



ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor



Oregon Health Authority

Addictions and Mental Health

Measures and Outcomes Tracking System

Electronic Data Interchange

File Transfer Specifications and

Certification Requirements

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Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval. Some important changes were made in document before the merge.

v #	Change Description	Author	Date
0.8	Transaction Id	PJV	02/13/2014
0.8	Transaction Count	PJV	02/13/2014
0.9	Transaction Type introduced	PJV	02/21/2014
0.9	Original Client Id added	PJV	02/21/2014
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2.3	Clarified that Batch Number needs to be unique across all status and Service files, pages 6 and 18. Clarified the narrative to better match the examples, page 17. Clarified that the max length for batch number is 6 digits, page 18. Better defined transaction total, page 21. Clarified results file description, page 22. Updated error messages to be consistent with results file, p. 26 Added clarity to the certification process, page 33.	BSK	06/09/2014
2.4	Clarified the meaning of Assessment Only, page 5.	BSK	07/28/2014

	Changed the minimum number of transactions for certification, page 33. Added better Status and Service Results File Examples, page 23.		
2.5	Added that filenames cannot be reused, page 4.	BSK	08/06/2014
	Added that files names must follow the naming standards, page 4.	BSK	10/09/2014
	Added clarification about deleting records, page 3.	BSK	11/07/2014
	Provided a better sample of Non-Medicaid Services Results File, p. 26.	BSK	11/07/2014
2.6	Number of NMS Certification files changed from 10 to 100 p. 37	DCY	12/24/2014
2.7	Added MOTS Reference Manual as a source of information about Status and Non-Medicaid Service Data p. 3 Under Service Header Segment Example, added Non-Medicaid service files do not accompany Mental Health or Involuntary Service events p. 19	DCY	2/5/2015
2.8	Fixed broken links-pgs 3 and 36	DCY	04/07/2015
2.9	Minor edits	DCY	07/13/2015
3.0	Added submissions Options for Non-Medicaid Service pg 5 Added to Status file format and submission options pg 20 Added clarification to Service Transaction ID pg 20 Added six error messages Pgs 33 and 34	DCY	07/28/2015

Introduction

The Addictions and Mental Health (AMH) Division will collect data via a new data system beginning in the fall of 2013. The new system, which will be known as MOTS (Measures and Outcomes Tracking System), will collect status and encounter data. Status data provides information during the treatment cycle (such as at admission and then updates at least every 90 days), and service data provides information on services/happenings within the treatment episode. The collection of this additional data will allow AMH to focus on outcomes and services provided – not just count the number of people served. Ultimately, AMH will be able to provide better data and information to its stakeholders, including the Legislature and other requesters such as County Mental Health Programs and Coordinated Care Organizations.

Purpose

The purpose of this AMH File Transfer Specifications for Electronic Health Records document is to inform and explain how the data elements collected will be reported. This document is intended for Behavioral Health Treatment Agencies that are using an Electronic Medical Record (EMR) or an Electronic Health Record (EHR), excluding OWITS, and plan to send information from their system using electronic data interchange (EDI). This guide explains which data elements need to be extracted from their electronic system(s) and how it needs to be formatted and ordered to be acceptable to the AMH Measures and Outcomes Tracking System (MOTS) data systems.

Abbreviations used in this document

- AMH = Addiction Mental Health Division
- EDI = Electronic Data Interchange
- MOTS = Measures and Outcomes Tracking System
- SA = Substance Abuse
- MH = Mental Health
- Tx = Treatment
- Dx = Diagnosis
- CPD = Client Profile Data
- BHD = Behavioral Health Data
- ADD = Addiction Detail Data
- MCD = MH Crisis Data
- INS = Involuntary Service (Pre-Commitment Investigation)

Process for Data Submission

In order to submit live data to MOTS, a provider must be certified to do so. The following checklist is an overview of the steps involved to become certified. Each step is further detailed in appendix B.

EDI Certification Checklist for Agency/Facility

- Agency/Facility Registration in MOTS**
 - Online registration submission
 - Received login and password
 - Request additional users if necessary for MOTS from AMH
 - MOTS Contact Method Selection
 - Facility Setup
 - MOTS EDI Data Submission Selection
- Agency/Facility SFTP Setup**
 - Received AMH SFTP setup notification
 - Received Forms dhs0780 and de0785 from AMH
 - Returned both signed forms to AMH
 - Received SFTP Instructions for login/password/access
- File Transfer Certification Process**
 - Status Files
 - Sent first Status Certification file
 - Received approval on first Status Certification file
 - Sent second Status Certification file
 - Received approval on second Status Certification file
 - Non-Medicaid Service Files
 - Sent first Non-Medicaid Service Certification file
 - Received approval on Non-Medicaid Service Status Certification file
 - Sent second Non-Medicaid Service Certification file
 - Received approval on second Non-Medicaid Service Certification file
- Approval/Certification Received from AMH**
- Remove CERT from beginning of Status and Non-Medicaid Service files**
- Agency submitting real time data via EDI**

EDI – Electronic Data Interchange

The EDI consists of 2 files that need to be sent to AMH:

1. Status Data File for all individuals being treated by your organization where Tx is in any part publicly funded or if you are a mandatory reporter, e.g. DUII and Methadone.

Each individual starting a treatment episode needs to have an admission or initial status record containing an admission date. The admission record is to be sent to AMH within seven days of starting treatment. During treatment, status updates need to be submitted at the end of each quarter.

Status Data includes intake, admission and assessment information and then any updates and/or changes in the client's status or record. This is similar to what is collected currently for Client Process Monitoring System (CPMS). Deleting incorrectly submitted client data is done outside of the EDI process. Contact mots.support@state.or.us for more information about how to delete client data.

2. Non-Medicaid Services Data File needs to be reported after a service has been rendered for Non-Medicaid/Oregon Health Plan (OHP) funded services.

Services (Non-Medicaid) are reported on a monthly basis.

Non-Medicaid Service Data includes procedure, diagnosis and billed charges information similar to claims sent to medical insurance organizations.

More information about Status and Non-Medicaid Service Data can be found in the MOTS Reference Manual and the Data Dictionary on the MOTS web site.

<http://www.oregon.gov/oha/amh/mots/Pages/resource.aspx>

Submission Process

When a file is received by AMH it will be checked, verified and validated.

A file can be rejected as a whole. If, for example, the trailer record states there are 100 records and 75 transactions in the file and we find 98 records or we find 73 transactions, you will receive a message stating the fact the file was rejected and why. It is also possible that the file is unreadable, which would also result in a rejection.

Records of an individual in treatment or Transactions (combination of 1, 2 or 3 segments/records) within a file can be rejected because of incorrect formatting and or invalid values. This fact will also be

communicated with the sender of the file. Another example why a record can be rejected is if a Service Record is received but there is no Status Record for that individual in the MOTS system.

These are just a few examples and possibilities.

More SFTP details about where to place the files and where to retrieve the results file will be provided in the near future.

