

Adult Community Clinical Services

Commonwealth of Massachusetts

Department of Mental Health

Adult Community Clinical Services



IT/Data Exchange Requirements Version 1.1

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25 Staniford Street

Boston MA 02114

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Introduction

The Department of Mental Health (DMH), through RFR # 2018-DMH-3054-01 procured Adult Community Clinical Services (ACCS) statewide.

Adult Community Clinical Services (ACCS) is a comprehensive clinically focused service anchored by a multi-disciplinary team that provides clinical coverage 24 hours a day, 7 days a week, and 365 days a year through an integrated team led by clinical staff. ACCS Integrated Teams provide clinical interventions and peer and family support to facilitate engagement, support functioning and maximize symptom stabilization and self-management of individuals residing in all housing settings. In addition, Contractors are responsible for providing a range of contractor-based housing options as treatment settings to assist individuals in developing skills, establishing natural supports and resources to live successfully in the community.

Providers of ACCS Services must maintain an Information Technology (IT) infrastructure with the ability to integrate with the technology employed by the Executive Office of Health and Human Services (EOHHS), including the functionality of the Virtual Gateway and its automated POS billing service known as Enterprise Invoice Management/Enterprise Service Management EIM/ESM. Additionally, Providers must be capable of providing DMH with ACCS Services data in the format requested and according to specified timelines.

The purpose of this document is to provide Providers and other interested parties with the specifications for ACCS Services data format, exchange protocols, timelines and other information necessary for the successful exchange of data between Providers and DMH regarding the delivery of and payment for services.

Chapter 1: IT Responsibilities of the ACCS Providers

Providers of ACCS Services are required to comply with the following DMH IT requirements when providing ACCS Services:

Establish a Dedicated Mailbox

- **Establish a Dedicated Mailbox for their agency** in the Provider Agency email system for receipt of automated data transmissions from DMH.

Return Dedicated Mailbox Address to DMH

In support of these activities, Providers must:

- **Return your Dedicated Mailbox address to DMH** return dedicated mailbox address to Mary Merrill at Mary.Merrill@MassMail.State.MA.US

Note: After you submit your dedicated mailbox address to Mary Merrill, you will receive an email with "Secure:" in the subject line which will provide the link to establish your Secure Mail Account. Once your Secure Mail account has been established, you can login to the Commonwealth Secure Mail System Proofpoint at: <https://ppsecuremail.state.ma.us/encrypt>

Secure Mail System

The Secure Mail System is an enterprise solution for secured exchange of both e-mail and files using web technologies. Secure Mail is a Commonwealth shared service available to all its agencies and departments for use between themselves and their business partners.

Access the Internet to use Secure Mail & Provider Portal

- **Access the internet to utilize the Commonwealth Secure Mail System** as needed to exchange confidential information.
 - <https://ppsecuremail.state.ma.us/encrypt>
- **Access the Virtual Gateway** as needed to upload data to DMH.

Process and Transmit XML

- **Process and transmit XML** (Extensible Markup Language) documents for the purpose of data interchange using a map to be provided by DMH in the form of an XSD (XML Schema Definition) document that defines how data will be processed and accepted. Providers may choose to utilize a number of software products to generate an XML file when producing data for DMH from in-house systems, in which case the XSD will provide the format where each element in the complex type is defined.

Key Features

Some of the more prominent features of the Secure Mail Application include:

- All information is encrypted for storage and transfer to ensure security & privacy.
- Automated e-mail notification sent to all recipients when messages/files are available to be picked up.
- Reduced manual intervention in the delivery of information files to Commonwealth applications.

How to Retrieve a File from the Secure Mail Application

Notification: When a message is sent using the Secure Mail Application, a notification is sent that includes a link to the message posted on the Secure Mail servers.

Technical questions about Secure Mail should be directed to:

Common Help @ 866-888- 8608 or send an email to: commonhelp@state.ma.us

Chapter 2: The Virtual Gateway

The Virtual Gateway is an internet portal designed by the Executive Office of Health and Human Services to provide the general public, medical providers, community-based organizations and the Executive Office of Health & Human Services (EOHHS) staff with online access to health and human services.

DMH Provider Portal

ACCS Providers will use the Virtual Gateway's secure website to upload ACCS data in XML format to the Department of Mental Health Provider Portal (DMHPP).

Refer to **Chapter 5: Department of Mental Health Provider Portal (DMHPP)** for guidance on using the DMHPP application.

Become a Virtual Gateway User

To access the Virtual Gateway, the organization you work for must register with Virtual Gateway Customer Service. Once your organization is registered, individual user accounts may be requested. Virtual Gateway Customer Service coordinates registering organizations and creating user accounts.

Register and Obtain User Accounts

Steps to register an organization and obtain user accounts are as follows:

New Virtual Gateway Organizations

To register on the Virtual Gateway, all organizations must complete and sign certain forms and documents. At a minimum, all organizations new to the Virtual Gateway must download and complete three forms.

➤ [Virtual Gateway Services Agreement](#)

The Virtual Gateway Services Agreement sets forth the terms and conditions that your organization must agree to in order to access the Virtual Gateway. The Agreement must be signed by an individual who has the legal authority to sign on behalf of your organization, as evidenced by your organization's charter or bylaws. This form only needs to be completed once - the first time your organization signs up to use the Virtual Gateway.

➤ [Access Administrator Designation](#)

Each organization must designate an individual to be their Virtual Gateway Access Administrator. He or she is responsible for approving, modifying, and/or removing user access privileges for any of the Virtual Gateway's business services used by your organization. The Virtual Gateway Designation of Access Administrator Form must be signed by an individual

who has the legal authority to sign on behalf of your organization, as evidenced by your organization's charter or bylaws.

➤ **[User Request Form](#)**

In order to gain access to the Virtual Gateway, an organization's Access Administrator (AA) must complete the appropriate User Request Form (URF). Each URF is specific to the Virtual Gateway service an organization will use.

The User Request Form for Virtual Gateway access is used to add, change, or delete individual user account information for all Virtual Gateway business services. Your Access Administrator (AA) must complete the User Request Form to request user accounts for anyone within your organization who requires access to a Virtual Gateway service.

