sender ID: CP17016

Submitted Date: 03/03/2025, 14:00

Contract Name: CCCPLUS

Total Encounters Failed Validation: 0

Total Reissue Encounters: 0

Submitter User ID: [REDACTED]

Transaction Type: NCPDP

Submitted Source: MFT

Edits Summary

Search by Rule ID or Rule Name

Rule ID	Rule Name	Disposition	Total Hits
No Records Found			

Encounter Information

Search by EPS TCN or Member ID or Submitter Claim ID

EPS TCN	Member ID	Submitter Claim ID	Date of Service	Validation Status	Charges	Frequency	Details
T25030300002888CPEVO	*****	887622837988493544	10/25/2023	Pass	\$9.22	Original	

Figure 33: Sample Encounter Summary Details for Pharmacy

### 4.3.3 Encounter Details

Encounter Details contains information specific to the encounter. Click on the arrows in the upper right corner of each box to expand or collapse the information in the box. Click on the <<Encounter Summary button at the top right of the screen to return back to the Encounter Summary Details screen

Medical encounters contain Patient Details, Encounter Processing Summary, Encounter Document Details, Contract Information, Diagnosis Code Details, Encounter Document Edits Summary and Encounter Line Information.

Encounter Line Information lists the Line Number, Service Begin Date, Service End Date, Procedure Code, Service Unit Count, Charge Amount and Payment Status for each line on the Medical encounter. Click on the green envelope in the Details column to view the Encounter Line Details screen.

Encounter Details
Encounter Summary

Submitter Claim ID: IC002962340  
 EPS TCN: T2503030000001805EPO  
 Validation Status: Pass

**Encounter Information - Patient Details**

Name: [REDACTED]	Date Of Birth: [REDACTED]
Gender: F	Status Code: N/A

**Encounter Processing Summary**

Validation Status: Pass	Total Lines: 3
Total Edits: 0	Total Edits Failed: 0
Total Edits Passed: 0	Total Charged Amount: \$4,398.00
Total Paid Amount: \$11.00	Total Patient Pay Amount: N/A

**Encounter Document Details**

**Contract Information**

**Diagnosis Code Details**

**Encounter Document Edits Summary**

**Encounter Line Information**

Line Number	Service Begin Date	Service End Date	Procedure Code	Service Unit Count	Charge Amount	Payment Status	Details
1	02/27/2025	02/27/2025	V5257	1	\$2,199.00	N/A	
2	02/27/2025	02/27/2025	V5257	1	\$2,199.00	N/A	
3	02/27/2025	02/27/2025	92552	1	\$0.00	N/A	

**Figure 34: Sample Encounter Details for Medical**

Pharmacy encounters contain Encounter Summary, Member Information, Patient Information, Encounter Document Edits Summary and Encounter Line Information boxes.

Encounter Line Information lists the Line Number, Rx Number, Drug Type and Drug Code for each line on the Pharmacy encounter. Click on the green envelope in the Details column to view the Encounter Line Details screen.

Encounter Details
Encounter Summary

---

**File Name:** CP17000.NCPDP.P.ESI.B1.UPL0AD.202503081315396.Na.txt  
**Program Name:** CCCPLUS  
**Validation Status:** Pass

**File ID:** F250303000040CP17EN  
**EPS TCN:** T25030300002888CPENO

**File Status:** Accepted  
**Submitter Claim ID:** 887622837988493544

---

Encounter Summary

Service Provider ID: 1740251204	Payment Date: 02/18/2025	Payer Payment Status: Denied
Date of Service: 10/25/2023	Receipt Date: 02/18/2025	Adjudication Date: 02/18/2025
Frequency: Original	Resubmission Date: N/A	Total Charges: \$9.22
Active: Yes	Total Paid Amount: \$***.00	Resend Request: No
Inactive Reason: N/A		
Replaced Or Voided by EPS TCN: N/A		
Replaced Or Voided EPS TCN: N/A		
Service Center ID: CP17		

---

Member Information

---

Patient Information

---

Encounter Document Edits Summary

---

Encounter Line Information

Line Number	Rx Number	Drug Type	Drug Code
1	000000033791	Regular	00115180401

**Figure 35: Sample Encounter Details for Pharmacy**

#### 4.3.4 Encounter Line Details

Encounter Line Details contains information specific to a line on the encounter. Click on the &ltDocument Summary button at the top right of the screen to return back to the Encounter Details screen. Click on the <<Encounter Summary button to return to the Encounter Summary Details screen.

Encounter Line Details contain Drug Identification Details, Provider Details, Service Address Details, HH EVV Attendant Information, Transportation Information, Contract Information, Encounter Line Edits Summary, Coordination of Benefits Details and Diagnosis Summary Details boxes for Medical encounters. Click on the arrows in the upper right corner of each box to expand or collapse the information in the box.



*Commonwealth of Virginia*  
**Medicaid Enterprise Solution (MES) Program**  
**Encounter Processing Solution (EPS)**  
**EDI Procedure Manual**

Encounter Line Details
Encounter Summary

EPS TCN: T2503030000058D5EPO

Line Number: 1

Payment Status: N/A

Procedure Code: V5257

Procedure Modifier 01: RT

Procedure Modifier 02: N/A

SA Number: N/A

Service Begin Date: 02/27/2025

Service End Date: 02/27/2025

Service Unit Count: 1

Procedure Modifier 03: N/A

Procedure Modifier 04: N/A

Enhanced Benefit Indicator: N/A

Document Summary

Drug Identification Details

Drug Qualifier: N/A	Drug Quantity: N/A
Drug Code: N/A	Drug Measurement: N/A

Provider Details

Service Address Details

HH EW Attendant Information

Transportation Information

Contract Information

Encounter Line Edits Summary

Coordination Of Benefits (COB) Details

Q Search by Payer Primary ID or Procedure Code

Payer Sequence Code	Payer Primary ID	Service ID Qualifier	Procedure Code	Procedure Description	Paid Service Unit Count	Bundle	Payment Date	Service Paid Amount	Remaining Liability Amount
P	DS18	HC	V5257	HEARING AID, DIGITAL, MONAURAL BTE	1	N/A	02/28/2025	\$111.11	N/A

**Figure 36: Sample Encounter Line Details for Medical**

Encounter Line Details contain Encounter Segment Information, Encounter Line Edits Summary, Compound Drug Details, Diagnosis Codes, Prescriber Information, Pricing Information and Coordination of Benefits boxes for Pharmacy encounters. Click on the arrows in the upper right corner of each box to expand or collapse the information in the box.

Encounter Line Details
Encounter Summary

File Name: CP17000.NCPDP.P.ESI.B1.UPLD.20250303081315396.Na.txt

Program Name: CCCPLUS

Line Number: 1

Drug Code: 00115180401

File ID: F250303000400CP17EN

EPS TCN: T2503030000288BCFEND

Rx Number: 000000033791

File Status: Accepted

Submitter Claim ID: 857622837985493544

Drug Type: Regular

Document Summary

Encounter Segment Information

Encounter Line Edits Summary

Compound Drug Details

Diagnosis Codes

Prescriber Information

Pricing Information

Coordination Of Benefits

**Figure 37: Sample Encounter Line Details for Pharmacy**

## 4.4 Rules

The Rules menu option allows users to search for EPS Business Rules. Users can search by Rule ID, full or partial Rule Name, Contract Program, Transaction Type and Disposition.