File Naming Conventions

The file name used should contain of the following parts: Type of file | Agency/Facility Medicaid id | Date and Time stamp. The file name must be unique and not reused, (even if the file fails). Please follow the naming standards. File names that don't follow these standards may be rejected.

For a Status file created on December 23, 2013 at 3:05:33 PM by Agency 234518, this would look like: STATUS00000000023451820131223150533

For a Service file created on December 24, 2013 at 10:12:44 AM by the same Agency, this would look like: SERVICE00000000023451820131224101244

File Type	Medicaid ID	Date	Time
STATUS or SERVICE – must be in upper case NOTE: Files for provider certification (test files) must have file type preceded by the word "CERT" (no quotation marks). See appendix B for more information.	15 digits. Actual Medicaid ID must be preceded by zeros to be 15 digits in length	Date is CCYYMMDD	Time is military time, down to the seconds.

Status file format and submission options

- The file consists of a Header Segment, Status Transaction(s) and a Trailer Segment.
- A Status Transaction can consist of 1, 2 or 3 segments.
- Each segment starts with a segment identifier and ends with a tilde (~) and a hardcoded return, with the exception of the Trailer Segment where no hardcoded return is allowed after the tilde.
- Each segment needs to be placed at the beginning of a new record.
- The elements in each segment are delimited with an asterisk (*).
- Multiple values within an element must be separated with a pipe (|)
- All segments except the trailer segment must have a hard return

- The flat file must be sent electronically using an assigned SFTP (Secure File Transfer Protocol) site.
- The flat file can contain more than one transaction per client; for example a regular CPD and BHD transaction, and then later in the file have a transaction for a mental health crisis by submitting a CPD and MCD for that event for the client.
- **Agency/Facility must submit a STATUS file with the closed/inactive transaction for a client before the client can be reopened with a new admission date.**
- Agency must have diagnosis codes on client through a CPD/BHD submission in the STATUS file, before a Non-Medicaid Service (NMS) can be sent for that client. Since NMS files are submitted monthly, it is a recommendation to consider sending monthly STATUS updates on clients instead of 90 days. This helps to minimize errors with the NMS file by updating the diagnosis codes prior to the NMS file submission.

Non-Medicaid Service file format and submission options

- The file consists of a Header Segment, Non-Medicaid Service Record(s) and Trailer Segment.
- The two segments start with a segment identifier and end with a tilde (~) and a hardcoded return, with the exception of the Trailer Segment where no hardcoded return is allowed after the tilde.
- Each segment needs to be placed at the beginning of a new record.
- Each Non-Medicaid Service record must end with a tilde (~) and no hardcoded return in the trailer segment.
- The elements in each segment/record are delimited with an asterisk (*).
- Multiple values within an element must be separated with a pipe (|).
- All segments except the trailer segment must have a hard return
- Transaction/Submission IDs are unique per service record and may NEVER be reused in another file associated with another service record.
- The Service files are typically associated with the EHR and the billing module of the EHR in order to send the proper information to AMH; allowing additional time for this section is a recommendation when developing the initial extract.
- The flat file must be sent electronically using an assigned SFTP (Secure File Transfer Protocol) site.

Status File

The first file sent by your organization must always be a Status file and contain a status transaction for each client currently active in your EHR/EMR. All files following can be either a Status or a Non-Medicaid Services file. Before we can accept non-Medicaid services records we need to receive a status transaction for the individual.

Allowable status file segment combinations

The following tables show the record and file segments required for status file creation. The data must be represented in provider files as it is laid out in this document.

Type of Treatment	Segments Required for a Transaction
Assessment Only*	CPD
Mental Health Tx Only	CPD + BHD
Addictions and Mental Health Tx	CPD + BHD + ADD
Addictions Only Tx	CPD + BHD + ADD
MH Crisis Services	CPD + MCD
Involuntary Services	CPD + INS

*An assessment only client means the client is no longer active and won't be treated at the facility.

If an individual is in treatment and has several Crisis Events during the reporting period, multiple Client Profile Data segments need to be submitted. For each transaction a CPD is required.

Status Header Segment

The Status Header Segment and Status Trailer Segment need to be submitted once per batch file.

The following table provides additional definition for required status header segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME – Name of field
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment id	= HDR
2	File Type	= STATUS
3	Batch Number	Unique number - Each batch file has to have a unique identifier. This number needs to be unique across status and service files. Max length of this field is 6 digits.
4	Submission Date	Date when batch is submitted. Must be CCYYMMDD.
5	Agency/Facility Id	If an Agency submits records for multiple facilities the Agency Id has to be placed in this field. If the submission is for an individual Facility, the Facility Id has to be placed in this field.
6	Agency/Facility Contact	First name space last name. Example: Piet Vermeer. This is the name of the system administrator for you agency.
7	Contact Phone Number	No dashes or parentheses. Example: 5038879816

Status Header Segment Example

Example of Status HDR segment submission by Agency: 8722473 on 2/11/2013 with contact person Piet Vermeer, phone number (503)945-5960:

```
HDR*STATUS*17*20130211*8722473*Piet Vermeer*5039455960*~
```

Client Profile Data Segment

The following table provides additional definition for required CPD segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME - (the value(s) and format for each field can be found in the Data Dictionary)
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment ID	= CPD
2	Facility ID	
3	Status Transaction ID	Status Transaction ID cannot be found in the Data Dictionary. It is an ID that will be used to communicate with the sender of the data file. It can be used to indicate which transaction is in error. The field needs to be 1-38 characters long. The Id needs to be unique within a batch.
4	Transaction Type	Transaction Type cannot be found in the Data Dictionary. It is a field that will be used to indicate if a record previously submitted contained an error in the Client Id. When a regular Status Record is sent Transaction Type should empty. When the Status Record submission is used to inform us of a change in the Client Id, the Transaction Type field should contain the word Change.
5	Original Client ID	Any time the transaction type has the value of “Change” this field must contain the original client Id.
6	Last Name	

FIELD #	FIELD NAME	COMMENTS
7	First Name	
8	Middle Name	
9	Birth Name	
10	Client ID	
11	Prime Number	
12	County of Residence	
13	County of Responsibility	
14	Gender	
15	Marital Status	
16	Race	(if multiple separate by)
17	Ethnicity	
18	Date of Birth	
19	Veteran	
20	Client Tx Status	
21	Competitive Employment	(if multiple separate by)
22	Living Arrangement	
23	Date Changed Living Arrangement	

CPD Segment Example

Example for regular CPD segment submission by Facility 8722473 for John Smith, file Transaction #= 13, client Id 590111, no prime #, county of residence and responsibility is Marion, John is Male, Separated and mix of American Indian and White race and his ethnicity is Other Specific Hispanic. His Date of Birth is April 22, 1988, we don't know if he is a Veteran, his treatment status is Active; he works Full Time, lives in a Room and Board place which has not changed.

```
CPD*8722473*00000013***Smith*John**Smith*590111**47*47*Male*Separated
*02|04*4*19880422*UNK*01*03*06**~
```

In case the Client ID of John Smith was incorrect you sent a change CPD segment, which looks like this.

```
CPD*8722473*00000013*Change*590111*Smith*John**Smith*950111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~
```

Note regarding switching a client from one facility to another: If a client was in facility 1 as client 1 and you send in a status record that now has facility 2 for client 1, the EDI processor will just add the client to facility 2 and they will still be active on facility 1, as well. Therefore, please send in a status record for client 1 and facility 1 that changes the status of that client to inactive, before switching them to a new facility.

Behavioral Health Data Segment

The following table provides additional definition for required BHD segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME - (the value(s) and format for each field can be found in the Data Dictionary)
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment id	= BHD
2	SID Number	
3	ODL/OI Number	
4	State of Residence	
5	Zip Code of Residence	
6	Tribal Affiliation	(if multiple separate by)
7	Interpreter	
8	Date of Admission	
9	Total Number of Dependents	
10	Number of Child Dependents	
11	Tx Plan Indicator	(if multiple separate by)

FIELD #	FIELD NAME	COMMENTS
12	Source of Income/ Support	
13	Estimated Gross Household Monthly Income	
14	Legal Status	(if multiple separate by)
15	Referred From	(if multiple separate by)
16	Referred To	(if multiple separate by)
17	Primary Health Insurance	
18	Expected/Actual Source of Payment	(if multiple separate by)
19	Tobacco Use	
20	Substance Use during last 90 days	
21	Pregnant	
22	Number of Arrests in Past Month	
23	Total Arrests	
24	Number of DUII Arrests in Past Month	
25	Total DUII Arrests	
26	Peer Delivered Services	
27	Highest School Grade Completed	
28	Academic Improvement	
29	School Attendance Improvement	
30	School Behavior Improvement	
31	Infectious Disease Risk	

FIELD #	FIELD NAME	COMMENTS
	Assessment	
32	Diagnosis	(if multiple separate by)
33	GAF Score	(optional beginning 10/1/2015)
34	MH Current LOC	
35	MH LOC Score	

BHD Segment Example

Submission Example of BHD segment for John Smith. His SID # = 12345678, his ODL is 12345678, his State of Residence is Oregon, his Zip Code of Residence 97303 and he has no affiliation to any Tribe, he speaks English well; he was admitted on January 11, 2013. The total number of dependents is 3 and the child dependents is 2, the focus of the treatment plan is Education. John has no source of income which makes his monthly household income 0. His Legal status is DUII Diversion and he was referred from a CCO and not referred to anyone yet. His primary health insurance is Medicaid/OHP, who is paying for this treatment. John has never used Tobacco and no other Substance use during the last 90 days. John is male and his pregnant status is N/A, he had 3 arrests in the past month and 4 during his lifetime, 1 DUII last month and 1 DUII total. John was informed about Peer Delivered Services. He completed High School. He is not attending any school which makes all improvement Academic, Attendance and School Behavior N/A. His infectious disease risk assessment result was Low- to No Risk. He has 3 diagnosis, 3900, 2010 and 11111. John scored a 44 on his GAF test and he is not in a Residential Facility.

BHD*12345678*1234567*OR*97303*10*NO*20130111*3*2*

Education*None*0*01*11*12*3*03*No*No*N/A*3*4*1*1*1*12*N/A*N/A*N/A*2*3
900|20101|11111*44*OUT**~

Addiction Detail Data Segment

The following table provides additional definition for required ADD segment fields, and is displayed in 3 separate columns which are:

- **FIELD #** – Field position number (where it places in the order of the fields in the segment)
- **FIELD NAME** - (the value(s) and format for each field can be found in the Data Dictionary)

- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment ID	= ADD
2	Substance Problem – Primary	
3	Substance Problem – Secondary	
4	Substance Problem – Tertiary	
5	Age at first Use – Primary	
6	Age at first Use – Secondary	
7	Age at first Use – Tertiary	
8	Frequency of Use – Primary	
9	Frequency of Use – Secondary	
10	Frequency of Use – Tertiary	
11	Usual Route of Administration - Primary	
12	Usual Route of Administration - Secondary	
13	Usual Route of Administration - Tertiary	
14	Addiction Assessed LOC	
15	Addiction Current LOC	
16	Medication Assisted Tx	
17	Frequency of Attendance at Self Help Programs	
18	Positive Alcohol/Drug Tests	

FIELD #	FIELD NAME	COMMENTS
19	Children in Residential Tx with Parent	(if multiple separate by)
20	DUII Completion Date	

ADD Segment Example

Submission Example of ADD segment for John Smith. His Primary Substance Problem is Alcohol, Secondary and Tertiary are none. He was 10 years old when he first got drunk.

For N/A regarding 2nd and 3rd substance age, we use 999. He was drinking daily, 2nd and 3rd frequency are Not Applicable. His usual route of administration was Oral for his alcohol and N/A for 2nd and 3rd route. John was assessed and placed at Level II.I Intensive Outpatient. There is no Medication Assisted Tx, He attended some self-help programs but the frequency is unknown. John has no in children in Tx with him and he completed his DUII treatment at January 11th 2013.

ADD*02*01*01*10*999*999*5*6*6*Oral*N/A*N/A*04*04*None*6*1**20130111*~

MH Crisis Data Segment

The following table provides additional definition for required MCD segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME - (the value(s) and format for each field can be found in the Data Dictionary)
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment id	= MCD
2	Legal Status	(if multiple separate by)
3	Referred From	(if multiple separate by)
4	Referred To	(if multiple separate by)

FIELD #	FIELD NAME	COMMENTS
5	Primary Health Insurance	
6	Date of Service	
7	Place of Service	
8	Diagnosis	(if multiple separate by)
9	Time of Service	
10	Presenting Danger of Suicide	
11	Presenting Danger of Other Harm to Self	
12	Presenting Danger of Harm to Others	
13	Presenting Danger of Harm to Property	

After a Mental Health Crisis transaction (CPD + MCD) has been accepted by the MOTS system, it cannot be changed!

MCD Segment Example

Example for submission of MCD segment for John Smith: John is a DUII Diversion Client; he was referred from Employment Services and referred to Development Disabilities Services. His Primary Health Insurance is Other and the Crisis happened on February 11th 2013 at a nursing facility. He was diagnosed with an Adjustment Reaction and Malig neo upper gum (codes 3900 and 1430). He said he has Thoughts about Suicide, made Threats of harming Himself, and if he would harm Others or Property is unknown.

MCD*01*07*10*4*20130211*32*3099*1430*1*2*6*6*~

Involuntary Service (Pre-Commitment) Segment

The following table provides additional definition for required INS segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME - (the value(s) and format for each field can be found in the Data Dictionary)
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment ID	= INS
2	Service Status	
3	Type of Petition/NMI	
4	Date of Petition/NMI	
5	Hearing Recommended	
6	Reason for Recommending Hearing/Diversion	(if multiple separate by)
7	Date of Commitment	
8	Basis for Involuntary Services	(if multiple separate by)
9	Disposition by Judge	
10	Length of Commitment	
11	Service Setting Assigned To if Committed	
12	Last Date of Intensive Tx or Diversion	

After an Involuntary Service transaction (CPD + INS) has been accepted by the MOTS system, it cannot be changed!