Access Administrators (AA) should download the latest version of the URF to their desktop, complete the form as per the instructions on the form, and email the complete form to the email address indicated on the form.

New User Request & Account Modification:

- Complete the DMHPP URF (<https://www.mass.gov/service-details/user-request-forms>)
- Email completed URF to: VirtualGatewayHelpDeskFaxes@massmail.state.ma.us

Note: *URF's are only accepted from an authorized Access Administrators (AA) for your organization.*

Chapter 3: Referrals

DMH ACCS Referral Process

1. DMH refers the client to the provider by emailing the referral form to the ACCS staff member identified to receive this information. The referral will be sent via secure mail.
2. DMH will send the Client Data Summary Notification to the providers dedicated mailbox via secure mail. Client is in pre-registered status in the DMH application.
3. ACCS provider submits the date of the first face to face encounter to DMH. Please see Chapter 4: Data Reporting Requirements.
4. The submission of the face to face date triggers DMH staff to enroll the person in an ACCS service in the DMH application.
5. At the time of enrollment, DMH will send the Client Action Notification to the providers dedicated mailbox via secure mail. The client's record will now be available in EIM for Service Delivery Reporting (SDR).

The DMH ACCS Referral Form will be available on the DMH Website in the future.

Chapter 4: Data Reporting Requirements

- *Address & Event data may be reported in the same xml file*
- *Address & Event data for multiple programs may also be reported in the same xml file*
- *Data Entry should begin on line 2 of your excel file*

A. Reporting Address & Phone Changes

The ProviderEvents.xlsx file (refer to [Appendix H](#)) can be used to report the clients address change, update phone, housing status and effective date.

Steps for Reporting Address & Phone Changes

➤ *Providers only need to submit address changes for Integrated Team programs*

1. Report

Field Name	Required / Optional
*ServiceID	Required, ACCS
*ProgramID	Required Mnemonic of program providing a DMH contracted or operated service. Each program is associated with only one contract#, but one contract # may be associated with multiple programs
*AccountNum	Required Unique client identifier for each enrollment into a program, generated by DMH's EHR.
*ClientName	Required For information purposes and to assist you with locating the record in your file. DMH uses the AccountNum for validation
EffectiveDate	Required / Format = mm/dd/yyyy
HousingID	Required 1 = Provider Based Independent Setting Individual apartments or buildings occupied by Persons Served for which Contractors are the lease holders. These locations do not have planned staffing but rather services and interventions are provided by the Integrated Team(s) in accordance with the

Field Name	Required / Optional
	<p>Persons' Treatment Plans. This includes any lease arrangement where the provider is the sponsor on the lease (e.g. DMH Rental Assistance).</p> <p>2 = Independent Setting</p> <p>Settings in which Persons are responsible for their own living arrangement (e.g., Persons are lease holders, live with their families. etc.).</p>
Address1	Required
Address2	Optional
City	Required
State	Required
Zip	Required Format = 99999 or 99999-9999
Phone	Optional Format = 999-999-9999

2. Otherwise if the client is homeless please report:

Field Name	Required / Optional
*ServiceID	Required, ACCS
*ProgramID	Required Mnemonic of program providing a DMH contracted or operated service. Each program is associated with only one contract#, but one contract # may be associated with multiple programs
*AccountNum	Required Unique client identifier for each enrollment into a program, generated by DMH's EHR
*ClientName	Required For information purposes and to assist you with locating the record in your file. DMH uses the AccountNum for validation
EffectiveDate	Required / Format = mm/dd/yyyy
HousingID	Required 3 = Homeless
Address1	Optional
Address2	Optional
City	Optional
State	Optional
Zip	Optional Format = 99999 or 99999-9999
Phone	Optional Format = 999-999-9999

*** Found on the Client Data Summary Notification or Client Action Notification**

If the Effective Date is prior to the ACCS Enrollment date, please use the Enrollment date as the Effective Date. Date cannot be in the future.

Before saving your file: PLEASE DO NOT DELETE ANY COLUMNS FROM THE EXCEL FILE

- Are all required key fields reported for each row? (ServiceID, ProgramID, AccountNum, ClientName)
- If you are reporting a HousingID of 1 or 2 – did you report the address and effective date?
- For HousingID of 3 did you report an effective date?
- Be sure there are no blank lines between rows

1. **File Naming Convention:** The file name must follow the allowed file naming convention:

- XML Filename will have 3 sections separated by underscore (_) symbol
 - Section1- Provider mnemonic: Example: PRO
 - System will accept only a single underscore () between Section1 and Section2 in File Name. If user adds any other special character other than underscore system will display an error.
 - Section2- Date file Uploaded: Example: 20180516
 - Date Format: “ “YYYYMMDD”
 - The date can be past date or current date, but cannot be a future date
 - Section3- A word such as Events or Address or the provider’s choice of any alphanumeric combination or any special characters with or without the underscore followed by a Sequence number. Example: Events1
 - No spaces are allowed in XML Filename; if any spaces exist in XML Filename, the system will reject the file.

- **Example of Acceptable File Name:**

PRO_20180516_Address1.xml

- **Example of Unacceptable File Name:**

PRO 20180516_Address1.xml

Please refer to [Appendix B: ACCS Provider Mnemonics](#)

Note: The file will be rejected if file naming convention is not followed.