Press Search to display the results in the Business Rules Search Results box. Users can filter the rules by Rule ID or Rule Name. The rows will be filtered as characters are entered in the Search field. Click on the green Details button to view details.

Business Rules Search

Rule ID:  Rule Name:

Contract Program:  Transaction Type:  Disposition:

Business Rules Search Results

152 records retrieved using the search criteria.

Rule ID	Rule Name	Status	Level
DA002001	Original Payer Claim ID of Replacement Not Found	ACTIVE	DOCUMENT LEVEL VALIDATION
DA002002	Original Payer Claim ID is Already Replaced	ACTIVE	DOCUMENT LEVEL VALIDATION
DA002003	Original Payer Claim ID of Replacement Failed in Validation	ACTIVE	DOCUMENT LEVEL VALIDATION
DA002004	Payer Claim ID of Resubmission Encounter Not Found	ACTIVE	DOCUMENT LEVEL VALIDATION
DC005001	Encounter Paid or Denied Status is Invalid	ACTIVE	DOCUMENT LEVEL VALIDATION

Figure 38: Sample Business Rules

Click on the or icon to view History of the Rule, Disposition and Decision Information. Click on the <<Manage Rules button to return to the Search screen.

View Rule Details

Rule Details

\*Rule ID: DA002001 \*Rule Status: ACTIVE

\*Rule Name: Original Payer Claim ID of Replacement Not Found

Rule Description: If encounter is indicated as a replacement or void transaction, previous MCO ICN not found based on EPS history, set the rule.

\*Rule Level: DOCUMENT LEVEL VALIDATION \*Rule Group: ADJUSTMENT

\*Rule Function: ADJUSTMENTS \*Rule Subfunction: ADJUSTMENTS

Rule Disposition Information

Contract Program	Transaction Type	Disposition	Paid	Denied	*Orig	*Repl	Void	*Begin Date	*End Date	*Date Type
CCCPLUS	837P	E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	08/01/2017	12/31/9999	Processing

\*Orig - Original \*Repl - Replacement \*Begin Date - Validation Begin Date \*End Date - Validation End Date \*Date Type - Validation Date Type

Rule Decision Information

Transaction Type	Supporting Data Elements
837P	Loop 2300, CLM05 - 3 Claim Frequency Code = 7 or 8 Loop 2300 REF F8, REF02 EPS History MCO ICN Field

Figure 39: Sample Business Rule Detail

Click on the X in the upper right corner to close.

Rule History									
<b>Rule ID:</b>		<b>Created Date:</b>		<b>Created By:</b>		<b>Last Action Date:</b>		<b>Last Action By:</b>	
DA002001		09/01/2017, 5:12:06 PM		RUL_201709011712		07/19/2019, 11:55:49 AM		[REDACTED]	
Name	Description	Level	Group	Function	Subfunction	Active Status	Action	Action Date	Action By
Original Payer Claim ID of Replacement Not Found	If encounter is indicated as a replacement or void transaction, previous MCO ICN not found based on EPS history, set the rule.	DOCUMENT LEVEL VALIDATION	ADJUSTMENT	ADJUSTMENTS	ADJUSTMENTS	A	U	07/19/2019, 11:55:49 AM	[REDACTED]

**Figure 40: Sample Rule History**

Click on the X in the upper right corner to close.

Rule Contract History														
<b>Rule ID:</b>		<b>Created Date:</b>		<b>Created By:</b>		<b>Last Action Date:</b>		<b>Last Action By:</b>						
DA002001		09/01/2017, 5:12:06 PM		RUL_201709011712		08/13/2018, 8:42:15 PM		BRS_201808132042						
Contract Program	Trans Type	Disp	Status	Paid	Denied	Orig	Repl	Void	Begin Date	End Date	Date Type	Action	Action Date	Action By
CCCPLUS	837P	E	A	✓	✗	✗	✓	✓	08/01/2017	12/31/9999	Processing	U	08/13/2018, 8:42:15 PM	BRS_201808132042
CCCPLUS	837P	E	A	✓	✗	✓	✗	✗	01/01/1900	12/31/9999	Processing	I	09/01/2017, 5:12:06 PM	RUL_201709011712

\*Trans Type - Transaction Type    \*Disp - Disposition    \*Orig - Original    \*Repl - Replacement    \*Begin Date - Validation Begin Date    \*End Date - Validation End Date  
 \*Date Type - Validation Date Type  
 Action: I - Insert    U - Update    D - Delete

**Figure 41: Sample Rule Contract History**

## 4.5 Providers

The Providers menu option allows users to search for providers associated to their Service Center(s). Users can search by Provider ID, Provider Business Name or Provider Last Name and First Name for an Individual. Users can limit the search based on Contract Program and Service Center if they are associated to multiple ones. Users can also search by entering a Taxonomy Code, Provider City, Provider State, Provider Zip Code or Provider FIPS.

Press Search to display the results in the Providers Information box. Users can filter the result set by Provider ID, Provide Location ID, Provider Name or Provider FIPS. The rows will be filtered as characters are entered in the Search field. The result set lists the Provider ID, Location ID, Provider Name, Address, FIPS and Status. Click on the green Details button to view Provider Details. Click on the green Details button to view details.

The screenshot displays the 'Providers' search interface. On the left is a sidebar menu with options: Dashboard, EDI File Status, Rules, Providers (selected), Reports, User Security, Trading Partners, Data Dictionary, Member Details, Health Care Codes, Drug Codes, Cache Code Sets, File Certification, Payment Cycle, Service Authorization, EVI Information, FAQ, Feedback, and Help Content.

The main area is titled 'All Providers' and contains search filters:

- Provider ID:** Enter Provider ID
- Provider Last Name/Business Name:** Enter Provider Last Name/Business Name
- Provider First Name:** Enter Provider First Name
- Provider City:** Enter City Name
- Provider State:** (Dropdown menu)
- Provider Zip Code:** Enter Zip Code
- Provider FIPS:** Enter FIPS
- Contract Program:** (Dropdown menu)
- Service Center:** (Dropdown menu)
- Taxonomy Code:** Enter Taxonomy Code

A green 'Search' button is located below the filters.

Below the search filters is the 'Providers Information' section, which includes a message: 'More than 500 records available for this search criteria. You may want to refine your search.'

A search bar is provided: 'Search by Provider ID or Provider Location ID or Provider Name or Provider FIPS'.

The results are displayed in a table with the following columns: Provider ID, Location ID, Provider Name, Address, FIPS, Status, and Details. The 'Details' column contains a green button with a magnifying glass icon.

Provider ID	Location ID	Provider Name	Address	FIPS	Status	Details
0000000744	30015173470003	POPLAR SPRINGS HOSPITAL	350 POPLAR DR MATT LISAGOR PETERSBURG, VA 23805-9367	\$1730	ACTIVE	
0000200806	30015134800005	RESIDENTIAL CARE INC	901 N WASHINGTON ST STE 509 BEVERLY RUSSAU WEAVER ALEXANDRIA, VA 22314-1535	\$1810	ACTIVE	
0000200822	30015134800004	RESIDENTIAL CARE INC	27 W QUEENS WAY STE 103 HAMPTON, VA 23669-4074	\$1680	ACTIVE	
0000207004	30015177480001	PIEDMONT BEHAVIORAL HLTH CTR	42009 VICTORY LN LEESBURG, VA 20176-6269	\$1107	ACTIVE	
0000207152	30015140630011	JACKSON FIELD HOME	545 WALNUT GROVE DR JARRATT, VA 23867-5611	\$1081	ACTIVE	

At the bottom of the table, there is a pagination control showing '1 2 3 4 5' and a status bar showing '5 10 20 50 100'.

