

Managed Care Technical File Exchange Information

South Carolina Department of Health and Human Services
Healthy Connections Medicaid

March 3, 2025

I. Naming Conventions

- a. These files are proprietary files.
- b. Files follow these naming conventions:
 - i. XXXXXX.YYYYYYYY
 - 1. Where XXXXXX is the provider number assigned by DHHS (ex: HM0500)
 - 2. Where YYYYYYYY is a descriptive extension of up to 8 characters (does not have to be 8, but at most, 8 characters). File may not contain this node.
 - ii. Each node name (between the ‘.’) has a max of eight characters.
 - 1. Example: HM0500.ENCOUN.TEST

MGC Cutoff is the 2nd to last Friday of the month

No control file is needed when set to the EDI box.

II. Files TO SCDHHS from MCO

File Name	File Naming Convention	Sent Via* *	Due Date*	Description
PROVIDER FILE	XXXXXX.PROV	EDI	To be sent with encounter submission, but not required.	This file must precede 837 and/or NCPDP submission of the encounters. The same day an encounter file is sent, the sender may also submit this non par provider file along with the 837 or NCPDP file. This will be sent via the MCO's EDI box (this is sent to the same place and via the same mode of transportation as the MCO's 837 and/or NCPDP). SCDHHS prefers a complete, cumulative Non-Par provider file.
TPL FILE	XXXXXX.TPL	SFTP	8 th of every month.	This full/complete file of all TPL information for each recipient for that given month is required to be submitted to DHHS by the eighth (8) th of the month. This file must be submitted even if there is no input. In the case of no input, a blank file must be submitted to SCDHHS.
837-ENCOUNTER FILE	XXXXXX.837.txt	EDI	No later than the 25 th of the month.	<p>Each submission must be coordinated with DHHS. The sender must email the DHHS Information Systems Contact explaining how many files are being sent and the total number of records uploaded to the EDI box. There is not a standard naming convention. The translator will prepend and append data to the input file name. Please ensure that the TP's file name is not too long and is kept under 30 characters. Examples of possible file naming conventions can include:</p> <ol style="list-style-type: none"> 1. SC837IN_CCCMMDD_SEQ_X12.txt (Institutional file) 2. SC837PR_CCCMMDD_SEQ_X12.txt (Professional file) <p>This file can also contain voids. The MCO has up to 18 months from the date an encounter was accepted at SCDHHS to void it.</p> <p>The MCO may submit a file daily but should not submit files on Saturday or Sundays. There is a 5,000 record limit per</p>

				file and a 15 file max per day (so 75,000 record per day max).
WRAP PAYMENT SUMMAR Y FILE	XXXXXXX.FQHCR HC. SUMMARY	SFTP	No later than the 25 th of the month. Send a blank/empty file if there are no wrap records to report.	Monthly wrap payment summary file.
CAPITATE D PAYMENT FILE	XXXXXXX.CAP. PAYMENTS	SFTP	No later than the 25 th of the month. Send a blank/empty file if there are no capitated records to report.	This is the monthly capitated payment summary file and will be due by the 25 th of the month. <i>For example, if the MCO has 30 doctors that it sends a capitated payment each month, then there must be a record for each of the 30 doctors in this file, regardless of how many members each of these doctors see during the month.</i> The figures in this file represent monthly NET totals. If the MCO runs into negative amounts, then us the capitated payment void file. SCDHHS cannot accept negative amounts.
CAPITATE D PAYMENT VOID FILE	XXXXXXX.CAP. PAYMENTS.VOID	SFTP	***25 th of month <u>only</u> submitted if there is a negative net amount for a provider in the Capitated payment file. This file is not required. If no capitated voids, do not send a file or a control file.	This is the monthly capitated void payment summary file and will be due by the 25 th of the month. If the MCO does not have capitated payment voids, then do NOT send this file every month.

*MGC Cutoff is the 2nd to last Friday of the month

**No control file is needed when set to the EDI box.

III. Files Uploaded

- A. Files may be uploaded at any point during the day. Files uploaded will be processed during the night. Do not upload files Saturday and Sunday.
- B. All proprietary files will be required to have a control file associated with it. Control files details are contained in the SCDHHS document named: 0016 Use of control files for EDI.doc. No control file is required for EDI files to be sent to the MCO's EDI box. Control files are required only for proprietary files sent via connect direct.

