



**PALMETTO GBA®**

A CELERIAN GROUP COMPANY



# Medicare Advantage & Part D Communications Handbook

## Table of Contents

<b>LIST OF FIGURES</b>	<b>II</b>
<b>LIST OF TABLES</b>	<b>II</b>
<b>OVERVIEW: ESTABLISH CONNECTIVITY &amp; TRANSFER FILES</b>	<b>1</b>
<b>UNDERSTANDING THE GOVERNMENT PROGRAM NETWORK (GPNET)</b>	<b>1</b>
Introduction and Recommended Software.....	1
Submission Information .....	1
Who to Contact.....	2
<b>FILE PROCESSING</b>	<b>3</b>
Encounter Data (submitted in ASC X12 837 - Version 5010 format).....	3
Payer ID Information .....	3
RAPS Data (CMS' proprietary abbreviated format).....	4
NCPDP Post Adjudication - Version 4.2 .....	4
Prescription Drug Event (PDE).....	4
<b>CMS GENTRAN/TIBCO INBOUND FILE NAMING CONVENTIONS</b>	<b>4</b>
<b>FRONT-END SYSTEM (FES) NOTIFICATION EXAMPLES</b>	<b>5</b>
Encounter Data Front-End System (EDFES) .....	5
Encounter Data Front-End System Post Screening Edits .....	5
RAPS Data Front-End Risk Adjustment System (FERAS).....	6
Prescription Drug Front-End System (PDFS).....	6
<b>CONNECT:DIRECT SUBMISSION DATASET NAMES</b>	<b>7</b>
Medicare Encounter Data .....	7
RAPS Data .....	7
<b>CONNECTING TO THE FES</b>	<b>9</b>
<b>CREATING A RAPS FILE USING DIRECT DATA ENTRY (DDE)</b>	<b>9</b>
<b>CONNECT TO THE FES USING SFTP</b>	<b>15</b>
Sending Files.....	15
Receiving Files .....	15
<b>SFTP/TIBCO REPORT NAMING CONVENTIONS</b>	<b>16</b>
Downloading Report Returns from your TIBCO Mailbox .....	18
<b>APPENDIX A: ACRONYM LIST</b>	<b>24</b>
<b>APPENDIX B: RECORD OF CHANGE</b>	<b>25</b>

## List of Figures

Figure 1: Profile Information .....	10
Figure 2: Risk Adjustment Record Submission .....	10
Figure 3: Diagnosis Cluster Information .....	12
Figure 4: Additional Functions.....	13

## List of Tables

Table 1: ASC X12 837 - Version 5010 Data Elements Required to Identify Submitter & Type of Encounter Data Record.....	3
Table 2: Required Payer ID Information .....	3
Table 3: RAPS Data Elements Required to Identify the Submitter and Type of RAPS File.....	4
Table 4: NCPDP Post Adjudication - Version 4.2 Required Data Elements.....	4
Table 5: PDE Required Data Elements .....	4
Table 6: CMS Gentran/TIBCO Inbound File Naming Conventions .....	4
Table 7: Post-Screening Invalid Report for all Files.....	5
Table 8: Post-Screening Invalid Report for End-to-End Testing .....	6
Table 9: Post-Screening Invalid Report for Tier 2 Files .....	6
Table 10: Medicare Encounter Data Submission Dataset Names .....	7
Table 11: RAPS Data Submission Dataset Names .....	7
Table 12: Medicare-Medicaid Plan Submission Dataset Names .....	7
Table 13: PDE Submission Dataset Names .....	8
Table 14: Edit Examples .....	14
Table 15: SFTP Report Naming Conventions .....	16
Table 16: Document/Files with Specific Names.....	18
Table 17: Document/Files by groupings .....	20
Table 18: Document/Files by groupings and date .....	22
Table 19: Record of Change .....	24
Table 20: Acronym List .....	25

The *Medicare Advantage Communications Handbook* is subject to change. Updated versions of this handbook and other Electronic Data Interchange (EDI) related documents will be published at on the CSSC Operations website at [www.csscoperations.com](http://www.csscoperations.com).

## **OVERVIEW: ESTABLISH CONNECTIVITY & TRANSFER FILES**

- Organizations contact CMS' approved Network Service Vendors to establish connectivity with Palmetto GBA's secure network.
- Medicare Advantage Organizations (MAOs) and other entities submit data over the CMS Extranet, a secure, encrypted, virtual private Network.
- Organizations with less than 100,000 enrolled members are allowed to connect directly to CMS.

Once connectivity is established:

- Organizations submit required documents to Palmetto GBA to obtain security access credentials.
  - Submitter ID
  - User ID
  - Passwords
- Testing and certification is required.

## **UNDERSTANDING THE GOVERNMENT PROGRAM NETWORK (GPNET)**

### **Introduction and Recommended Software**

GPNet is the EDI gateway to the Front-End System (FES). GPNet supports file transfers via Connect:Direct, also known as Network Data Mover (NDM), and through a Network Service Vendor (NSV). Specifications on these options are included later in this handbook.

PK-ZIP® software version 14+ is recommended and is a licensed product of PKWARE, Inc. This handbook references materials from the PK-Zip Read Me File.

Microsoft Internet Explorer® version 8.0 or higher is recommended and is a licensed product of Microsoft Corporation.

Any other software referenced within this handbook is licensed or copyrighted by their respective companies and is for informational purposes only.

### **Submission Information**

The GPNet platform currently supports version 5010A1/A2, 5010 of the Accredited Standards Committee (ASC) X12 837 claim submission, the National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard, version 4.2, Risk Adjustment (RA) and Prescription Drug Event (PDE) data.

The GPNet platform is available 24 hours a day, seven days a week, with the exception of scheduled maintenance performed on Sundays. If the editing system is not available, the user may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be generated and accessible for retrieval within two business days.

A 999 Functional Acknowledgement report will be returned upon completion of initial editing of an ASC X12 file. If the file is accepted, a 277CA (Claim Acknowledgement) or a Dental Validation Report will also be generated. A front-end response report will be returned to the submitter upon completion of initial editing of an NCPDP, RA, or PDE file.

## Who to Contact

If there are any questions regarding the GPNet platform, please contact the Customer Service and Support Center (CSSC) at 877-534-2772 or by email at [csscoperations@palmettogba.com](mailto:csscoperations@palmettogba.com).

## FILE PROCESSING

To ensure files are processed correctly, please include the following information in the appropriate fields applicable to the file type being submitted.

### Encounter Data (submitted in ASC X12 837 - Version 5010 format)

**Table 1: ASC X12 837 - Version 5010 Data Elements Required to Identify Submitter & Type of Encounter Data Record**

Field	Required Data Elements
ISA06 GS02	Enter Submitter ID assigned
ISA08 GS03 1000B / NM109 2010BB / NM109	Enter the appropriate Payer ID (see Payer ID chart below)
ISA13	Please ensure the <b>nine-digit File ID</b> field is a <b>unique number</b> that has not been submitted within the past 12 months
ISA15	Enter <b>T</b> when submitting a test encounter file Enter <b>P</b> when submitting a production encounter file
GS08	<b>Institutional Claims (Part A)</b> - Enter <b>005010X223A2</b> when submitting an encounter file <b>Professional Claims (Part B)</b> - Enter <b>005010X222A1</b> when submitting an encounter file <b>Dental</b> - Enter <b>005010X224A2</b> when submitting a dental encounter

### Payer ID Information

**Table 2: Required Payer ID Information**

Medicare Advantage Encounter Data Files	Payer ID
Part A	80881
Part B	80882
DME (Durable Medical Equipment)	80887

Medicare-Medicaid Plan Encounter Data Files	
Medicare	Payer ID
Part A	80888
Part B	80889
DME	80890
Medicaid	Payer ID
Part A	80891
Part B	80892
Dental	80893
DME	80895

## RAPS Data (CMS' proprietary abbreviated format)

Table 3: RAPS Data Elements Required to Identify the Submitter and Type of RAPS File

Record ID	Field	Required Data Elements
AAA	2	Enter Submitter ID assigned
AAA	3	Please ensure the <b>ten-digit File ID</b> field is a <b>unique number</b> that has not been submitted within the past 12 months
AAA	5	Enter <b>TEST</b> when submitting a test RA file Enter <b>CERT</b> when submitting a certification RA file Enter <b>PROD</b> when submitting a production RA file

## NCPDP Post Adjudication - Version 4.2

Table 4: NCPDP Post Adjudication - Version 4.2 Required Data Elements

Field	Required Data Elements
601-04	PA
102-A2	42
879	Enter Submitter ID assigned
806-5C	Batch Number (must be fixed length of seven numbers)
880-K7	80894
702-MC	Enter <b>T</b> when submitting a test NCPDP file Enter <b>P</b> when submitting a production NCPDP file

## Prescription Drug Event (PDE)

Table 5: PDE Required Data Elements

Record ID	Field	Required Data Elements
HDR	2	Enter Submitter ID assigned
HDR	3	Please ensure the <b>ten-digit File ID</b> field is a <b>unique number</b> that has not been submitted within the past 12 months
HDR	5	Enter <b>TEST</b> when submitting a test PDE file Enter <b>CERT</b> when submitting a certification PDE file Enter <b>PROD</b> when submitting a production PDE file

## CMS GENTRAN/TIBCO INBOUND FILE NAMING CONVENTIONS

Table 6: CMS Gentrans/TIBCO Inbound File Naming Conventions

File Type	Production	Test
Medicare Encounter Data	guid.racf.EDS.freq.ccccc.FUTURE.P	guid.racf.EDS.freq.ccccc.FUTURE.T
RAPS Data	guid.racf.RAPS.freq.ccccc.FUTURE.P	guid.racf.RAPS.freq.ccccc.FUTURE.T
MMP Encounter	guid.racf.MEDS.freq.ccccc.<Sub Id>.P	guid.racf.MEDS.freq.ccccc.<Sub Id>.T
MMP RAPS	guid.racf.MRAPS.freq.ccccc.<Sub Id>.P	guid.racf.MRAPS.freq.ccccc.<Sub Id>.T
MMP NCPDP	guid.racf.MNCP.freq.ccccc.<Sub Id>.P	guid.racf.MNCP.freq.ccccc.<Sub Id>.T
MMP PDE	guid.racf.MPDE.freq.ccccc.<Sub Id>.P	guid.racf.MPDE.freq.ccccc.<Sub Id>.T
MMP Medicaid	guid.racf.MMCD.freq.ccccc.<Sub Id>.P	guid.racf.MMCD.freq.ccccc.<Sub Id>.T
PDE	guid.racf.PDE.freq.ccccc.FUTURE.P	guid.racf.PDE.freq.ccccc.FUTURE.T

## FRONT-END SYSTEM (FES) NOTIFICATION EXAMPLES

The FES distributes notifications to MAOs and other entities when files have been received and/or processed by the FES, but will not proceed for further processing.

The report format examples are as follows:

### Encounter Data Front-End System (EDFES)

FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 FILE CONTROL: XXXXXXXXXX  
 NUMBER OF CLAIMS: 99,999  
 FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXX

### Encounter Data Front-End System Post Screening Edits

Table 7: Post-Screening Invalid Report for all Files

Notification Message	Notification Message Description	INST	PROF	DME
File ID (XXXXXXXX) is a duplicate of a file ID sent within the last 12 months	The file ID must be unique for a 12 month period	Y	Y	Y
Submitter not authorized to send claims for the plan (Contract ID)	The submitter is not authorized to send EDRs for this contract	Y	Y	Y
Contract ID cannot be the same as the Submitter ID	The Contract ID cannot be the same as the Submitter ID	Y	Y	Y
At least one EDR is missing a Contract ID in the 2010BB-REF02 segment	The Contract ID is missing	Y	Y	Y
See service type columns	The maximum number of EDRs allowed in a file	File cannot exceed 5,000 EDRs	File cannot exceed 85,000 EDRs	File cannot exceed 85,000 EDRs
Transaction set (ST/SE) (XXXXXXXX) cannot exceed 5,000 claims	There can only be 5,000 claims in each ST/SE loop	Y	Y	Y
Date of service cannot be before 2011	Files cannot be submitted with a date if service before 2011	Y	Y	Y
CAS adjustment amount must not be 0	The CAS adjustment amount cannot be (0)	Y	Y	Y
Billing provider loop is missing	The Billing Provider loop must be present	Y	Y	Y
Submitter not certified for production	The submitter must be certified to send EDRs for production	Y	Y	Y
No test cases found in this file	The file was processed with the Interchange Usage Indicator = "T" and the submitter is not yet certified	Y	Y	Y



**Table 8: Post-Screening Invalid Report for End-to-End Testing**

Notification Message	Notification Message Description	INST	PROF	DME
See service type columns	See service type columns	File cannot contain more than 6 EDRs	File cannot contain more than 6 EDRs	File cannot contain more than 4 EDRs
Patient control number is more than 20 characters long the TC# was truncated	The Claim Control Number including the Test Case Number, must not exceed 20 characters	Y	Y	Y
File contains (X) test case (X) encounter(s)	The file must contain two (2) of each test case	Y	Y	Y
Additional files cannot be validated until an MAO-02 report has been received	The MAO-002 report must be received before additional files can be submitted	Y	Y	Y
File cannot contain both unlinked and linked test cases	The test cases from file 1 and file 2 cannot be in the same file cases		Y	
Cannot send linked test cases until all unlinked test cases have been accepted	The test cases for file 2 cannot be sent before all file 1 test cases are accepted		Y	

**Table 9: Post-Screening Invalid Report for Tier 2 Files**

Notification Message	Notification Message Description	INST	PROF	DME
The interchange usage indicator must equal "T"	The Tier 2 file is being sent with a "P" in the ISA15 field	Y	Y	Y
The Contract ID has (X,XXX) claims in the file. Only 2,000 are allowed	The number of encounters for a Contract ID cannot be greater than 2,000	Y	Y	Y

## RAPS Data Front-End Risk Adjustment System (FERAS)

REPORT: FERAS-RESP FRONT END RISK ADJUSTMENT SYSTEM  
 RUN DATE: 20170101 FERAS RESPONSE REPORT  
 PROCESSED: CCYYMMDD CYCLE

SUBMITTER ID: SH#####  
 FILE ID: 012345678 REJECTED PROD

RECORD SEQ ERROR  
 TYPE NO CODE ERROR DESCRIPTION  
 AAA 0000001 112 SUBMITTER ID NOT ON FILE  
 AAA 0000001 107 SUBMITTER ID NOT VALIDATED TO SEND PROD DATA  
 ZZZ 0000128 162 ZZZ SUB-ID DOES NOT MATCH SUB-ID ON AAA RECORD  
 \*\* End of Report \*\*

## Prescription Drug Front-End System (PDFS)

REPORT: PDFS-RESP PRESCRIPTION DRUG FRONT END SYSTEM  
 RUN DATE: 20170101 PDFS RESPONSE REPORT  
 PROCESSED: CCYYMMDD CYCLE

SUBMITTER ID: SH#####  
 FILE ID: 012345678 REJECTED PROD

RECORD SEQ ERROR  
 TYPE NO CODE ERROR DESCRIPTION  
 HDR 0000001 132 DUPLICATE FILE ID IN LAST 12 MONTHS  
 \*\* End of Report \*\*

## CONNECT:DIRECT SUBMISSION DATASET NAMES

### Medicare Encounter Data

**Table 10: Medicare Encounter Data Submission Dataset Names**

Testing	Production	Parameter Values
MAB.PROD.NDM.TEST.EDST.<Submitter ID>(+1)	MAB.PROD.NDM.PROD.EDST.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)

[Click here for the Encounter Data Connect:Direct Application](#)

### RAPS Data

**Table 11: RAPS Data Submission Dataset Names**

Testing	Production	Parameter Values
MAB.PROD.NDM.RAPS.TEST.<Submitter ID>(+1)	MAB.PROD.NDM.RAPS.PROD.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(75,10),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

[Click here for the RAPS Connect:Direct Application Form](#)

### Medicare-Medicaid Plan (MMP)

**Table 12: Medicare-Medicaid Plan Submission Dataset Names**

Line of Business	Production	Parameter Values
MMP MEDICARE ENCOUNTER	MAB.PROD.NDM.MMFS.ENC.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)
MMP MEDICAID ENCOUNTER	MAB.PROD.NDM.MMFS.MCD.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)
MMP NCPDP	MAB.PROD.NDM.MMFS.NCP.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=3700,BLKSIZE=25900)
MMP PDE	MAB.PROD.NDM.MMFS.PDE.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(1200,500),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)
MMP RAPS	MAB.PROD.NDM.MMFS.RAS.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(75,10),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

**Note:** MMP test files must be submitted using the production dataset names.

[Click here for the Medicare-Medicaid Plan \(MMP\) Connect:Direct Application Form](#)

**PDE**

**Table 13: PDE Submission Dataset Names**

Testing	Production	Parameter Values
MAB.PROD.NDM.PDFS.TEST.<Subscriber ID>(+1)	MAB.PROD.NDM.PDFS.PROD.<Subscriber ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(1200,500),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

[Click here for the PDFS Connect:Direct Application Form](#)

## CONNECTING TO THE FES

A connection with an approved NSV must be in place prior to the establishment of a connection with the FES.

[Click here for the list of approved NSV's.](#)

In order to submit files to the FES, the user must be enrolled with CSSC Operations. If the user is not enrolled, please contact the CSSC Operations Help Desk at (877) 534-2772, or by email at [csscoperations@palmettogba.com](mailto:csscoperations@palmettogba.com). Once enrolled, a Submitter Identification (ID) and Password will be provided.

## CREATING A RAPS FILE USING DIRECT DATA ENTRY (DDE)

### GETTING STARTED

1. **Access** the CSSC Operations web site at: [www.csscoperations.com](http://www.csscoperations.com).
2. **Select** the Medicare Advantage Encounter Data and RAPS Data link on the left side of the window.
3. **Select** the Resources Link.
4. **Select** the Risk Adjustment Direct Data Entry Tool Link.
5. **Open and Download** the Excel Workbook, which have the following 4 tabs at the bottom of the Excel Workbook:
  - a. User Instructions (display of detailed instructions that must be followed)
  - b. Profile Information (entry of the Profile Information or the AAA Record)
  - c. Input (entry of the Plan, Patient and Diagnosis Code Information or the BBB and CCC Records)
  - d. Records (display of all fields and records entered)
6. **Select** the 'User Instructions Tab' for a list of detailed instructions for creating a RAPS File, if needed.
7. **Follow** the detailed instructions for creating a RAPS File for submission.

### PROFILE INFORMATION TAB

1. Reference **Figure 1** for the Profile Information Tab (the AAA Record).
2. **Enter** the following information:
  - a. Submitter Number (Required)
    - i. **Enter** a 6 alphanumeric Submitter Id (i.e. SHnnnn)
    - ii. **Entry** must begin with 'SH', 'SE' or 'SR'
  - b. Prod/Test (Required)
    - i. **Select** PROD or TEST option from the drop down listing.
  - c. Diagnosis File Type (Required)
    - i. **Select** ICD9 or ICD10 option from the drop down listing.
      1. ICD9 Diagnosis Codes are before 10/1/2015
      2. ICD10 Diagnosis Codes are on or after 10/1/2015
  - d. Output File Path (Required)
    - i. **Navigate** to the location where the file should be stored (i.e. in a folder location on your workstation) by using the 'Select Path' link.
  - e. File ID (Required)
    - i. **Enter** a maximum of 10 alphanumeric characters.

**Note:** Alphanumeric is defined as characters A-Z, and numeric as 0-9).

**Figure 1: Profile Information**

Profile Information			
Submitter Number	<input type="text"/>		
Prod/Test	<input type="text"/>		
Diagnosis File Type	<input type="text"/>		
Output File Path	<input type="text"/>	Select Path	
File ID	<input type="text"/>		

### INPUT TAB

1. Reference **Figure 2** for the Risk Adjustment Record Submission fields (the BBB Record).
2. Enter the following information:
  - a. Plan Number (Required)
    - i. **Must** be a 5-character alphanumeric Plan Number (i.e. H9999)
    - ii. **Must** begin with H, E or R
  - b. Patient Info
    - i. Patient Control # (Optional); **Enter** a maximum of 40 alphanumeric characters
    - ii. Medicare ID (Required); **Enter** a maximum of 25 alphanumeric characters
    - iii. Date of Birth (Optional); **Enter** in MM/DD/YYYY format

**Figure 2: Risk Adjustment Record Submission**

Risk Adjustment Record Submission			
Plan Number	<input type="text"/>		
Patient Info			
Patient Control #	<input type="text"/>		<i>Optional</i>
Medicare ID	<input type="text"/>		
Date of Birth	<input type="text"/>		<i>Optional</i>

3. Reference **Figure 3** for the Diagnosis Cluster Information fields (the CCC Record).
4. **Enter** the following Diagnosis Cluster information:
  - a. Entry up to 10 Diagnosis Clusters
    - i. Provider Type (Required); **Select** the desired Provider Type from the drop down listing.

- ii. From Date (Required); **Enter** in MM/DD/YYYY format
- iii. Thru Date (Required); **Enter** in MM/DD/YYYY
- iv. Delete Ind (Optional); **Select** the desired Delete Indicator from the drop down listing.
- v. Diagnosis Code (Required); **Enter** a Diagnosis Code
- vi. Risk Assessment Code (Required); **Enter** the desired Risk Assessment Code from the drop down listing

**Figure 3: Diagnosis Cluster Information**

<b>Diagnosis Cluster Information</b>		
<b>1</b>	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
<b>2</b>	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
<b>3</b>	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
<b>4</b>	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
<b>5</b>	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	

5. Reference **Figure 4** for additional functions.
  - a. After all diagnosis clusters have been entered on the Input Tab, **select** 'Add Next CCC Record' to create or add the CCC record
  - b. **Select** 'New Batch' to create a new BBB and CCC Record
    - i. When entering a new Plan Number, a new batch will automatically be created
  - c. **Select** 'Create File' after all information has been entered
    - i. File name is user defined
  - d. **Select** 'Clear CCC Records' to remove CCC record entries from the screen or current Input tab
  - e. **Select** 'Clear Records Tab' to remove all records on that tab
6. **Select** 'Records Tab' at the bottom of the Excel Workbook to display all the fields and records entered for the file, if needed.
7. The user must **submit** the file via SFTP Command Line.

**Figure 4: Additional Functions**

Add Next CCC Record	Click this button to add CCC records. You must click this button to move the CCC record to the Records tab before adding a new batch or creating a file.
New Batch	Click here to create a new batch.
Create File	Click here to create a file.
Clear CCC Records	Click here in the event you want to remove CCC record entries from this tab only.
Clicking this button will clear <u>ALL</u> records on the Records tab. Do not select this unless you want to delete all records created so far.	
Clear Records Tab	



## Edit Examples

**Table 14: Edit Examples**

ERROR	SCREEN/FIELD NAME	RESOLUTION
Alphanumeric. This must be 6 characters. (i.e. SHnnnn)	Profile Information/Submitter Number	Enter up to 6 alphanumeric positions for the Submitter Number.
Alphanumeric 10 character maximum	Profile Information/File Id	Enter up to 10 alphanumeric positions for the File Id.
Alphanumeric. This must be 5 characters. (i.e. Hnnnn)	Input/Plan Number	Enter up to 5 alphanumeric positions for the Plan Number
OPTIONAL FIELD Alphanumeric 40 character maximum	Input/Patient Control #	Enter up to 40 alphanumeric positions for the Patient Control #. This is an optional entry and is not a required entry.
Alphanumeric 25 character maximum	Input/Medicare ID	Enter up to 25 alphanumeric positions for the Medicare ID.
Must be formatted as MM/DD/YYYY	Input/Date of Birth	Enter the Patient Date of Birth in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964). This is an optional entry and is not a required entry.
Must be formatted as MM/DD/YYYY	Input/From Date	Enter the Diagnosis Cluster From Date in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964).
Must be formatted as MM/DD/YYYY	Input/Thru Date	Enter the Diagnosis Cluster Thru Date in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964).
Must be 3 to 7 Characters	Input/Diagnosis Code	Enter a 3 to 7 position Diagnosis Code.
The Plan Number must begin with H, E or R	Input/Plan Number	Enter a Plan Number that begins with H, E or R.
Submitter Number must begin with SH, SE or SR	Input/'Create File' is selected	Enter a Submitter Number that begins with SH, SE or SR.
Thru date should not be < from date	Input/'Next CCC Record' is selected	Enter a Thru Date that is less than the From Date.
For ICD10 File Type the from date should be >= 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD10 Diagnosis Codes, the From Date must be greater than or equal to 10/01/2015.
For ICD10 File Type the thru date should be >= to 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD10 Diagnosis Codes, the Thru Date must be greater than or equal to 10/01/2015.
For ICD9 File Type the from date should be < 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD9 Diagnosis Codes, the From Date must be less than 10/01/2015.
For ICD9 File Type the thru date should be < to 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD9 Diagnosis Codes, the Thru Date must be less than 10/01/2015.

## CONNECT TO THE FES USING SFTP

A connection with an approved NSV must be in place prior to the establishment of a connection with the FES.

In order to submit files to the FES, the user must be enrolled by CSSC Operations. If not enrolled, please contact the CSSC Help Desk at (877) 534-2772, or by email at [csscoperations@palmettogba.com](mailto:csscoperations@palmettogba.com). Once enrolled, a Submitter ID and Password will be provided.

The following information is needed when creating a new entry within your SFTP software:

1. HOST Name (The *HOST Name* is an IP address provided along with a Submitter ID once enrolled by CSSC Operations)
2. Port: 22
3. Protocol: SSH/SFTP File Transfer Protocol
4. User: Submitter ID/Submitter ID (ex. SH9999/SH9999)

**Note:** All letters within the Submitter ID are in caps.

5. Password: Received via email notification to the technical contact after enrollment is complete.

**Note:** Password is case sensitive and must be submitted as given on the email notification.

Once entry setup is complete, launch the SFTP software to connect.

When access to SFTP server is successful, see steps below for sending and receiving files.

### Sending Files

The following steps explain how to send files to the FES through the SFTP server.

1. Access Outbox directory path to submit files: **outbox/EZComm/BC/1.0/Notify**.
2. Once access is successful to the outbox directory, upload or drop files into outbox directory for processing.

**Note:** Zip uploaded files in a PK-ZIP 14+ compatible format can decrease upload time. Repeating the file name may cause files that are waiting to be processed to be overwritten. Instead, use sequential file names (i.e., FILE1, FILE2, etc.).

3. A message will be received that the upload was successful.

### Receiving Files

The following steps explain how to receive files from the FES through the SFTP server.

1. Access Inbox directory path to download files: **inbox/EZComm/BC/1.0/Notify**.
2. Follow the commands outlined in your SFTP software to download the files available in your inbox.

**Note:** It is recommended not to select the wildcard option (\*.\*) for all options like ALL SUBMITTERS or ALL REPORTS. Reports should be downloaded and saved prior to

viewing as the new SFTP environment removes reports from the SFTP/TIBCO mailbox once viewed. CSSC Operations will have report restore capabilities.

## SFTP/TIBCO REPORT NAMING CONVENTIONS

Table 15: SFTP Report Naming Conventions

SFTP Report Naming Conventions		
#	Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions	Description
1	INVCCYMMDDHHMMSSSSS.INV	Server Pre-Screener Response
2	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.TA1	TA1 Response
3	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.999	999 Response
4	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.277CA	277CA Response
5	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.REJECTED_ID.RSP	Outbound Validation Response Report
6	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
7	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
8	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
9	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
MMP Dental		Description
1	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.VALIDATION.RPT	Dental Validation Report
NCPDP		Description
1	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.NCPDP_VALIDATION.RPT	NCPDP Validation Report
PDE		Description
1	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.PDFS_RESP.RPT	PDE Response Report
2	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
3	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
5	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
7	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	<Submitter ID>.CCYMMDD.THHMMSS.nnnnnn.s.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report

<b>SFTP Report Naming Conventions</b>		
9	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report
<b>Plan-to-Plan</b>		<b>Description</b>
1	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
<b>PRS</b>		<b>Description</b>
1	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
<b>RAPS</b>		<b>Description</b>
1	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.FERAS_RESP.RPT	RAPS Response Report
2	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	<Submitter ID>.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_SUMMARY.RPT	RAPS Summary Report

**Key of System Generated values:**

CCYYMMDD – Century, Year, Month, Day  
 HHMMSSSSS – Hour, Minutes, Seconds/Milliseconds timestamp;  
 nnnnnn – Randomly assigned sequential number;  
 s – Sequential count

## Downloading Report Returns from your TIBCO Mailbox

1. Select Documents/Files Individually.

**Table 16: Document/Files with Specific Names**

<b>Documents/Files with Specific Names</b>		
<b>#</b>	<b>Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions</b>	<b>Description</b>
1	INV20180217115435847.INV	Server Pre-Screener Response
2	<Submitter ID>.20180419.T115449.381992.1.TA1	TA1 Response
3	<Submitter ID>.20180419.T174119.790605.1.999	999 Response
4	<Submitter ID>.20180419.T174006.918610.1.277CA	277CA Response
5	<Submitter ID>.20180221.T163606.881212.3.REJECTED_ID.RSP	Outbound Validation Response Report
6	<Submitter ID>.20180313.T172314.112916.1.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
7	<Submitter ID>.20180405.T172119.006591.1.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
8	<Submitter ID>.20180409.T164736.921959.1.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
9	<Submitter ID>.20180409.T162940.356704.1.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
<b>MMP Dental</b>		<b>Description</b>
1	<Submitter ID>.20180419.T192020.002001.1.VALIDATION.RPT	Dental Validation Report
<b>NCPDP</b>		<b>Description</b>
1	<Submitter ID>.20180419.T192520.002311.1.NCPDP_VALIDATION.RPT	NCPDP Validation Report
<b>PDE</b>		<b>Description</b>
1	<Submitter ID>.20180419.T183000.001701.1.PDFS_RESP.RPT	PDE Response Report
2	<Submitter ID>.20180419.T183101.001710.1.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
3	<Submitter ID>.20180419.T183202.001720.1.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	<Submitter ID>.20180419.T183303.001730.1.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
5	<Submitter ID>.20180419.T183404.001740.1.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	<Submitter ID>.20180419.T183505.001750.1.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
7	<Submitter ID>.20180419.T183606.001760.1.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	<Submitter ID>.20180419.T183707.001770.1.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
9	<Submitter ID>.20180419.T183808.001780.1.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report

<b>Documents/Files with Specific Names</b>		<b>Description</b>
<b>Plan-to-Plan</b>		
1	<Submitter ID>.20180419.T193808.003310.1.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	<Submitter ID>.20180419.T193909.003311.1.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	<Submitter ID>.20180419.T194010.003312.1.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	<Submitter ID>.20180419.T194111.003313.1.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	<Submitter ID>.20180419.T194212.003314.1.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	<Submitter ID>.20180419.T194313.003315.1.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	<Submitter ID>.20180419.T194414.003316.1.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
<b>PRS</b>		
1	<Submitter ID>.20180419.T152022.000282.1.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
<b>RAPS</b>		
1	<Submitter ID>.20180419.T155051.000801.1.FERAS_RESP.RPT	RAPS Response Report
2	<Submitter ID>.20180419.T155152.000802.1.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	<Submitter ID>.20180419.T155253.000803.1.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	<Submitter ID>.20180419.T155354.000804.1.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	<Submitter ID>.20180419.T155455.000805.1.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	<Submitter ID>.20180419.T155556.000806.1.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	<Submitter ID>.20180419.T155657.000807.1.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	<Submitter ID>.20180419.T155758.000808.1.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	<Submitter ID>.20185859.T155859.000809.1.RAPS_SUMMARY.RPT	RAPS Summary Report

2. Select a grouping of documents/files.

**Table 17: Document/Files by groupings**

<b>Document/Files by groupings</b>		
<b>#</b>	<b>Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions</b>	<b>Description</b>
1	<Submitter ID>.*TA1	TA1 Response
2	<Submitter ID>.*999	999 Response
3	<Submitter ID>.*277CA	277CA Response
4	<Submitter ID>.*.REJECTED_ID.RSP	Outbound Validation Response Report
5	<Submitter ID>.*.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
6	<Submitter ID>.*.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
7	<Submitter ID>.*.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
8	<Submitter ID>.*.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
<b>MMP Dental</b>		<b>Description</b>
1	<Submitter ID>.*.VALIDATION.RPT	Dental Validation Report
<b>NCPDP</b>		<b>Description</b>
1	<Submitter ID>.*.NCPDP_VALIDATION.RPT	NCPDP Validation Report
<b>PDE</b>		<b>Description</b>
1	<Submitter ID>.*.PDFS_RESP.RPT	PDE Response Report
2	<Submitter ID>.*.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
3	<Submitter ID>.*.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	<Submitter ID>.*.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
5	<Submitter ID>.*.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	<Submitter ID>.*.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
7	<Submitter ID>.*.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	<Submitter ID>.*.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
9	<Submitter ID>.*.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report

<b>Document/Files by groupings</b>		
1	<Submitter ID>*.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	<Submitter ID>*.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	<Submitter ID>*.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	<Submitter ID>*.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	<Submitter ID>*.DPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	<Submitter ID>*.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	<Submitter ID>*.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
<b>PRS</b>		<b>Description</b>
1	<Submitter ID>*.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
<b>RAPS</b>		<b>Description</b>
1	<Submitter ID>*.FERAS_RESP.RPT	RAPS Response Report
2	<Submitter ID>*.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	<Submitter ID>*.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	<Submitter ID>*.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	<Submitter ID>*.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	<Submitter ID>*.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	<Submitter ID>*.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	<Submitter ID>*.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	<Submitter ID>*.RAPS_SUMMARY.RPT	RAPS Summary Report



3. Select a grouping of documents/files by date.

**Table 18: Document/Files by groupings and date**

<b>Document/Files by groupings and date</b>		
<b>#</b>	<b>Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions</b>	<b>Description</b>
1	<Submitter ID>.20180419.*.TA1	TA1 Response
2	<Submitter ID>.20180419.*.999	999 Response
3	<Submitter ID>.20180419.*.277CA	277CA Response
4	<Submitter ID>.20180221.*REJECTED_ID.RSP	Outbound Validation Response Report
5	<Submitter ID>.20180313.*.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
6	<Submitter ID>.20180405.*.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
7	<Submitter ID>.20180409.*.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
8	<Submitter ID>.20180409.*.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
<b>MMP Dental</b>		<b>Description</b>
1	<Submitter ID>.20180409.*.VALIDATION.RPT	Dental Validation Report
<b>NCPDP</b>		<b>Description</b>
1	<Submitter ID>.20180409.*.NCPDP_VALIDATION.RPT	NCPDP Validation Report
<b>PDE</b>		<b>Description</b>
1	<Submitter ID>.20180419.*.PDFS_RESP.RPT	PDE Response Report
2	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
3	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
5	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
7	<Submitter ID>.20180419.*.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	<Submitter ID>.20180419.*.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
9	<Submitter ID>.20180419.*.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report

Document/Files by groupings and date		
1	<Submitter ID>.20180419. *.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	<Submitter ID>.20180419. *.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	<Submitter ID>.20180419. *.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	<Submitter ID>.20180419. *.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	<Submitter ID>.20180419. *.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	<Submitter ID>.20180419. *.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	<Submitter ID>.20180419. *.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
PRS		Description
1	<Submitter ID>.20180419. *.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
RAPS		Description
1	<Submitter ID>.20180419. *.FERAS_RESP.RPT	RAPS Response Report
2	<Submitter ID>.20180419. *.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	<Submitter ID>.20180419. *.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	<Submitter ID>.20180419. *.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	<Submitter ID>.20180419. *.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	<Submitter ID>.20180419. *.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	<Submitter ID>.20180419. *.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	<Submitter ID>.20180419. *.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	<Submitter ID>.20185859. *.RAPS_SUMMARY.RPT	RAPS Summary Report

## APPENDIX A: ACRONYM LIST

**Table 19: Acronym List**

ACRONYM	DEFINITION
<b>A</b>	
ASC	Accredited Standards Committee
<b>C</b>	
CA	Claim Acknowledgement
CMS	Centers for Medicare & Medicaid Services
CSSC	Customer Service Support Center
<b>D</b>	
DDE	Direct Data Entry
DDPS	Drug Data Processing System
DME	Durable Medical Equipment
DOS	Disk Operating System
<b>E</b>	
EDFES	Encounter Data Front-End System
EDI	Electronic Data Interchange
EDPS	Encounter Data Processing System
<b>F</b>	
FERAS	Front-End Risk Adjustment System
FES	Front-End System
FTP	File Transfer Protocol
<b>G</b>	
GPNET	Government Program Network
<b>H</b>	
HIC	Health Insurance Claim Number
<b>I</b>	
ICD-9/ICD-10	International Classification of Diseases, Clinical Modification (versions 9 and 10)
ID	Identification Data
<b>M</b>	
MAO	Medicare Advantage Organization
MMP	Medicare – Medicaid Plan
<b>N</b>	
NA	Not Applicable
NCPDP	National Council for Prescription Drug Programs
NDM	Network Data Mover
NSV	Network Service Vendor
<b>P</b>	
PCN	Patient Control Number
PDE	Prescription Drug Event
PDFS	Prescription Drug Front-End System
<b>R</b>	
RA	Risk Adjustment
RAPS	Risk Adjustment Processing System
RAPS Data	Risk adjustment data submitted in the CMS proprietary abbreviated format
<b>S</b>	
SFTP	Secure File Transfer Protocol
<b>U</b>	
URL	Uniform Resource Locator

## APPENDIX B: RECORD OF CHANGE

**Table 20: Record of Change**

Version Number	Date	Author/Owner	Description of Change
1.0	11/20/2017	FES Team	Initial creation.
2.0	08/04/2018	FES Team	Updates due to decommissioning of web sites and TIBCO/SFTP Migrations.
2.1	08/10/18	FES Team	Updates to Encounter and MMP due to the TIBCO/SFTP Migration. Included NCPDP and Encounter Dental naming conventions for TIBCO Mailboxes.
2.2	08/21/18	FES Team	Updates to the SFTP Naming Conventions including RAPS and PDE and FTP/SFTP processes.
2.3	09/11/18	FES Team	Remove FTP Information. Added new DDE processes.
2.4	09/13/18	FES Team	Revised SFTP process
	09/13/18	FES Team	Moved Appendix A: Record of Change to the last page. Changed to Appendix B. Updated Table of Content