**Figure 42: Sample Provider Result Set**

The Provider Details screen lists the Provider Affiliation Details and Provider Taxonomy Details associated to that Provider ID. The Provider Details are filtered based on the Search Criteria entered on the Providers screen.

Click on the <<All Providers button to return.

Dashboard
EDI File Status
Rules
**Providers**
Reports
User Security
Trading Partners
Data Dictionary
Member Details
Health Care Codes
Drug Codes
Cache Code Sets
File Certification
Payment Cycle

View Provider Details

Provider ID: 0000207250  
Provider Name: COLORADO BOYS RANCH  
Address: 28071 STATE HIGHWAY 109  
COLORADO BOYS RANCH  
LA JUNTA, CO.81050-9675  
Updated By: N/A

Location ID: 30015316970001  
Provider PIPS: 08089  
Provider Status: ACTIVE  
Updated Date: N/A

Provider Affiliation Details

Search by Provider Affiliation ID or Service Center Id

Provider Affiliation ID	Program	Service Center ID	Affiliation Begin Date	Affiliation End Date	Status	Updated By	Updated Date
VA FFS	OTHER	OTHR	09/01/2002	08/23/2006	ACTIVE	N/A	N/A

Provider Taxonomy Details

Taxonomy Code	Taxonomy Begin Date	Taxonomy End Date	Status	Updated By	Updated Date
323P00000X	09/01/2002	12/31/9999	ACTIVE	N/A	N/A
320600000X	09/01/2002	12/31/9999	ACTIVE	N/A	N/A
324550500X	09/01/2002	12/31/9999	ACTIVE	N/A	N/A
320800000X	09/01/2002	12/31/9999	ACTIVE	N/A	N/A

**Figure 43: Sample Provider Details**

## 4.6 Reports

The Reports menu option allows users to view and download Response Reports associated with a submitted file. Enter a date range in the From Date and To Date fields. The default is today's date. Click on the calendar icon to select a date or enter a date directly in the field in MM/DD/CCYY format. Enter a full or partial File Name or File ID to search for a specific file. Select a Status to filter on files that are Accepted, Partially Rejected, Rejected or In Process. Leave this blank to view all statuses. Select Contract Program from the drop down.

Press Search to display the results in the File Reports box. Users can filter the result set by File Name, File ID or Submitted Date. The rows will be filtered as characters are entered in the Search field. The result set lists File ID, File Name, Transaction Type, Submitted Date, Processed Date, Status and Generated Response(s).

Click on the Download All link to download all Response Reports. Otherwise, click on the checkbox next to specific Response Reports and then, click the green Download button to download only selected Response Reports. Alternatively, if the Response Report displays as a link, click on the individual Response Report to download it. This is only available for HTML Reports.

The screenshot shows the 'File Reports Search' interface. It includes search filters for 'From Date' (03/03/2025), 'To Date' (03/03/2025), 'File Name/ID' (placeholder: Enter Submitted File Name or File ID), 'Status' (dropdown), and 'Contract Program' (dropdown). A 'Search' button is present. Below the filters, a table titled 'File Reports' displays 46 records. The table columns are: File ID, File Name, Txn Type, Submitted Date, Processed Date, Status, Generated Response(s), and Download. Two records are visible:

File ID	File Name	Txn Type	Submitted Date	Processed Date	Status	Generated Response(s)	Download
F2503030001000518EP	D518_B37P_GSNP_20250303042137_0001.EDI	B37P	03/03/2025, 05:32	03/03/2025, 05:34	Accepted	<input type="checkbox"/> Submission Acknowledgement Report <input type="checkbox"/> X12-TA1 <input type="checkbox"/> X12-277CA <input type="checkbox"/> 999 Report <input type="checkbox"/> X12-999 <input type="checkbox"/> Submission Response Report (HTML) <input type="checkbox"/> Submission Response File (XML)	Download All
F2503030002000449B	M449000.INP37P.UPLDAD.20250303112535266.lk.txt	B37I	03/03/2025, 13:01	03/03/2025, 13:07	Partially Rejected	<input type="checkbox"/> X12-TA1 <input type="checkbox"/> Submission Acknowledgement Report <input type="checkbox"/> TA1 Report <input type="checkbox"/> X12-999 <input type="checkbox"/> X12-277CA <input type="checkbox"/> X12-Error <input type="checkbox"/> 999 Report	Download All

**Other Reports** - Users can also download Failure log reports and Cache code set values from Other Reports Tab.

The screenshot shows the 'Other Reports' interface. It displays a list of 137 reports available. The search filter is set to 'fail'. The table columns are: Report Description, Published Date, and Expire Date. Two reports are visible:

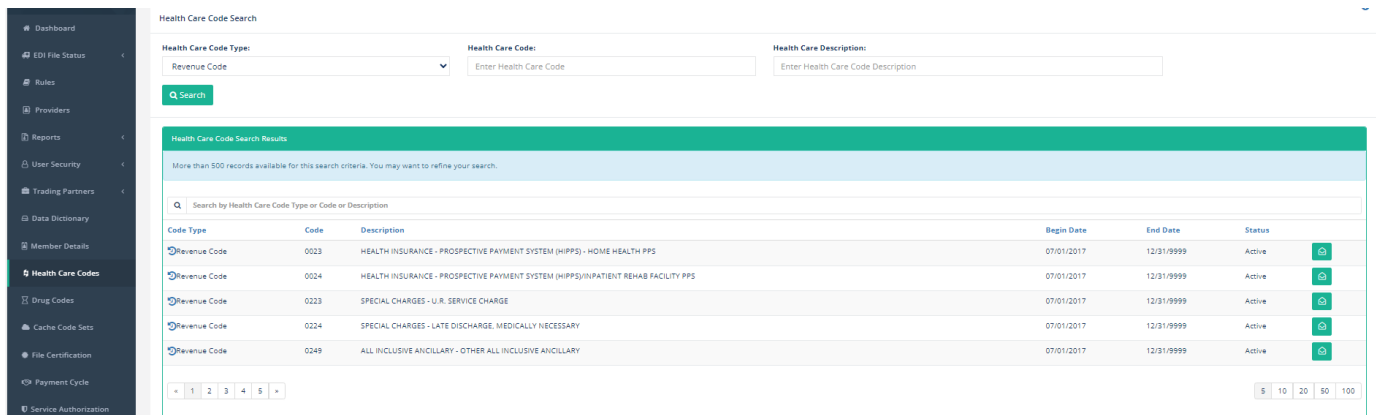
Report Description	Published Date	Expire Date
Failure Log for C001 (EPS_RPT_201) as of March 12, 2025	03/13/2025	03/15/2025
Failure Log for CP14 (EPS_RPT_201) as of March 12, 2025	03/13/2025	03/15/2025

**Figure 44: Sample Reports Result Set**

## 4.7 Health Care Codes

The Health Care Codes menu option allows users to search for health care codes by Code Type, Code or Description. Select CDT, DRG, HCPCS, ICD-10 Diagnosis Code, ICD-10 Procedure Code or Revenue Code in the Health Care Code Type dropdown to search by code type. Enter at least 3 characters in the Health Care Code field to search by full or partial code. Enter any part of the description in the Description field to search by description.

Press Search to display the results in the Health Care Code Search Results box. Users can filter the result set by Health Care Code Type, Code or Description. The rows will be filtered as characters are entered in the Search field. The result set lists the Code Type, Code, Description, Begin Date, End Date and Status. Click on the green Details button to view details.