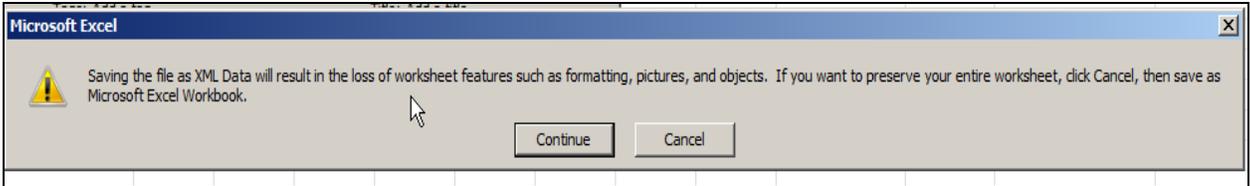
Saving Your File (Please follow the file naming convention below)

2. **Save your file first as an excel file**

- Select **File**, select **Save As** Ex: Pro_20180516_Address1.xlsx

3. **Now save your file as an xml file**

- Select **File**, select **Save As** - remove .xlsx from the file name
- Save as type: Xml data; Ex: Pro_20180516_Address1.xml
- Check your file name, remove any spaces in the file name
- Select the **SAVE** button



- Select the **Continue** button
- Close your excel file



- Select the **Don't Save** button
4. **Submitting your file** – Refer to [Chapter 5: Department of Mental Health Provider Portal \(DMHPP\)](#).

B. Reporting Phone Changes Only

The ProviderEvents.xlsx file (refer to [Appendix H](#)) can be used to report the clients new phone number (voluntarily reported) and effective date.

Please report:

Field Name	Required / Optional
*ServiceID	Required, ACCS
*ProgramID	Required Mnemonic of program providing a DMH contracted or operated service. Each program is associated with only one contract#, but one contract # may be associated with multiple programs
*AccountNum	Required Unique client identifier for each enrollment into a program, generated by DMH's EHR
*ClientName	Required For information purposes and to assist you with locating the record in your file. DMH uses the AccountNum for validation
EffectiveDate	Required / Format = mm/dd/yyyy
Phone	Optional / Format = 999-999-9999 <i>Note: Reported voluntarily by the provider</i>

*** Found on the Client Data Summary Notification or Client Action Notification**

If the Effective Date is prior to the ACCS Enrollment date, please use the Enrollment date as the Effective Date. Date cannot be in the future.

Before saving your file: PLEASE DO NOT DELETE ANY COLUMNS FROM THE EXCEL FILE

- Are all required key fields reported for each row? (ServiceID, ProgramID, AccountNum, ClientName)
- Did you report a phone and effective date?
- Be sure there are no blank lines between rows

1. File Naming Convention: The file name must follow the allowed file naming convention:

- XML Filename will have 3 sections separated by underscore (_) symbol
 - Section1- Provider mnemonic: Example: PRO
 - System will accept only a single underscore () between Section1 and Section2 in File Name. If user adds any other special character other than underscore system will display an error.
 - Section2- Date file Uploaded: Example: 20180516
 - Date Format: “ “YYYYMMDD”
 - The date can be past date or current date, but cannot be a future dateSection3- A word such as Events or Address or the provider’s choice of any alphanumeric combination or any special characters with or without the underscore followed by a Sequence number. Example: Events1
 - No spaces are allowed in XML Filename; if any spaces exist in XML Filename, the system will reject the file.
 - **Example of Acceptable File Name:**
PRO_20180516_Address1.xml
 - **Example of Unacceptable File Name:**
PRO 20180516_Address1.xml

Please refer to [Appendix B: ACCS Provider Mnemonics](#)

Note: The file will be rejected if file naming convention is not followed.

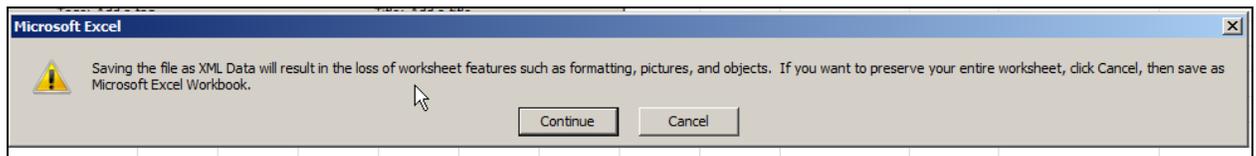
Saving Your File (Please follow the file naming convention below)

2. Save your file first as an excel file

- Select **File**, select **Save As** Ex: Pro_20180516_Address1.xlsx

3. Now save your file as an xml file

- a. Select **File**, select **Save As** - remove .xlsx from the file name
- b. Save as type: Xml data; Ex: Pro_20180516_Address1.xml
- c. Check your file name, remove any spaces in the file name
- d. Select the **SAVE** button



- Select the **Continue** button
- Close your excel file



- Select the **Don't Save** button
4. **Submitting your file** – Refer to [Chapter 5: Department of Mental Health Provider Portal \(DMHPP\)](#).

C. Reporting Event Data

The ProviderEvents.xlsx (refer to [Appendix H](#)) file can be used to report the client's event data

- ***Events – Date_EventStarted, Date_EventEnded & Date_TransitionEncounter should each be reported within one business day of occurrence. Each date may be submitted in a separate xml file.***
- ***Please only report new or modified events. Submitting a historical file of events will produce warnings on the ACCS Reconciliation Report noting the data has already been reported.***

Please report:

Field Name	Required / Optional
*ServiceID	Required, ACCS
*ProgramID	Required Mnemonic of program providing a DMH contracted or operated service. Each program is associated with only one contract#, but one contract # may be associated with multiple programs
*AccountNum	Required Unique client identifier for each enrollment into a program, generated by DMH's EHR
*ClientName	Required For information purposes and to assist you with locating the record in your file. DMH uses the AccountNum for validation
Event_Deletion	Optional – Report a 'D' if you wish to delete a misreported event
EventID	Required = 1 – 5 1. Incarceration 2. Inpatient Medical 3. Inpatient Psychiatric 4. Skilled Nursing

Field Name	Required / Optional
	5. First Face to Face Encounter after referral to program
Date_EventStarted	Required, if event started before ACCS enrollment please use the clients enrollment date as the event start date
Date_EventEnded	Reported for EventIDs 1-4 When reporting an end date please also provide the EventID, Date_EventStarted, FacilityID or Facility_Other If reporting Date_TransitionEncounter - Date_EventEnded must be reported.
FacilityID	Required, if EventID = 1 or 3
Facility_Other	Required, if EventID = 2 or 4
Date_TransitionEncounter	Reported for EventID 1 -4 Date of first face to face encounter after return to community following an event When an individual transfers from one facility to another, the provider reports the same date for the end date of the first event and the start date of the second event. Examples include, but are not limited to, transfer from one acute psychiatric unit to a second acute psychiatric unit, transfer from a medical unit to an acute psychiatric unit and transfer from a medical unit to a skilled nursing facility. As the individual is transferring from one facility to another without return to the community, the provider does not report a transition encounter until the individual is discharged to the community (i.e. a transition encounter is not reported for the first event).