IV. Files TO MCO from SCDHHS

File Name	File Naming Convention	Sent Via**	Due Date*	Description
PROVIDER FILE	MCXXXXXX	SFTP	2 to 3 business days after MGC cutoff.	This is a complete provider file created at MGC cutoff.
CLAIMS HISTORY	XXXXXX.CLAIMS.HISTORY	SFTP	2 to 3 business days after MGC cutoff. GAP claims history will be sent around the 5 th of the month.	<p>i. Historical Fee for Service (FFS) claims, not encounter data. This file contains the prior 24 months of FFS claims data for each member in the MCO's cutoff MLE file. History for those assigned to the plan between cutoff and the first (1)st of the month will be included in the following months FFS claims history extract. This file is also sent on or about the 5th of every month.</p> <p>ii. The claims history file created after cutoff will have about 3-4 week lag in data because the claims history process uses the FFS archive files.</p> <p>iii. <i>For example, in the February 2010 claims from January 27, 2010 forward. When DHHS ran the claims history file on March 3, 2010, all FFS claims from February 22, 2010 were retrieved due to only 9 days of lag.</i></p> <p>iii. The claims history file from the MHNs is called SURE.CLAIMS.</p>
MLE FILE	RSXXXXXX	SFTP	Sent during the MGC cutoff run. A second MLE file will be sent on the 1 st of	i. This is the MLE file created at MGC cutoff. It is also created on the first (1) st of the month. The first file is still an MLE but has special significance. During the MGC cutoff run, some recipients

			every month, which includes members added between cutoff and the end of the month.	<p>will be auto closed. These recipients will be reviewed, and if necessary, reinstated. All those reinstated will be reported in this file.</p> <p>ii. <i>Example: During the cutoff run for August, some recipients are auto closed. This means that the MCO will not get paid for them. During DHHS review, they were reinstated. They will be include in the MLE Produced on the first (1)st of September. When the MGC cutoff run is completed for September (approximately the third (3)rd week of the month), the MCO will receive two premium payments. One payment will be retro for the payment missed in August, and the second payment will be for the current month of September. The MCO will be able to identify the retro payment.</i></p> <p>iii. If the member regains eligibility within 60 days of the disenrollment date, the member will be automatically re-enrolled with the Contractor.</p> <p>iv. If eligibility is regained after 60 days of the disenrollment date, the member will need to contract SCDHHS to initiate re-enrollment.</p> <p>v. Retro payment for newborns will be included in the MLE at MGC cutoff.</p>
834- Monthly Membership File	<p>Provider file to maximus from plans - SC-[PlanSelection]YYMMDD.dat and</p> <p>Response file to plans - [InboundIFileName]_errors_yyyy-mm-dd.csv</p>	SFTP	<p>Sent during MGC cutoff. There is no notification email.</p>	<p>The X12N 834 Health Care Benefit Enrollment and Maintenance standard transaction is designed to provide information regarding demographic and benefit enrollment information. The data available through this transaction set will be used to</p>

				<p>verify a member's current enrollment status with that healthcare provider and provide enrollment status updates for each healthcare provider.</p> <p>The X12N 834 Outbound Benefit Enrollment record is sent from the Enrollment Counselor system to the MMIS via an agreed upon transmission method. The ANSI ASC X12N 834 is used to transmit benefit enrollment maintenance files, new enrollment information, changes to the current range of benefits, and the termination of benefits for a member that then results in the termination of that member.</p>
EPSDT FILE	XXXXXX.EPSDT.HIC	SFTP	Sent at the end of every month.	A special EPSDT system was developed, by DHHS, when the Federal EPSDT system was shut down. There are two files created with visit codes. One set for office visits and one set for injections. These files are created after the last payment run of the month. There is only 1 file that is sent on the 3rd Monday of each month.
CARRIER CODES FILE	CAR.CODE	SFTP	Sent by the 5 th of every month.	List of carrier Codes
CONTRACT RATE FILES	RATE.FILE	SFTP	Sent by the 5 th of every month.	Provider Contract Rates
FEE SCHEDULE FILE	FEE.SCHD	SFTP	Sent by the 5 th of every month.	Contains only currently active procedure codes
RECERTIFICATION FILE	XXXXXX.REVIEW.FILE & XXXXXX.REVIEWC.FILE	SFTP	Sent by the 5 th of every month. Around the 17 th of every month.	Monthly file for re-certification (XXXXXX.REVIEW.FILE) is prepared by the fifth (5) th of each month. The other (XXXXXX.REVIEWC.FILE) is created around the