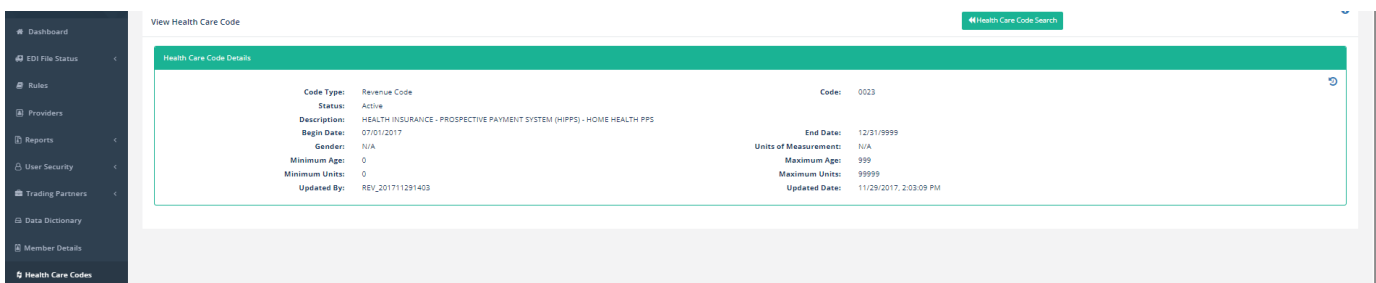
The screenshot shows the 'Health Care Code Search' interface. On the left is a sidebar with navigation options: Dashboard, EDI File Status, Rules, Providers, Reports, User Security, Trading Partners, Data Dictionary, Member Details, **Health Care Codes** (selected), Drug Codes, Cache Code Sets, File Certification, Payment Cycle, and Service Authorization. The main area is titled 'Health Care Code Search' and contains three input fields: 'Health Care Code Type' (set to 'Revenue Code'), 'Health Care Code' (with placeholder 'Enter Health Care Code'), and 'Health Care Description' (with placeholder 'Enter Health Care Code Description'). A green 'Search' button is below these fields. Below the search area is a 'Health Care Code Search Results' section. It includes a message: 'More than 500 records available for this search criteria. You may want to refine your search.' and a search bar with the text 'Search by Health Care Code Type or Code or Description'. Below this is a table with the following data:

Code Type	Code	Description	Begin Date	End Date	Status	
Revenue Code	0023	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) - HOME HEALTH PPS	07/01/2017	12/31/9999	Active	
Revenue Code	0024	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) INPATIENT REHAB FACILITY PPS	07/01/2017	12/31/9999	Active	
Revenue Code	0223	SPECIAL CHARGES - U.R. SERVICE CHARGE	07/01/2017	12/31/9999	Active	
Revenue Code	0224	SPECIAL CHARGES - LATE DISCHARGE, MEDICALLY NECESSARY	07/01/2017	12/31/9999	Active	
Revenue Code	0249	ALL INCLUSIVE ANCILLARY - OTHER ALL INCLUSIVE ANCILLARY	07/01/2017	12/31/9999	Active	

At the bottom of the table is a pagination control showing '1 2 3 4 5' and a filter control showing '\$ 10 20 50 100'.

**Figure 45: Sample Health Care Codes Result Set for Revenue Code**

Click on the <<Health Care Code Search to return.



The screenshot shows the 'View Health Care Code' interface. On the left is the same sidebar as in Figure 45. The main area is titled 'View Health Care Code' and contains a green 'Health Care Code Search' button. Below this is a 'Health Care Code Details' section. It displays the following information:

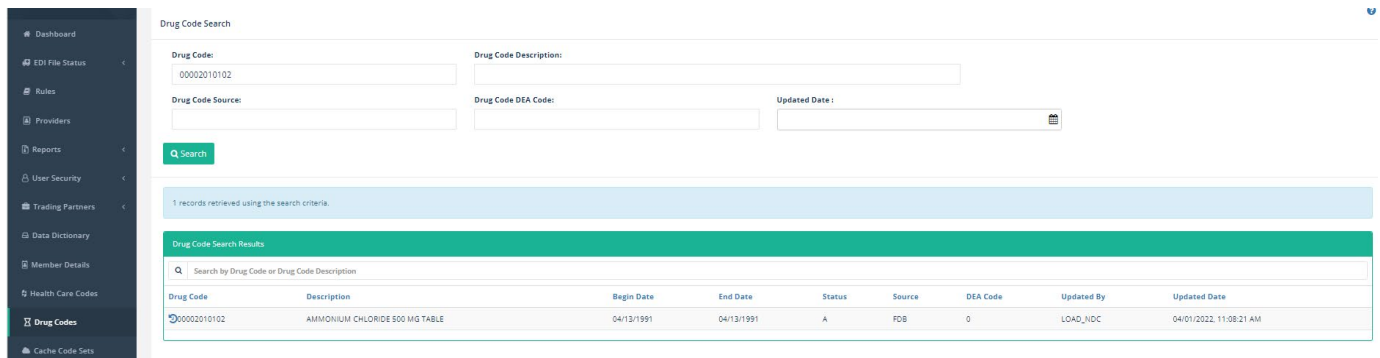
Code Type:	Revenue Code	Code:	0023
Status:	Active		
Description:	HEALTH INSURANCE - PROSPECTIVE PAYMENT SYSTEM (HIPPS) - HOME HEALTH PPS		
Begin Date:	07/01/2017	End Date:	12/31/9999
Gender:	N/A	Units of Measurement:	N/A
Minimum Age:	0	Maximum Age:	999
Minimum Units:	0	Maximum Units:	99999
Updated By:	REV_201711281403	Updated Date:	11/29/2017 2:03:09 PM

**Figure 46: Sample Health Care Codes Detail**

## 4.8 Drug Codes

The Drug Codes menu option allows users to search for drug codes by Drug Code or Description. Enter all or part of the Drug Code or Drug Code Description in the search fields. Users can also search based on Drug Code Source, Drug Code DEA Code or an Updated Date.

Press Search to display the results in the Drug Code Search Results box. Users can filter the result set by Drug Code or Description. The rows will be filtered as characters are entered in the Search field. The result set lists the Drug Code, Drug Code Description, Begin and End Date, Status, Drug Code Source, Updated By and Updated Date. FDB is the abbreviation for First Data Bank.



The screenshot displays the 'Drug Code Search' interface. On the left is a dark sidebar with navigation links: Dashboard, EDI File Status, Rules, Providers, Reports, User Security, Trading Partners, Data Dictionary, Member Details, Health Care Codes, **Drug Codes**, and Cache Code Sets. The main area is titled 'Drug Code Search' and contains several input fields: 'Drug Code:' (with '00002010102' entered), 'Drug Code Description:', 'Drug Code Source:', 'Drug Code DEA Code:', and 'Updated Date:'. A green 'Search' button is located below these fields. Below the search fields, a light blue banner states '1 records retrieved using the search criteria.' Below this is a green header for 'Drug Code Search Results'. Underneath is a search bar with the placeholder 'Search by Drug Code or Drug Code Description'. The results are presented in a table with the following columns: Drug Code, Description, Begin Date, End Date, Status, Source, DEA Code, Updated By, and Updated Date. One record is shown for Drug Code '00002010102', Description 'AMMONIUM CHLORIDE 500 MG TABLE', Begin Date '04/13/1991', End Date '04/13/1991', Status 'A', Source 'FDB', DEA Code '0', Updated By 'LOAD\_NDC', and Updated Date '04/01/2022 11:08:21 AM'.

