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

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@dmas.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.0. 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. 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.ncpdp.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 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 - 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 - 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 - 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.ncpdp.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@dmas.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@dmas.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	TPT.MFT.DMAS.VIRGINIA.GOV	443
SFTP	TPT.MFT.DMAS.VIRGINIA.GOV	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@dmas.virginia.gov and ccmcencounters@dmas.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@dmas.virginia.gov and the DMAS EDI support team at DMASEDISupport@dmas.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@dmas.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	MFT.DMAS.VIRGINIA.GOV	443
SFTP	MFT.DMAS.VIRGINIA.GOV	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@dmas.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 15th 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@dmas.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:

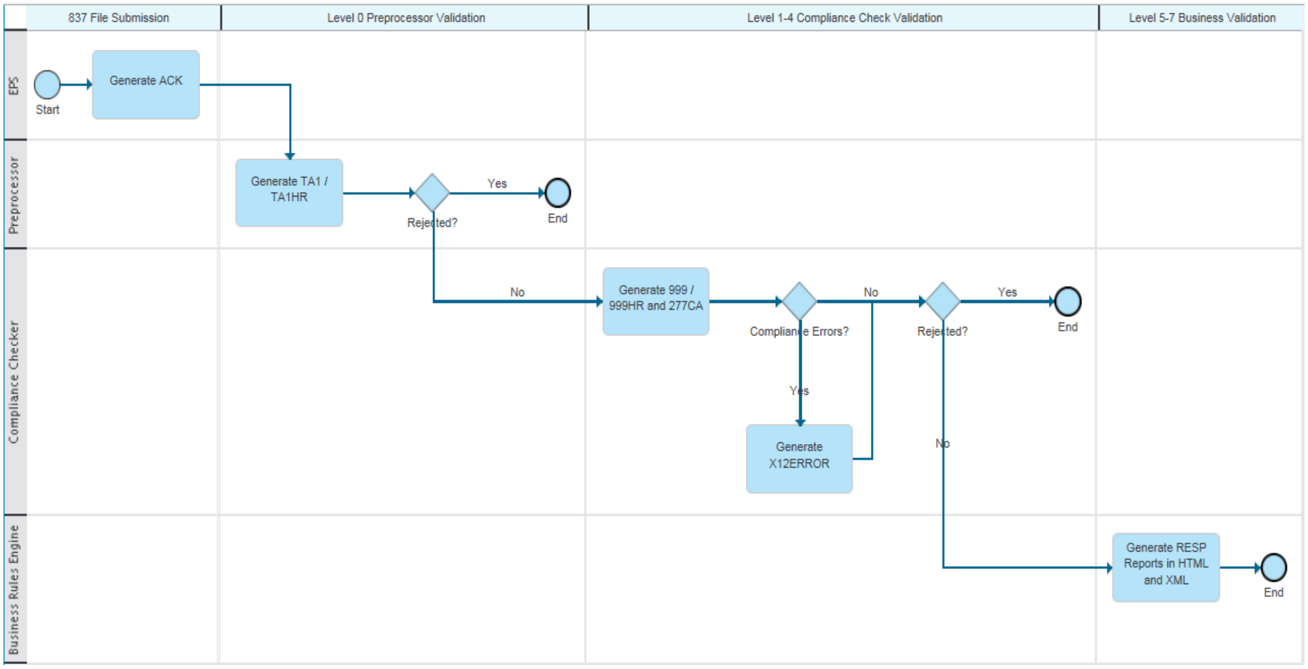
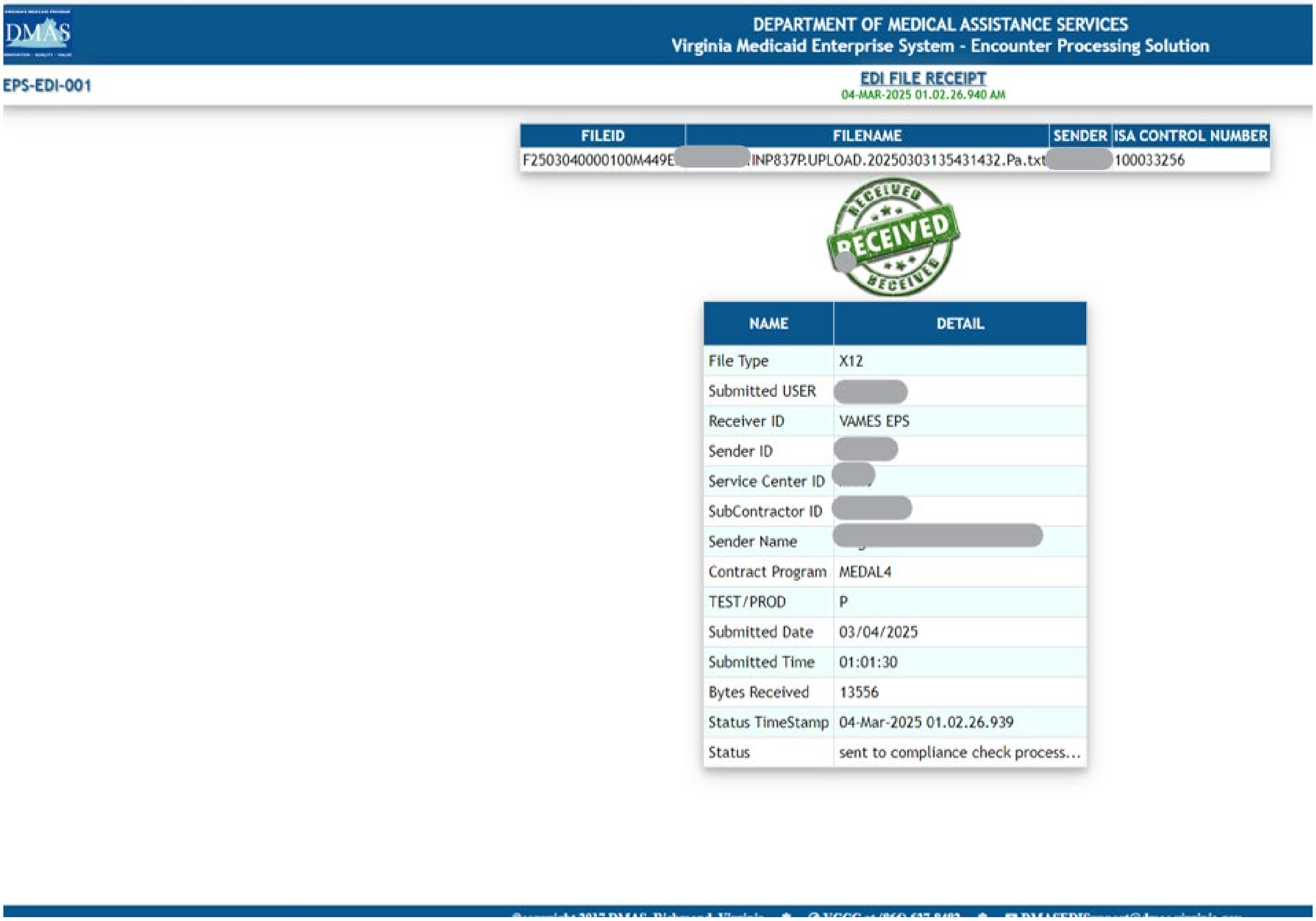


Diagram 1: Processing Flow for X12 Encounter in EPS

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[redacted]          *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
F2503040000100M449EP	M449000.INP837P.UPLOAD.20250303135431432.Pa.txt	MEDAL4	[redacted]	[redacted]00033256

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
F2403150006200M449EP	M449000.INP837P.UPLOAD.20240315114234923.Ta.txt	MEDAL4	[redacted]	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	[redacted].INP837P.UPLOAD.20240315090749030.Ta.txt Received Date:20240315 102510

Figure 4: Sample TA1HR Report with Errors

3.1.4 999 X12 File

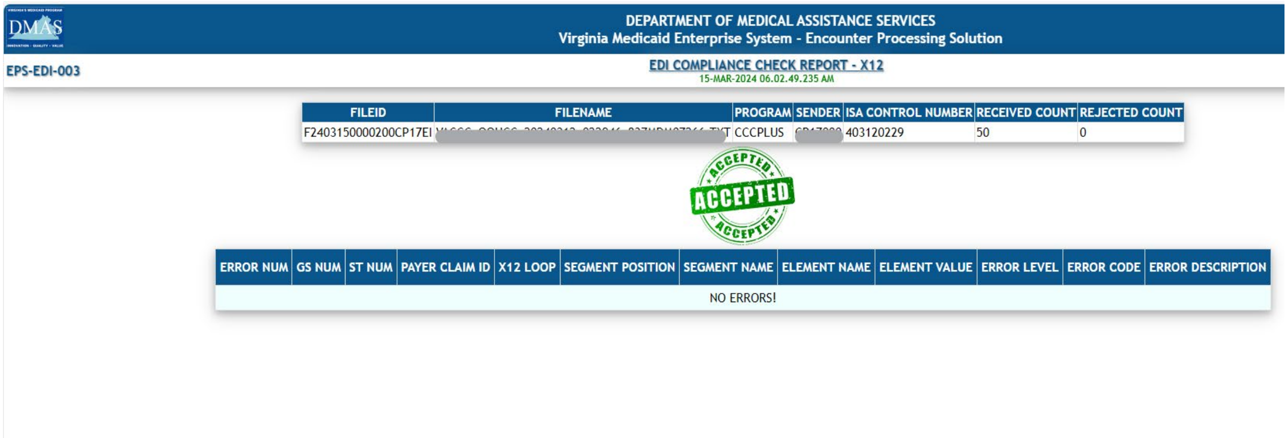
The 999 X12 file contains Level 1-4 compliance errors in X12 format:

```
ISA*03*[redacted]      *00*          *ZZ*VAMES EPS      *ZZ*[redacted]       *240315*0605*^*00501*000000001*1*P*
GS*FA*VAMES EPS*[redacted]*20240315*0605*1*X*005010X231A1~
ST*999*0001*005010X231A1~
AK1*HC*95281*005010X222A1~
AK2*837*041043LB*005010X222A1~
IK5*A~
AK2*837*041053LB*005010X222A1~
IK5*A~
AK2*837*041063LB*005010X222A1~
IK5*A~
AK2*837*041073LB*005010X222A1~
```

Figure 5: Sample 999 X12 File

3.1.5 999HR Report - EPS-EDI-003

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


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

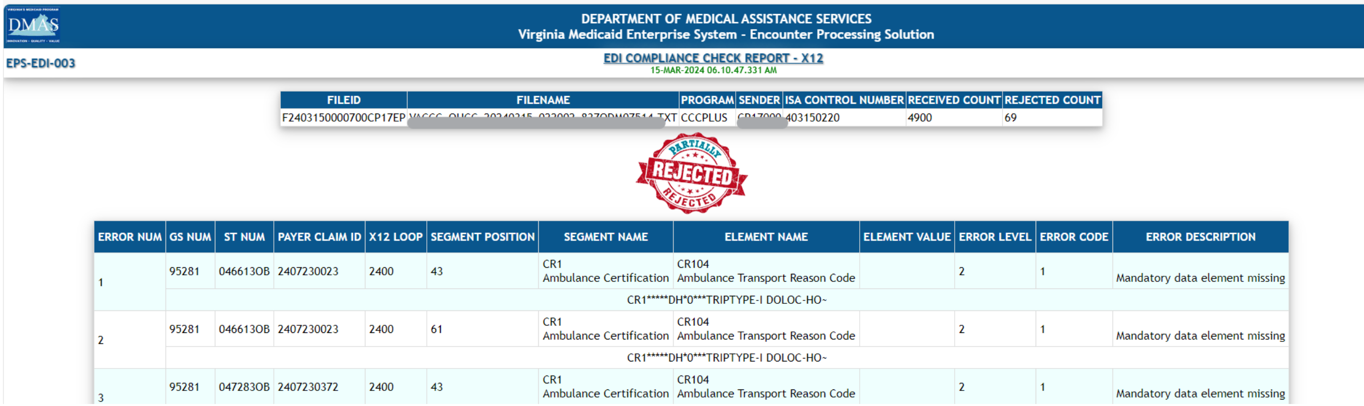
EPS-EDI-003

EDI COMPLIANCE CHECK REPORT - X12
15-MAR-2024 06.02.49.235 AM

FILEID	FILENAME	PROGRAM	SENDER	ISA CONTROL NUMBER	RECEIVED COUNT	REJECTED COUNT
F2403150000200CP17EI	[redacted]	CCCPLUS	[redacted]	403120229	50	0

ERROR NUM	GS NUM	ST NUM	PAYER CLAIM ID	X12 LOOP	SEGMENT POSITION	SEGMENT NAME	ELEMENT NAME	ELEMENT VALUE	ERROR LEVEL	ERROR CODE	ERROR DESCRIPTION
NO ERRORS!											