				seventeenth (17)th of each month. The recertification files contain the MCO's recipients whose Medicaid eligibility will be up for recertification (review/re-determination/renewal) in one (1) month
820- Premium Payment	TransId.RunId.TPID_MCOId_INTYPE & TCNT.277CA - Unless changed by trading partner -TRANSID– Clemson Unique ID -INTYPE – Inbound file type when available -FCNT – File count TCNT – Type count	SFTP	On Wednesday. When there is a file generated on the mainframe.	Used to manage premium payments. Transmit payment information for capitation or premiums from SCDHHS to MCOs. - Provides details about payments made to MCOs for Medicaid members. - Includes member-specific payment details tied to capitation rates.
IMMUNIZATION FILE	XXXXXX.IMMUN.FILE	SFTP	Sent the second Monday of every month.	SCDHHS gets the immunization file from DHEC around the second (2)nd Monday of the month. In the file includes all the MCO's eligible recipients that possess a record at DHEC of getting a shot. There are no date parameters on this file and contains all shots on record at DHEC for the recipients. After DHHS receives the file, it will upload for each MCO.
DAILY MEMBERSHIP FILE	XXXXXX.RSS2170	SFTP	Sent daily on all weekdays; excludes Saturdays and Sundays.	This is the daily membership file sent every weekday to each MCO with any changes to their membership. Sent by Maximus to each plan.
277 – Claim Status Response	TransId.RunId.TPID_MCOId_INTYPE & TCNT.277CA - Unless changed by trading partner -TRANSID– Clemson Unique ID -INTYPE – Inbound file type when available	SFTP	Every Monday morning thru Friday, if the MCO submitted encounters	A response from the mainframe to the trading partner to let them know what edits are done within MMIS on the mainframe. This response is for encounters only.

	-FCNT – File count TCNT – Type count		on the prior day. Sent after EDI files have been uploaded (except for NCPDP which don't get a compliance 277) and after encounter files have processed (277 containing the edits).	
ENCOUNTER HISTORY FILE	XXXXXX.ENCOUNT. CLAIMHST	SFTP	Sent by the 5 th of every month.	This is 24 months of encounter data for the MCO's recipients. This file is sent on or around the 5th of every month.
ENCOUNTER VOID HISTORY FILE	XXXXXX.ENCOUNT. VOIDHST	SFTP	Sent by the 5 th of every month.	This is a file of any void encounters for the MCO's recipients. This file is sent on or around the 5th of every month.
NPI CROSSWALK/ JUNCTION FILE	XXXXXX.NPI.CRSSJUNC	SFTP	Sent daily on all weekdays; excludes Saturday and Sundays.	This is the NPI Crosswalk Junction file sent every weekday to each MCO.
PROCEDURE CODES	PROCEDRE.CODE	SFTP	Sent by the 5 th of every month.	Contains any and all procedure codes including both currently active procedure codes and previously active procedure codes. This is what you should be using to verify any procedure codes before using the PROC-CODE-EDIT-IND.

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V. Notification Notes

The MCO is required to notify DHHS, via E-mail, when the files are ready to be processed. DHHS will notify the MCO, via Email, when the files are ready for the MCO to download.

The exception to this is, there is no notification for HIPAA/EDI transactions.

Details of this process will be exchanged at time of business startup. DHHS will provide an address for messages to be addressed to. The MCO will need to provide an address for DHHS to send messages to.

VI. HIPAA File Naming Convention

- a. RUNNUMBER.EDI where 'RUNNUMBER' = a eight (8) digit number assigned by the translator when the file is put in the mailbox. This number has no intelligence associated with it. They are usually sent out the first (1)st Tuesday of every month after the payment run.
- b. A submitter ID is required to exchange HIPPA EDI files.
- c. An 834 transaction file is utilized. A cumulative 834 is sent from SCDHHS to Maximus then breaks out all the recipients for each MCO and MHN and sends an 834 to each MCO and MHN.