*** Found on the Client Data Summary Notification or Client Action Notification**

Please refer to [Appendix D: ACCS Event Reporting](#) for definitions.

If the Date_EventStarted is prior to the ACCS Enrollment date, please use the Enrollment date as the Date_EventStarted. Date cannot be in the future.

Before saving your file: PLEASE DO NOT DELETE ANY COLUMNS FROM THE EXCEL FILE

- Are all required fields reported for each row? (ServiceID, ProgramID, AccountNum, ClientName)

- If you are reporting a new event, did you already report or are you reporting the end date for the prior open event?
- Be sure there are no blank lines between rows

1. File Naming Convention: The file name must follow the allowed file naming convention:

- XML Filename will have 3 sections separated by underscore (_) symbol
 - Section1- Provider mnemonic: Example: PRO
 - System will accept only a single underscore () between Section1 and Section2 in File Name. If user adds any other special character other than underscore system will display an error.
 - Section2- Date file Uploaded: Example: 20180516
 - Date Format: “ “YYYYMMDD”
 - The date can be past date or current date, but cannot be a future date
 - Section3- A word such as Events or Address or the provider’s choice of any alphanumeric combination or any special characters with or without the underscore followed by a Sequence number. Example: Events1
 - No spaces are allowed in XML Filename; if any spaces exist in XML Filename, the system will reject the file.

- **Example of Acceptable File Name:**

PRO_20180516_Address1.xml

- **Example of Unacceptable File Name:**

PRO 20180516_Address1.xml

Please refer to [Appendix B: ACCS Provider Mnemonics](#)

Note: The file will be rejected if file naming convention is not followed.

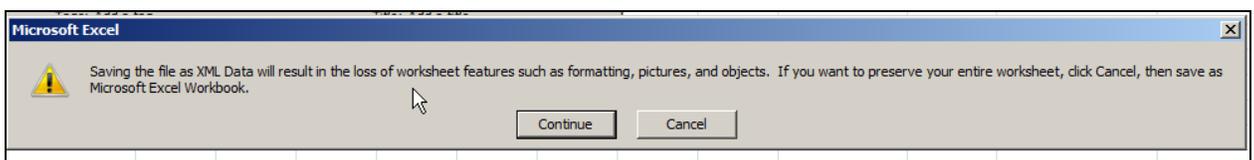
Saving Your File (Please follow the file naming convention below)

2. Save your file first as an excel file

- Select **File**, select **Save As** Ex: Pro_20180516_Address1.xlsx

3. Now save your file as an xml file

- Select **File**, select **Save As** - remove .xlsx from the file name
- Save as type: Xml data; Ex: Pro_20180516_Address1.xml
- Check your file name, remove any spaces in the file name
- Select the **SAVE** button



- Select the **Continue** button
- Close your excel file



- Select the **Don't Save** button
4. **Submitting your file** – Refer to [Chapter 5: Department of Mental Health Provider Portal \(DMHPP\)](#).

Chapter 5: Department of Mental Health Provider Portal (DMHPP)

Overview

This system will allow contracted DMH providers to transmit standardized Protected Health and other information through the Virtual Gateway using the Provider Portal (DMHPP). Data transmitted may include, but is not limited to, demographic, psychiatric and behavioral events, outcomes and utilization. Data passing the file and record level process will be loaded to the Department of Mental Health Data Warehouse. Phase I of the DMHPP allows for providers of Adult Community Clinical Services (ACCS) to submit address, housing changes and psychiatric and behavioral events.

Login to the Department of Mental Health Provider Portal (DMHPP)

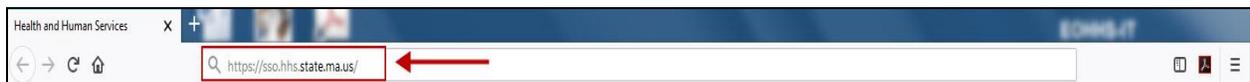
The Department of Mental Health Provider Portal (DMHPP) is accessed through the Virtual Gateway. All users of the DMHPP must have a Virtual Gateway UserID and password in order to use the application. Users should speak with their Agency Access Administrators (AA) if they require access to this application.

Refer to **Chapter 2: Virtual Gateway** for guidance on how to become a Virtual Gateway Organization/User.

1. Open Internet Browser window, type <https://sso.hhs.state.ma.us/> in the Address field and press the **Enter** button.

Note: Suggested Internet Browsers:

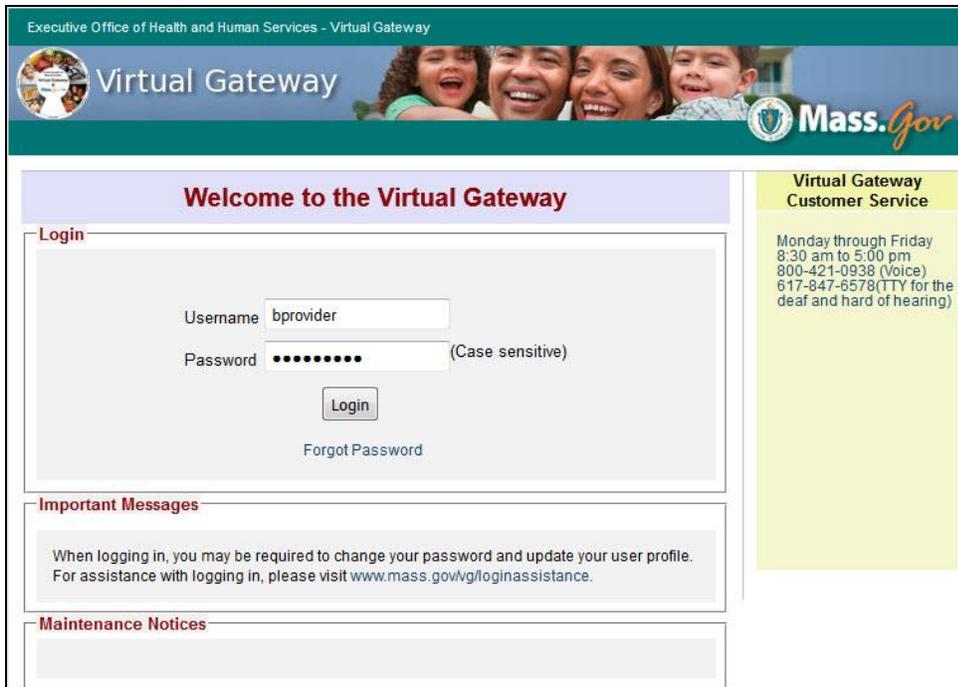
- Internet Explorer 11.0 and greater
- Latest Chrome Version