Drug Code	Description	Begin Date	End Date	Status	Source	DEA Code	Updated By	Updated Date
00002010102	AMMONIUM CHLORIDE 500 MG TABLE	04/13/1991	04/13/1991	A	FDB	0	LOAD_NDC	04/01/2022 11:08:21 AM

**Figure 47: Sample Drug Codes**



## 4.9 Cache Code Sets

The Cache Code Sets menu option allows users to view Cache Code values used by the Business Rules. Select the Program from the dropdown. Select the Code Type from the dropdown to search for a particular code set. Enter a code in the Code field to search for a specific code. Enter any part of the Description to search based on description.

Press Search to display the results in the Cache Code Search Results box. Users can filter the result set by Program, Code Type or Description. The rows will be filtered as characters are entered in the Search field. The result set lists the Program, Code Type, Code, Description, Begin Date, End Date and Status.

The screenshot shows the 'Cache Code Set Search' interface. The 'Program' dropdown is set to 'CCCPLUS' and the 'Code Type' dropdown is set to 'BILLTYPE'. The 'Search' button is highlighted. The results table shows 5 records retrieved using the search criteria.

Program	Code Type	Code	Description	Begin Date	End Date	Status
CCCPLUS	BILLTYPE	11	Hospital Inpatient (Part A)	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	12	Hospital Inpatient (Part B)	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	13	Hospital Outpatient	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	14	Hospital Other Part B	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	15	Hospital Intermediate Care I	01/01/1900	07/16/2016	Active

Figure 48: Sample Cache Codes by Code Type

The screenshot shows the 'Cache Code Set Search' interface. The 'Program' dropdown is set to 'CCCPLUS' and the 'Code Type' dropdown is set to 'BILLTYPE'. The 'Description' field is set to 'Inpatient'. The 'Search' button is highlighted. The results table shows 4 records retrieved using the search criteria.

Program	Code Type	Code	Description	Begin Date	End Date	Status
CCCPLUS	BILLTYPE	11	Hospital Inpatient (Part A)	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	12	Hospital Inpatient (Part B)	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	21	SNF Inpatient	01/01/1900	12/31/9999	Active
CCCPLUS	BILLTYPE	22	SNF Inpatient Part B	01/01/1900	12/31/9999	Active

Figure 49: Sample Cache Codes by Description

## 4.10 EVV Information

The EVV information menu option allows users to search for EVV information associated to their service Center(s). Users can search by Enter a date range in the From Date of Service and To Date of Service. Click on the calendar icon to select a date or enter a date directly in the field in MM/DD/CCYY format. Additionally, Users can limit the search based on TCN, Contract Program, Service Center and Member ID if they are associated to multiple ones.

Press Search to display the results in the EVV Information Search box. Users can filter the result set by Contract Program, Service Center or TCN. The rows will be filtered as characters are entered in the Search field. The result set lists the Contract Program, Service Center, TCN, Member ID and Date of Service. Click on the green Details button to view Encounter Line Information. Click on the green Details button to view details.

EVV Information Search

\*From Date Of Service:

03/01/2024

\*To Date Of Service:

03/29/2024

TCN:

TCN

Contract Program:

Service Center:

Member ID:

Member ID

Search

EVV Information Search Results

More than 500 records available for this search criteria. You may want to refine your search.

Search by Contract Program or Service Center or TCN or Member ID

Contract Program	Service Center	TCN	Member ID	Date Of Service	
CCCPLUS	CP14	T240820000009BCPEPR		03/04/2024	
CCCPLUS	CP14	T2408200000023BCPEPO		03/04/2024	
CCCPLUS	CP14	T2408200000037BCPEPR		03/04/2024	
CCCPLUS	CP14	T2408200000011BCPEPR		03/12/2024	
CCCPLUS	CP14	T2408200000025BCPEPO		03/12/2024	

<

1

2

3

4

5

>

5

10

20

50

100

**Figure 50: Sample EVV Information Search Page**

## 4.11 Service Authorization

The Service Authorization menu option allows users to search for Service Authorization related to their Member ID(s). Users can search SA by SA Number, SA Type, Member ID, Contract Program (Default value – CDFEA and Service Center – Default value CD01.

Press Search to display the results in the Service Authorization Search Results box. Users can filter the result set by SA Number, SA Type, Member ID or Provider ID. The rows will be filtered as characters are entered in the Search field. The result set lists the SA Number, SA Type, Member ID, Benefit Plan Excp Ind, Provider ID. Click on the green Details button to Service Authorization Details.

Service Authorization Search

SA Number:  
SA Number

SA Type:  
SA Type

Member ID:  
Member ID

Contract Program:  
CDFEA

Service Center:  
CD01

Search

Service Authorization Search Results

More than 500 records available for this search criteria. You may want to refine your search.

Search by SA Number or SA Type or Member ID or Provider ID

SA Number	SA Type	Member ID	Benefit Plan Excp Ind	Provider ID	
09100000230	0940		Y	1336293000	
09100000317	0940		Y	1336293000	
09100000324	0940		Y	1336293000	
09978000012	0940		Y	0104146367	
09978000220	0940		Y	0101282777	

< 1 2 3 4 5 >

5 10 20 50 100

**Figure 51: Sample Service Authorization Search**

## 4.12 FAQ

The FAQ menu option displays a list of Frequently Asked Questions regarding the EPS Web Portal. Click on the plus button beside the question to expand the answer. Click on the minus button to collapse the answer.

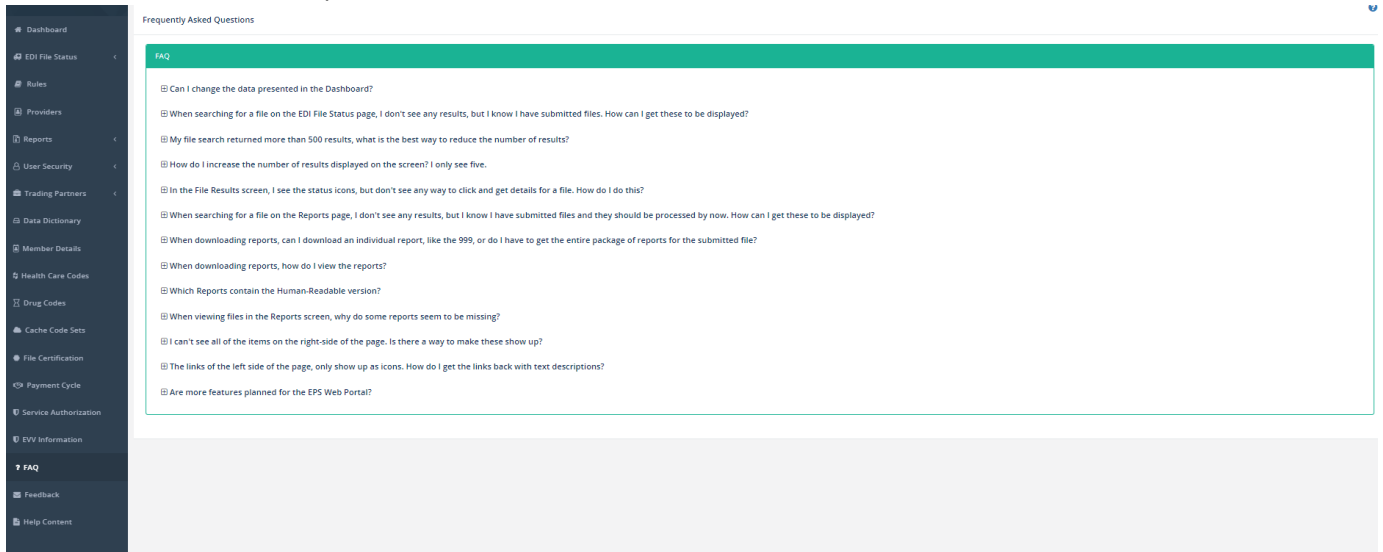


Figure 52: Sample Frequently Asked Questions

### 4.13 Feedback

Users can utilize the Feedback Form to send comments regarding the EPS Web Portal. The User ID, Email and Phone are prepopulated and cannot be edited. Enter a Subject and Message. Then, click the Send button to send your feedback.