[INS Segment Example](#)

Example for submission of INS segment for John Smith: this service is about Recertification, it is a Two Person type of petition dated January 31, 2013.

The hearing was not recommended but the Judge Orders one. The reason for recommending was that John is a danger to himself and others. The date of commitment is February 1, 2013. The basis for Involuntary Service is that he is a danger to himself. The Judge Disposition was: Inpatient Commitment, with a length of 180 days. He was committed to a Community Mental Health Program, and his final day of diversion is February 2, 2013

INS*3*1*20130131*4*1|2*20130201*1*5*180*1*20130202*~

Status Trailer Segment

The following table provides additional definition for required status trailer segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME – Name of field
- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment ID	= TRL
2	File Type	= STATUS
3	Batch Number	Same as Batch # in Header Segment
4	Submission Date	Same as Submission Date in Header Segment
5	Agency/Facility Id	Same Id as in Header Segment
6	Record Total	Total number of records in batch. Header and trailer included.
7	Transaction Total	Total number of transactions (combination of segments)

Status Trailer Segment Example

Example for submission of Status TRL Segment on 2/11/2013:

TRL*STATUS*17*20130211*8722473*13*4*~

Status Data Batch File Example

Example for submission on 2/11/2013 for John Smith containing 1 Addictions and 1 Crisis Event Transaction, 1 Mental Health Transaction and 1 Crisis and 1 involuntary Service Event Transaction:

HDR*STATUS*17*20130211*8722473*Piet Vermeer*5039455960*~

CPD*8722473*00000013***Smith*John**Smith*590111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~

BHD*12345678*1234567*OR*97303*10*NO*20130111*3*2*

Education*None*0*01*11*12*3*03*No*No*N/A*3*4*1*1*1*12*N/A*N/A*N/A*2*3900|20101|11111*44*OUT**~

ADD*02*01*01*10*999*999*5*6*6*Oral*N/A*N/A*04*04*None*6*1**20130111*~

CPD*8722473*00000014***Smith*John**Smith*590111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~

MCD*01*07*10*4*20130211*32*3099*1430*1*2*6*6*~

CPD*8722473*00000015***Smith*John**Smith*590111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~

BHD*12345678*1234567*OR*97303*10*NO*20130111*3*2*

Education*None*0*01*11*12*3*03*No*No*N/A*3*4*1*1*1*12*N/A*N/A*N/A*2*3900|20101|11111*44*OUT**~

CPD*8722473*00000016***Smith*John**Smith*590111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~

MCD*01*07*10*4*20130211*32*3099*1430*1*2*6*6*~

CPD*8722473*00000017***Smith*John**Smith*590111**47*47*Male*Separated*02|04*4*19880422*UNK*01*03*06**~

INS*3*1*20130131*4*1|2*20130201*1*5*180*1*20130202*~

TRL*STATUS*17*20130211*8722473*13*5*~

Non-Medicaid Service File

The following table provides additional definition for required NMS segment fields, and is displayed in 3 separate columns which are:

- FIELD # – Field position number (where it places in the order of the fields in the segment)
- FIELD NAME - (the value(s) and format for each field can be found in the Data Dictionary)
- COMMENTS - Requirements and or guideline(s) for the field.

Service Header Segment

FIELD #	FIELD NAME	COMMENTS
1	Segment id	= HDR
2	File Type	= SERVICE
3	Batch Number	Unique number - Each batch file has to have a unique identifier. This number needs to be unique across status and service files. Max length of this field is 6 digits.
4	Submission Date	Date when batch is submitted. Must be CCYYMMDD.
5	Agency/Facility Id	If an Agency submits records for multiple facilities the Agency Id has to be placed in this field. If the submission is for an individual Facility, the Facility Id has to be placed in this field.
6	Agency/Facility Contact	First name space last name. Example: Piet Vermeer. This is the name of the system administrator for you agency.
7	Contact Phone Number	No dashes or parentheses. Example: 5038879816

Service Header Segment Example

Example of Service HDR segment submission by Agency: 8722473 on 2/11/2013 with contact person Piet Vermeer, phone number (503)945-5960:

```
HDR*SERVICE*17*20130211*8722473*Piet Vermeer*5039455960*~
```

Note: Non-Medicaid Service files do not accompany a Mental Health Crisis or an Involuntary Service event.

Non-Medicaid Service Data Segment

FIELD #	FIELD NAME	COMMENTS
1	Facility Id	
2	Parent Provider Id	
3	Service Transaction ID	Service Transaction ID cannot be found in the Data Dictionary. It is an ID that will be used to communicate with the sender of the data file. It can be used to indicate which client service record is in error. The field needs to be 1-38 characters long. The ID needs to be unique (we think claim-id would be a good number to use), and can only be reused in case of a correction on a submitted service; this is different than the STATUS requirement.
4	Adjustment Flag	<p>The Adjustment Flag cannot be found in the Data Dictionary. It is an indicator that lets AMH know that the non-Medicaid Service record being submitted is an adjustment to a previous submission. For all regular non-Medicaid Service submissions, the Adjustment Flag should be blank. An Adjustment Flag = Y lets AMH know to back out the previously submitted exact same service record.</p> <p>The Adjustment Flag rule goes as follows:</p> <p>It has been decided that a service record that was previously submitted and accepted by the AMH systems was sent in error (i.e. the service was paid with Medicaid funds, or has a wrong procedure code, or wrong number of units, etc.).</p> <p>Resubmit the original service record with original service Submission id and a Y in the adjustment flag field and all other values the same as the original. AMH will remove/de-activate the</p>

FIELD #	FIELD NAME	COMMENTS
		previously submitted service record. Then send a new service record with a new and unique service submission id and the correct information. Or in case the service was paid for by Medicaid, no new service record is needed.
5	Birth Name	
6	Client ID	
7	Date of Birth	
8	Procedure Code	
9	Modifier	(if multiple separate by)
10	Number of Units	
11	Date of Service (Begin)	
12	Date of Service (End)	
13	Place of Service	
14	Billed Charges	
15	Diagnosis	(if multiple separate by) The first Diagnosis reported must be the Primary Diagnosis.

Non-Medicaid Service Record Submission Example

8722473*3742278*00000013**Smith*590111*19880422*90792**1*20130211**20
*14090*3099|91900*~

Service Trailer Segment

The following table provides additional definition for required service trailer segment fields, and is displayed in 3 separate columns which are:

- **FIELD #** – Field position number (where it places in the order of the fields in the segment)
- **FIELD NAME** – Name of field

- COMMENTS - Requirements and or guideline(s) for the field.

FIELD #	FIELD NAME	COMMENTS
1	Segment ID	= TRL
2	File Type	= SERVICE
3	Batch Number	Same as Batch # in Header Segment
4	Submission Date	Same as Submission Date in Header Segment
5	Agency/Facility Id	Same Id as in Header Segment
6	Record Total	Total number of records in batch. Header and trailer included.
7	Transaction Total	Total count of CPD records that include a unique transaction ID.

Service Trailer Segment Example

Example for submission of Service TRL Segment on 2/11/2013:

TRL*SERVICE*17*20130211*8722473*13*4*~

Non-Medicaid Service Data Batch File Example

Example for submission on 3/12/2013 containing 4 Non-Medicaid Services:

HDR*SERVICE*21*20130312*8722473*Piet Vermeer*5039455960*~

8722473*3742278*00000131**Smith*590111*19880422*90792*HK*1*20130301**20*141*3099*~

8722473*3742278*00000132**Jones*590112*19880423*90793**1*20130302**20*111*3091*~

8722473*3742278*00000133**Smith*590111*19880422*90792*HF*1*20130303**20*141*3099*~

8722473*3742278*00000032*Y*Jones*590112*19880423*90793**7*20130104*20130311*20*111*3091|32234*~

TRL*SERVICE*21*20130312*8722473*6*4*~

Results File

The CPD contains the status transaction id which will be used to communicate whether the transaction was accepted or not, and if not accepted which errors were the reason for failure.

The Results file is an XML file created by AMH based on files placed in an inbound folder of our SFTP server. Each file submitted will produce a Results file. This file consists of a Root, Header, Error and Trailer segment.

Understanding the Results File

The results file has 4 segments Root, Header, Detail, and Trailer. There are two error types documented in the results file: processing errors and business rule errors. If you need assistance interpreting a results file you have received, please contact MOTS support at MOTS.Support@dhsosha.state.or.us

Processing Errors

Processing errors occur as MOTS is checking the root, header, and trailer sections of the file to make sure the file meets all requirements for these sections, like making sure the file has unique batch number, valid submission date, correct agency/facility ID, etc. Processing errors and their meanings are located in appendix A of this document.

Business Rule Errors

There are business rules associated with each client level data element in the file. Once a file passes the root and header segments the detail segment is processed. The error segment is where validations on the CPD, BHD, ADD, INS, and MCD occur. Errors occurring in this section of the file are considered Business Rule errors. Business rules for each data element in MOTS can be found in the [COMPASS Combined Data Dictionary/Business Rules](#) document. Please check this document when there are errors in this section of the results file.

Root (file type: statusfile/servicefile)

This segment contains the file type of service or status. Errors in this section of the results file are considered “processing errors”.

Header Segment

The header segment contains information about the agency/facility, batch number, etc. Errors in this segment of the results file are considered “processing errors”. The header segment includes the following components.

- Original batch Number
- Original batch submission date
- Date and time file processed
- Agency/Facility ID Number

- Total number transactions submitted
- Process status (pass, fail, pass with errors)
- Failure reason (These descriptions can be found in appendix A).

Error Segment

Also called the “detail” segment, this section is where errors associated with a client record are recorded. Errors in this section of the results file are considered “business rule” errors. Business rules can be found in the COMPASS Combined Data Dictionary/BRE document. Please check this document when there are errors in this section of the results file. The error segment includes the following components.

- Facility ID
- Transaction ID
- Client Last Name at Birth
- Client DOB
- Client ID
- Error Detail – These are the details for each of the fields that are in error.

Trailer Segment

Validations in this section include ensuring that header and trailer identifying information matches, the record count, etc. Errors in this segment of the results file are considered “processing errors”. The trailer segment includes the following components.

- Number of successful transaction(s)
- Number of un-successful transaction(s)

Status Results File Example

```
<?xml version="1.0" encoding="UTF-8"?>
<status><header>
    <original_batch_number>112479</original_batch_number>
    <original_batch_submission_date>201400801</original_batch_submission_date>
    <date_file_processed>201400801</date_file_processed>
    <facilityID>000777777</facilityID>
    <total_number_of_records_submitted/>
    <process_status>passed with errors</process_status>
    <failure_reason/>
</header><error>
    <facilityID>000777777</facilityID>
    <transactionID>000001</transactionID>
    <client_last_name_at_birth>LUKE</client_last_name_at_birth>
    <client_DOB>19621009</client_DOB>
    <clientID>ABD123</clientID>
    <error_detail><MOTS_Status><CPD/><BHD><SourceofIncome>SourceofIncome    can
only be    None    if    EstGrossMonthIncome    is equal to    0    .
```

```

</SourceofIncome></BHD><ADD><MedicationAssistedTx>MedicationAssistedTx is
required. </MedicationAssistedTx><PositiveAlcoholDrugTest>PositiveAlcoholDrugTest
is required.
</PositiveAlcoholDrugTest></ADD><Source/><Cert/><ValidationDate/></MOTS_Status></er
ror_detail>
    </error><error>
    <facilityID>000777777</facilityID>
    <transactionID>000002</transactionID>
    <client_last_name_at_birth>LARA</client_last_name_at_birth>
    <client_DOB>19630731</client_DOB>
    <clientID> ABD124</clientID>
    <error_detail><MOTS_Status><CPD/><MCD><ReferredTo>08 is not
a valid value for ReferredTo .
</ReferredTo></MCD><Source/><Cert/><ValidationDate/></MOTS_Status></error_detail>
    </error><error>
    <facilityID>000777777</facilityID>
    <transactionID>000003</transactionID>
    <client_last_name_at_birth>VADAR</client_last_name_at_birth>
    <client_DOB>19641119</client_DOB>
    <clientID> ABD125</clientID>
    <error_detail><MOTS_Status><CPD/><BHD><Diagnosis>30030 is
not a valid value for Diagnosis .
</Diagnosis></BHD><Source/><Cert/><ValidationDate/></MOTS_Status></error_detail>
    </error><error>
    <facilityID>000122564</facilityID>
    <transactionID>000004</transactionID>
    <client_last_name_at_birth>SOLO</client_last_name_at_birth>
    <client_DOB>19650225</client_DOB>
    <clientID> ABD126</clientID>
    <error_detail><MOTS_Status><CPD/><MCD><ReferredTo>08 is not
a valid value for ReferredTo .
</ReferredTo></MCD><Source/><Cert/><ValidationDate/></MOTS_Status></error_detail>
    </error><error>
    <facilityID>000777777</facilityID>
    <transactionID>000005</transactionID>
    <client_last_name_at_birth>SKYWALKER</client_last_name_at_birth>
    <client_DOB>19620225</client_DOB>
    <clientID> ABD127</clientID>
    <error_detail><MOTS_Status><CPD/><MCD><ReferredTo>08 is not
a valid value for ReferredTo .
</ReferredTo></MCD><Source/><Cert/><ValidationDate/></MOTS_Status></error_detail>
    </error><error>
    <facilityID>000777777</facilityID>
    <transactionID>000006</transactionID>
    <client_last_name_at_birth>CHEWBACA</client_last_name_at_birth>
    <client_DOB>19610520</client_DOB>
    <clientID> ABD128</clientID>
    <error_detail><MOTS_Status><CPD/><BHD/><ADD><MedicationAssistedTx>Medication
AssistedTx is required.
</MedicationAssistedTx><PositiveAlcoholDrugTest>PositiveAlcoholDrugTest is
required.
</PositiveAlcoholDrugTest></ADD><Source/><Cert/><ValidationDate/></MOTS_Status></er
ror_detail>

