

## **Attachment F – Policies and Procedure for Submitting Data Files**

### **Electronic File Transfer Policies**

- Files must meet the accepted record format (VT Explor1500)
- Data should be transferred in quarterly batches, monthly acceptable.
- Files should be compressed using PKZIP utility.
- A separate file containing the transmittal form information must accompany each data file that is transmitted.

### **Procedure for Submitting Electronic Submission Data by Modem**

The contractor (HIDI) will provide dial-up accounts upon request for any hospital or hospital's vendor that wants to submit data electronically. Hospitals receive a dial-up account name and password from HIDI. The account name format will be vtNNNNNNN where NNNNNN is the 6-digit hospital Medicare number. The password will be given over the phone to the hospital contact.

1. Set the terminal program to dial the contractor's (HIDI's) modem bank. The port settings should be 8 bits, no parity, 1 stop bit (8-N-1). Connect to the contractor's computer using communication software that supports the "Kermit" protocol.
2. Enter the assigned account name in response to the login prompt shown below. After the login prompt is entered you will receive a prompt for the password.

```
AIX Version 4  
(C) Copyrights by IBM and by others 1982, 1996.  
login:
```

3. After a successful login the following Kermit prompt will be displayed. Return to your local Kermit and give a send command to transfer the file. All Kermit setup is executed at the time you login.

```

*****
*****
**
**      Welcome to the Hospital Industry Data Institute  **
**      File Transfer Site for Vermont Hospitals.      **
**
**
**      You are allowed one file transfer per connection. **
**      Please use the Kermit protocol to send your data. **
**
*****
*****

Executing /hdir6/vha.dialup/.kermrc for UNIX...
Executing /hdir6/vha.dialup/.mykermrc...
Good Afternoon!
Return to your local Kermit and give a SEND command.

KERMIT READY TO RECEIVE...
# N3

```

4. The file name of the compressed data file will be **NNNNQ9YY.ZIP**, where **NNNN** is replaced by the **Vermont DOH number** and **Q9YY** is replaced with the quarter and year of the formal start of the processing period. For monthly batches, replace the **Q9** with the two-digit month. **If submitting a single file for both inpatient and outpatient discharges, use the inpatient DOH number.**

For example, the complete filename submitted by a hospital with inpatient DOH number 0099 for first quarter of 1999 would be **0099Q199.ZIP**. The **.ZIP** file should contain only two files, submission data file called **NNNNQ9YY.DAT** and transmittal form called **NNNNQ9YY.TXT**. If sending more than one type of data and have separate files, concatenate them into one **NNNNQ9YY.DAT** file prior to compressing it.

5. The contractor will drop the connection after the data is sent.

## Submitting Data on Magnetic Media

Acceptable Formats include:

3.5" Diskette

5 1/4" Diskette

Zip Disks 100 MB or 250 MB

3480 cartridge tapes- 18 track

3490E cartridge tapes- 36 track

1/2" reel tapes - 9 track

Send diskettes or tapes accompanied by a transmittal form to the address below:

Hospital Industry Data Institute  
 Attn: Vermont Project  
 4712 Country Club Drive

Jefferson City, MO 65109

### Submitting Data as a PGP Encrypted e-mail Attachment

Using this method requires the purchase and use of Network Associates PGP software called PGP Data Security -- PGP Desktop. The software can be purchased at [www.pgp.com](http://www.pgp.com). After purchasing the product, Jon Thruston will e-mail users the encryption key and assist them with the installation of the software over the phone.

All e-mail attachments should be sent to: [pscott@mail.mhanet.com](mailto:pscott@mail.mhanet.com)

### Electronic Transmittal Form (Required with all transmission types)

This is a plain ASCII text file that includes information related to the submission included in the PKZIP archive. The filename of this plain text file will be **NNNNQ9YY.TXT**, where **NNNN** is replaced with the last four digits of the account number and **Q9YY** is replaced with the quarter and year of the formal start of the processing period. The minimal required fields are shown below.

Date Prepared:	<b>08/15/99</b>
Vendor ID:	<b>1234</b>
Vendor Name:	<b>General Hospital</b>
Vendor City/State:	<b>Anytown, VT</b>
Contact Person:	<b>John Doe</b>
Telephone Number:	<b>(802) 555-1212</b>
Medicare Provider No.:	<b>123456</b>
Time Period:	<b>07/01/00-09/30/00</b>
Number of Claims:	<b>789</b>
Record Type:	<b>VT Explor 1500</b>
Type of Claims:	<b>Outpatient</b>
Type of Submission:	<b>New</b>
Total Charges:	<b>\$9,999,999.99</b>

Notes: Valid record type value is VT Explor 1500  
Valid type of claim is inpatient and/or outpatient  
Valid types of submission are new, replacement, or test