The **Welcome to the Virtual Gateway** screen appears.

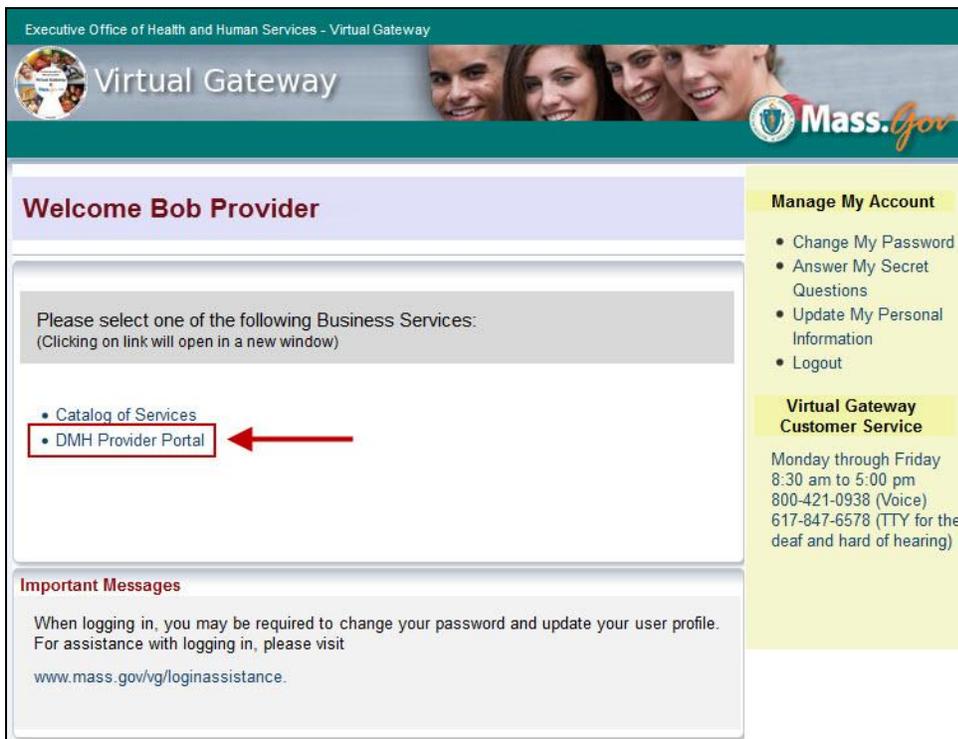
This screen contains three key areas that users should be familiar with:

- **Important Messages:** Guidance on Virtual Gateway Account Maintenance
 - **Maintenance Notices:** System outage/unavailability notices
 - **Virtual Gateway Customer Service:** Telephone Numbers and hours of operation information
2. **Username:** Type **Username** in this field.
 3. **Password:** Type **Password** in this field.
 4. Select the **Login** button.

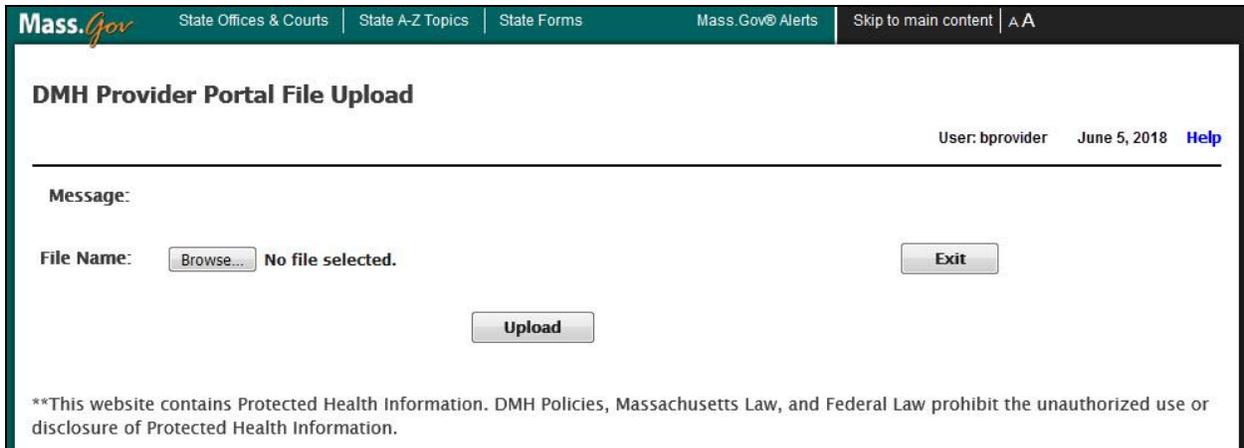


The **Virtual Gateway Business Service** screen appears.

5. Select the **DMH Provider Portal** link.



The **DMH Provider Portal File Upload** screen appears.