```

```

        </error><error>
        <facilityID>000777777</facilityID>
        <transactionID>000007</transactionID>
        <client_last_name_at_birth>JABA</client_last_name_at_birth>
        <client_DOB>19621205</client_DOB>
        <clientID> ABD128</clientID>

        <error_detail><MOTS_Status><CPD/><BHD/><ADD><MedicationAssistedTx>Medication
AssistedTx is required.
</MedicationAssistedTx><PositiveAlcoholDrugTest>PositiveAlcoholDrugTest is
required.
</PositiveAlcoholDrugTest></ADD><Source/><Cert/><ValidationDate/></MOTS_Status></er
ror_detail>

        </error><error>
        <facilityID>000777777</facilityID>
        <transactionID>000008</transactionID>

        <client_last_name_at_birth>TROOPER</client_last_name_at_birth>
        <client_DOB>19621230</client_DOB>
        <clientID> ABD129</clientID>
        <error_detail><MOTS_Status><CPD/><MCD><ReferredTo>08 is not
a valid value for ReferredTo .
</ReferredTo></MCD><Source/><Cert/><ValidationDate/></MOTS_Status></error_detail>
        </error><trailer>

        <number_of_successful_transactions>1</number_of_successful_transactions>

        <number_of_unsuccessful_transactions>8</number_of_unsuccessful_transactions>

```

Service Results File Example

```

<?xml version="1.0" encoding="UTF-8" ?>
- <service>
- <header>
  <original_batch_number>777</original_batch_number>
  <original_batch_submission_date>20141018</original_batch_submission_date>
  <date_file_processed>20141022</date_file_processed>
  <facilityID>777888999</facilityID>
  <total_number_of_records_submitted />
  <process_status>passed with errors</process_status>
  <failure_reason />
  </header>
- <error>
  <facilityID>777888999</facilityID>
  <client_last_name_at_birth>SMITH</client_last_name_at_birth>
  <client_DOB>19540630</client_DOB>
  <clientID>1453</clientID>
  <transactionID>159359</transactionID>
- <error_detail>
- <MOTS_Service>
- <SRV>

```

```

<serviceDiagnosis>Diagnosis is not on behavioral health record</serviceDiagnosis>
  </SRV>
<Source />
<AdjustmentFlag />
<SubmissionId />
<Cert />
<BirthName />
<DateOfBirth />
<facilityId />
<ValidationDate />
  </MOTS_Service>
  </error_detail>
  </error>
- <error>
  <facilityID>777888999</facilityID>
  <clientLastNameAtBirth>JOHNSON</clientLastNameAtBirth>
  <clientDOB>19400630</clientDOB>
  <clientID>841316</clientID>
  <transactionId>159352</transactionId>
  <errorDetail>Not adjustment and this transaction Id already exists for this
    facility</errorDetail>
  </error>
- <error>
  <facilityID>777888999</facilityID>
  <client_last_name_at_birth>BROWN</client_last_name_at_birth>
  <client_DOB>194710630</client_DOB>
  <clientID>11979</clientID>
  <transactionID>159358</transactionID>
- <error_detail>
- <MOTS_Service>
- <SRV>
  <serviceDiagnosis>Diagnosis is not on behavioral health record</serviceDiagnosis>
    </SRV>
  <Source />
  <AdjustmentFlag />
  <SubmissionId />
  <Cert />
  <BirthName />
  <DateOfBirth />
  <facilityId />
  <ValidationDate />
    </MOTS_Service>
    </error_detail>
    </error>
- <error>
  <facilityID>777888999</facilityID>
  <client_last_name_at_birth>HANSEN</client_last_name_at_birth>
  <client_DOB>19670630</client_DOB>
  <clientID>53858</clientID>

```

```

<transactionID>159351</transactionID>
<error_detail>Client Does not exist</error_detail>
  </error>
- <error>
  <facilityID>777888999</facilityID>
  <client_last_name_at_birth>JONES</client_last_name_at_birth>
  <client_DOB>19550630</client_DOB>
  <clientID>26290</clientID>
  <transactionID>159357</transactionID>
- <error_detail>
- <MOTS_Service>
- <SRV>
  <serviceDiagnosis>Diagnosis is not on behavioral health record</serviceDiagnosis>
  </SRV>
  <Source />
  <AdjustmentFlag />
  <SubmissionId />
  <Cert />
  <BirthName />
  <DateOfBirth />
  <facilityId />
  <ValidationDate />
  </MOTS_Service>
  </error_detail>
  </error>
- <trailer>
  <number_of_successful_transactions>444</number_of_successful_transactions>
  <number_of_unsuccessful_transactions>5</number_of_unsuccessful_transactions>
  </trailer>
  </service>

```

Appendix A – Error Messages

Current Results File Error message	Meaning/Explanation
Invalid segment format for status file	Status files can have the following segments: client profile (CPD), Behavioral Health (BHD), Addictions (ADD), Crisis (MCD), and/or Involuntary (INS). A status file cannot have a service segment.
Facility is in draft	The facility for which data is being submitted has not been fully registered, and is still in draft status.
Facility does not exist	The facility for which data is being submitted does not exist in MOTs.
File in header and footer was not STATUS or SERVICE	File types that can be loaded into MOTs must be status or service files. Cert files, which are submitted as part of testing, are not loaded into MOTs. In order for a file to be considered complete, and be loaded into MOTs, must be either status or service, and this must be indicated in the header and footer.
Invalid segment format for service file	Service files cannot have client following segments: profile (CPD), Behavioral Health (BHD), Addictions (ADD), Crisis (MCD), and/or Involuntary (INS).
File type in filename did not match file type in file	This error is received when a file with the file type of status has service records, or a file type of service has status records. The file type in the file name must match the type of files actually in the file.
file format incorrect (1 header)	Files submitted must have one, and only one, header.
file format incorrect (1 trailer)	Files submitted must have one, and only one, trailer.
Incorrect number of elements in header	There are eight elements in the header: Segment ID, file type, batch number, submission date, agency/facility ID, agency/facility contact, contact phone, and the tilde (~). This error indicates there are either more or fewer elements than there need to be in the header.
File format incorrect (1 detail)	This error indicates that there are no detail records in the file submitted.

Current Results File Error message	Meaning/Explanation
Incorrect number of elements in Trailer	There are eight elements in the trailer: Segment ID, file type, batch number, submission date, agency/facility ID, number of records, total number of transactions, and the tilde (~). This error indicates there are either more or fewer elements than there need to be in the trailer.
File type did not match in header and trailer	The following information in the header and trailer must match: file type, batch #, submission date, agency/facility ID.
Batch number in header was not the same as batch number in trailer	The following information in the header and trailer must match: file type, batch #, submission date, agency/facility ID.
Batch number is not a valid number or it is greater than 6 digits	Batch numbers must be numerical only, and they cannot exceed six digits. The batch number must be unique regardless of file type. That is, a service file with batch number 2 and a status file with batch number 2 is NOT allowed.
Submission date did not match in header and trailer	The following information in the header and trailer must match: file type, batch #, submission date, agency/facility ID.
Agency/Facility Id did not match in header and trailer	The following information in the header and trailer must match: file type, batch #, submission date, agency/facility ID.
Incorrect format for batch number	Batch numbers must be numerical only, and they cannot exceed six digits. The batch number must be unique regardless of file type. That is, a service file with batch number 2 and a status file with batch number 2 is NOT allowed. It is the number that matters, not the file type/number combination.
Facility Medicaid exists for multiple facilities	This error indicates that the same Medicaid ID exists for multiple facilities.
Agency/facility is not an active facility	This error occurs when the agency or facility does not have an active status in MOTs.

Current Results File Error message	Meaning/Explanation
Submission Date is before the activation of facility/agency	When data is submitted prior to the active date for an agency/facility, this error occurs.
Record count must be a number	The record count in the file is numerical only. Alpha characters are not allowed.
Transaction count must be a number	The transaction count in the file is numerical only. Alpha characters are not allowed.
Transaction count in file does not match transaction count in trailer	The number of transactions that actually occur in the file MUST match the number of transactions indicated in the trailer.
Not the correct number of values in this transaction	This message indicates the number of elements for the transaction was not right, meaning if it was CPD and BHD, one of those has the incorrect number of elements in that segment.
This submission ID has been used	Submission ID must be a unique number.
Client does not exist	This message indicates that a status record for the client does not exist in MOTS. A status record MUST exist before service records for a client can be accepted.
DOB and/or Last Name at Birth is different than what is on file	A client DOB and LNAB are unique and cannot be changed except by AMH staff. If a change on one of these fields is needed, contact AMH to make the change. Sending in a change on either of these fields will cause the record to be rejected.
Accountable entity does not exist for the given Medicaid id or was not effective for this submission date	This means the parent provider on the service was not in MOTS.
More than one accountable entity found for this facility	If the parent provider is NOT your facility number , the processor will check the "contracted with" section in MOTS to verify the parent provider exists, and that they have effective and expiration dates.
This facility was not found for the given Medicaid Id	This message indicates that the facility ID submitted is not affiliated with the facility
This facility was not part of the submitting agency	A facility must be part of the submitting agency.

Current Results File Error message	Meaning/Explanation
Facility is not recognized as part of the submitting facility	If an agency is submitting for a facility, the processor checks that the facility is part of the agency. If a facility is submitting, it checks that it is submitting records for that facility.
This facility was not setup for EDI for <segment>	A facility must indicate in the Data Submission Method Maintenance page in MOTS how each data type (status data, which includes CPD, BHD, ADD, and usually NMS by default; crisis data; and involuntary services data) will be submitted. If the method indicated on the Data Submission Method page is not EDI for the type of data being submitted, the record will be rejected.
Could not read file	The processor was not able to read the file. The file should be checked and re-submitted as needed.
Incorrect file type	A file submitted to MOTS can only be one of two types: Status or Service. During testing the prefix of "CERT" can be added to the file, but the type must still either status or service.
Incorrect file name	This message indicates that the file did not have 29 digits following the file type of SERVICE or STATUS so the file name is incorrect. The 29 digits are: Agency ID: 15 digits including leading zeros; Date 8 digits CCYYMMDD; and Time 6 digits HHMMSS.
Invalid date and time on filename	The date and time on the file name must be in a valid format: CCYYMMDD for date and HHMMSS for time.
This facility is not approved for EDI	A facility must indicate in the Data Submission Method Maintenance page in MOTS how each data type (status data, which includes CPD, BHD, ADD, and usually NMS by default; crisis data; and involuntary services data) will be submitted. If the method indicated on the Data Submission Method page is not EDI for the type of data being submitted, the record will be rejected. IS THIS MESSAGE NEEDED? IS IT THE SAME AS #34??
Submission date was not a valid date	The date and time on the file name must be in a valid format: CCYYMMDD. ISTHIS MESSAGE NEEDED? IS IT THE SAME AS #38?

Current Results File Error message	Meaning/Explanation
Adjustment record had no corresponding transaction id	When the adjustment flag is set on a record it indicates a change to an existing record. If an identical existing transaction ID is not found, the record will be rejected.
Adjustment record data did not match for the given transaction ID	The EDI processor will look for a NMS record with the same transaction ID where all fields being submitted currently exist in MOTS. If the adjustment record data fields do not match the fields in MOTS, the record will be rejected.
Not adjustment and this transaction Id already exists for this facility	This message indicates submission of a duplicate service record where the adjustment flag was set.
Batch number has already been used for this facility	The batch number must be unique regardless of file type. That is, a service file with batch number 2 and a status file with batch number 2 is NOT allowed.
Diagnosis is not on behavioral health record	The message indicates that the BHD for the client diagnosis field 32 does not have a STATUS submission for the SERVICE diagnosis that was submitted with the non-medicaid service file
An active behavioral health already exists for client	The message indicates that most likely the STATUS submission that was submitted for the client has a different date of admission field 8 in the BHD segment that what was submitted prior to MOTS. If the STATUS submission sent was for a new period of treatment, then an inactive STATUS submission with updated BHD and/or ADD information must be sent for the client before a new active admission date can be submitted to MOTS.
ClientId this ID is already in the database.	This message typically means that the Last Name at Birth field 9 in CPD and/or Date of Birth field 18 in the CPD for this STATUS submission is different than what was previously submitted and accepted by MOTS. To correct this issue contact mots.support@state.or.us to request a Data Check Report, and then submit via secure email a request to change these clients.
A CPD that is not an Assessment status, requires a matching BHD, MCD or INS	This message means that the Treatment Status field 20 in the CPD was something other than "04" Assessment but had no additional segments with it such as BHD, MCD or INS for example.
The information entered does not match the required pattern, or contains an invalid character.	This message would typically be associated with fields that have specific patterns of information that can be entered; such as OHP/Medicaid Prime Numbers field 11 in CPD, SID field 2 in BHD or ODL/OI Number field 3 in BHD are just some examples.

Current Results File Error message	Meaning/Explanation
<p> <code><NoOfArrestPastMonth><=</code> test failed because other object blank.<code></NoOfArrestPastMonth></code> <code><TotalDUIIarrest><=</code> test failed because other object blank.<code></TotalDUIIarrest></code> <code><NoOfDUIIArrestPastMonth><=</code> test failed because other object blank.<code></NoOfDUIIArrestPastMonth></code> </p>	<p>This message means that one of fields 23-25 is something besides a blank/null. Even if you enter 0 in any of the fields the rest of the fields must be 0; or they must all be blank.</p>

Appendix B - Agency EDI Certification Process

This section of the AMH File Transfer Specifications for Electronic Health Records explains how an agency can become certified to submit the MOTS data electronically from their existing Electronic Health Record. This type of transmission is known as Electronic Data Interchange or EDI. Certification must be obtained before submission of real data via EDI can occur. Certification confirms that an agency has successfully registered for EDI submission and tested the transmission of both the Status (which includes Behavioral Health, Crisis and Involuntary), and Non-Medicaid Service data.

To become certified to submit data via EDI, the following must occur:

- A. Provider needs to register to use MOTS as follows:
 - a. Complete the MOTS registration process online at <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>.
 - b. Provider Agency System Administrator will receive its logon and password via email from mots.support@state.or.us.
 - c. Provider must finish Agency/Facility set up outlined in pages 9-22 of the *MOTS System Administrator User Guide* available on the MOTS website <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>
 - i. This includes selecting the following to get your agency set up complete:
 - 1. Selecting your contact method.
 - 2. Provider may submit spreadsheet request for additional MOTS users found on the MOTS website <http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>.
 - 3. Setting up your facilities.
 - a. For EDI each facility MUST have a separate OR Medicaid number.
 - b. If a provider chooses to report all the facilities under one Medicaid provider ID then they should only setup one facility for that agency using the Medicaid provider ID for that agency as its OR Medicaid number in MOTS.
 - c. To request individual numbers fill out forms 3113 and 3974 and follow their instructions for submission. These are located at

<http://www.oregon.gov/oha/amh/mots/Pages/index.aspx>

4. Selecting your Data Submission Method
 - a. Provider will use the data submission method request option from the Admin tab in MOTS to request their data submission method as EDI. For more info please review MOTS Agency and Facility System Admin User Guide which can be downloaded off from the MOTS website
<http://www.oregon.gov/oha/amh/mots/internalresources/MOTS%20System%20Admin%20User%20Guide.pdf>
 - b. Once this is done AMH will receive an email requesting this selection.
 - c. AMH will setup your agency and/or facilities for EDI.
 - d. AMH will send confirmation when this has been completed and instructions for next steps.

B. Provider Setup Process for Secure File Transfer Protocol (SFTP)

- a. AMH will notify provider/agency of SFTP setup requirement for EDI Data Submission Method.
- b. This will include the completion and submission of forms de0785.doc and DHS0780.doc to AMH mots.support@state.or.us
 - i. AMH staff will contact Provider and coordinate the information population of the forms
 - ii. AMH will send the forms for authorization by Provider
 - iii. Provider will return signed forms to designated AMH staff.
 - iv. These forms are necessary for transfer of HIPAA information.
- c. AMH will notify provider/agency of their login, password and access instructions for the SFTP site.

C. File Transfer Certification Process

- a. Certification files need to be sent to the MOTS Production Environment
- b. Certification files must be generated from your Electronic Health Records (EHR) / Electronic Medical Records (EMR) system.
- c. Certification files must be test data and not actual active client data.

- d. Must submit two consecutive certification files for both status and non-Medicaid service that pass all system requirements.
 - i. This may entail provider sending more than two files if the first one is successful, but the second one is not, then the process must start over for certification status file submission.
- e. Certification files (status and non-Medicaid services) must conform to the data specifications of MOTS and submitted via SFTP which is documented in the *AMH File Transfer Specifications for Electronic Health Records* document found on the MOTS web page:
<http://www.oregon.gov/oha/amh/mots/Pages/resource.aspx>.
- f. The certificate filing naming convention will add “CERT” to the front of the regular file name, as to differentiate it from regular file submissions. This process needs to be included in the automation creation of files being sent from agency’s E.M.R/E.H.R. system during the certification process.
- g. Status Data Certification Files
 - i. Submit **two** system generated status certification files containing a minimum of 100 Transactions plus header and trailer; for your Agency / Facility to MOTS Production Environment using SFTP. This must include Crisis and Involuntary data, if you provide these services.
 - ii. Agency/Facility will submit the first file, AMH validates it and agency/facility will resend until it runs cleans. Then the agency/facility will submit the second file, AMH validates it and agency/facility will resend until it runs cleans.
 - iii. AMH will work with the Agency/Facility to validate that the Status certification files meet AMH requirements and pass edits and rules. These submissions should include a variety of data including client profile and behavioral health data, and where applicable, Addictions Detail, Mental Health Crisis and Involuntary Services data using various populations and demographics.
 - iv. AMH will notify the Agency/Facility when the Status certification files are approved and then request that non-Medicaid services files (if planned) can be submitted for certification.
- h. Non-Medicaid Service Data
 - i. Agency/Facility submits **two** system generated non-Medicaid Services certification files containing a minimum of 100 Transactions plus header and trailer; to MOTS Production Environment using SFTP.

- ii. Agency/Facility will submit the first file, AMH validates it and agency/facility will resend until it runs cleans. Then the agency/facility will submit the second file, AMH validates it and agency/facility will resend until it runs cleans.
- iii. AMH will work with the Agency/Facility to validate that the non-Medicaid Services certification files meet AMH requirements and pass the edits. AMH will notify the Agency when the non-Medicaid Services certification files are approved.

D. Approval/Certification

- a. AMH will grant EDI approval and provider certification via an email.
- b. Provider will receive instructions via email from AMH on process to submit real file submissions moving forward.

E. Final Information

- a. Once the agency/facility has received approval and instruction from AMH, the agency/facility can start submitting real data files that have the CERT identifier removed from the naming convention, and send regular live data files via EDI to MOTS via their SFTP Login/Password.
- b. Any additional questions or help needed at this point the provider will need to send an email request to mots.support@state.or.us.

EDI Certification Checklist for Agency/Facility

- Agency/Facility Registration in MOTS**
 - Online registration submission
 - Received login and password
 - Request additional users if necessary for MOTS from AMH
 - MOTS Contact Method Selection
 - Facility Setup
 - MOTS EDI Data Submission Selection
- Agency/Facility SFTP Setup**
 - Received AMH SFTP setup notification
 - Received Forms dhs0780 and de0785 from AMH
 - Returned both signed forms to AMH
 - Received SFTP Instructions for login/password/access
- File Transfer Certification Process**
 - Status Files
 - Sent first Status Certification file
 - Received approval on first Status Certification file
 - Sent second Status Certification file
 - Received approval on second Status Certification file
 - Non-Medicaid Service Files
 - Sent first Non-Medicaid Service Certification file
 - Received approval on Non-Medicaid Service Status Certification file
 - Sent second Non-Medicaid Service Certification file
 - Received approval on second Non-Medicaid Service Certification file
- Approval/Certification Received from AMH**
- Remove CERT from beginning of Status and Non-Medicaid Service files**
- Agency submitting real time data via EDI**