It may take up to a minute to send the email. Please do not press Send multiple times. A message box will appear in the upper right corner to notify the user of Success or Failure. Once the feedback has been submitted successfully, the Subject and Message fields will be cleared out. The user should also expect to receive an email that the feedback has been submitted.

The screenshot shows a web application interface. On the left is a dark sidebar with a list of menu items: Dashboard, EDI File Status, Rules, Providers, Reports, Health Care Codes, Drug Codes, Cache Code Sets, File Certification, Payment Cycle, FAQ, and Feedback (which is highlighted). The main content area is titled 'Feedback' and contains a 'Feedback Form'. The form has a green header bar. Below the header, there are three input fields for 'User ID', 'Email', and 'Phone', each with a blue button to its right. The 'User ID' and 'Email' fields are prepopulated with '@dmas.virginia.gov'. Below these are two larger text areas for 'Subject \*' and 'Message \*'. At the bottom of the form are two buttons: 'Send' (green) and 'Cancel' (grey).

Figure 53: Sample Feedback

## 4.14 File Certification

File Certification allows authorized users to certify files that have been submitted within a specified time period and view certification details for files that have already been certified.

### 4.14.1 File Search

Users specify a From Date and To Date. The default is today's date. Users may only specify a date range within the same month. For example, September 1 through September 30. However, the date range can be less than a month.

Users can also search by File ID and Submitted FileName. Users can enter full or partial values to search for. Do not enter wildcards. The search will return results containing that value anywhere in the corresponding File ID or FileName. The search is not case sensitive. Users can enter a Service Center ID in the File ID field to limit search results to a specific Service Center if associated to multiple programs.

Press Search to display the results in the File Certification Search Results box. The result set lists the File ID, Submitted File Name, Submitted Date, Certified Date, Past Due (days), Encounters Processed and Certified By. If the file is past due, the row is highlighted in red and the number of days past due is displayed in the Past Due (days) column. If the file has been certified, the Certified Date displays the date of certification and the Certified By displays the user id of the person who certified the file.

If the file has not been certified, a selection checkbox will display on the left side of the row. Check the box next to each file to be certified and press the Select Files button. All files can be selected by checking the box on the column header row. This will automatically select all files, including files listed on multiple pages.

If the Search Results span multiple pages, users can navigate to a different page using the controls at the bottom left of the page. Users can also change the number of rows to display by selecting the buttons labeled 5, 10, 20, 50 or 100 at the bottom right of the page.

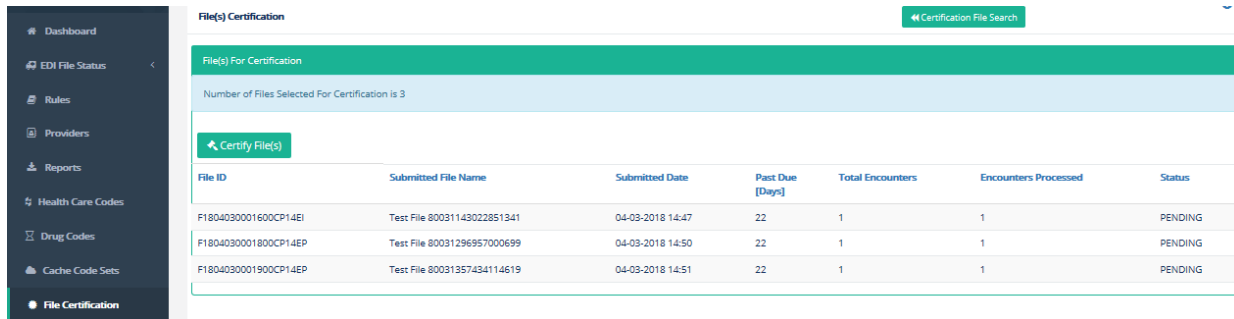
The screenshot displays the 'Certification File Search' interface. On the left is a dark sidebar with navigation links: Dashboard, EDI File Status, Rules, Providers, Reports, Health Care Codes, Drug Codes, Cache Code Sets, File Certification (selected), Payment Cycle, FAQ, and Feedback. The main content area has a header 'Certification File Search' and search filters: \*From Date (04/01/2018), \*To Date (04/30/2018), File ID (Enter File ID), and Submitted File Name (Test File 8003). A green 'Search' button is present. Below the filters, a green bar indicates '3 records retrieved using the search criteria.' A 'Select File(s)' button is shown. The results are in a table with columns: File ID, Submitted File Name, Submitted Date, Certified Date, Past Due [Days], Encounters Processed, and Certified By. Three rows are shown, all highlighted in red, indicating they are past due.

<input checked="" type="checkbox"/>	File ID	Submitted File Name	Submitted Date	Certified Date	Past Due [Days]	Encounters Processed	Certified By
<input checked="" type="checkbox"/>	F1804030001600CP14EI	Test File 80031143022851341	04-03-2018 14:47		22	1	
<input checked="" type="checkbox"/>	F1804030001800CP14EP	Test File 80031296957000699	04-03-2018 14:50		22	1	
<input checked="" type="checkbox"/>	F1804030001900CP14EP	Test File 80031357434114619	04-03-2018 14:51		22	1	

Figure 54: Sample File Certification Search for partial file name

The File(s) Certification screen lists all files selected on the previous page in Pending status. If the list spans multiple pages, use the buttons at the bottom of the list to navigate to a different page or display more rows at a time.

Press <<Certification File Search to return to the previous page to make any modifications to the file selections. Once the user has verified all files listed are to be certified, including those on multiple pages, press the Certify File(s) button.



File ID	Submitted File Name	Submitted Date	Past Due [Days]	Total Encounters	Encounters Processed	Status
F1804030001600CP14EI	Test File 80031143022851341	04-03-2018 14:47	22	1	1	PENDING
F1804030001800CP14EP	Test File 80031296957000699	04-03-2018 14:50	22	1	1	PENDING
F1804030001900CP14EP	Test File 80031357434114619	04-03-2018 14:51	22	1	1	PENDING

**Figure 55: Sample File Certification**

The File(s) Certification Terms and Conditions will display after the user presses the Certify File(s) button. Once the user has read the Agreement, check the box to Agree to the File Certification Terms and Conditions and enter a Comment. Press the Update Certification Status button to certify the previously listed files. The button cannot be pressed until the box is checked and a comment is entered. Press Close if you do not agree or would like to cancel the certification.