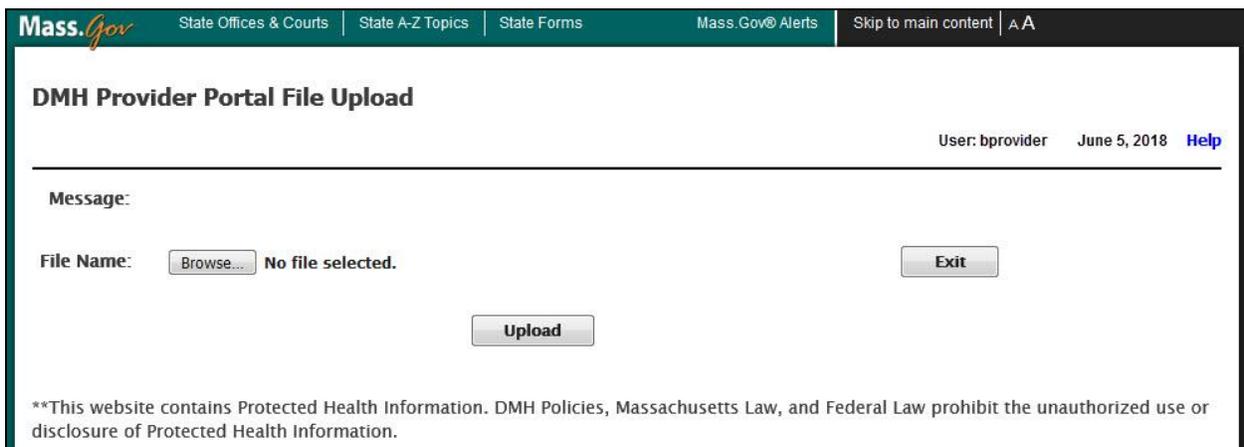
This screen contains the following information/action buttons that users should be aware of:

- **User:** Virtual Gateway User ID displays.
- **Date:** Current system date displays.
- **Help:** Select this link to access the ACCS IT/Data Exchange Requirements.
- **Message:** DMHPP system will display success or error messages in this area. Message is empty by default; system will only display message after user uploads a file.
- **Browse:** Select this button to browse for a file to upload into the DMHPP application.
- **Upload:** Select this button to upload the file into DMHPP application.
- **Exit:** Select this button to exit/logoff the DMHPP application.

Note: DMHPP Disclosure: ***This website contains Protected Health Information. DMH Policies, Massachusetts Law, and Federal Law prohibit the unauthorized use or disclosure of Protected Health Information.*

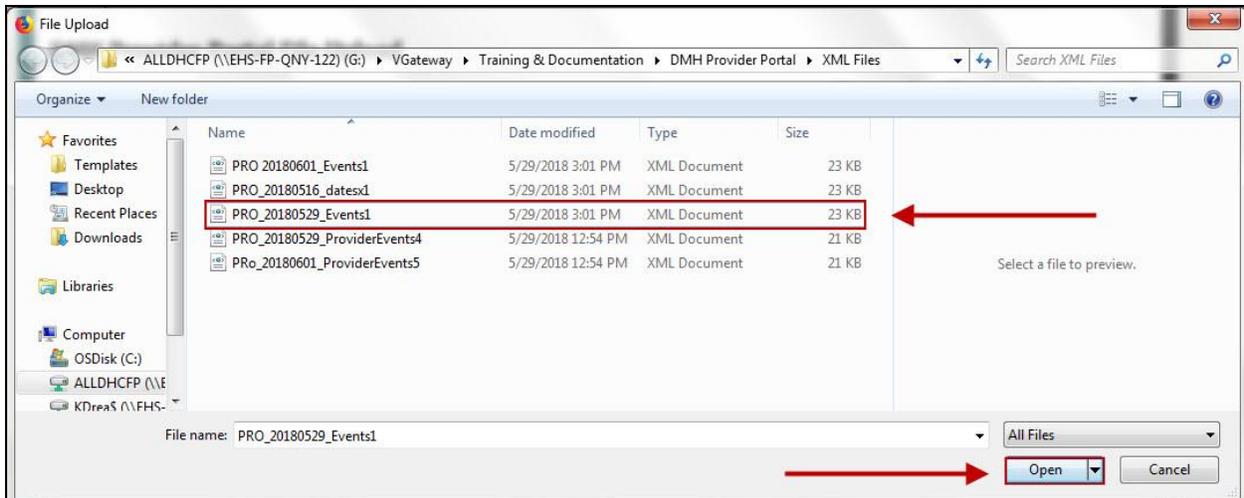
Steps to Upload an XML File

1. **File Name:** Select the **Browse...** button.



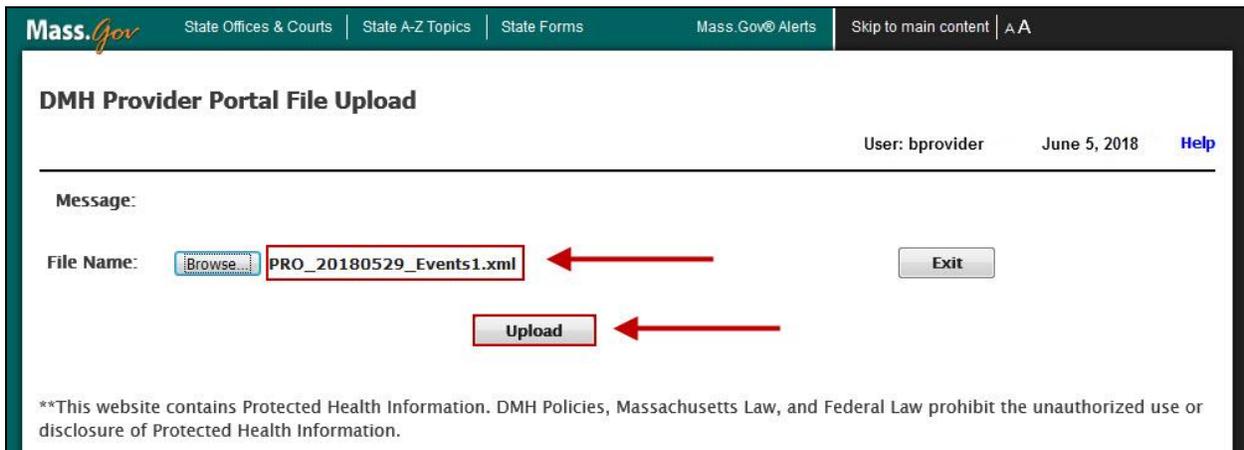
2. **File Upload:** Locate and Select the XML file to upload.

