

## Submitting your data file to Service Encounter Database

Make sure you save your file with the name **AGREIS\_Version#** (ex. AGREIS\_01, or AGREIS\_02 etc) then upload it to the FTP site.

Updated 08/03/2017

## Information between each bar | |:

EIN Number\_MOVEit Account Number\_MON-YYYY\_2 digit version number

Contract #|Invoice #|SSN|Last Name|First Name|PaymentType|Class Status|MaineCare Enrolled|Service Type|Activity Number per your contract for the service|Rate|Service Start Date|Service End Date|# Units|Amount Self Pay|Amount Co-Pay|Client Applied to MaineCare|Client DOB|Prior Authorization Number|Grant Funds

### Example of 2 clients submitted by a provider, client named bbb for community integration and ACT services.

010276859\_1487601399\_Jan-2016\_03

Header Line

MH3-16-836|11111|000-00-0000|bbb|bbb|C|Y|Y|Community Integration|1203|1.00|01/01/2016|01/01/2016|4|0.00|0.00|Y|01/01/2000|98765|A  
MH3-16-836|11111|000-00-0000|bbb|bbb|C|Y|Y|Community Integration|1203|121.00|01/01/2016|01/01/2016|4|0.00|0.00|Y|01/01/2000|98769|A  
MH3-16-836|11111|000-00-1234|aaa|bbb|C|Y|Y|Community Integration|1203|121.00|12/01/2015|12/01/2015|-6|0.00|0.00|Y|05/01/1960|12345|A

### Detailed Instructions for each field are below:

#### For submitting PRODUCTION files:

EIN\_Num+(\_) + Mainecare Provider Billing ID#+(\_) + MON-YYYY+(\_) + (VERSION NUMBER )

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

Column 1, Agreement #: Enter the agreement/contract number assigned (enter using the format provided by the Agreement Administrator, including hyphens).

Column 2, Invoice #: Enter the number you have assigned to the invoice associated with these service encounters. (may include hyphens)

Column 3, SSN: Enter the Social Security number of the client to whom you provided service. Each client must be reported separately by service type and date of service. Social Security numbers should contain the 9 characters separated by hyphens (xxx-xx-xxxx).

Column 4, Last Name: Enter the last name of the client to whom you provided service.

Column 5, First Name: Enter the first name of the client to whom you provided service.

Column 6, Payment Request Type: Enter the DHHS service encounter type for the client, using the following entry abbreviations only:

<u>Use Code</u>	<u>Description</u>
I	Client is currently in an Institute for Mental Disease
J	Client is currently incarcerated
S	Client is currently in MaineCare spend down status
U	Client service is currently not covered by any insurance, including MaineCare (uninsured)
C	Service Encounter is covered by private insurance, which requires a co-payment or deductible
M	Client is currently covered by Medicare for this service
N	Non-categorical client
D	Client is dual- eligible for MaineCare and Medicare (only use for Med Management Clients, as applicable)
F	Client has Full MaineCare and/or MaineCare coverage that pays for this service (only use for Med Mgt Clients, as applicable)

**\*\*D & F can only be used for medication management services**

Column 7, Class Status: Indicate whether the client is a Class Member under the AMHI Consent Decree (enter Y or N).

This line is an example of reversing a prior unit billed for. Note the - (minus) before the 6

Column 8, MaineCare Enrolled: Indicate whether client is MaineCare enrolled (enter Y or N).

Column 9, Service Type: Enter using the information provided to you by the DHHS Agreement Administrator, according to the services purchased under your Agreement. Information in this field should only be: Assertive Community Treatment, Community Integration, Community Rehabilitation Service, Medication Services, or Daily Living Support Services. **The service type should be spelled out just as you see here.** No other services should be reported.

Column 10, Activity Number: Enter using the information provided to you by the DHHS Agreement Administrator, by service type, according to the services purchased under your Agreement. Only values (1201, 1203, 1205, 1218, or 1507) listed on the Department's web site are permitted (<https://www1.maine.gov/dhhs/samhs/mentalhealth/provider.shtml>).

Column 11, Rate: Enter your approved rate for that service, in ¼ hour or full hour rate (as appropriate for that service). Enter the number with 2 decimal places (do not include \$ symbol).

Column 12, Service Start Date: Enter the starting date of service provided to the client for this service for the reporting month. Dates should be formatted as MM/DD/YYYY, 10/03/2005, not 10/3/2005, slashes included.

Column 13, Service End Date: Enter the ending date of service provided to the client for this service for the reporting month. Dates should be formatted as MM/DD/YYYY, 10/03/2005, not 10/3/2005, slashes included.

Column 14, Units: Enter the number of units of service provided to the client for the reporting month. Be sure to use the same unit of measure (1/4 hour or full hour, as appropriate) approved by for that service. **NOTE:** In some cases it may be necessary to adjust service encounter data submitted on a previous invoice. For example, payment may have been requested for service in a previous billing period before it was discovered that the consumer was covered by MaineCare (or another source of payment). In this case you would enter the same service dates as reported on the previous invoice, but you will enter a negative number of units on the current invoice. This will result in the calculation of a negative cost (credit) to DHHS.

Column 15, Amount of Self-Pay: Enter the amount paid by the consumer for this service, if applicable. Enter the number with 2 decimal places (do not include \$ symbol).

Column 16, Amount of Co-payment/Deductible: Enter the estimated amount of co-payment or deductible required by Medicare or the private insurance provider for this service, if applicable. Enter the number with 2 decimal places (do not include \$ symbol).

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

Column 18, Client Birthdate: The field must be in the format mm/dd/yyyy or the record will be rejected. This is a required field effective June 1, 2017.

Column 19, Prior Authorization Number: This field should be a numeric field (field containing only numbers). This number would have been provided to you by APS Healthcare. This is a required field effective July 1, 2017.

Column 20, Grant Funds: The field needs to be limited to these entries: S, B, A and N.

- S= State General Funds
- B= Block Grant Funds
- A= AG Funds
- N= Not Grant Funded

**If this field is left blank or contains something other than these 4 entries you will receive an email stating that the file is "Rejected" and the reason for it. Eg "Data for Grant Funds in column 20 is missing or incorrect, please check your error file"**