File(s) Certification Terms & Conditions

Pursuant to the contract(s) between Virginia and the encounter file(s) submitter, the Submitter certifies that: the business entity that submitted the file(s) being certified is a qualified provider enrolled with and authorized to participate in the Virginia Medical Assistance Program. The Submitter acknowledges that if payment is based on encounter data, Federal regulations at 42 CFR 438.600 (et. al.) require that the data submitted must be certified by the Chief Executive Officer; Chief Financial Officer; or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer.

The Submitter hereby requests payment from the Virginia Medical Assistance Program under contracts based on encounter data submitted and in so doing makes the following certification to Virginia as required by the Federal regulations at 42 CFR 438.600 (et. al.).

The Submitter understands that it is obligated to report to Virginia all new encounters. The Submitter has reviewed the encounter data submitted and I attest that based on my best knowledge, information, and belief as of the date indicated below, all information submitted to Virginia in this file is accurate, complete, and truthful.

I acknowledge that the information described above may directly affect the calculation of payments to the Submitter. I understand that I may be prosecuted under applicable federal and state laws for any false claims, statements, or documents, or concealment of a material fact.

Furthermore, by certifying the submitted file, the Submitter attests that the paid claim amount is a proprietary field to be held as such by the Department of Medical Assistance Services. This information shall not be released, pursuant to the authority of the COV sec. 2.2-4342(F) 2.23705.6, except as required for purposes of the administration of the Title XIX State Plan for Medical Assistance.

☐ **Agreed for all the above Terms and Conditions of Virginia Department of Medical Assistance Services**

\*Enter Comments:

Add comments

Update Certification Status

Close

Figure 56: File(s) Certification Terms and Conditions

Once the user updates the certification status, the status on the file list will be updated to Certified.

Dashboard

EDI File Status

Rules

Providers

Reports

Health Care Codes

Drug Codes

Cache Code Sets

**File Certification**

File(s) Certification

Certification File Search

File(s) For Certification

Number of Files Selected For Certification is 3

Certify File(s)

File ID	Submitted File Name	Submitted Date	Past Due [Days]	Total Encounters	Encounters Processed	Status
F1804030001600CP14EI	Test File 80031143022851341	04-03-2018 14:47	N/A	1	1	CERTIFIED
F1804030001800CP14EP	Test File 80031296957000699	04-03-2018 14:50	N/A	1	1	CERTIFIED
F1804030001900CP14EP	Test File 80031357434114619	04-03-2018 14:51	N/A	1	1	CERTIFIED

Figure 57: Sample File Certification



## 4.15 Payment Cycle

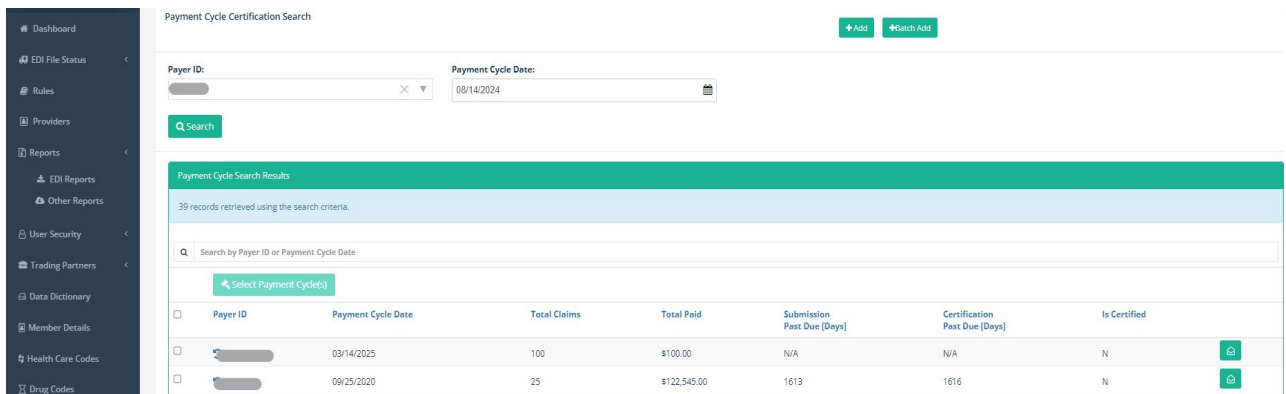
The Payment Cycle menu option allows Authorized Users to Add, Edit and Search for Payment Cycle data related to a Payer ID and Payment Cycle Date.

### 4.15.1 Payment Cycle Search

Select a Payer ID from the dropdown list to view payment cycle data for a specific Payer ID, i.e. CP13000. Click on the calendar icon to specify a Payment Cycle Date or enter a date in MM/DD/CCYY format. A Payer ID or Payment Cycle Date must be specified for the Search button to be available.

Press Search to display the results in the Payment Cycle Search Results box. Users can filter the Results by Payer ID or Payment Cycle Date. The rows will be filtered as characters are entered in the Search field. Click on the green Details button to view details of existing Payment Cycle data.

Click on the +Add button in the upper right corner of the screen to enter Payment Cycle data.



Payment Cycle Certification Search

+ Add +Batch Add

Payer ID:  Payment Cycle Date:

Search

Payment Cycle Search Results

39 records retrieved using the search criteria.

Search by Payer ID or Payment Cycle Date

Select Payment Cycle(s)



	Payer ID	Payment Cycle Date	Total Claims	Total Paid	Submission Past Due (Days)	Certification Past Due (Days)	Is Certified	
<input type="checkbox"/>	CP13000	09/14/2025	100	\$100.00	N/A	N/A	N	
<input type="checkbox"/>	CP13000	09/25/2020	25	\$122,545.00	1613	1616	N	

Figure 58: Sample Payment Cycle Certification Search

### 4.15.2 Add Payment Cycle Data

Select a Payer ID from the dropdown. Click on the calendar icon to select a Payment Cycle Date or enter a date in MM/DD/CCYY format. Future dates cannot be entered. Enter the Total Number of Claims and the Total Amount Paid for the selected Payer ID and Payment Cycle Date. Do not enter non-numeric characters including commas in the Total Claims or Total Paid fields. A decimal point is allowed for entering cents. The Add button will not be available until valid data is entered in all fields.

Click Add to certify and save the information. Click on <<Payment Cycle Search to return to the Search screen.

Commonwealth of Virginia  
Medicaid Enterprise Solution (MES) Program  
Encounter Processing Solution (EPS)  
EDI Procedure Manual

**Add Payment Cycle Certification Details**

\*Payer ID: CP13002

\*Payment Cycle Date: 06/08/2018

\*Total Claims: 524

\*Total Paid(\$): 12312

I Certify that the information provided above is true and accurate

[Add](#)

Payment Cycle Certification Details

<a href="#">Edit</a>	<a href="#">Payment Cycle Search</a>
Payer ID: CP14000	Payment Cycle Date: 03/14/2025
Total Claims: 100	Total Paid: \$100.00
Submission Past Due: N/A	Certification Past Due: N/A
Created By: Mittal.Kristi@dmas.virginia.gov	Created Date: 03/14/2025, 10:03
Updated By: Mittal.Kristi@dmas.virginia.gov	Updated Date: 03/14/2025, 10:03
Certified By: N/A	Certified Date: N/A
Is Certified: N	
Certification Comments: N/A	

#### 4.15.3 Batch Payment Cycle Certification Details

Users can upload CSV file to upload Batch payment cycle. Click upload button or drop payment cycle CSV File.

**Batch Payment Cycle Certification Details**

[Upload CSV File](#)

Drop payment cycle CSV file  
or  
Click upload button

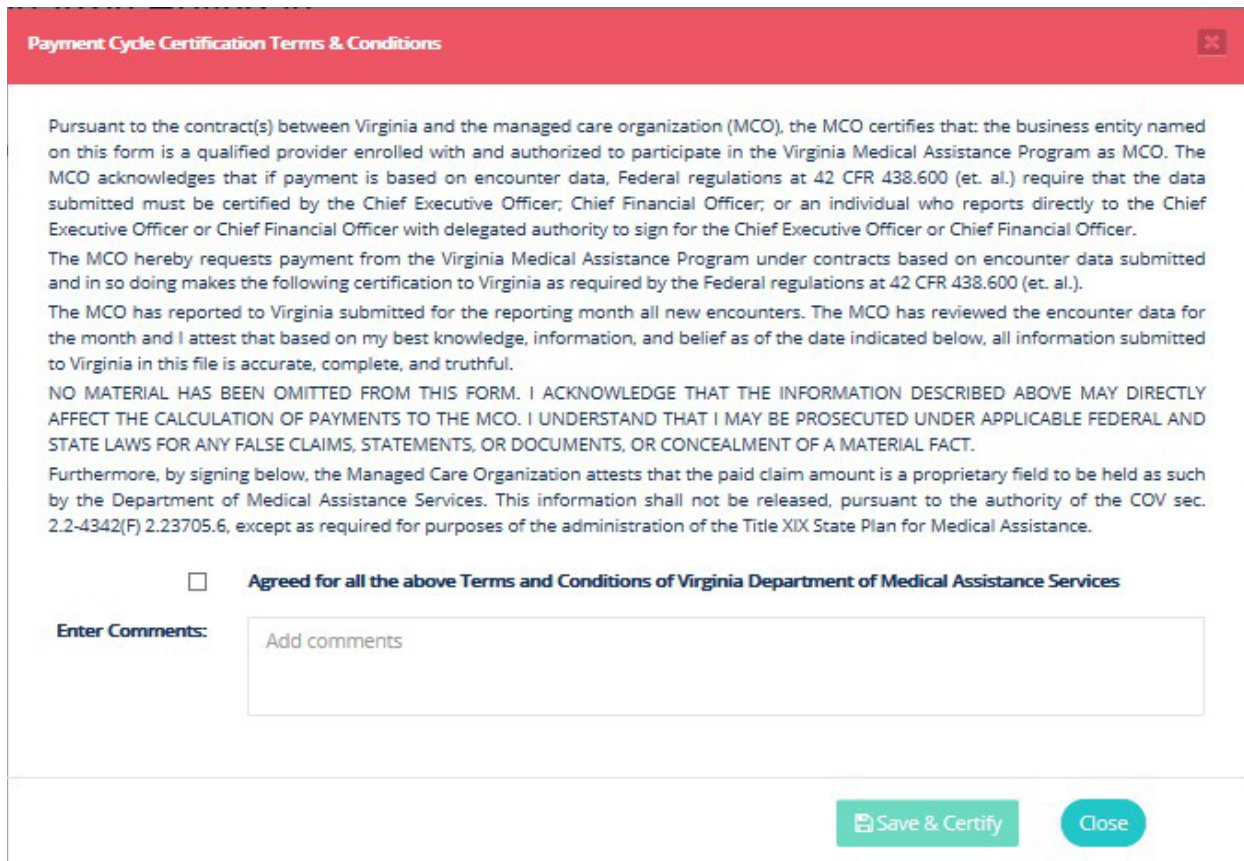
#### Sample Batch file format

	A	B	C	D	E	F
1	Payer ID	Payment Cycle Date	Total Claims	Total Paid		
2	XXXX000	3/1/2025	1206	2066		
3						
4						
5						
6						

Figure 59: Sample Add Payment Cycle

#### 4.15.4 Payment Cycle Certification

The Payment Cycle Certification Terms and Conditions will display after the user presses the Add button. Read the Agreement and check the box to Agree to the Terms and Conditions. An optional Comment may also be entered. Press the Save and Certify button to certify the payment cycle data. The button cannot be pressed until the box is checked. Press Close if you do not agree or would like to cancel the certification.



The screenshot shows a web form titled "Payment Cycle Certification Terms & Conditions" with a red header bar. The form contains several paragraphs of legal text regarding the certification of encounter data for payment. Below the text is a checkbox labeled "Agreed for all the above Terms and Conditions of Virginia Department of Medical Assistance Services". Underneath the checkbox is a text input field labeled "Enter Comments:" with the placeholder text "Add comments". At the bottom right of the form are two buttons: "Save & Certify" (a green button with a document icon) and "Close" (a blue button).

**Payment Cycle Certification Terms & Conditions**

Pursuant to the contract(s) between Virginia and the managed care organization (MCO), the MCO certifies that: the business entity named on this form is a qualified provider enrolled with and authorized to participate in the Virginia Medical Assistance Program as MCO. The MCO acknowledges that if payment is based on encounter data, Federal regulations at 42 CFR 438.600 (et. al.) require that the data submitted must be certified by the Chief Executive Officer; Chief Financial Officer; or an individual who reports directly to the Chief Executive Officer or Chief Financial Officer with delegated authority to sign for the Chief Executive Officer or Chief Financial Officer.

The MCO hereby requests payment from the Virginia Medical Assistance Program under contracts based on encounter data submitted and in so doing makes the following certification to Virginia as required by the Federal regulations at 42 CFR 438.600 (et. al.).

The MCO has reported to Virginia submitted for the reporting month all new encounters. The MCO has reviewed the encounter data for the month and I attest that based on my best knowledge, information, and belief as of the date indicated below, all information submitted to Virginia in this file is accurate, complete, and truthful.

NO MATERIAL HAS BEEN OMITTED FROM THIS FORM. I ACKNOWLEDGE THAT THE INFORMATION DESCRIBED ABOVE MAY DIRECTLY AFFECT THE CALCULATION OF PAYMENTS TO THE MCO. I UNDERSTAND THAT I MAY BE PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT.

Furthermore, by signing below, the Managed Care Organization attests that the paid claim amount is a proprietary field to be held as such by the Department of Medical Assistance Services. This information shall not be released, pursuant to the authority of the COV sec. 2.2-4342(F) 2.23705.6, except as required for purposes of the administration of the Title XIX State Plan for Medical Assistance.

☐ **Agreed for all the above Terms and Conditions of Virginia Department of Medical Assistance Services**

Enter Comments:

**Save & Certify** **Close**

Figure 60: Payment Cycle Certification Terms and Conditions

Once the data is certified, the Payment Cycle Certification Details displays. Click the Edit button to update Payment Cycle data. Click the <<Payment Cycle Search button to return to the Search

**Figure 61: Sample Payment Cycle Certification Details**

#### 4.15.5 Update Payment Cycle Data

The Update Payment Cycle Certification Details will display when the user clicks on Edit. Enter the corrected Total Claims and Total Paid values. Click Update to save and certify the changes.

**Figure 62: Sample Update Payment Cycle Certification Details**

The Payment Cycle Certification Terms and Conditions will display after the user presses the Update button (see section 4.13.3 Payment Cycle Certification). Once the data is certified, the Payment Cycle Certification Details displays with the updated Payment Cycle data.

**Figure 63: Sample Updated Payment Cycle Certification Details**

## **Appendix A - TA1 X12 Errors (Links will be updated)**

## **Appendix B - TA1 NCPDP Errors**

## **Appendix C - Business Rules Engine Rules**