3. Select the **Open** button.



The selected File Name will appear on the screen.

4. Select the **Upload** button.



ROUND 1 Validation: Immediate

DMHPP will display a success or error message depending on whether the uploaded XML file passes the Round 1 validation.

The DMHPP application will validate the file name and the content of the XML file during Round 1 validation.

- **Virus:** Scans file to be uploaded for possible virus.
- **File Name Convention:** The file name must follow the allowed file name convention:
 - XML Filename will have 3 sections separated by underscore (_) symbol
 - Section1- Provider mnemonic: Example: PRO
 - System will accept only a single underscore (_) between Section1 and Section2 in File Name. If user adds any other special character other than underscore system will display an error.
 - Section2- Date file Uploaded: Example: 20180529
 - Date Format: “YYYYMMDD”

File: PRO_20180529_Events1.xml successfully passed Round 1 validation. Round 2 validation will occur overnight. Providers will receive a reconciliation report noting the # of records passed, # of records failed and the detail of the error.

Important Warning: This message is intended only for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. Confidentiality Notice: Protected Health Information from the Massachusetts Department of Mental Health Protected Health Information is personal and sensitive information related to a person's health care. It is being e-mailed to you after appropriate authorization from the person or under circumstances that do not require the person's authorization. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately.

Round 1 Validation: Errors

If the XML file fails to meet any of the above criteria the user will receive the error validation message on the portal screen and an email will be sent to the provider's dedicated mailbox. The user should review the errors, make corrections and resubmit the file for processing in the DMHPP application. Guidance will be provided in the email as to which row records caused the file rejection.

Refer to [Appendix I: Round 1 - Validation Error Messages](#) for a listing of error messages.

Error Message Example: *File: PRO 20180601_Events1.xml - Invalid file name. Spaces not allowed in file name - File not processed.*



The user should review the errors, make corrections and resubmit the file for processing in the DMHPP application.

Note: *The file sequence # of the file name MUST be incremented before resubmitting the file again for processing.*

Sample Rejection Email Template

From: DONOTREPLY_DMHACCS@STATE.MA.US [mailto:DONOTREPLY_DMHACCS@STATE.MA.US]

Sent: Day of Week, Month Date, YYYY00:00 AM/PM

To: Provider Dedicated Mailbox

Subject: Secure: Error Round 1 – UserID - FileName

Filename: PRO_20180601_Event1.xml uploaded at: 06/01/2018 9:51:40 AM

Filename: PRO_20180601_Event1.xml rejected with errors

File Upload Errors:

XML Record	Client Name	ProgramID	Account Number	Error Message
8	John Doe	PROACCS1	FW000009999	Address1 is required if HousingID = 1 or 2.
8	John Doe	PROACCS1	FW000009999	City is required if HousingID equals 1 or 2.
8	John Doe	PROACCS1	FW000009999	State is required if HousingID equals 1 or 2.
8	John Doe	PROACCS1	FW000009999	Zip is required if HousingID equals 1 or 2.

Important Warning: This message is intended only for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. Confidentiality Notice: Protected Health Information from the Massachusetts Department of Mental Health Protected Health Information is personal and sensitive information related to a person's health care. It is being e-mailed to you after appropriate authorization from the person or under circumstances that do not require the person's authorization. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, the disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately.

ROUND 2 Validation: Overnight

The record level validation process will be executed each night.

For every file processed the provider will receive an ACCS Reconciliation Report (see [Appendix F: Notifications/Reports Distributed to ACCS Providers \(Sample\)](#)).

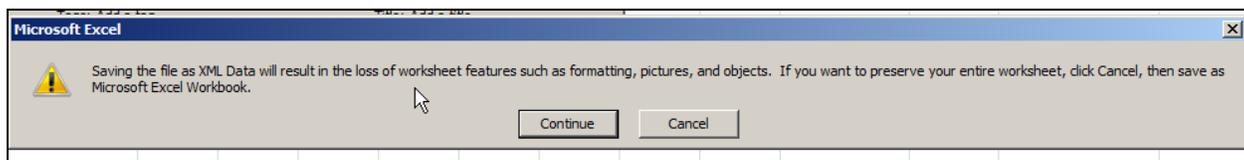
. The provider should review the report and correct any errors reported.

Only resubmit those records in error. (see [Appendix L: Round 2 – Validation Error Messages](#))

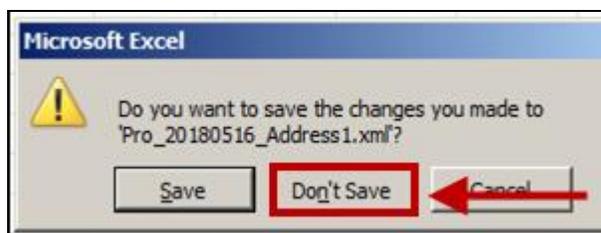
To correct your errors:

- Right click on the **excel file** name for the errors reported
ex: Pro_20180516_Address1.xlsx
- Delete those records successfully processed in the file
- Correct rows reported as errors
- Save the File. Select **File**, select **Save As: increment the sequence #** and save the file as an excel file. Ex: Pro_20180516_Address**2**.xlsx

- **Now save your file as an xml file**
 - Select **File**, select **Save As** – remove the .xlsx from the file name
 - Save as type: Xml data Ex: Pro_20180516_Address2.xml
 - Check your file name, remove any spaces in the file name
 - Select the **SAVE** button



- Select the **Continue** button
- Close your excel file



- Select the **Don't Save** button
- Resubmit the file for processing in the DMHPP application

Note: The file sequence # of the file name MUST be incremented before resubmitting the file again for processing.