Figure 6: Sample 999HR Report without Errors


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

EPS-EDI-003

EDI COMPLIANCE CHECK REPORT - X12
15-MAR-2024 06.10.47.331 AM

FILEID	FILENAME	PROGRAM	SENDER	ISA CONTROL NUMBER	RECEIVED COUNT	REJECTED COUNT
F2403150000700CP17EP	[redacted]	CCCPLUS	[redacted]	403150220	4900	69

ERROR NUM	GS NUM	ST NUM	PAYER CLAIM ID	X12 LOOP	SEGMENT POSITION	SEGMENT NAME	ELEMENT NAME	ELEMENT VALUE	ERROR LEVEL	ERROR CODE	ERROR DESCRIPTION
1	95281	046613OB	2407230023	2400	43	CR1 Ambulance Certification	CR104 Ambulance Transport Reason Code		2	1	Mandatory data element missing
	CR1*****DH*0***TRIPTYPE-I DOLOC-HO~										
2	95281	046613OB	2407230023	2400	61	CR1 Ambulance Certification	CR104 Ambulance Transport Reason Code		2	1	Mandatory data element missing
	CR1*****DH*0***TRIPTYPE-I DOLOC-HO~										
3	95281	047283OB	2407230372	2400	43	CR1 Ambulance Certification	CR104 Ambulance Transport Reason Code		2	1	Mandatory data element missing

Figure 7: Sample 999HR Report with Errors

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*08354890422016080507102468837*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

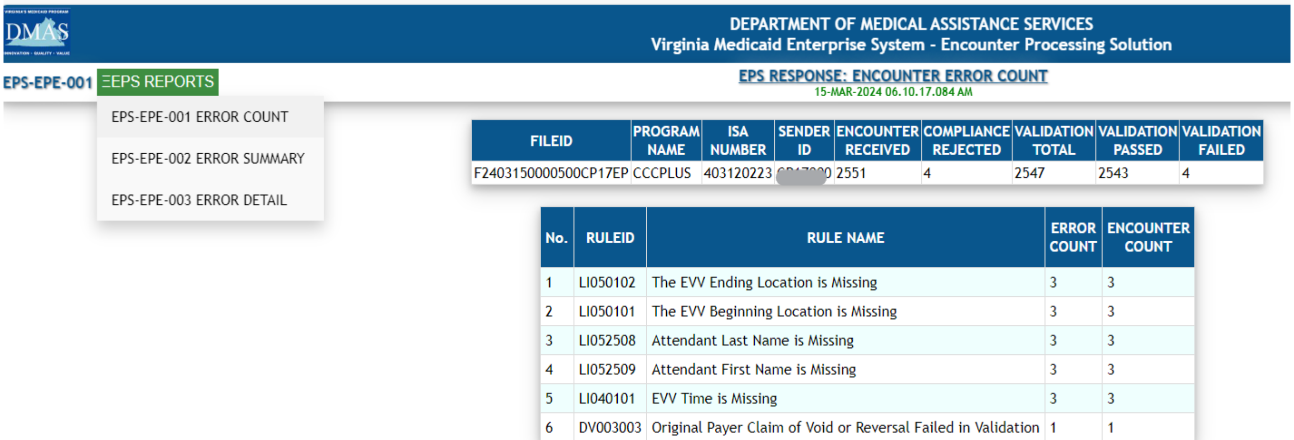
The 277CA X12 File is an additional file containing compliance results:

```
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*71024888888~
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:



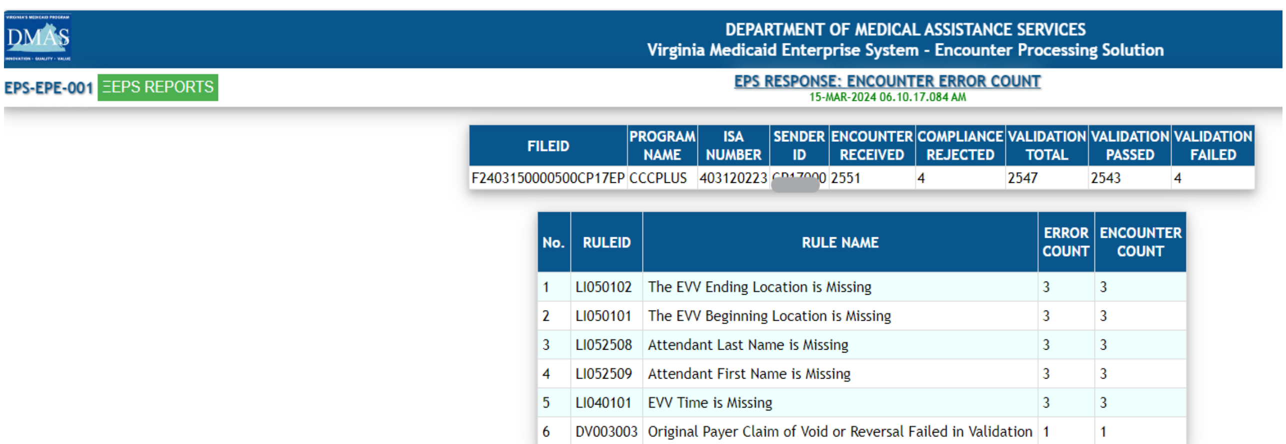
FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED
F2403150000500CP17EP	CCCPLUS	403120223	[redacted]	2551	4	2547	2543	4

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:



FILEID	PROGRAM NAME	ISA NUMBER	SENDER ID	ENCOUNTER RECEIVED	COMPLIANCE REJECTED	VALIDATION TOTAL	VALIDATION PASSED	VALIDATION FAILED
F2403150000500CP17EP	CCCPLUS	403120223	[redacted]	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

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	[redacted]	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	[redacted]	1386713303	2023-07-31	2023-07-31	$92.55	1	5
2	N2325658781	T2403150004905BCPEPO	PAID	2024-03-11	[redacted]	1265008924	2023-09-10	2023-09-10	$148.08	1	5
3	RN2328761511	T2403150005190BCPEPV	PAID	2024-03-11	[redacted]	1295784155	2023-07-10	2023-07-10	$111.06	1	1
4	NN2328761511	T2403150005223BCPEPO	PAID	2024-03-11	[redacted]	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:

DMAS

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	[redacted]	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.

```xml
<EncounterResponse>
	<FileDetail>
		<FileID></FileID>
		<FileName></FileName>
		<ContractProgram></ContractProgram>
		<ServiceCenter></ServiceCenter>
		<SenderID></SenderID>
		<SubmittedDate></SubmittedDate>
		<SubmittedTime></SubmittedTime>
		<BatchControlNumber></BatchControlNumber>
		<FileSize></FileSize>
		<TransactionType></TransactionType>
		<EPSProcessTimeStamp></EPSProcessTimeStamp>
		<EncounterCount></EncounterCount>
		<ComplianceRejectCount></ComplianceRejectCount>
		<ValidationDetail>
			<ValidationCount></ValidationCount>
			<ValidationPASSCount></ValidationPASSCount>
			<ValidationFAILCount></ValidationFAILCount>
		</ValidationDetail>
	</FileDetail>
	<MedicalClaim>
		<PayerClaimID></PayerClaimID>
		<TCN></TCN>
		<ValidationStatus></ValidationStatus>
		<ValidationErrorCount></ValidationErrorCount>
		<LineCount></LineCount>
		<Document>
			<BillingID></BillingID>
			<MemberID></MemberID>
			<ServiceBeginDate></ServiceBeginDate>
			<ServiceEndDate></ServiceEndDate>
			<PayerPaymentStatus></PayerPaymentStatus>
			<PayerPaymentDate></PayerPaymentDate>
			<BilledAmount></BilledAmount>
			<Frequency></Frequency>
			<OriginalPayerClaimID></OriginalPayerClaimID>
			<Errors>
				<Error>
					<RuleID></RuleID>
					<Data></Data>
				</Error>
			</Errors>
		</Document>
		<ServiceLines>
			<Line>
				<LineNum></LineNum>
				<RenderingID></RenderingID>
				<LineServiceBeginDate></LineServiceBeginDate>
				<LineServiceEndDate></LineServiceEndDate>
				<LineProcedureCode></LineProcedureCode>
				<LineProcedureModifier1></LineProcedureModifier1>
				<LineDMEProcedureCode></LineDMEProcedureCode>
				<LineServiceUnit></LineServiceUnit>
				<LineRevenueCode></LineRevenueCode>
				<LineChargeAmount></LineChargeAmount>
				<Errors>
					<Error>
						<RuleID></RuleID>
						<Data></Data>
					</Error>
				</Errors>
			</Line>
		</ServiceLines>
	</MedicalClaim>
</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	D0ERROR	NCPDP 1.2 D.0	FILEID_D0ERROR.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:

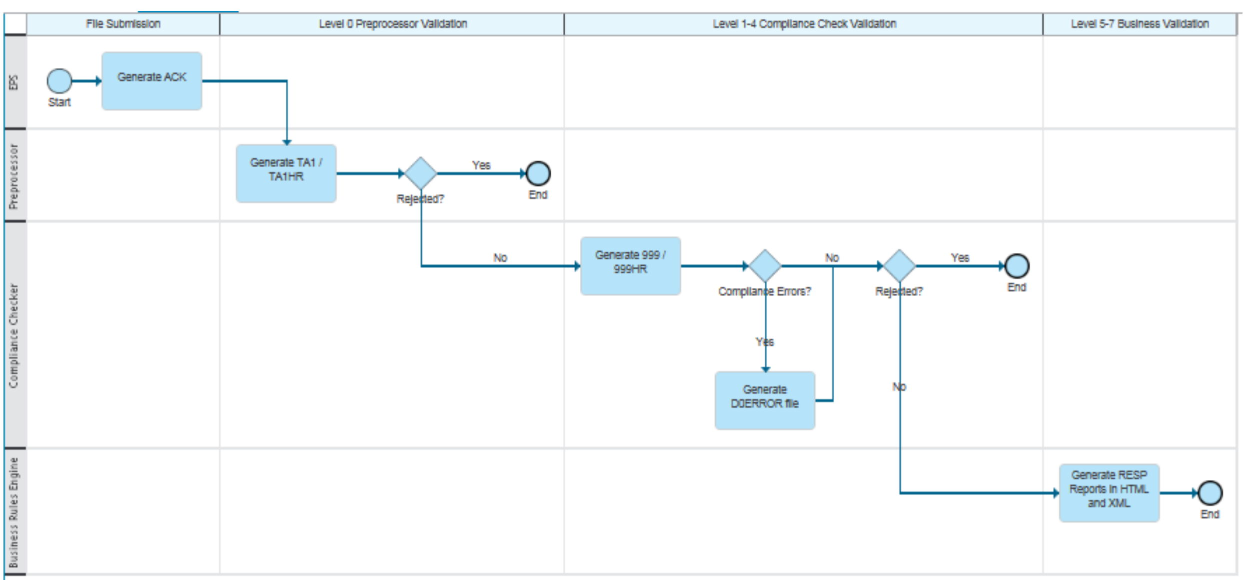
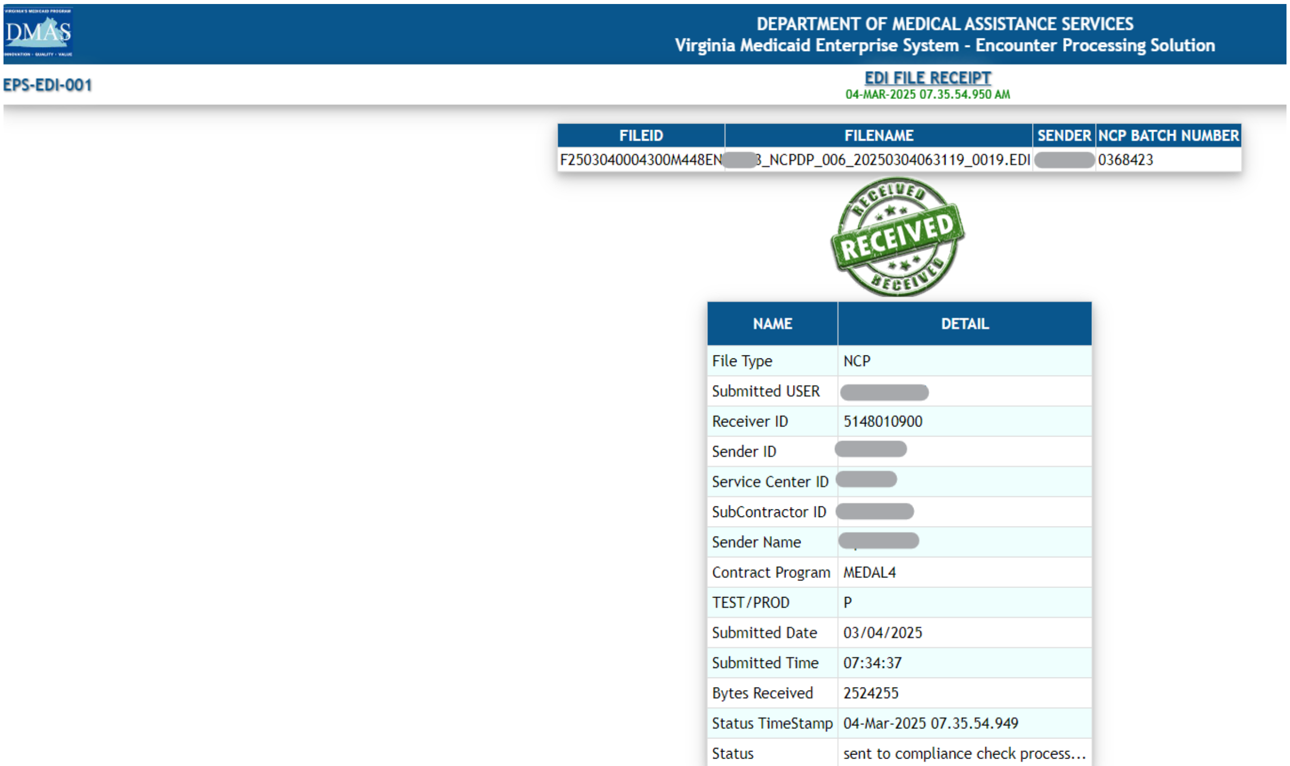


Diagram 2: Processing Flow for NCPDP Encounter in EPS

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[redacted]	[redacted]3_NCPDP_006_20250304063119_0019.EDI	[redacted]	0368423

NAME	DETAIL
File Type	NCP
Submitted USER	[redacted]
Receiver ID	5148010900
Sender ID	[redacted]
Service Center ID	[redacted]
SubContractor ID	[redacted]
Sender Name	[redacted]
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:

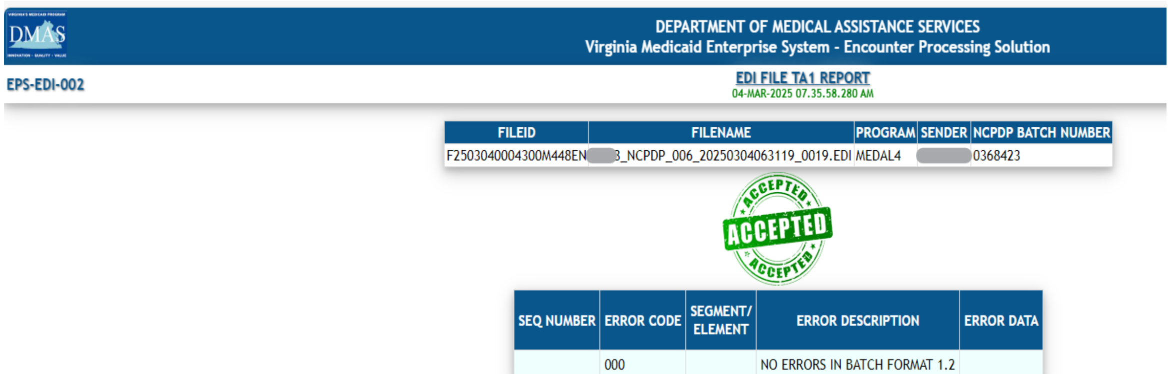
```
STX00R5148010900          1601901201702151128P12CP11000          ETX
STX99160190100000000002DUPLICATE FILE CONTENT          ETX
```

No Error:

```
STX00R5148010900          1707359201703221142P12CP11000          ETX
STX99170735900000000002NO 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

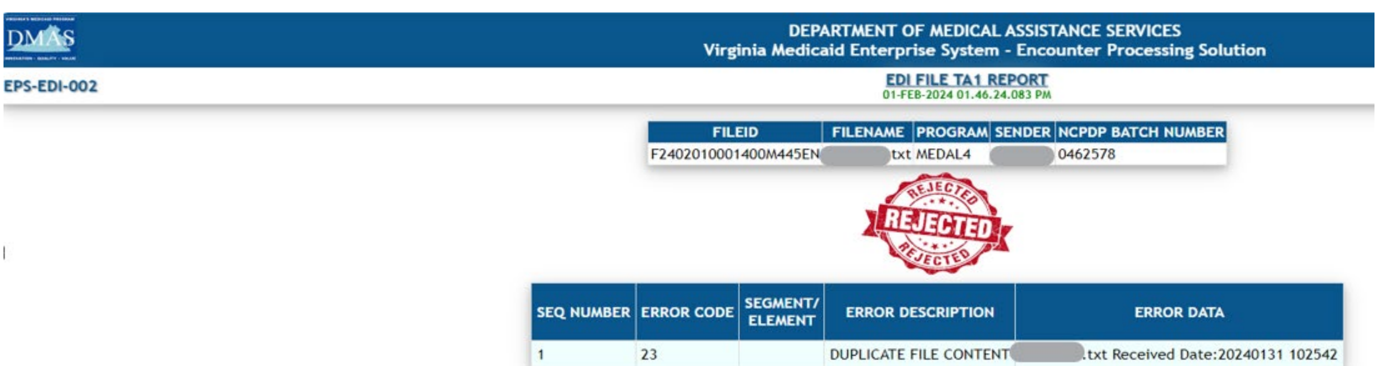
3.2.3 TA1HR Report - EPS-EDI-001


DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Virginia Medicaid Enterprise System - Encounter Processing Solution
EPS-EDI-002
EDI FILE TA1 REPORT
04-MAR-2025 07.35.58.280 AM

FILEID	FILENAME	PROGRAM	SENDER	NCPDP BATCH NUMBER
F2503040004300M448EN	[redacted]3_NCPDP_006_20250304063119_0019.EDI	MEDAL4	[redacted]	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
EDI FILE TA1 REPORT
01-FEB-2024 01.46.24.083 PM

FILEID	FILENAME	PROGRAM	SENDER	NCPDP BATCH NUMBER
F2402010001400M445EN	[redacted]txt	MEDAL4	[redacted]	0462578

SEQ NUMBER	ERROR CODE	SEGMENT/ ELEMENT	ERROR DESCRIPTION	ERROR DATA
1	23		DUPLICATE FILE CONTENT	[redacted].txt Received Date:20240131 102542

Figure 18: Sample TA1HR Report with Errors

3.2.4 999 NCPDP File

Captured:

```
STX00R5148010900          17073592017032211 42P12CP11000          ETX
STXG10000000001D0B11A011649288888     20170221GSRSFSAM21FSANCFSF3T170322000 2075BCPENORSFSAM22FSEM1FSD2
STX99170735900000000 03                         ETX
```

Rejected:

```
STX00R5148010900          170735920170515 1005P12CP11000          ETX
STXG10000000001D0B11A011649288888     20170502GSRSFSAM21FSANRFSFA1FSFB07RSFSAM22FSEM1FSD2000000
STX99170735900000000 03                         ETX
```

Figure 19: Sample 999 NCPDP Files with Captured and Rejected Transactions

3.2.5 999HR Report - EPS-EDI-004

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

EPS-EDI-004

EDI COMPLIANCE CHECK REPORT - NCPDP
04-MAR-2025 02.14.51.308 PM

FILEID	FILENAME	PROGRAM	SENDER	NCP BATCH NUMBER	RECEIVED COUNT	REJECTED COUNT
F2503040009200M447EN	SHP.M447000.NCPDP.P.ESI.B2.20250304124802485.Na.txt	MEDAL4	[redacted]	1009239	94	0

ACCEPTED

SEQ NUM	G1 REFERENCE NUMBER	LINE NUM	SEGMENT	FIELD	FIELD NAME	ERROR CODE	ERROR DESCRIPTION	ERROR DATA
NO ERRORS!								

Figure 20: Sample 999HR Report without Errors

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

EPS-EDI-004

EDI COMPLIANCE CHECK REPORT - NCPDP
06-APR-2023 04.53.20.057 AM

FILEID	FILENAME	PROGRAM	SENDER	NCP BATCH NUMBER	RECEIVED COUNT	REJECTED COUNT
F2304060001900M445EN	AGPP_M4516_2023096_20230406010117.se837oub	MEDAL4	[redacted]	0475877	2549	2549

REJECTED

SEQ NUM	G1 REFERENCE NUMBER	LINE NUM	SEGMENT	FIELD	FIELD NAME	ERROR CODE	ERROR DESCRIPTION	ERROR DATA
1	4562298897	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
2	4562298957	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
3	4562298966	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
4	4562298981	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
5	4562298992	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
6	4562299006	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
7	4562299017	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
8	4562299026	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
9	4562299038	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	
10	4562299053	1	AM07	C8	OTHER COVERAGE CODE	13	M/I Other Coverage Code	

Figure 21: Sample 999HR Report with Errors

3.2.6 NCPDP ERROR FILE

```
STX00TCP11000                    170735920170314 1259P125148010900               ETX
STXG10000000001010900D0B1DRVAPROD   1011649288888      20170502000000000RSFSAM01FSC420151231FSC52FSCAFIRST
STX99170735900000000003                                   ETX
```

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.

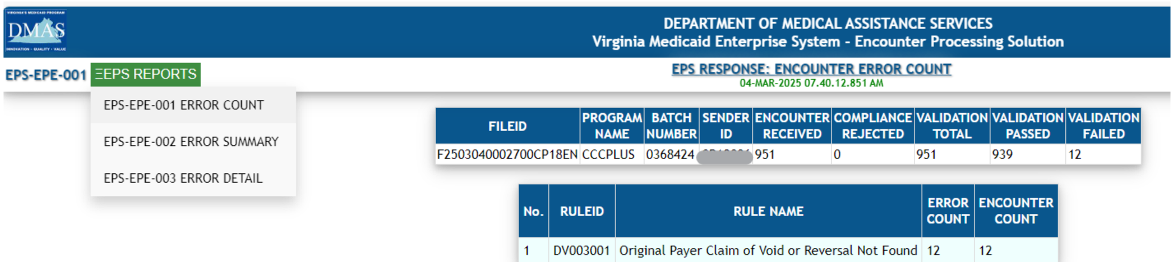


Figure 23: Sample EPS RESPONSE ENCOUNTER Report

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

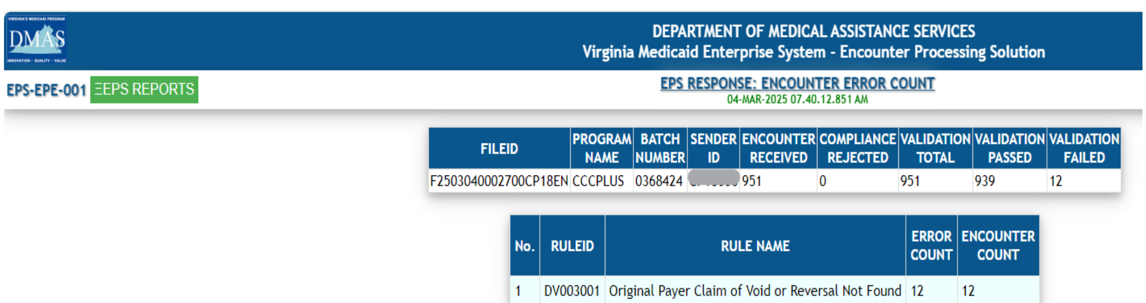


Figure 24: Sample EPS RESPONSE ENCOUNTER Report – ERROR Count

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

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	[redacted]	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

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	[redacted]	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

```xml
<EncounterResponse>
        <FileDetail>
                <FileID></FileID>
                <FileName></FileName>
                <ContractProgram></ContractProgram>
                <ServiceCenter></ServiceCenter>
                <SenderID></SenderID>
                <SubmittedDate></SubmittedDate>
                <SubmittedTime></SubmittedTime>
                <BatchControlNumber></BatchControlNumber>
                <FileSize></FileSize>
                <TransactionType></TransactionType>
                <EPSProcessTimeStamp></EPSProcessTimeStamp>
                <EncounterCount></EncounterCount>
                <ComplianceRejectCount></ComplianceRejectCount>
                <ValidationDetail>
                        <ValidationCount></ValidationCount>
                        <ValidationPASSCount></ValidationPASSCount>
                        <ValidationFAILCount></ValidationFAILCount>
                </ValidationDetail>
        </FileDetail>
        <PharmacyClaim>
                <G1TransactionReferenceNumber></G1TransactionReferenceNumber>
                <TCN></TCN>
                <ValidationStatus></ValidationStatus>
                <ValidationErrorCount></ValidationErrorCount>
                <TransactionCount></TransactionCount>
                <TransactionHeader>
                        <TransactionCode></TransactionCode>
                        <ServiceProviderID></ServiceProviderID>
                        <MemberID></MemberID>
                        <ServiceDate></ServiceDate>
                        <PayerPaymentStatus></PayerPaymentStatus>
                        <PayerPaymentDate></PayerPaymentDate>
                        <Frequency></Frequency>
                        <OriginalPayerClaimID></OriginalPayerClaimID>
                        <Errors>
                                <Error>
                                        <RuleID></RuleID>
                                        <Data></Data>
                                </Error>
                        </Errors>
                </TransactionHeader>
                <TransactionLevel>
                        <Transaction>
                                <TransactionNumber></TransactionNumber>
                                <PayerClaimID></PayerClaimID>
                                <PrescriptionNumber></PrescriptionNumber>
                                <NDC></NDC>
                                <ReFillNumber></ReFillNumber>
                                <CompoundCode></CompoundCode>
                                <QuantityDispensed></QuantityDispensed>
                                <PrescriberID></PrescriberID>
                                <BilledAmount></BilledAmount>
                                <Errors>
                                        <Error>
                                                <RuleID></RuleID>
                                                <Data></Data>
                                        </Error>
                                </Errors>
                        </Transaction>
                </TransactionLevel>
        </PharmacyClaim>
</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
DMAS Identity, Credentials and Access Management

For more information on MES portal login, navigate to MES Module Access.

The MES landing page will display the EPS Tile.

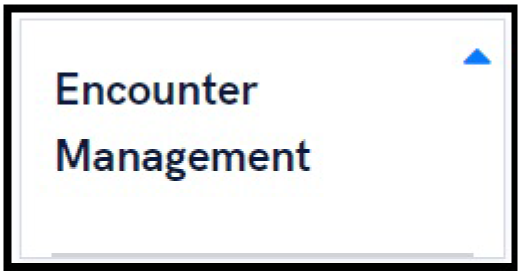


Figure 28: EPS Tile on MES Landing Page

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

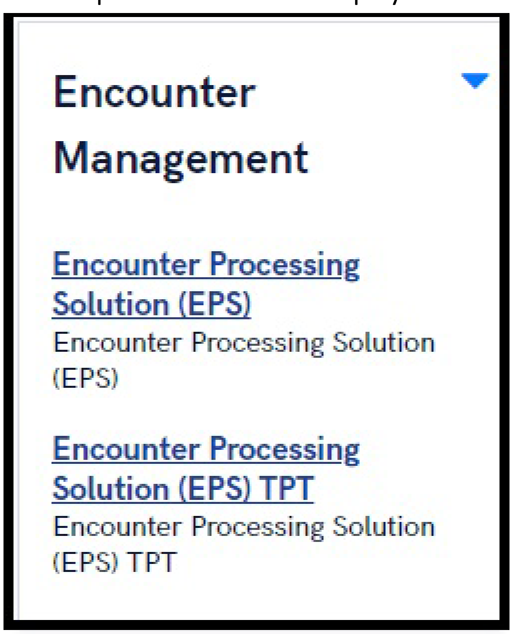


Figure 29: EPS Tile with link to PROD and TPT regions

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.

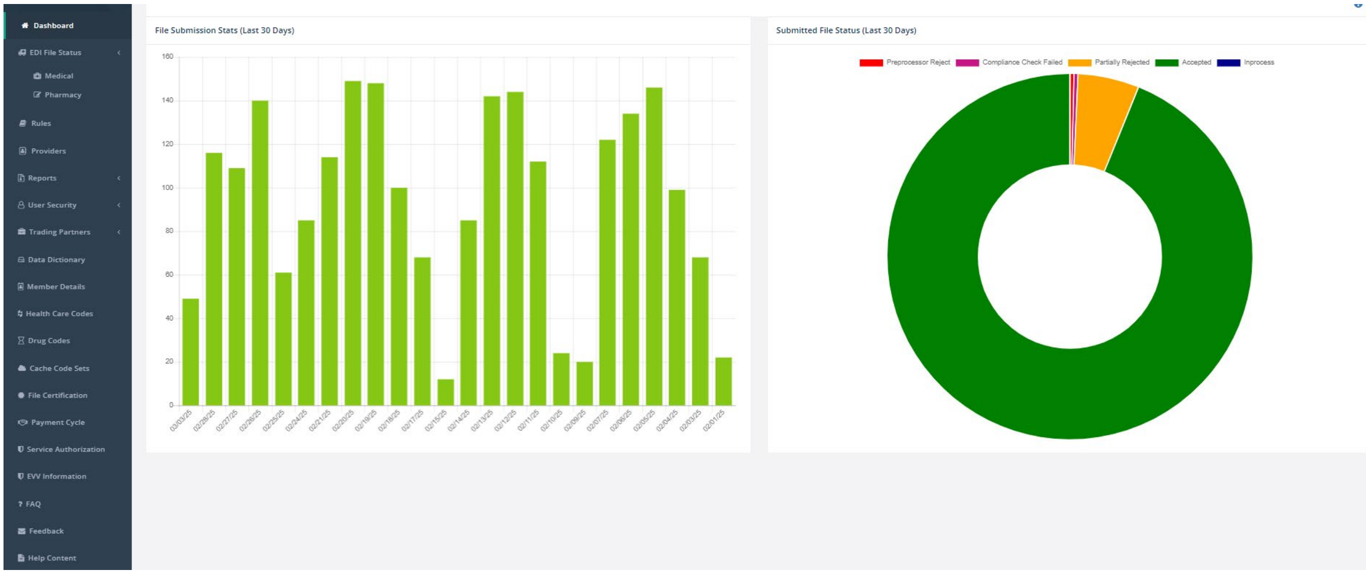


Figure 30: Sample Dashboard

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.

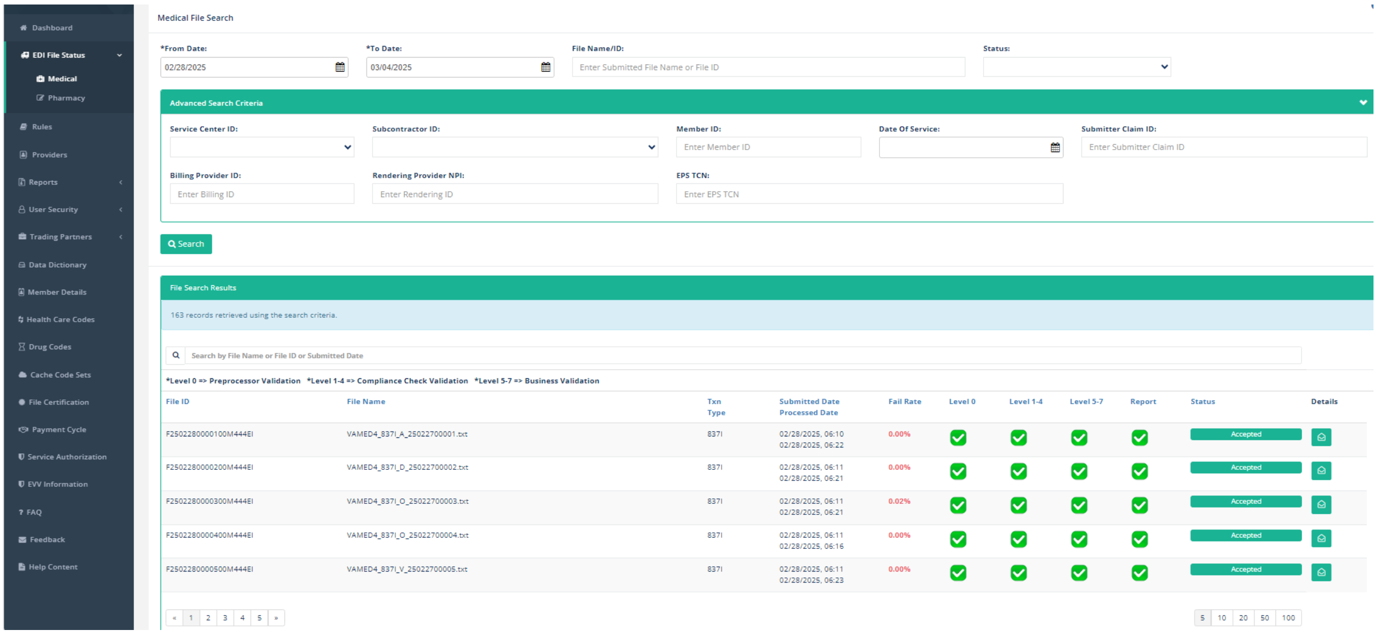


Figure 31: Sample EDI File Search Results for Medical

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.

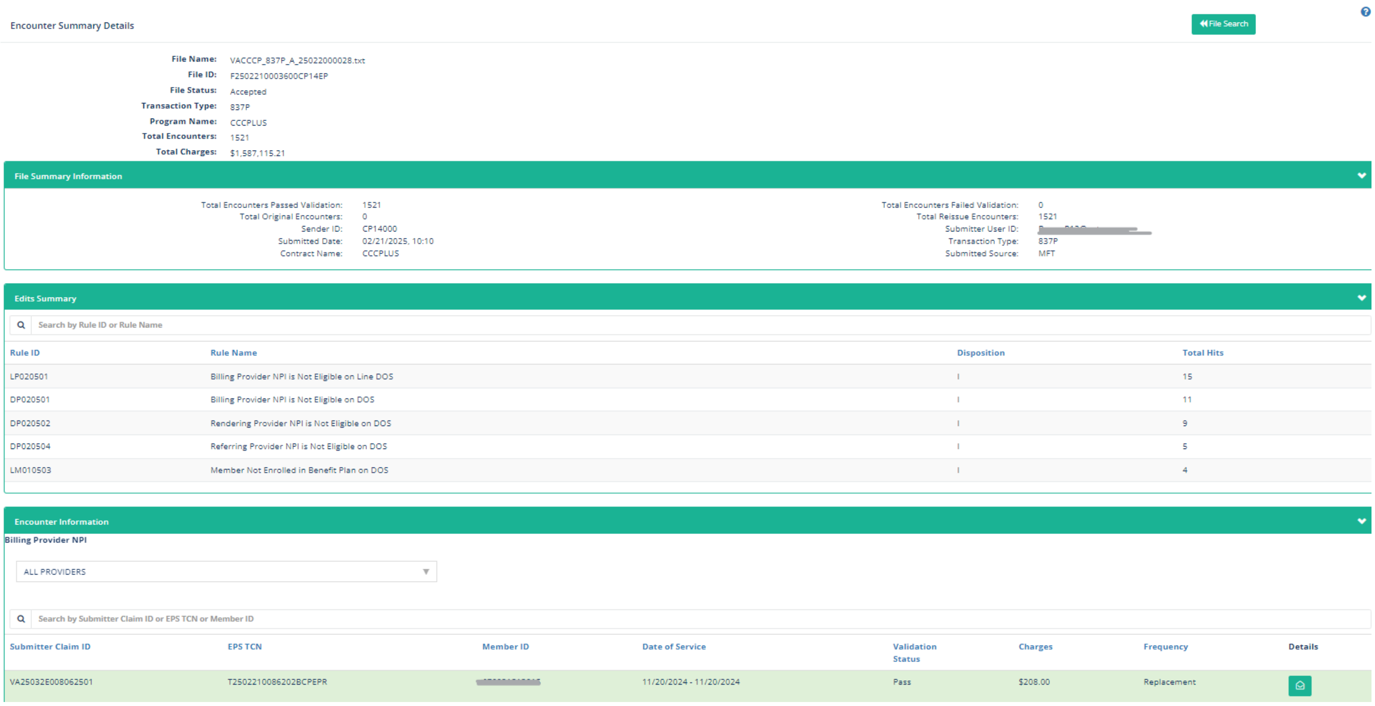


Figure 32: Sample Encounter Summary Details for Medical

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.

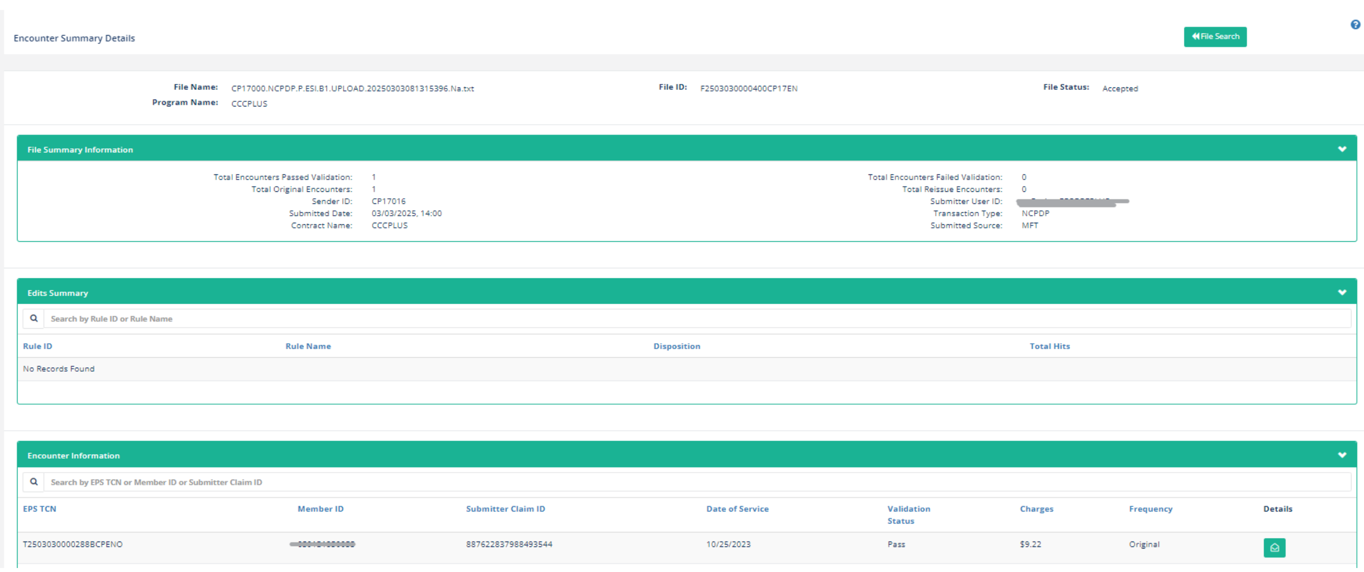


Figure 33: Sample Encounter Summary Details for Pharmacy

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.

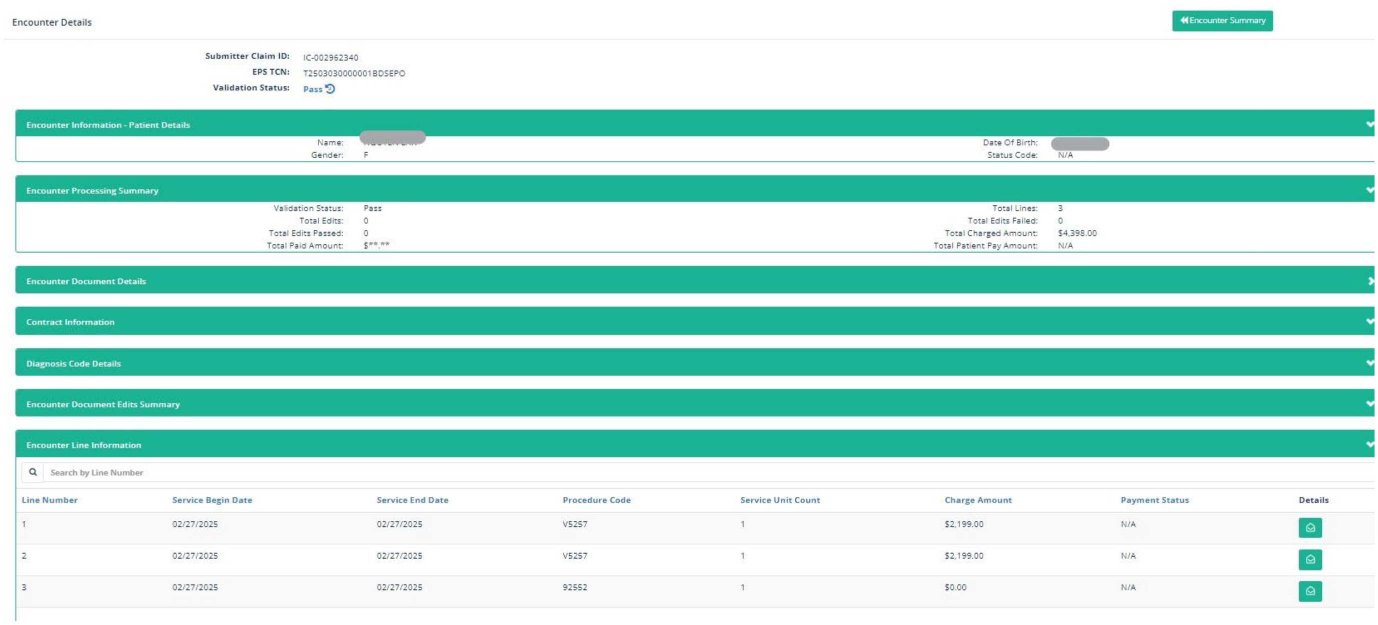


Figure 34: Sample Encounter Details for Medical

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.

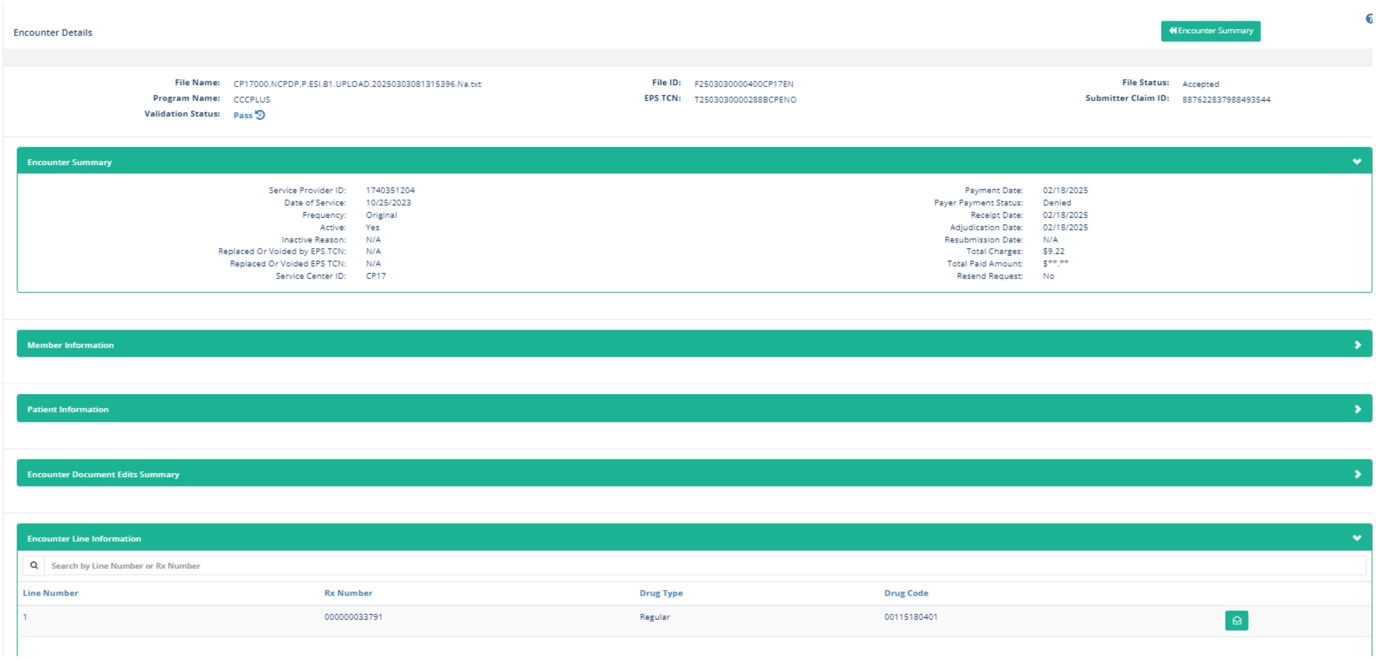


Figure 35: Sample Encounter Details for Pharmacy

4.3.4 Encounter Line Details

Encounter Line Details contains information specific to a line on the encounter. Click on the <Document 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.

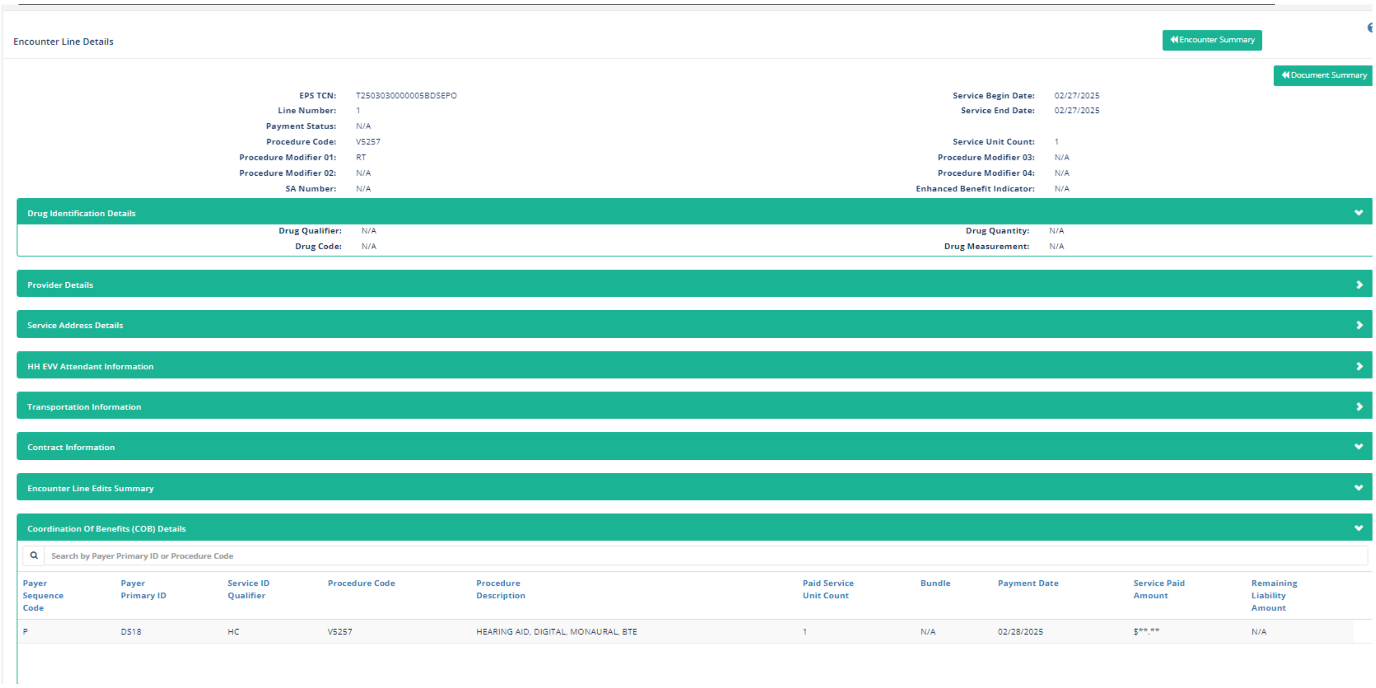


Figure 36: Sample Encounter Line Details for Medical

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.

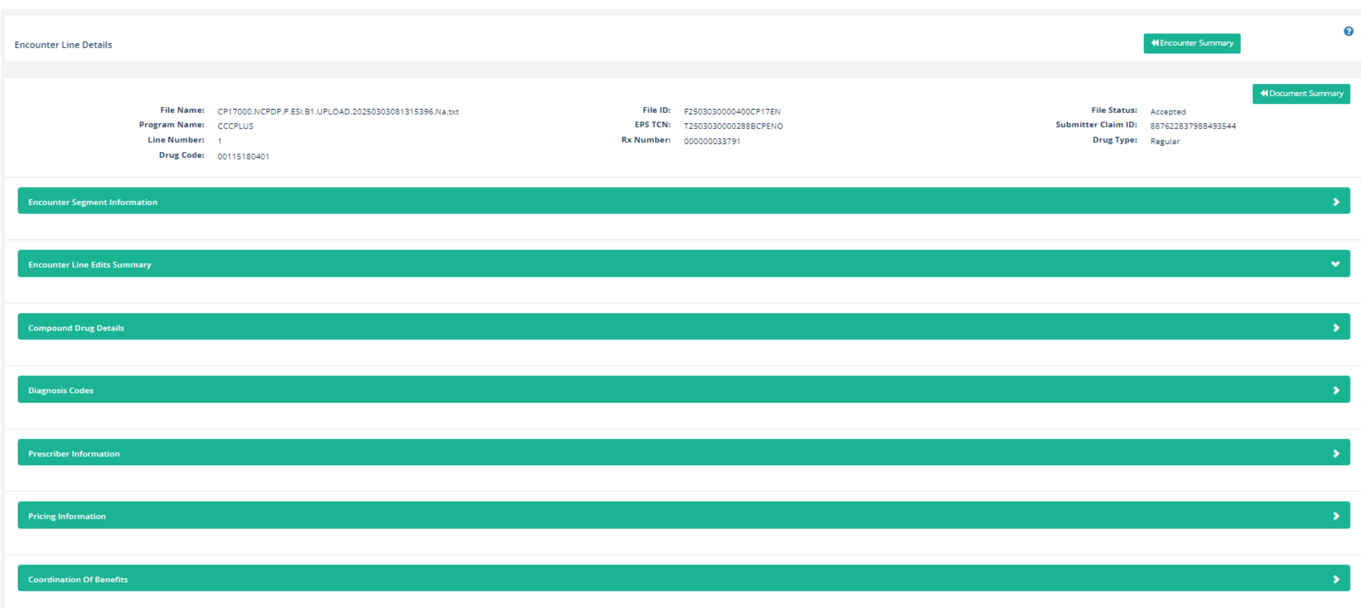


Figure 37: Sample Encounter Line Details for Pharmacy

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.

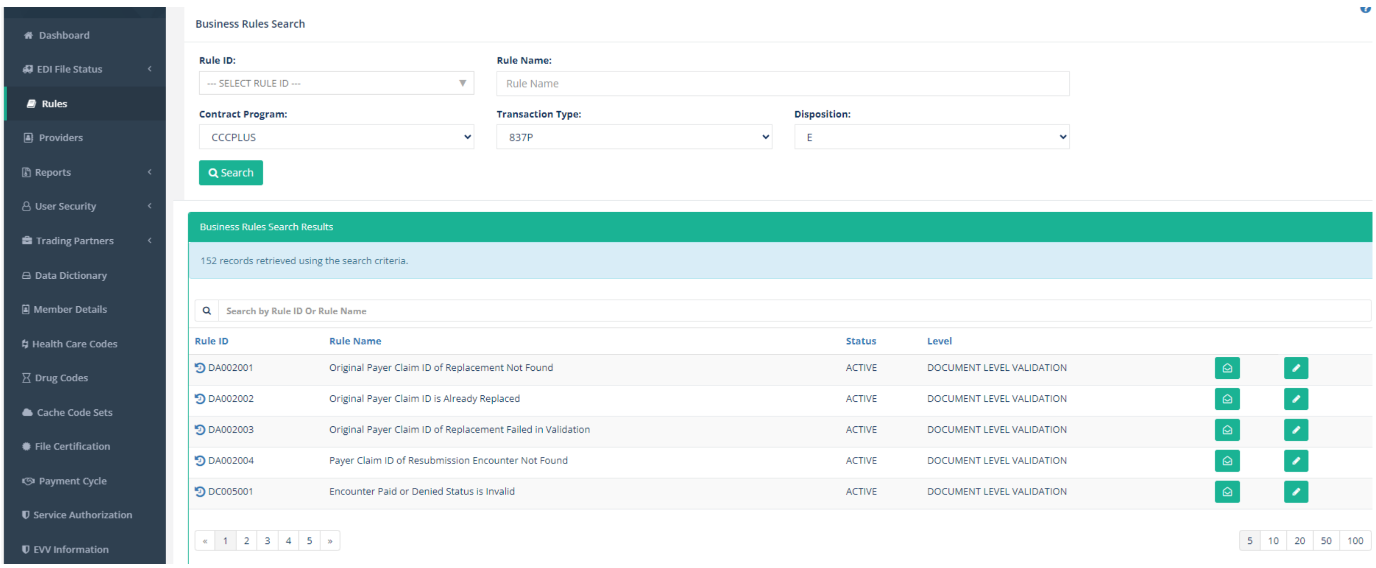


Figure 38: Sample Business Rules

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.

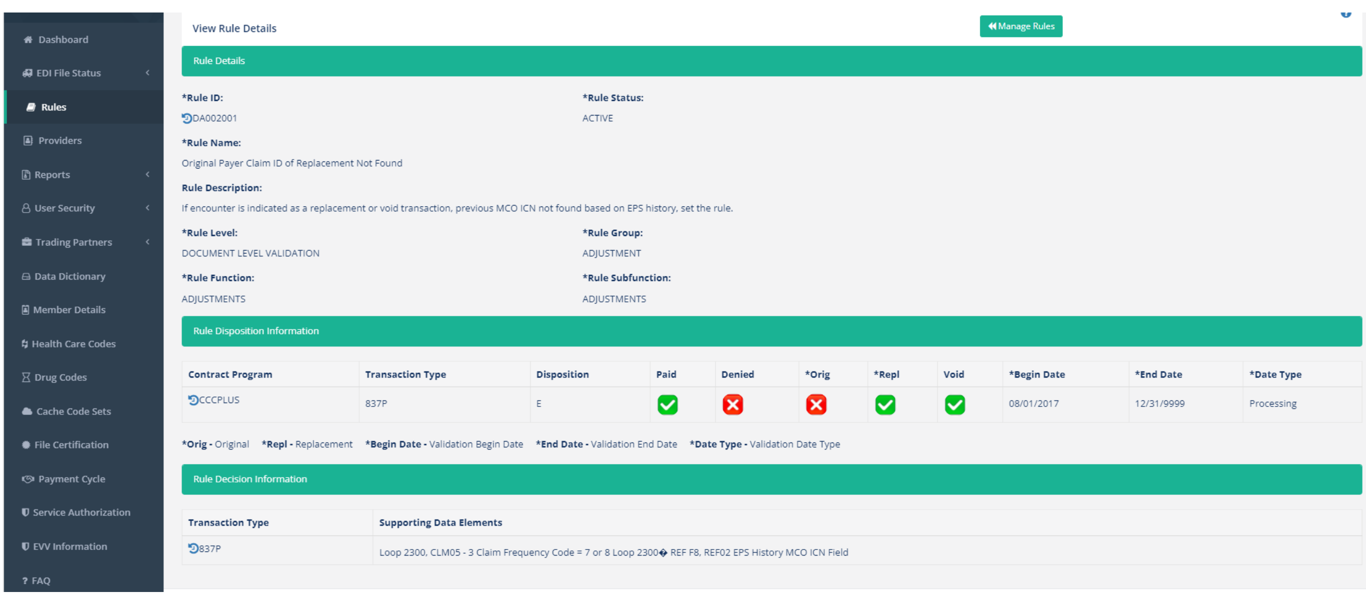


Figure 39: Sample Business Rule Detail

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

Rule History

Rule ID:	Created Date:	Created By:	Last Action Date:	Last Action By:
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

Rule ID:	Created Date:	Created By:	Last Action Date:	Last Action By:
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_20180813 2042
CCCPLUS	837P	E	A	✓	✗	✓	✗	✗	01/01/1900	12/31/9999	Processing	I	09/01/2017, 5:12:06 PM	RUL_20170901 1712

***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.

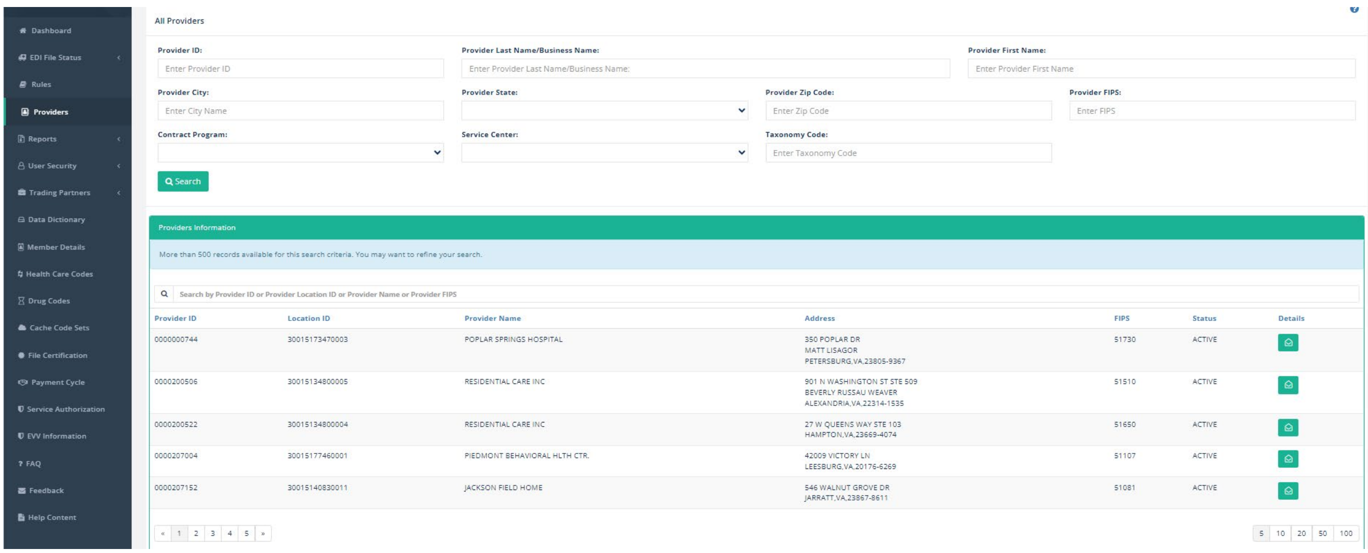


Figure 42: Sample Provider Result Set

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.

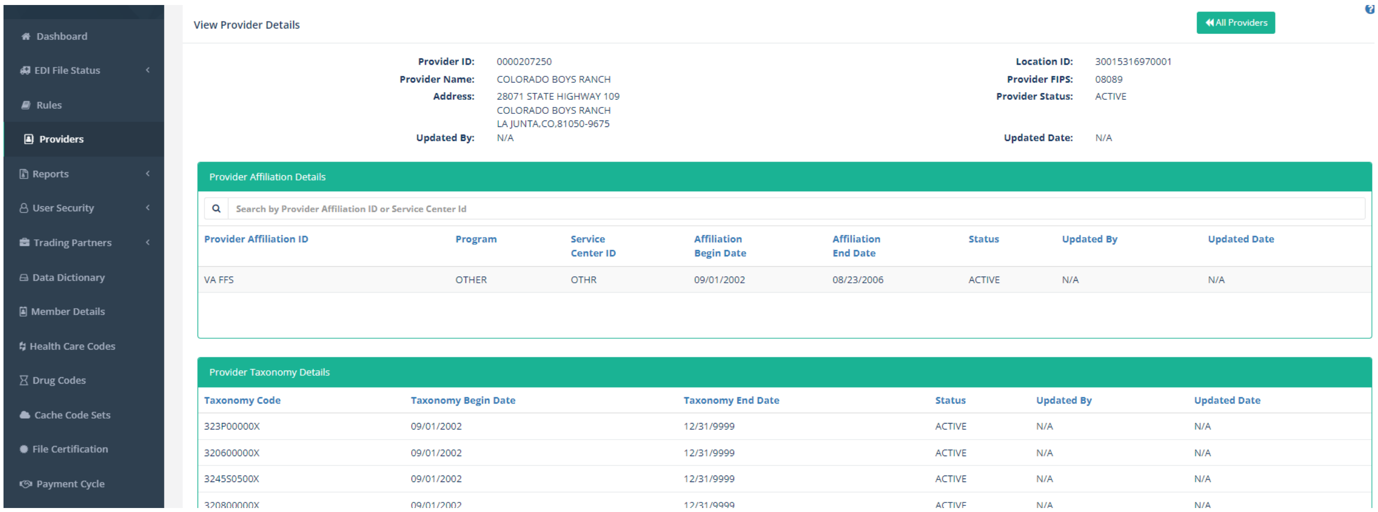


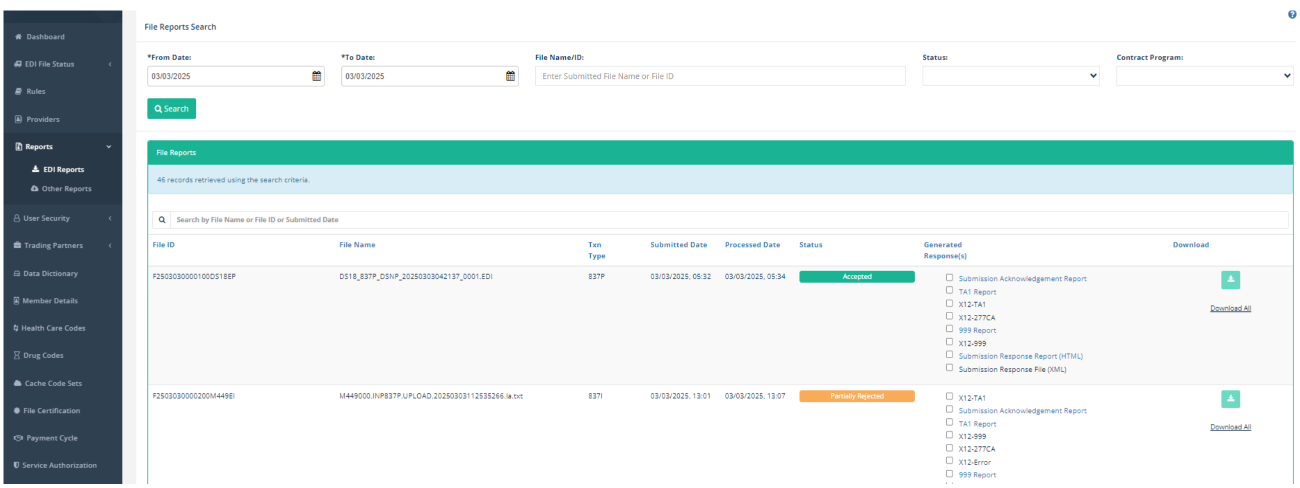
Figure 43: Sample Provider Details

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.



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

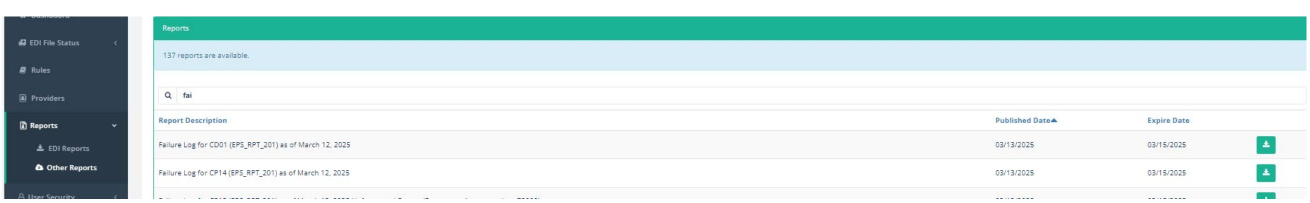


Figure 44: Sample Reports Result Set

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.

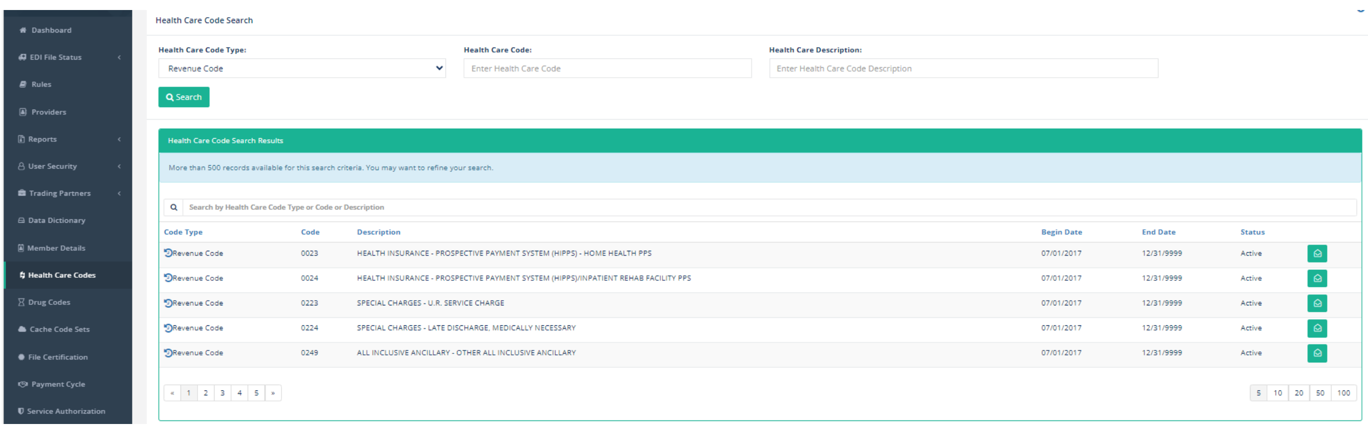


Figure 45: Sample Health Care Codes Result Set for Revenue Code

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

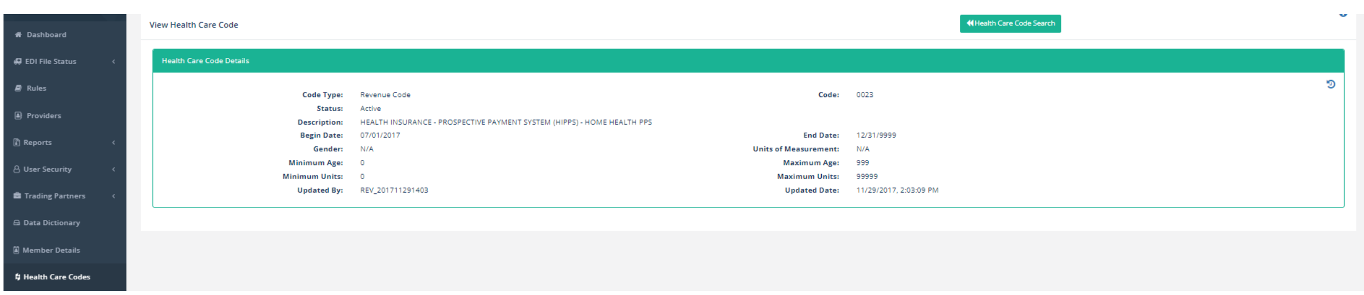


Figure 46: Sample Health Care Codes Detail

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.

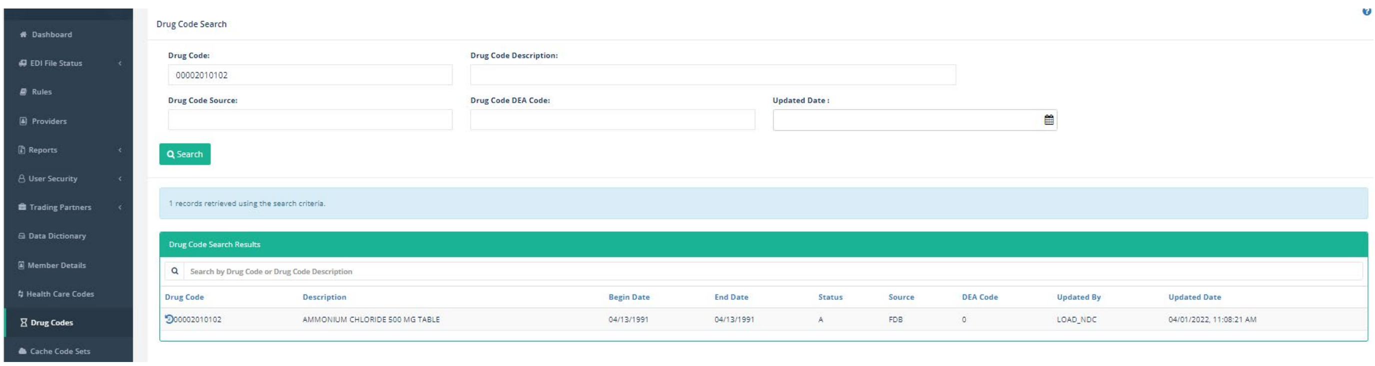


Figure 47: Sample Drug Codes

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.

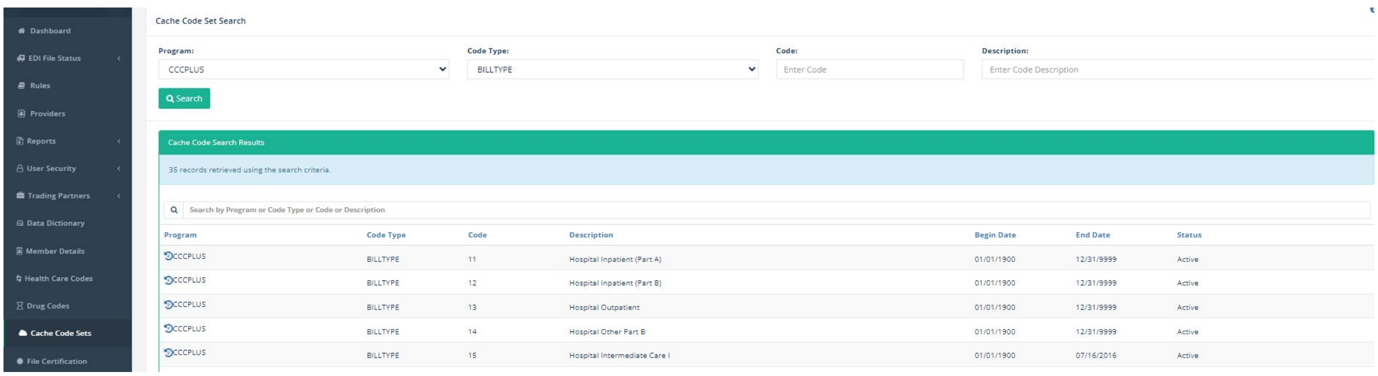


Figure 48: Sample Cache Codes by Code Type

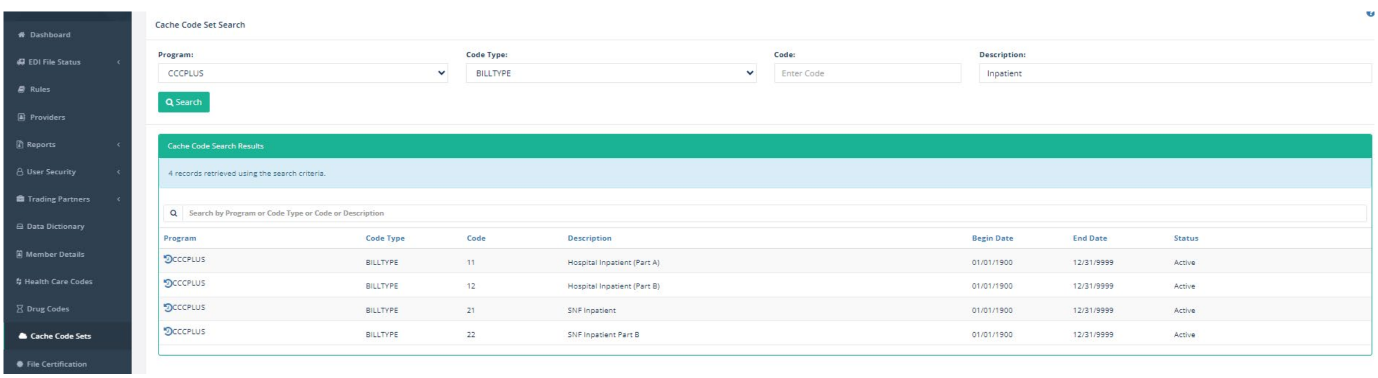


Figure 49: Sample Cache Codes by Description

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.

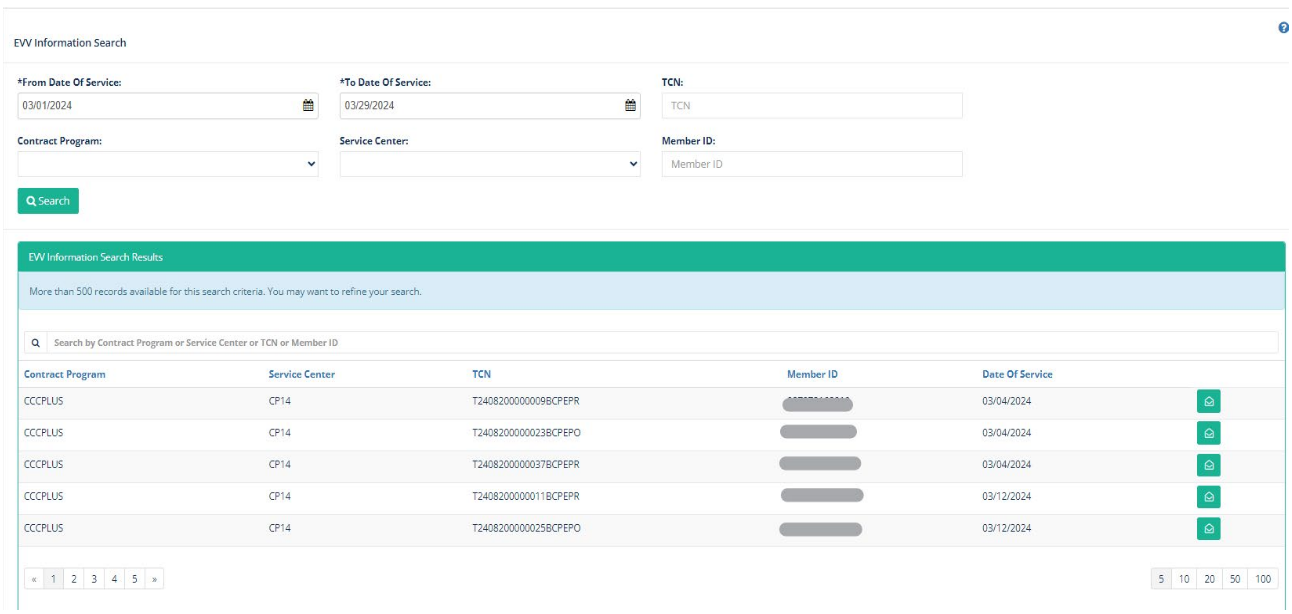


Figure 50: Sample EVV Information Seach Page

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.

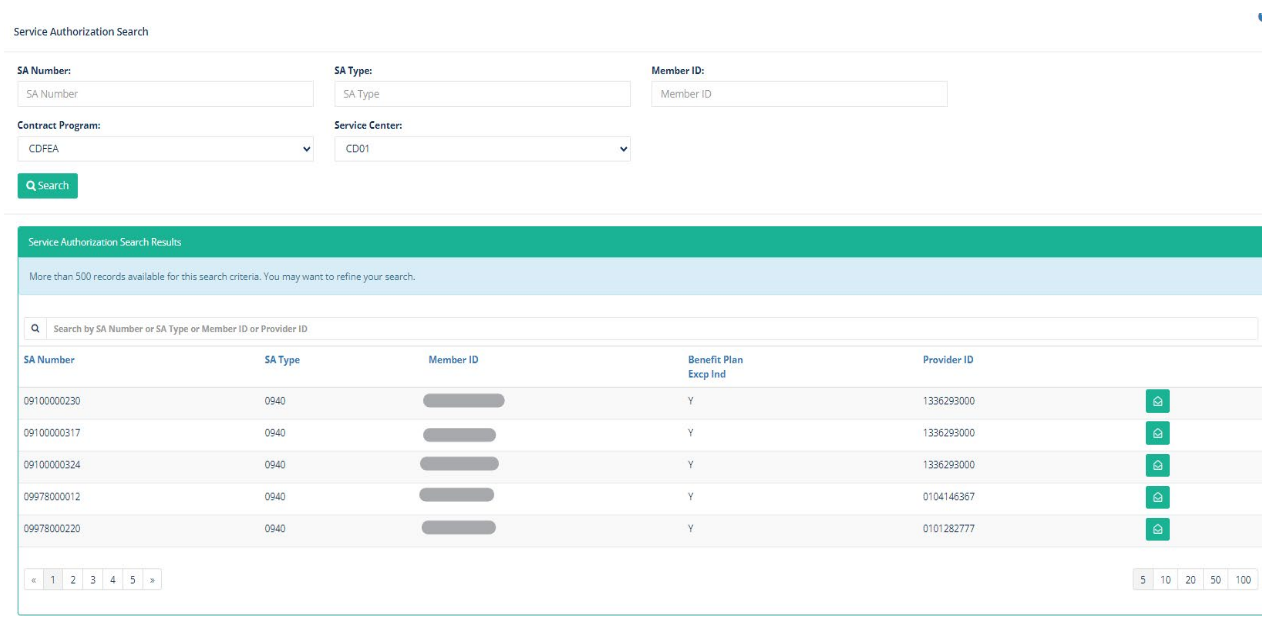


Figure 51: Sample Service Authorization Search

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.

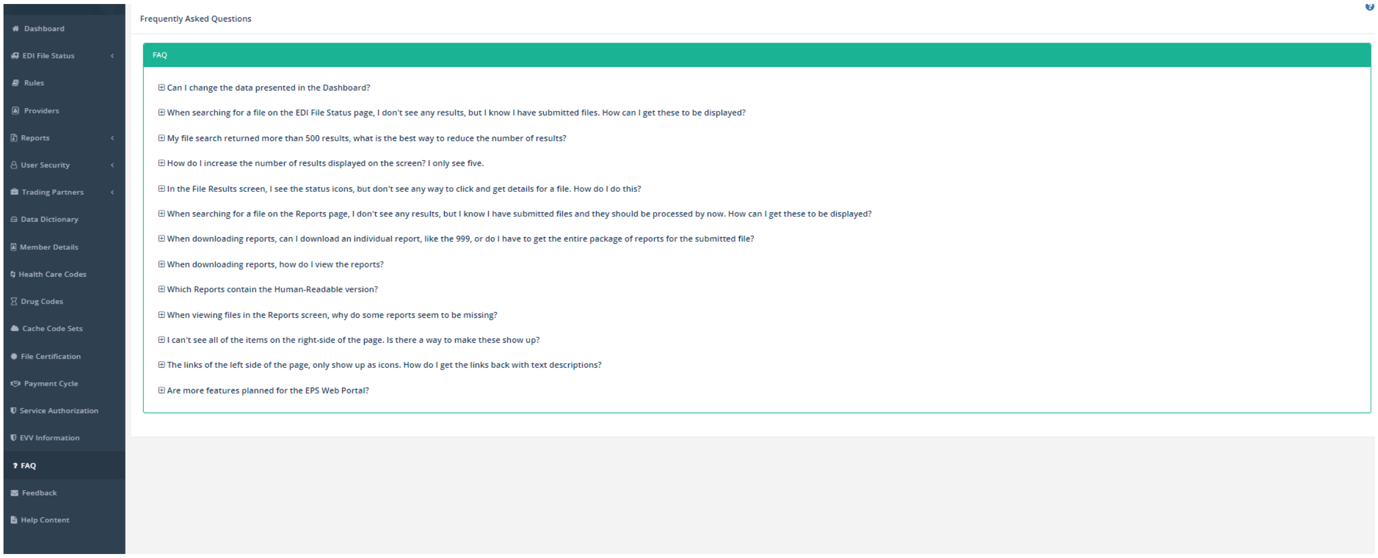


Figure 52: Sample Frequently Asked Questions

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.

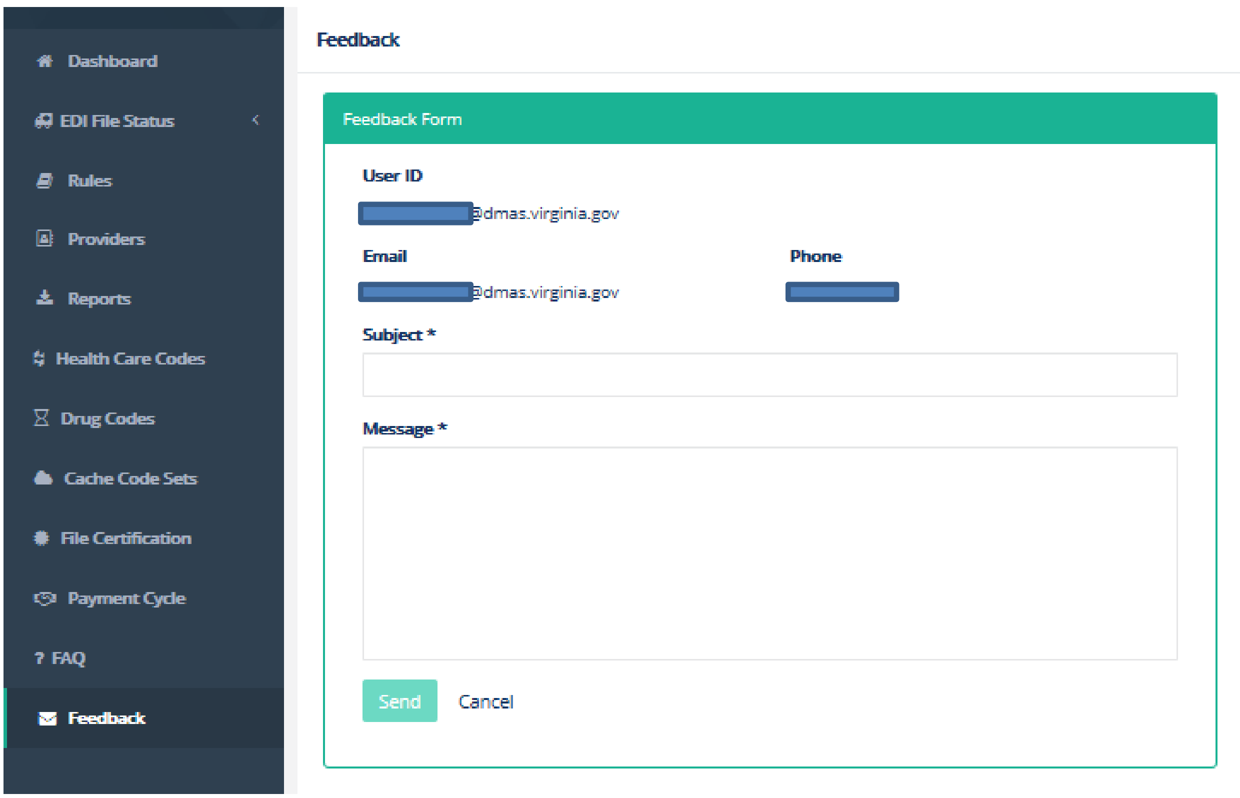


Figure 53: Sample Feedback

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.

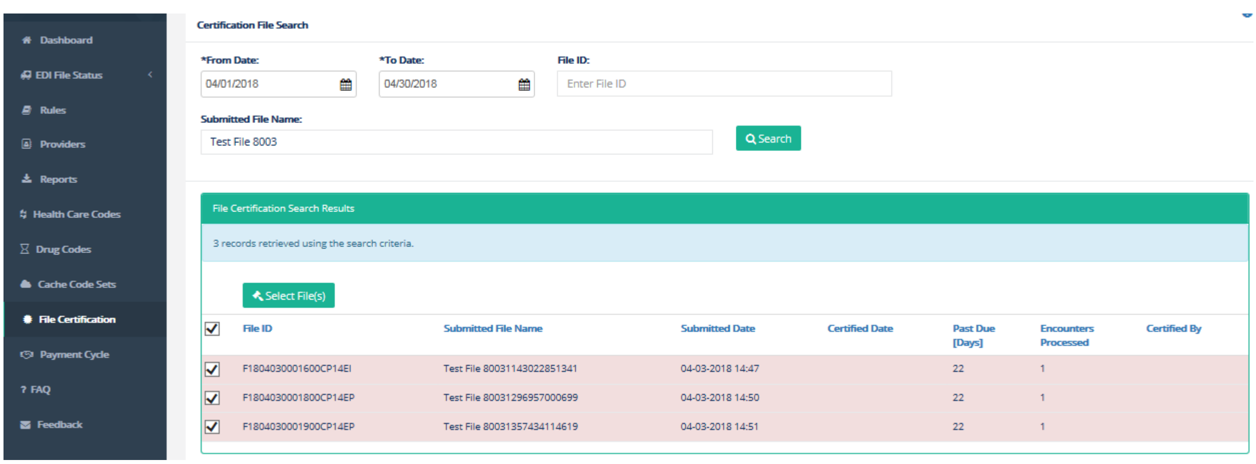


Figure 54: Sample File Certification Search for partial file name

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.

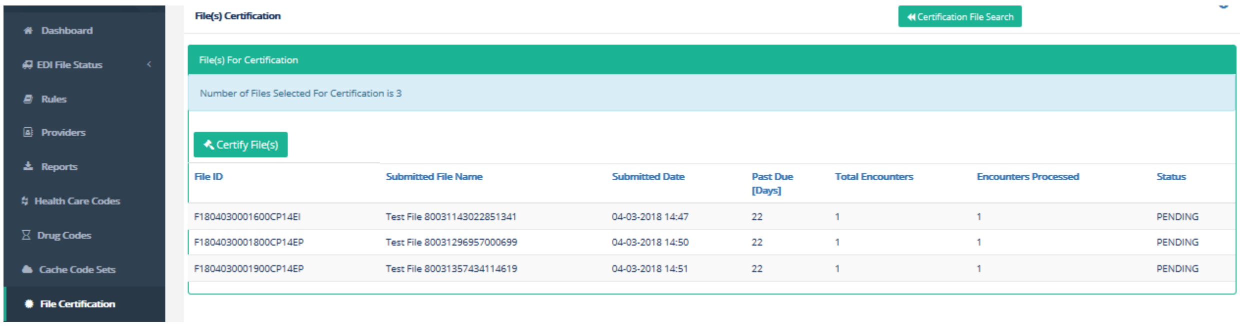


Figure 55: Sample File Certification

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.

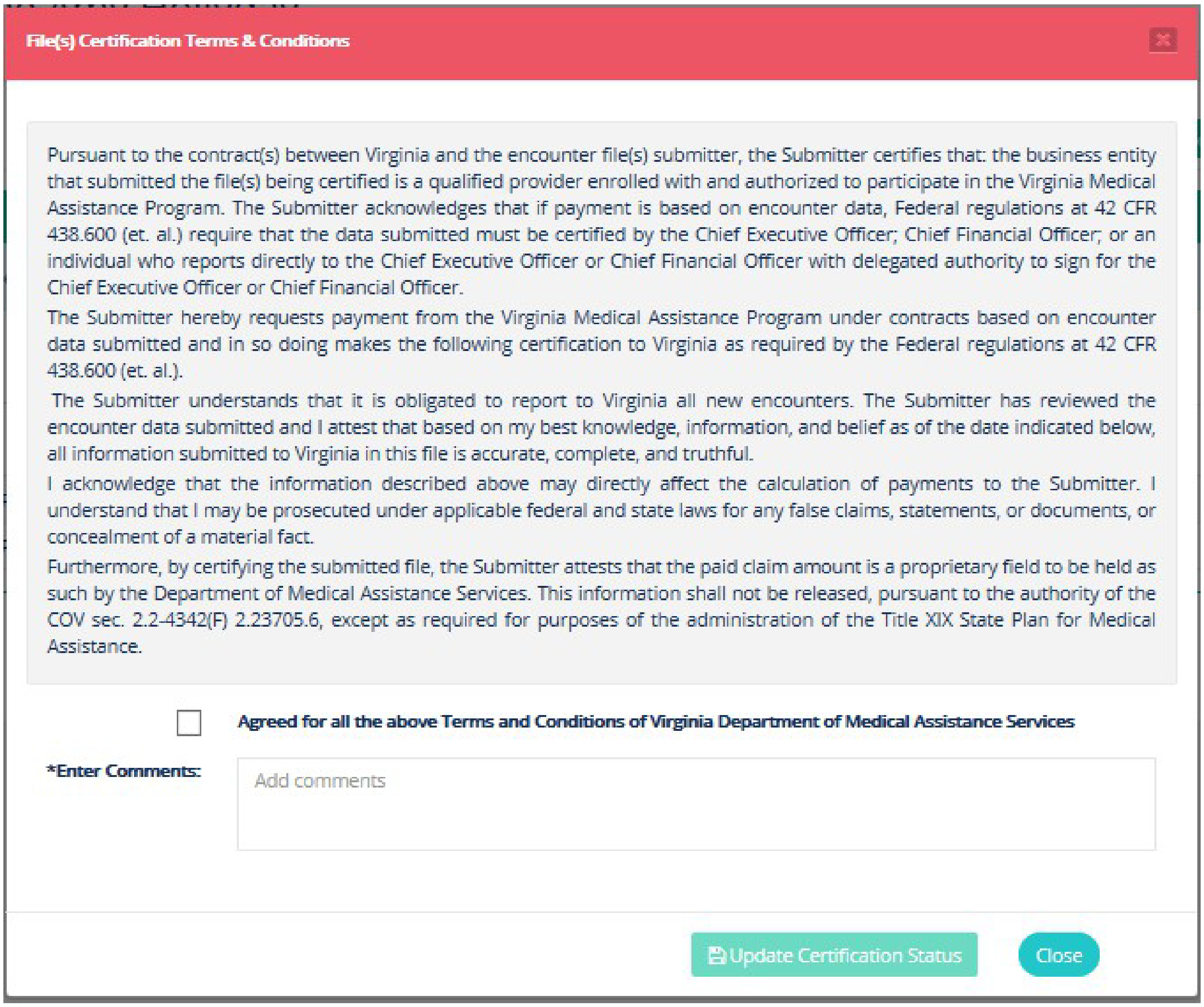


Figure 56: File(s) Certification Terms and Conditions

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

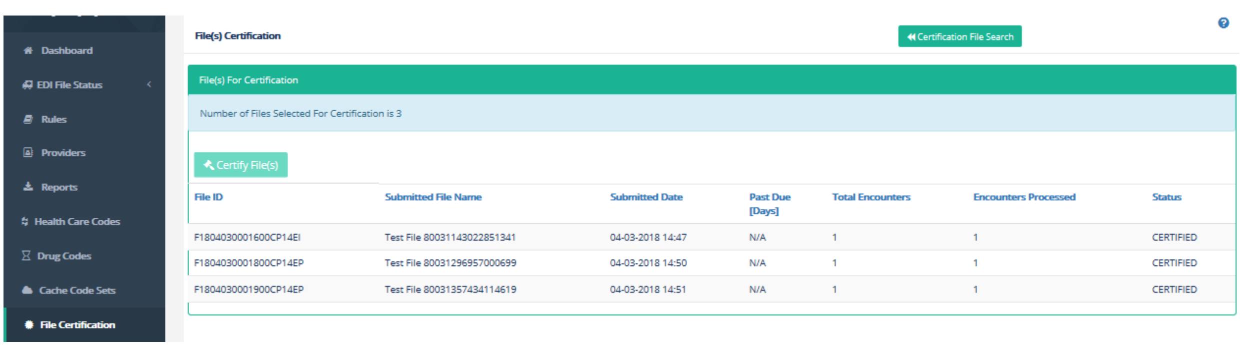


Figure 57: Sample File Certification

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.

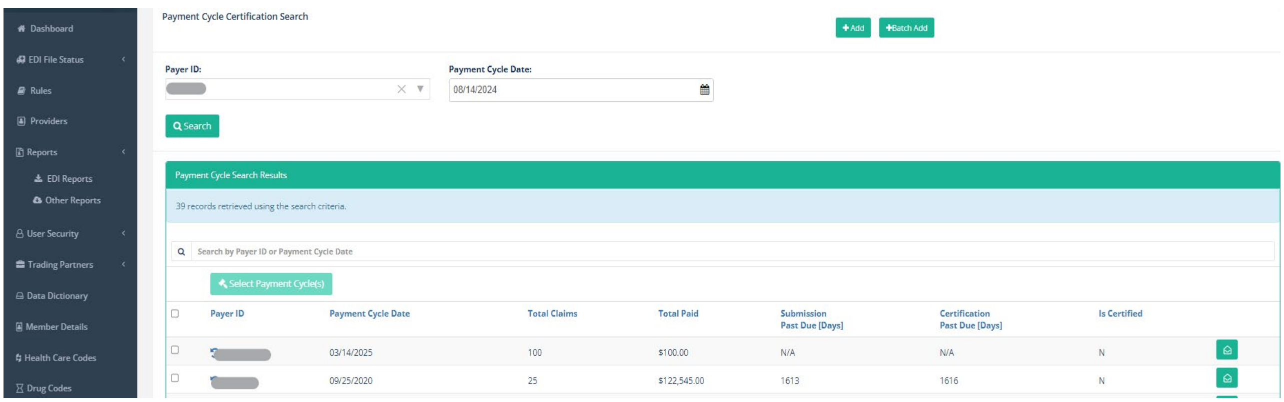
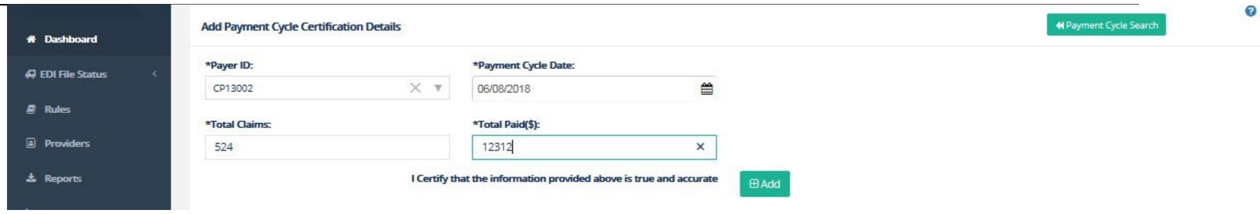


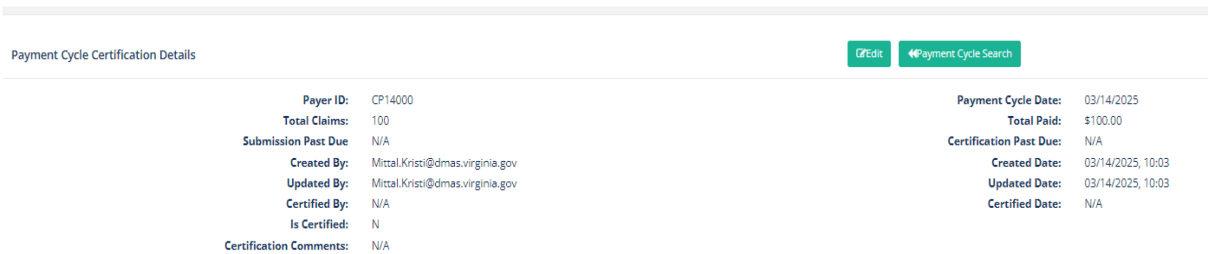
Figure 58: Sample Payment Cycle Certification Search

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.

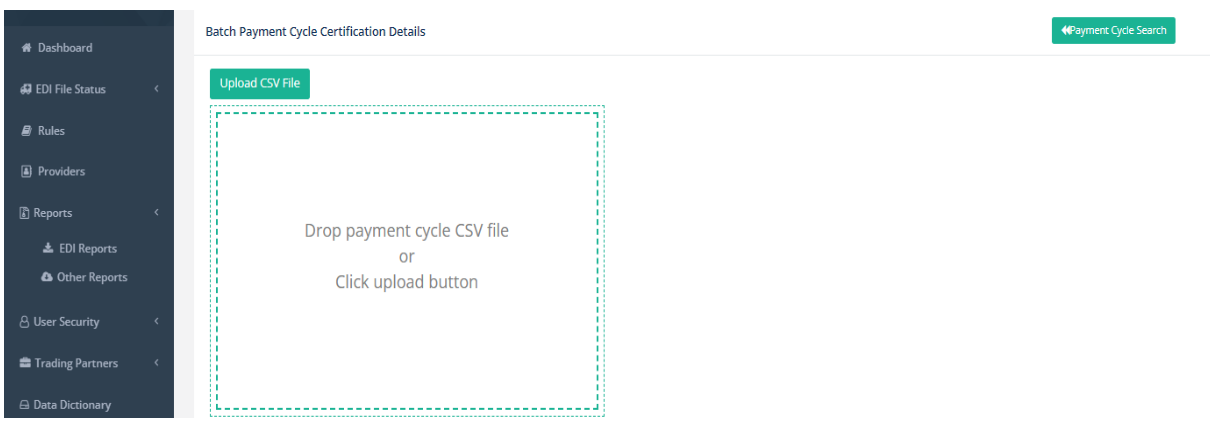
Click Add to certify and save the information. Click on <<Payment Cycle Search to return to the Search screen.



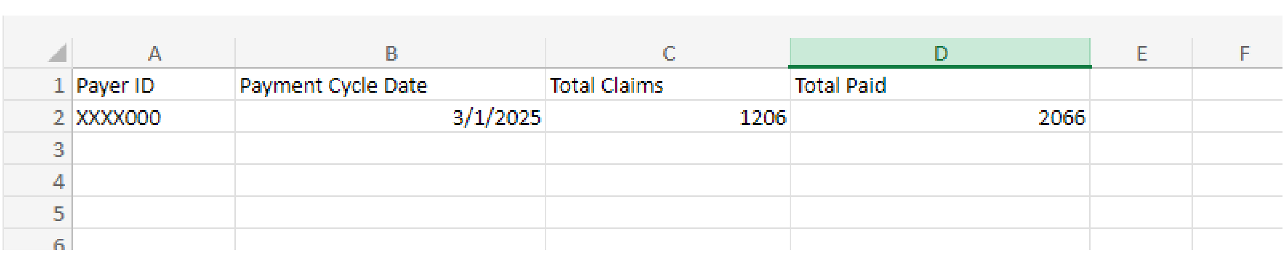


4.15.3 Batch Payment Cycle Certification Details

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



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.

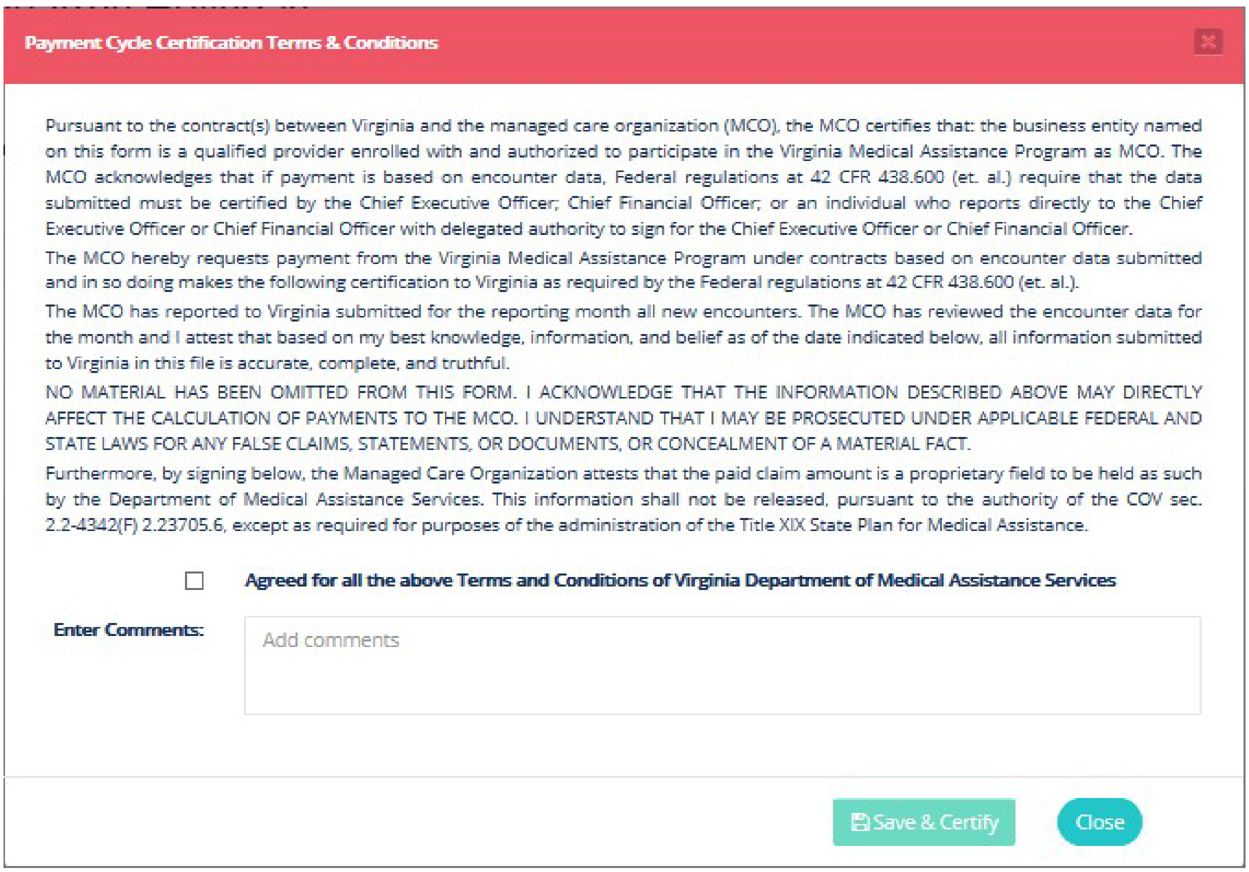


Figure 60: Payment Cycle Certification Terms and Conditions

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

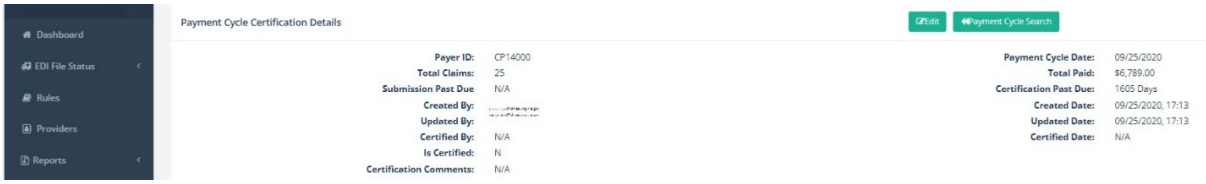


Figure 61: Sample Payment Cycle Certification Details

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.

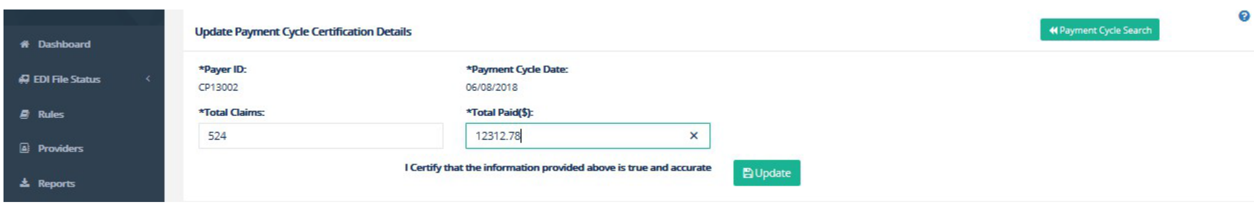


Figure 62: Sample Update Payment Cycle Certification Details

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.

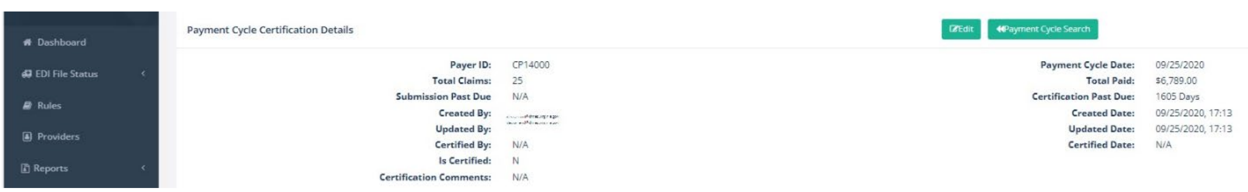


Figure 63: Sample Updated Payment Cycle Certification Details

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

Appendix B - TA1 NCPDP Errors

Appendix C - Business Rules Engine Rules