Things to Remember When Using DMHPP

- **Virus Scan:** DMHPP will scan for viruses each time a file is uploaded. If the scan finds a virus, the system will reject the infected file. Since the file was rejected and not uploaded, no email will be sent to the provider.
- **Required Fields:** The XML required fields will be validated by the system.
- **Number of Records:** The system will accept XML files with maximum of 200 records.
- **Validation Process:** The system will validate all records in XML file row by row; and will display errors row by row.
- **Round 1 Validation:** During Round 1 validation, system will validate XML data formats and required fields; if any discrepancy is found, system will display reject XML file and send email with errors.
- **Round 2 Validation:** Overnight process will perform a further record level validation.
- **XML Data Fields:** All incoming XMLs should have the same XML fields as mentioned in the XML template; User might leave a field blank, but if the user leaves a required field blank, system will display an error on screen and will forward an email.
- **XML Template:** All tags are required in every xml file submitted for processing
 - <providerevents>

```
<providerevent>
  <ServiceID>
  <ProgramID>
  <AccountNum>
  <ClientName>
  <Address1>
  <Address2/>
  <City>
  <State>
  <Zip> >
  <Phone/>
  <EffectiveDate>
  <HousingID>
  <Event_Deletion/>
  <EventID>
  <Date_EventStarted>
  <Date_EventEnded/>
  <FacilityID/>
  <Facility_Other>
  <Date_TransitionEncounter>
</providerevent>
</providerevents>
```

Chapter 6: Notifications/Reports Distributed to ACCS Providers

Action	Notification/Report to Provider	Subject Line	Frequency
Client is pre-enrolled in DMH System	Client Data Summary Notification <ul style="list-style-type: none"> Upon receiving this report the ACCS provider has the clients account number to submit their first face to face date. (see Chapter 4) 	Secure: xxxx CLIENT DATA SUMMARY NOTIFICATION	Daily
Client is enrolled in DMH System	Client Action Notification <ul style="list-style-type: none"> Upon receiving this information, the ACCS provider can now submit any address, phone, housing or event data for the client (see Chapter 4) 	Secure: xxxx Client Action Notification	Daily
Pre-Enrollment or Enrollment cancelled in DMH system	Client Action Notification	Secure: xxxx Client Action Notification	Daily
Enrollment Start Date modified in DMH system	Client Action Notification	Secure: xxxx Client Action Notification	Daily
Dis-Enrollment entered in DMH system	Client Action Notification	Secure: xxxx Client Action Notification	Daily
Enrollment End Date modified	Client Action Notification	Secure: xxxx Client Action Notification	Daily
Dis-Enrollment rolled back to Enrolled status	Client Action Notification	Secure: xxxx Client Action Notification	Daily
NA	Program Census Report	Secure: xxxx Census Report	Weekly, each Friday

Action	Notification/Report to Provider	Subject Line	Frequency
Submission of Address & Event xml file(s)	Reconciliation Report <ul style="list-style-type: none"> • Report is generated for <u>each file</u> submitted. • Notes the # records reported in file, # of deletions for event reporting, # records passed and # records with errors. The detail of the errors will be noted • 	Secure: Reconciliation Report – VGUserID – File Name	Daily

xxxx = ACCS ProgramID - Please refer to [Appendix K: ACCS Programs and Contracts.xlsx](#) *

Note: *As Contract Numbers become available DMH will send out updates to the ACCS Programs and Contracts.xlsx found in the appendix of this document.

The **Client Action Report** will only be distributed if one or more of the actions in the above table occurred for the previous day. This report may contain multiple names if more than one person was enrolled, dis-enrolled or enrollment status changed on the same day.

Please see [Appendix F: Notifications/Reports Distributed to ACCS Providers \(Sample\)](#)

Chapter 7: Contact Information

Questions regarding the DMH Provider Portal and Data Processing:

Virtual Gateway Customer Service

Monday through Friday
8:30 am to 5:00 pm
800-421-0938 (Voice)
617-847-6578 (TTY)

The Virtual Gateway Customer Service will create a ticket and assign to **Tier 2 DMH.Provider Portal Group**.

Questions regarding the Enterprise Invoice Management/ Enterprise Service Management (EIM/ESM) application:

Michleen.Rygiel@MassMail.state.ma.us / 617-626-8018 (Voice)

Questions regarding the ACCS Services Program:

Jeff.Morton@MassMail.state.ma.us / 617-312-6286 (Voice)

Appendix

Appendix A: Definitions, Acronyms, and Abbreviations

Term	Definition
AIMS	Access & Identity Management System
DMH ACCS	Department of Mental Health Adult Community Clinical Services
DMHPP DB	Department of Mental Health Provider Portal Data Base
EIM	Enterprise Invoice Management
EOHHS (or EHS)	Executive Office of Health and Human Services
OMS	Organization Management System
PHI	Protected Health Information
PMO	Project Management Office
SDR	Service Delivery Report

Appendix B: ACCS Provider Mnemonics



ACCS Provider
Mnemonics.docx

Appendix C: ACCS RFR



DMH ACCS RFR.pdf

Appendix D: ACCS Event Reporting



ACCS Event
Reporting.xlsx

Appendix E: ACCS Facilities



ACCS Facilities.xlsx

Appendix F: Notifications/Reports Distributed to ACCS Providers (Sample)



ACCS Client Action
Notification - Sample.



ACCS Reconciliation
Report - Sample.docx



ACCS Client Data
Summary Notification

Appendix: G: XSD template/schema



ProviderEvents.xsd

Appendix: H: ProviderEvents.xlsx



ProviderEvents.xlsx

Appendix I: Round 1 - Validation Error Messages



Round 1 - Validation
Error Messages.docx

Appendix J: ACCS Phase 1 - Data Elements



ACCS Phase I - Data
Elements.docx

Appendix K: ACCS Programs and Contracts



ACCS Programs and
Contracts.xlsx

Appendix L: Round 2 - Validation Error Messages



Round 2 - Validation
Error Messages.xlsx

Appendix M: ACCS Webinar 6_DMH Provider Portal Presentation



ACCS Webinar
6_DMH Provider Port: