Technical Specification for Electronic Submissions

Assistive Devices Program

Ministry of Health



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1. Overview

The purpose of this document is to outline the requirements of Assistive Devices Program (ADP) registered vendors, to submit claims, renewals, invoices and Home Oxygen Program updates electronically to the Ministry, through GO SECURE and MCEDT secure channels.

The Ministry of Health (MOH), Medical Claims Electronic Data Transfer service is a secure method of transferring electronic files to and from an authorized MCEDT user and the ministry. It is compliant with the Government of Ontario Information Technology Standards and the *Personal Health Information Protection Act* for the handling of personal health information. The MCEDT service is a web enabled service that can be accessed using an Internet connection.

Also included, are the MCEDT (Medical Claims Electronic Data Transfer) enrolment and designee creation instructions.

When an electronic file is received by ADP via GO Secure/MCEDT regardless of the uploading status of the e-claim/e-Renewal/e-invoice/HOP update files, an e-submission status report will be sent to the ADP Vendor that can be downloaded on the MCEDT web site for the period of 12 months.

Electronic claim and renewal files submitted must be a file with ".XML" extension.

Electronic invoice and **HOP Update** files submitted, must be comma separated values with a **".txt"** extension.

2. Electronic Claim Submission

2.1 Process Outline

To submit claims electronically, ADP Vendors must be registered with **GO Secure** and enrolled in the **MCEDT** application to confirm their identity.

Note: Please refer to Section <u>5,4</u> for more details on ADP Vendor MCEDT/Go Secure enrolment and registration.

Once GO Secure Registration and MCEDT Enrolment is successfully completed ADP Vendors may begin to electronically submit claims.

Step 1: Fill out the PDF application form

Ontario 😿	Ministry of Health Assistive Devices Progra 5700 Yonge Street, 7th F Toronto ON M2M 4K5 Tel: 416-327-8804 Toll-free: 1-800-268-6021 TTY: 416-327-4282 TTY: 416-327-4282 TTY: 1-800-387-5559	m (ADP) loor	Application for Funding Hearing Devices
Section 1 – Applicant's Biographical Information			
Last Name *			
First Name *			Middle Initial
Health Number (10 digits)		Version	Date of Birth (yyyy/mm/dd)

Notes:

- Application forms can be downloaded from the <u>Assistive Devices Program for</u> <u>health care professionals web page</u>
- Refer to Appendix <u>8.9</u> for Help in Downloading Forms

Step 2: Click "Export" button at the bottom of the PDF application form



Step 3: Save the PDF application form when completed on your local computer with the file extension "**XML**". Recommended file name: <Device Category>Claim_<File Unique Identifier from your organization _YYYY-MM-DD>.

File <u>n</u> ame:	HDClaim_2019-11-14.xml	~
Save as <u>t</u> ype:	XML Files (*.xml) ~	
∧ Hide Folders	<u>Save</u> Cancel	

Note: Once the application form is saved as XML file no corrections are allowed.

When a correction is required, please open a new PDF application form to make the required updates, click on **"Import"** button and reimport your initial entries from the saved XML file to make changes as required.

Export Data Import Data		Clear Form
File name: HDClaim_2019-11-14.xml ~	XML Files (*.xml)	~
	Open	Cancel:

When a correction is completed repeat Step 2 and 3, i.e. click "Export" button to save the updated application form as .xml file on your local computer.

There is also a **"Clear"** button at the bottom of the form, in the right corner that can be used to remove all the entries from the form.

Export Data	Import Data
Export Data	Import Data



Clear Form

You will receive a confirmation message before removing all entries from the form.



Step 4: Login to GoSecure - Refer to Appendix 8.1

Step 5: User selects upload link.



Step 6: Select the Ministry ID. Click "Choose File" to select a file to upload. Select the file type "ADP Vendor Electronic Claim (XML)" and click "Upload" to initiate a claim upload process.



Step 7: Confirm that the upload was successful.



Only one claim per submission is allowed.

There is a total of 15 application forms acceptable for electronic submission. These include:

- 1. Communication Aids
- 2. Insulin Pumps & Supplies (Adult)
- 3. Insulin Pumps & Supplies (Child)
- 4. Hearing Devices
- 5. Limb Prosthesis
- 6. Mobility Devices
- 7. Maxillofacial Extraoral
- 8. Maxillofacial Intraoral
- 9. Ocular Prosthesis
- 10. Orthotic Devices
- 11. Home Oxygen
- 12. Pressure Modification
- 13. Respiratory Devices
- 14. Real-time Continuous Glucose Monitoring System
- 15. Visual Aids

Refer to Appendix **8.6** for additional Notes:

2.2 Electronic Claim Technical Specification

2.2.1 Claim File Format & Content Rules

The e-claim file format must conform to the new specifications provided in this section to be successfully uploaded into the system.

- 1. File Specification. Refer to Appendix <u>8.2</u>
- 2. Valid Submitter. A Submitter can be a Vendor/Head Office. The identification number of a submitter (MOH ID) must be a valid ADP Go Secure account.

2.2.2 Claim File Load Rejection Because of Formatting Error

Refer to Appendix 8.7

2.2.3 Claim File Validation Errors

Refer to Appendix 8.8

2.2.4 Claim File Processing

This new system feature is supported through the following claim processing steps:

Step 1: The system successfully reads all records in the file.

Step 2: The system groups all record into one claim based on the unique combination of the following criteria:

- ADP Vendor Number
- Device Category
- Client Health Card Number
- Gatekeeper Date

Step 3: For each claim, the system searches for a matching record in the ADP System based on the unique combination of the following criteria:

- ADP Vendor Number
- Device Category
- Client Health Card Number
- Gatekeeper Date

Step 4: The System processes the claim accordingly:

- A) If the matching claim is not found, a new claim record is created.
- B) If the matching claim is found and has status "Under Review", the system will replace the "Under Review" claim record with the new claim record.
- C) If the matching claim is found and has a status "Not Approved: or "Withdrawn", the system will create a new claim record.
- D) If the matching claim is found and has a status "Approved", the system will issue an error message to notify vendors that claim hasn't been loaded as a duplicate <u>approved</u> claim already exists.

Authorizing Authority Signature. When a signature date is not present on the eclaim despite the signature (on the paper version) being present, the system will consider that claim is not signed by the signatory. The opposite will also apply when signature date is present on the e-claim file the claim will be marked as signed. This rule will be applied across all new electronic claim submissions. *Note*: Post audit by ADP Program verification analysts will be required to review the original claims. ADP vendors are responsible for original documents and all the claims submitted to the Ministry must be kept on file.

ADP registered vendors can submit corrections to claims under review through the same electronic process.

Resubmissions are only accepted for claims that are under review.

The same claim number must be used in the resubmission that was used in the original submission.

3. Electronic Invoice Submission

3.1 Process Outline

The purpose of this section is to outline the requirement of Assistive Devices Program (ADP) registered vendors to submit electronic invoices.

Electronic invoices must be submitted on-line through GOSecure/MCEDT channel to a dedicated MCEDT web address.

Step 1: Login to GoSecure - Refer to Appendix 8.1

Step 2: User selects upload link.

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com 📃 Menu
Electronic File Management	
Upload Download	
Accessibility Privacy Contact Us	
© King's Printer for Ontario, 2012-25	

Step 3: Select the Ministry ID. Click "Choose File" to select a file to upload. Select the file type "ADP Vendor Electronic Invoice (TXT)" and click "Upload" to initiate invoice upload process.

Ontario 🕅	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com 📃 Menu
< Electronic File Management	
File Upload	
Select Ministry ID: (required)	
2015732 - ADP Vendor (test account for Go Secure)	·]
Select file to upload: (required)	
Choose File 1002787543 - Inv.txt 96 Bytes	
Select file type: (required)	
ADP Vendor Electronic Invoice (TXT)	•
Upload	

User will receive the confirmation message when the file is successfully uploaded.

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	stsadptesting+905075@gmail.com 📃 Menu
< <u>Electronic File Management</u> Upload Successful	
Upload Successful File '1002787543 - Inv.txt' has been uploaded	
Upload Another File	

When problems arise, an error report will be generated, and you can download the e-Submission Status Report that will be available within three (3) business days from the MCEDT web site to review the e-invoice file submissions.

Invoices that are on hold and require a correction can be resubmitted electronically. A summary of the rules associated with invoice resubmission is also provided in section <u>3.4</u>

3.2 Invoice Processing Notes:

To submit invoices electronically, ADP vendors must be registered in advance and have received a Letter of Understanding from the program. Please contact the ADP vendor registration clerk for more information.

Vendor must submit one invoice file (.txt) for each vendor registration number. Head Office can submit invoice file (.txt) for multiple vendors under its umbrella.

Vendor invoice files will be processed on a first come, first serve basis.

Vendors are expected to maintain submitted files in the event a submission cannot be accessed. Submitted files should be retained until the associated payments have been reconciled.

The system will validate file upload format (see an outline of format rules provided in *Section <u>3.4</u>*)

Then, if successfully uploaded, invoicing rules will be applied, and the vendor will receive confirmation of the invoices processed in the next vendor invoice status report published.

If the system cannot read any portion of the file submitted because of a formatting error, the entire file will be rejected.

When elnvoice file submission is processed both, errors/success will be reported in E-Submission Status Report that will be available for download from MCEDT web site within three (3) business days.

3.3 Credit Notes.

When submitting a credit note the following must have negative values in the invoice txt file:

Unit Price
ADP Portion
Client Portion

3.4 Electronic Invoice Technical Specification

3.4.1 Invoice File Naming Convention

The invoice text file attachment must be submitted as follows:

<Vendor Registration #_last date of invoice in the file formatted as YYYY-MM-DD>.txt

Sample:

9999999_2011-06-18.txt

3.4.2 Invoice File Format & Content Rules

To be successfully uploaded into the system, the file format must conform to the specifications provided in *Section 3.4.3* below. Note the key points:

- Must be in Comma Separated Values with file extension ".txt"
- Only last four digits of Health Number are allowed
- Additional Device Placement field (mandatory only for some device categories)

3.4.3 Invoice File Upload Rejection Because of Formatting Error

If the invoice file fails to load because of a formatting error, the system will <u>not</u> process any invoices contained in the file, and an upload error report will be generated and sent back through MCEDT to the vendor for download.

Note: Line Numbers (individual invoice data sets) within the file format are counted at the point of upload and are used to help identify where an error has occurred in the error report.

The upload report will specify the formatting errors, as shown in the example below:

E-Invoice Submission Report		
Vendor/Head Office Number:	106022	
Vendor/Head Office Name:	AUBURN HEARING CENTRE	
File Name:	28InvoicesAllFAIL.txt	
Upload Date:	2018/11/05	
Upload Status:	Failed to upload	
Number of Records Uploaded:	0	
Total Amount Uploaded:	\$0.00	
-		
Vendors Found Within e-Invoice F	File	
Vendor Number Vendor Name		

ile Upload Errors			
Error	Error Description		

Line Errors (only first 100 errors displayed)

Line Number	Error	Error Description
1	13	Invalid Device Placement
5	14	Incorrect format of Serial Number
8	17	Missing or incorrect format of ADP Portion
9	5	Missing or incorrect format of ADP Claim Number
10	18	Missing or incorrect format of Client Portion
11	12	Missing or incorrect format of ADP Device Code
12	6	Missing or incorrect format of Client Health Number
13	7	Missing or incorrect format of Vendor Invoice Number
14	19	Invalid Social Assistance Program Code
15	15	Missing or incorrect format of Quantity
16	16	Missing or incorrect format of Unit Price
17	4	Missing or invalid ADP Vendor Number
18	17	Missing or incorrect format of ADP Portion
19	5	Missing or incorrect format of ADP Claim Number
20	18	Missing or incorrect format of Client Portion
21	12	Missing or incorrect format of ADP Device Code
22	6	Missing or incorrect format of Client Health Number
23	8	Missing or incorrect format of Invoice Date
24	7	Missing or incorrect format of Vendor Invoice Number
25	15	Missing or incorrect format of Quantity
26	16	Missing or incorrect format of Unit Price
27	4	Missing or invalid ADP Vendor Number

Page 1 of 1

3.4.4 Invoice File Processing – Last Four Digits of Health Number Only

Electronic invoice submissions cannot contain complete client Health Numbers. Only the **last four digits of the Health Number are accepted**. See *Section <u>3.4.6</u> for detailed Health Number format specifications and rules.*

3.4.5 Invoice File Processing

ADP registered vendors can submit corrections to invoices on hold through the same electronic process.

Invoice corrections can be combined with new invoice submissions.

The same invoice number must be used in the resubmission that was used in the original submission.

Subsequent submissions for an invoice already paid will be ignored by the system.

Resubmissions are only accepted for invoices that are on hold.

Invoice records are limited to 2000 lines per txt file

This new system feature is supported through the following invoice processing steps:

Step 1: The system successfully reads all records in the file.

Step 2: The system groups all records into one invoice based on the unique combination of:

- ADP Vendor Number.
- ADP Claim Number.
- Vendor Invoice Number.

Step 3: For each invoice in the file, the system searches for a matching record in the ADP System based on the unique combination of the following criteria:

- ADP Vendor Number.
- ADP Claim Number.

• Vendor Invoice Number.

Step 4: The System processes invoices accordingly:

- If the matching invoice is not found, a new invoice record is created.
- If the matching invoice is found and has status "On Hold", the system will replace the "On Hold" invoice record with the new invoice record.
- If the matching invoice is found and has a status other than "On Hold" (e.g. Actioned, Paid, Deleted), the system will ignore the new invoice record.

3.4.6 File Layout

The invoice file format must be comma delimited. The file must have the extension ".txt". Each invoice record must contain all the following 16 data fields separated by a comma. Each of the 16 separating commas is required for each record to be considered valid.

#	Name	Format	Associated Rules and Allowed Values
1	ADP Vendor Number	Mandatory, numeric up to 7 digits long	Must be a valid ADP Vendor Number
2	ADP Claim Number	Mandatory, alphanumeric, up to 20 characters long	
3	Client Health Number	Mandatory, alphanumeric exactly 4 characters long	Leading zeros must be preserved if present
4	Vendor Invoice Number	Mandatory, alphanumeric up to 30 characters long	
5	Invoice Date	Mandatory, date formatted DDMMYYYY	No spaces or blanks of any special characters allowed
6	Delivery Date	Optional, date formatted DDMMYYYY	No spaces or blanks of any special characters allowed
7	Service Start Date	Optional, date formatted DDMMYYYY	No spaces or blanks of any special characters allowed
8	Service End Date	Optional, date formatted DDMMYYYY	No spaces or blanks of any special characters allowed
9	ADP Device Code	Mandatory, alphanumeric, up to 10 characters long	
10	Serial Number	Optional, alphanumeric, up to 30 characters long	
11	Device Placement	Optional, alphanumeric up to 3 characters long	Must be one of allowed values: • "L", • "R",

			• "NA"
			• Blank
12	Quantity	Mandatory, integer up to 6 digits long	Must be a positive integer
10		Mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and - 1,000,000,000.00.	No spaces or blanks of any special characters
13	Unit Price	If the Unit Price provided in integer format, the system accepts it and converts to currency format.	allowed.
		For example, 100 will be 100.00	
14	ADP Portion	Mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and - 1,000,000,000.00	No spaces or blanks of any special characters allowed
		If ADP Portion provided in integer format, the system accepts it and converts to currency format.	
		For example, 100 will be 100.00	
15	Client Portion	mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and - 1,000,000,000.00	No spaces or blanks of any special characters allowed
		If Client Portion provided in integer format, the system accepts it and converts to currency format.	
		For example, 100 will be 100.00	
16	Social Assistance	Optional, alphanumeric up to 3 characters long	Must be one of allowed values:
	Program Code		• OWP
			• ODS
			• ACS
			• CCA
			• LTC
			• SEN
			• REG
1			

3.4.7 Sample Data

Sample files are available on request (ADP contact information provided on cover page).

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
ADP Vendor Number	ADP Claim Number	Client Health Number	Vendor Invoice Number	Invoice Date	Delivery Date	Service Start Date	Service End Date	ADP Device Code	Serial Number	Device Placem ent	Quantity	Unit Price	ADP Portion	Client Portion	Social Assistance Program Code
999999	9999999	0681	1000	06042010	0604201 0			DHBBT0 001	78779A	L	1	700	500	200	OWP
999999	9999999	0681	1001	06042010	0604201 0			DHZDL0 001	882887	N/A	1	1450	1350	100	OWP
999999	9999999	0681	1002	06042010	0604201 0			DHBBT0 003	78779B	L	1	700	500	200	OWP

3.4.8 Formatting Rules and Error Messages

With each upload attempt, the system reads and validates the format of each record. If the data element is not aligned with the formatting requirement (type, size, and valid options), the system produces the appropriate error message.

#	Data Element	Error
1	ADP Vendor Number (mandatory, numeric up to 7 digits long, must be a valid ADP Vendor Number)	Error 4: Missing or invalid ADP Vendor Number
2	ADP Claim Number (mandatory, alphanumeric up to 20 digits long)	Error 5: Missing or incorrect format of ADP Claim Number
3	Last 4 digits of Client Health Number (mandatory, alphanumeric, exactly 4 digits long)	Error 6: Missing or incorrect format of Client Health Number.
4	Vendor Invoice Number (mandatory, alphanumeric up to 30 characters)	Error 7: Missing or incorrect format of Vendor Invoice Number
5	Invoice Date (mandatory, date formatted DDMMYYYY)	Error 8: Missing or incorrect format of Invoice Date
6	Delivery Date (optional, date formatted DDMMYYYY)	Error 9: Incorrect format of Delivery Date
7	Service Start Date (optional, date formatted DDMMYYYY)	Error 10: Incorrect format of Service Start Date
8	Service End Date (optional, date formatted DDMMYYYY)	Error 11: Incorrect format of Service End Date
9	ADP Device Code (mandatory, alphanumeric, up to 10 characters long)	Error 12: Missing or incorrect format of ADP Device Code
10	Serial Number (optional, alphanumeric up to 30 characters long)	Error 14: Incorrect format of Serial Number
11	Device Placement (optional, alphanumeric, allowed values "L", "R", "NA" or blank)	Error 13: Invalid Device Placement
12	Quantity (mandatory, integer)	Error 15: Missing or incorrect format of Quantity
13	Unit Price (mandatory, numeric, formatted as currency 0.00)	Error 16: Missing or incorrect format of Unit Price
14	ADP Portion (mandatory, numeric, formatted as currency 0.00)	Error 17: Missing or incorrect format of ADP Portion
15	Client Portion (mandatory, numeric, formatted as currency 0.00)	Error 18: Missing or incorrect format of Client Portion
16	Social Assistance Program Code (optional, alphanumeric up to 3 characters long, allowed values "OWP", "ODS", "ACS", "CCA", "SEN", "LTC" or "REG")	Error 19: Invalid Social Assistance Program Code

4. Electronic Renewal Submission

4.1 Process Outline

In the same manner as electronic claims submission, electronic renewals will be submitted via the Ministry's Go Secure/MCEDT channel and will require a vendor to be registered.

Ontario 😵	Ministry of Health Assistive Devices Program 5700 Yonge Street, 7th Floor Toronto ON M2M 4K5 www.health.gov.on.ca/adp Telephone: 416-327-8804 Toll-free: 1-800-268-6021 TTY: 416-327-4282	Real-time Continuous Glucose Monitor Renewal
Instructions In order to confirm your of Continuous Glucose Mon Devices Program (ADP)	TTY: 1-800-387-5559 Email: <u>adp@ontario.ca</u> progoing eligibility for coverag nitor you must complete this to coverage for the next 24-mo	e for the sensors and transmitter used with the real-time form. If approved, you will continue to be eligible for Assistive hths.
1. Client's Biographic	cal Information	
First Name *	Versio	Middle Initial
nearth rumber (10 digits)	versio	

Note: Renewal forms can be downloaded from the Assistive Devices Program for

health care professionals web page

Step 2: Click "Export" button at the bottom of the PDF application form



Step 3: Save the PDF renewal form when completed on your local computer with the file extension "**XML**". Recommended file name: <Device Category>Renewal_<File Unique Identifier from your organization _YYYY-MM-DD>.

File name:	rtCGMRenewal _2024-01-01.xml				~
Save as type:	XML Files (*.xml)				~
∧ Hide Folders		Save	Car	ncel	

Note: Once the renewal is saved as XML file no corrections are allowed. When a correction is required, please open a new PDF renewal form to make the required updates, click on **"Import"** button and reimport your initial entries from the saved XML file to make changes as required.

Export Data Import Data	Clear Form
File name: rtCGMRenewal_2024-01-01.xml	✓ XML Files (*.xml) ✓
	Open Cancel

When a correction is completed repeat Step 2 and 3, i.e. click "Export" button to save the updated application form as .xml file on your local computer.

There is also a **"Clear"** button at the bottom of the form, in the right corner that can be used to remove all the entries from the form.

Export Data Import Data	D
-------------------------	---

You will receive a confirmation message before removing all entries from the form.

Warning	: JavaScript Window - Clear Form
<u>^</u>	Are you sure that you want to clear the information you have provided? To continue with this action, select 'Yes.' Please note that once the information is cleared you will be taken back to the beginning of the form. To cancel this action, select 'No.'
	<u>Y</u> es <u>N</u> o

Step 4: Login to GoSecure - Refer to Appendix 8.1

Step 5: User selects upload link.



Step 6: Select the Ministry ID. Click "Choose File" to select a file to upload. Select the file type "ADP Vendor Electronic Renewal (XML)" and click "Upload" to initiate a renewal upload process.

Ontario 🕅	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com 📃 Menu
< Electronic File Management	
File Upload	
Select Ministry ID: (required)	
2015732 - ADP Vendor (test account for Go Secure)	
Select file to unlead: (required)	
Choose File 4819-67F_v1.1 TC 1_data.xml 7.1 KB	
Select file type: (required)	
ADP Vendor Electronic Renewal (XML)	
Upload	

Step 7: Confirm that the upload was successful.



Only one renewal per submission is allowed.

Refer to Appendix **<u>8.6</u>** for additional Notes:

4.2 Electronic Renewal Technical Specification

4.2.1 Renewal File Format & Content Rules

The e-renewal file format must conform to the specifications provided in this section to be successfully uploaded into the system.

- 1. File Specification. Refer to Appendix 8.2
- 2. Valid Submitter. A Submitter can be a Vendor/Head Office. The identification number of a submitter (MOH ID) must be a valid ADP Go Secure account with a verified renewal category or resource type assigned to them.

4.2.2 Renewal File Load Rejection Because of Formatting Error

Refer to Appendix 8.7

4.2.3 Renewal File Validation Errors

Refer to Appendix **8.8**

4.2.4 Renewal File Processing

This new system feature is supported through the following renewal processing steps:

Step 1: The system successfully reads all records in the file.

Step 2: The system checks if a vendor is associated with Claim. The vendor number must match the one found on the renewal.

Step 3: The system groups all record into one renewal based on the unique combination of the following criteria:

- ADP Vendor Number
- Device Category (i.e. rtCGM)
- Client Health Card Number

Step 4: For each unique item, the system searches for a matching claim record in the ADP System based on a unique combination of the following criteria:

- ADP Vendor Number
- Device Category (i.e. rtCGM)
- Client Health Card Number

Step 5: The system processes the claim accordingly if:

- Claim is due for renewal
- Claim status must be "Approved" or the Claim is renewed but previous renewal submission is "Not Approved," and the claim is still within the eligible renewal period
- A) If the matching claim is found and the eligibility requirements are met, the claim is renewed.
- B) If the matching claim is found and the eligibility requirements are NOT met, the system will issue an error message to notify vendors that the claim has not been renewed with a message: "Based on the information provided on the renewal letter, the client has been deemed ineligible for continuation of the grant."
- C) The system will issue an error message "Claim not eligible for eRenewal. Please contact ADP" for any of the following scenarios:
 - Renewal response resubmission received for previously "Not Approved" renewal, but resubmission is not within eligible renewal period
 - Claim is due for renewal but claim status is not "Approved"
 - Claim is due for renewal, but late renewal response received
 - Claim is not due for renewal, early renewal response received

Authorizing Authority Signature. When a signature date is not present on the erenewal despite the signature (on the paper version) being present, the system will consider that renewal is not signed by the signatory. The opposite will also apply when signature date is present on the e-renewal file the renewal will be marked as signed. This rule will be applied across all new electronic renewal submissions.

<u>Note:</u> Post audit by ADP Program verification analysts will be required to review the original renewals. ADP vendors are responsible for original documents and all the renewals submitted to the Ministry must be kept on file.

ADP registered vendors can submit corrections to renewals through the same electronic process.

5.MCEDT/Go Secure Portal

This section is intended to inform and/or guide ADP registered vendor regarding MCEDT/Go Secure services. This is not the official MCEDT/Go Secure manual.

5.1 Session Time-Out/Warning

The following warning message will be displayed due to lack of activity:



Users can decide to remain logged in or to exit the session. When session is ended the user has an option to re-enter the MCEDT web page.



When a user decides to re-enter the application, the following screen is displayed.

Ontario 😵		Français
OPS BPS Secure		E Menu
	If you have a PKI certificate	
	Sign in with PKI certificate	
	OR	
	New User? Register	
	Sign In	
	Email Address (Registered email Address)	
	Password	
	Sign In <u>Forgot Password?</u>	
Accessibility Privacy C Contact us	Неір	
© King's Printer for Ontario, 2012–25		

5.2 MCEDT Portal Error Messages

5.2.1 Invalid File Extension

Medio	al Claims Electro	ic Data Transfer	(MCEDT)	ad	pvendor1@yahoo.com	
•	File Upload Unsu	ccessful				
	Errors were found on this	age:				
	• The filename extensio	of the file to be uploade	d is not valid for the provided	d resource ty	<u>/pe</u>	
< <u>Elec</u>	tronic File Management					
< <u>Elec</u> File U	tronic File Management					
< <u>Elec</u> File U	tronic File Management pload					
< <u>Elec</u> File U	tronic File Management pload					
< <u>Elec</u> File U	tronic File Management pload Ministry ID: (required)					
< Elec File U Select I	tronic File Management pload Ministry ID: (required)	for Go Secure)				
< <u>Elec</u> File U Select I	tronic File Management pload Ministry ID: (required) 32 - ADP Vendor (test accour	: for Go Secure)		-		
< Elec File U Select I 20157	Ministry ID: (required)	for Go Secure)		•		
< Elec File U Select 1 20157 Select 1	Ministry ID: (required) 32 - ADP Vendor (test accour	: for Go Secure)		•		
< Elec File U Select 1 20157 Select 1	tronic File Management pload Ministry ID: (required) 32 - ADP Vendor (test accour file to upload: (required) filename extension of the file	: for Go Secure) to be uploaded is not valid	for the provided resource type	•		
< Elec File U Select I 20157 Select 1	Ministry ID: (required) 32 - ADP Vendor (test accour file to upload: (required) filename extension of the file	: for Go Secure) to be uploaded is not valid	for the provided resource type	•		
< Elec File U Select I 20157 Select 1 • The	tronic File Management pload Ministry ID: (required) 32 - ADP Vendor (test accour file to upload: (required) ilename extension of the file toose File	: for Go Secure) to be uploaded is not valid	for the provided resource type	•		
< Elec File U Select 1 20157 Select 1 Cl	tronic File Management pload Ministry ID: (required) 32 - ADP Vendor (test accour file to upload: (required) filename extension of the file noose File	for Go Secure) to be uploaded is not valid	for the provided resource type	•		
< Elec File U Select 1 20157 Select 1 Cl Select 1	tronic File Management pload Ministry ID: (required) 32 - ADP Vendor (test accour file to upload: (required) filename extension of the file moose File file type: (required)	: for Go Secure) to be uploaded is not valid	for the provided resource type	•		

5.2.2 File Type is not selected

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com 📃 Menu
File Upload Unsuccessful	
Errors were found on this page:	
File type must be selected	
File Upload	
File Upload Select Ministry ID: (required)	
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure)	
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required)	•
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File	•
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File	•
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File Select file type: (required)	•
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File Select file type: (required) File type must be selected	•
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File Select file type: (required) File type must be selected -	• •
File Upload Select Ministry ID: (required) 2015732 - ADP Vendor (test account for Go Secure) Select file to upload: (required) Choose File Select file type: (required) File type must be selected -	• •

5.2.3 A File Must Be Selected

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com 📃 Menu
 File Upload Unsuccessful Errors were found on this page: A File must be selected 	
< <u>Electronic File Management</u> File Upload	
Select Ministry ID: (required)	
2015732 - ADP Vendor (test account for Go Secure) •	
Select file to upload: (required)	
A File must be selected	
Choose File	
Select file type: (required)	
ADP Vendor Electronic Claim (XML)	
Upload	

5.2.4 File Name Must be less than 50 characters

Ontario 😵		Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com	🔳 Menu
File Upload Unsuccessful		
Errors were found on this page: File name must be less than 50 characters.		
< <u>Electronic File Management</u>		
File Upload		
Salact Ministry ID: (required)		
2015732 - ADP Vendor (test account for Go Secure)		
Select file to upload: (required)		
File name must be less than 50 characters.		
Choose File		
Select file type: (required)		
ADP Vendor Electronic Claim (XML)		
Upload Clear		

5.3 Log Out

To log out, click on the menu from the upper right hand side and select logout

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com X Menu
< Electronic File Management	Services and Administration
File Upload	Logout
Select Ministry ID: (required)	
2015732 - ADP Vendor (test account for Go Secure)	
Select file to upload: (required)	
Select file type: (required)	
-	
Upload Clear	

Ontario 😵	Français
Medical Claims Electronic Data Transfer (MCEDT)	adpvendor1@yahoo.com
User Logout	
Your session has ended	
Please click below to re-establish your session, or close your browser.	
Reminder: Please log out of your session when not in use.	
Re-enter Application	

5.4 MCEDT Web Go Secure Registration

Step 1: Close any open Internet browser sessions. All other internet browsers must be closed during the registration process.

Step 2: Open a new Internet browser session and key https://www.edt.health.gov.on.ca

Step 3: At the GO Secure Login screen, select 'Register'.

Ontario 🕅		Français	
OPS BPS Secure			
	If you have a PKI certificate		
	Sign in with PKI certificate		
	OR		
	New User? Register		
	Sign In		
	Email Address (Registered email Address)		
	Password		
	Sign In Forgot Password?		

Step 4: At the **Register New Account** page, provide the required information, read and agree to the terms of service and Click "Register" button

OPS BPS Secure			E Menu
Register Nev	v Account		
Please input your registratio	on information		
First Name (required)			
Middle Name (sptionel)		1	
Last Name (repired)			
Display Name (required)			
Preferred Language (required)	C trajun		
Email Address (required)			
Confirm Ernall Address (required)			
Password (required)			
Confirm Password (repired))	
Lapressive in	rms of Service	5	
Register		J	
Aiready have an account	7 8409 ND 202122		

Important Notes:

• The e-mail address should not have been used or already used in GoSecure.

- An email address can only be associated to one GO Secure account. This will be the primary account user or service user.
- It is strongly recommended to use a vendor/company e-mail and not a personal e-mail.

Step 5: Successful registration brings up the following page.

Ontario 😵	Français
OPS BPS Secure	
Registration Success	
Thank you for registering with OPS BPS Secure.	
Accessibility[2] Privacy[2] Contact us Help © King's Printer for Ontario. 2012-25[2]	

Step 6:

Click the "Sign In" button on the page shown in Step 5 or

Check for the e-mail sent to the e-mail account you provided in step 4 and click on the "Sign In" link. Sample e-mail shown in image below.



Note: Check the spam/junk folder if no e-mail is found in the inbox

Step 7: Key In the e-mail and password used in Step 4

Ontario 🕲		français
OPS BPS Secure		E Menu
	If you have a PRI certificate	
	Sign in with PiO certificate	
	PR	
	New User? Andazz	
	Sign In	
	Email Address (Registered email Address)	
	Patoword	
	<u>Shar</u>	
	Sign in Except Exceeded	

Step 8: Key in the One Time Pin and click the "Submit" button.

Ontario 😵	Français
OPS BPS Secure	
Email Verification Required	
We have sent an email to your registered email address with a One Time PIN for verification. Enter One Time Pin Submit If you don't see the email with One Time Pin in your inbox, please check your junk/spam folders. Did not receive One Time Pin? Re-Send	

Note: The OTP or One Time Pin is sent to the e-mail used in Step 4. Sample e-mail shown below.



Step 9: The following page is shown upon successful e-mail verification. Close the browser.



Step 10: Open a new Internet browser session and login to

https://www.edt.health.gov.on.ca

Ontario 🐨		Français
OPS BPS Secure		E Menu
	If you have a PKI certificate	
	Sign in with PiO certificate	
	OR	
	New User? Ingits:	
	Sign In	
	Email Address (Registered email Address)	
	Patriword	
	Sign in <u>Experiment</u>	

Step 11: At the New User Enrollment screen, select Service User Enrolment.

Ontario 🐨	Français
electronic Business Services Enrolment (eBSE)	a_miggz@yahoo.com 📃 Menu
New User Enrolment	
User Not Currently Enroled Are you accessing these services as a Service User, or the designee working on behalf of a Service User?	
Please select one of the following: Service User Enrolment Designee Enrolment	

Step 12: At the Service User Enrolment screen, choose 'New Service Use Enrolment' from the drop-down menu. And Click "Continue" button



Step 13: At the New Service User Enrolment screen, key in your unique identifiers and click the **'Continue'** button

Ontario 🞯		Français
electronic Business Services Enrolment (eBSE)	a,miggr@yahoo.com	E Menu
New Service User Enrolment		
Identification Information Refer to your letter from the Ministry for both identifiers		
What are your unique identifying credentials? Unique identifier # 1 (required)		
Unique Identifier # 2 (required)		
Continue Cancel		

Note:

Unique Identifier No. 1: Your vendor

Unique Identifier No. 2: Shared Secret – last 4 digits of your bank account associated with the vendor number.

Step 14: At the Acceptable Use Policy screen, select 'Accept'.

Ontario 🐨		Phangalis	Françai
electronic Business Services Enrolment (eBSE)	e,rigpitystee.com	E Menu	Mens
Acceptable Use Policy For Electron	ic Business Serv	vices	
Passe read the following Acceptable Use Policy to access ministry Electronic Business Services		_	
1. I shall only use my own User ID and Password (access credentials) to access the Dectron	ic Business Services.		
 I shall safeguard and not disclose my access ordentials to anyone, including users with Dusiness Services. 	n my organization and other users of Dec	antonic.	
3. Funderstand that where Electronic Business Services provides access to personal health Brit.	information (PHI) Lagree not to mouse o	r discose any	
4. I shall access Electronic Business Services only for the purpose for which it is intended a	a determined by the Ministry of Health (th	e minianyi.	
 I shall ensure that where applicable, files submitted through the Electronic Business Sen specification(s). 	vices conform to the applicable ministry to	echnical	
6. I shall not allow others to use Dectronic Business Services while I am logged in and I sha	it log out after each session of use.		
7. In the event that I suspect that the security of my access credentials has been comprom	ised, I will change my access password im	mediately.	
 By using Dectronic Business Services, I acknowledge that all my Dectronic Business Serv Business Services, will be logged and audited by the ministry. 	ices activity; including access to and use o	of Electronic	
 Funderstand that the ministry may, in its sole discretion, revoke and/or suspend my according to the Acceptable Use Policy or where necessary for the security of the Electronic Business 	ess to Electronic Business Services at any Services.	sine Filbreach	
10. I shall cooperate with the ministry if asked to assist in any investigation of any suspected	5 breach of this Acceptable Use Policy.		
11. The miniatry may revise this Acceptable Use Policy from time to time in its sole discretion	n		
By clocing the ACOEPT button below, I acknowledge that I have read and agree to comply and the Acceptence Use Plato.	use the Electronic Business Services in acc	condence with	
Acteget De Not Accept			

Step 15: At the 'Success' screen, select link to logout of the session and close your Internet browser.



This completes the registration process.

5.5 Designee Maintenance

Primary account user adds a designee. Shared secret PIN should be given by the primary account holder to the designee. If there's no shared PIN, the designee account isn't validated yet and the must look for the validation e-mail from Go Secure and follow the instructions.

5.5.1 Adding a Designee

Step 1: Click on the "Designee Management" link from the Services and Administration page.

Ontario 😵	Français
electronic Business Services Enrolment (eBSE)	adpvendor1@yahoo.com 📃 Menu
Services and Administration	
Services:	
MC EDT SERVICE (UPLOAD/DOWNLOAD)	
Access Service	
Administration: Select <u>Designee Management</u> to add, revoke, or re-send an email to a designee associated to your account.	

Step 2: Click on the "Add Designees" button



Step 3: Key in the name and e-mail of the designee and click the save button

Oni	ario 🕅		Français
ele	ectronic Business Services Enrolment (eBSE)	adpvendor1@yahoo.com	🔳 Menu
D	esignee Details		
w	hat is your designee's information?		
Ful Ente	Name (required) r First, Middle (if applicable), and Last name; enter a space between each name.	_	
		J	
Em Valio	ail (required) I email example (johnsmith@gmail.com)		
]	
	Save		

Note: If the designee does not have an OPS BPS Secure account yet, have them create one before you complete this step. Refer to **8.10**

Step 4: Next screen will indicate that the user has been added

Ontario 😵	Français
electronic Business Services Enrolment (eBSE)	adpvendor1@yahoo.com 📃 Menu
Designee Added User Sam Castle has been saved successfully. Instructions have been emailed to the user.	
< Designee Management User Details	
Full Name Designee Name Email Designee-email@yahoo.com	

Notes:

A system generated email will be sent to you and your designee from OPS BPS Secure

Your designee must accept the designation and then you must authorize their permissions for them to use MCEDT.

Step 5: Designee will receive an e-mail. Read and follow the instructions carefully.



Note:

If you are SHARING a computer, your designee will not be allowed to register and accept your designation if you are signed into MCEDT. You must logout, close your Internet browser to allow the designee to complete their registration and acceptance of the designation.

Step 6: After clicking the confirmation link and providing the e-mail and password, the designee will be taken to the designee acceptance screen. Click "Accept"

Ontario 😵				Français
electronic Business Services En	olment (eBSE)		lito.castillo@yahoo.com	📃 Menu
< Services and Administration				
Designee Acceptan	ce/Enrolr	nent		
Please accept the designation by the following P	roviders:			
List of Service Users				
Full Name and Email Address	Accept	Reject		
ADP Vendor 1 (adpvendor1@yahoo.com)	Accept	Reject		

Step 7: Click "Accept" to the Acceptable Use Policy For Electronic Business Services



Step 8: After clicking the Accept, button, a user enrolment successful message is shown



Step 9: Logout. Close your browser and sign in again at https://www.edt.health.gov.on.ca

Note: If you get the following message, the primary account user has not granted permission for the account



Step 10: Designee's service access status of "Confirmed" on the primary account holder's screen confirms the successful creation of a delegate account.

Ontario 😵				Français
electronic Business Service	es Enrolmen	t (eBSE)	adpvendo	r1@yahoo.com 📃 Menu
 Services and Administration 				
Designee Manag	gement			
Add Designees				
Currently Designated				
Select the Email to manage the service	delegation; or selec	t Revoke to remove the	designation.	
Service delegation cannot be set until t link in the Email column.	he Designee is confi	irmed, and the designee	s's email appears as a	
List of Designated Account	s			
Email	Full Name	Service Access	Re-notification	Revoke Designation
adpvendor2@outlook.com	ADP Vendor 2	Confirmed	Re-send Email	Revoke

Step 11: Primary account holder must review, authorize, and save permissions. Click on the e-mail address of the designee

Ontario 😵				Français
electronic Business Servic	es Enrolment	t (eBSE)	adpvendor	1@yahoo.com 📃 Menu
< Services and Administration				
Designee Manag	gement			
Add Designees Currently Designated				
Select the Email to manage the service Service delegation cannot be set until t link in the Email column.	delegation; or select he Designee is confir	Revoke to remove the	designation. s's email appears as a	
List of Designated Account	s			
Email	Full Name	Service Access	Re-notification	Revoke Designation
adpvendor2@outlook.com	ADP Vendor 2	Confirmed	Re-send Email	Revoke

Step 12: Click MCEDT Service (Upload/Download) from the List of Service Delegations for Designee



Step 13: Select all required permissions and click Save



Step 14: Successful Update confirmation message indicates permissions have been saved.



5.6 Medical Claims Electronic Data Transfer (MCEDT)/GoSecure References

Additional reference manuals and procedure summaries can be found here

6. eOxygen Update Submission

6.1 Overview

Upon approval by the ADP, updates to approved HOP Claims must be submitted to the web address assigned.

6.2 File Submission Process

- To submit HOP updates electronically, ADP Vendors must be registered with GO Secure and enrolled in the MCEDT application to confirm their identity. Both GO Secure and MCEDT are Ministry secure environments.
- > Vendors can submit files under their own vendor registration number.
- Vendor Head Offices can submit files including HOP Updates from more than one of their associated Vendors in a single file.
- Electronic HOP updates must be submitted on-line through GOSecure/MCEDT channel to a dedicated MCEDT web address.
- On-line HOP update submission is similar to the On-line electronic claim submission The only difference is the selection of ADP Vendor Oxygen Update as the file type.

Ontario 🕅	Français
Medical Claims Electronic Data Transfer (MCEDT)	stsadptesting+905075@gmail.com 📃 Menu
< Electronic File Management	
File Upload	
Select Ministry ID: (required)	
905075 - Toronto Orthopedic Appliance Services Ltd.	•
Choose File	
Select file type: (required)	
Select file type: (required) Select	•
Select file type: (required) Select	•
Select file type: (required) Select Select ADP Vendor Electronic Claim (XML)	•
Select file type: (required) Select Select ADP Vendor Electronic Claim (XML) ADP Vendor Electronic Invoice (TVT)	•

Note: When a HOP Update file is successfully loaded, it does not mean all updates contained in that file will be successful based on detailed processing business rules.

6.3 HOP Update File Naming Convention

The HOP Update text file name can be user-defined. Suggested naming as follows:

<Submitter Registration #_HOP_UPD _date of submission formatted as YYYY-MM-DD>.txt

Sample:

9999999_HOP_UPD_2011-06-19.txt

where the Submitter Registration # is either the Vendor Registration # or Head Office Registration # of the submitter of the file.

6.4 HOP Update File Format & Content Rules

To be successfully uploaded into the system, the file format must conform to the specifications provided in Section 6.6

- > Must be in Comma Separated Values with file extension type of ".txt"
- > Only last four digits of Health Number are allowed

6.5 HOP Update File Upload Rejection Because of

Formatting Error

If the HOP Update file fails to load because of a formatting error, the system will <u>not</u> process any updates contained in the file.

When problems arise, an error report will be generated, and you can download the eOxygen update submission report that will be available within three (3) business days from the MCEDT web site.

Note: Line Numbers (individual update data sets) within the file are counted at the point of upload and are used to help identify where an error has occurred in the error report.

Sample

FILE UPLOAD REPORT

Vendor Registration Number:	999999	
Vendor Name:	EFG VENDOR	
File Name:	999999_2011-06_13.txt	
Upload Date:	2011/06/17	
Upload Status:	Failed Upload	
Number of Records Uploaded:	0	
Total Amount Uploaded:	\$0.00	

File Upload Errors

File Opioda Error	
Error Code	Error

Line Errors (only first 100 errors displayed)

Line Number	Error Code	Error
1	5	Missing or incorrect format of ADP Claim Number
2	5	Missing or incorrect format of ADP Claim Number
3	5	Missing or incorrect format of ADP Claim Number
4	5	Missing or incorrect format of ADP Claim Number
5	5	Missing or incorrect format of ADP Claim Number
6	5	Missing or incorrect format of ADP Claim Number
7	12	Missing or incorrect format of ADP Device Code
11	12	Missing or incorrect format of ADP Device Code
12	12	Missing or incorrect format of ADP Device Code
13	12	Missing or incorrect format of ADP Device Code
14	12	Missing or incorrect format of ADP Device Code
15	12	Missing or incorrect format of ADP Device Code
21	12	Missing or incorrect format of ADP Device Code
101	12	Missing or incorrect format of ADP Device Code
102	19	Missing or incorrect format of Benefit Code

6.6. HOP Update Format Specifications

6.6.1 File Layout

The HOP Update file format must be comma-delimited. The file must have the extension type ".txt".

Each HOP Update record must contain all of the following 16 data fields separated by a comma. Each of the 15 separating commas is required for each record to be considered valid.

#	Name	Format	Associated Rules and Allowed Values
1	ADP Vendor Number	mandatory, numeric up to 7 digits long,	must be a valid ADP Vendor Number
2	ADP Claim Number	mandatory, alphanumeric up to 20 digits long	

3	Client Health Number	Last 4 digits of Client Health Number (mandatory, numeric, exactly 4 digits long)	
4	Hospital Admission Date	optional, date formatted DDMMYYYY	
5	Hospital Discharge Date	optional, date formatted DDMMYYYY	
6	Date of Death	optional, date formatted DDMMYYYY	
7	Equipment Start Date	optional, date formatted DDMMYYYY	
8	Cylinders to System	optional, "Y"	
9	Number Large Cylinders	optional, integer	
10	Large Cylinder Low Flow Indicator	optional, "Y"	
11	Number Small Cylinders	optional, integer	
12	Small Cylinder Low Flow Indicator	optional, "Y"	
13	Date Therapy Discontinued	optional, date formatted DDMMYYYY	
14	Social Assistance Program Code	optional, alphanumeric up to 3 characters long,	allowed values "OWP", "ODS", "ACS", "CCA", "SEN", "LTC" or "REG"
15	Funding Eligibility Start Date	optional, date formatted DDMMYYYY	
16	Funding Eligibility Stop Date	optional, date formatted DDMMYYYY	

6.6.2 Sample Data

Sample files are available on request (ADP contact information provided on cover page).

Details Record Format

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
ADP	ADP Claim	Client	Hosp	Hosp Disch	Date of	Equip Start	Cyl to	Lg	Lg	Sm	Sm	Date Disc	Soc	Fund Elig	Fund Elig
Vendor #	#	Health #	Admit Date	Date	Death	Date	System	Суі	LOW Flow	Cyi	LOW Flow		ASSI	Start Date	Stop Date
101049	1000240	0694													
101040	1000240	0661													
404040	1000105	50.40											014/5	05040040	
101048	1000425	5843											OWP	25042010	24042011
101048	1000241	2247			06042010										
101048	1000478	3892				12052010	Y								
101048	1000478	3892	24042010	12052010											
101048	1000398	4876				01052010		2	Y	4	Y				
101048	1000288	3493										16042010			

6.6.3 Formatting Rules and Error Messages

With each upload attempt, the system reads and validates the format of each record. If the data element is not aligned with the formatting requirement (type, size, and valid options), the system produces the appropriate error message.

#	Data Element	Error
1	ADP Vendor Number (mandatory, numeric up to 7 digits long, must be a valid ADP Vendor Number)	Missing or invalid ADP Vendor Number
2	ADP Claim Number (mandatory, alphanumeric up to 20 digits long)	Missing or incorrect format of ADP Claim Number
3	Last 4 digits of Client Health Number (mandatory, numeric, exactly 4 digits long)	Missing or incorrect format of Client Health Number.
4	Hospital Admission Date (optional, date formatted DDMMYYYY)	Incorrect format of Hospital Admission Date
5	Hospital Discharge Date (optional, date formatted DDMMYYYY)	Incorrect format of Hospital Discharge Date
6	Date of Death (optional, date formatted DDMMYYYY)	Incorrect format of Date of Death
7	Equipment Start Date (optional, date formatted DDMMYYYY)	Incorrect format of Equipment Start Date
8	Cylinders to System (optional, "Y")	Invalid value for Cylinders to System
9	Number Large Cylinders (optional, integer)	Invalid value for Number Large Cylinders
10	Large Cylinder Low Flow Indicator (optional, "Y")	Invalid value for Large Cylinder Low Flow Indicator
11	Number Small Cylinders (optional, integer)	Invalid value for Number Small Cylinders
12	Small Cylinder Low Flow Indicator (optional, "Y")	Invalid value for Small Cylinder Low Flow Indicator
13	Date Therapy Discontinued (optional, date formatted DDMMYYYY)	Incorrect format of Date Therapy Discontinued
14	Social Assistance Program Code (optional, alphanumeric up to 3 characters long, allowed values "OWP", "ODS", "ACS", "CCA", "SEN", "LTC" or "REG")	Invalid Social Assistance Program Code
15	Funding Eligibility Start Date (optional, date formatted DDMMYYYY)	Incorrect format of Funding Eligibility Start Date
16	Funding Eligibility Stop Date (optional, date formatted DDMMYYYY)	Incorrect format of Funding Eligibility Stop Date

7. e-Submission Status Report

The e-Submission report will be issued in PDF format only and will be available for your review regardless the submission status. Refer to Appendix <u>8.5</u> for a list of eSubmission statuses.

Step 1: Login to GoSecure - Refer to Appendix 8.1

Step 2: User Selects "Download" link.



Step 3: User selects "Download" links with the File Type VSP to initiate e-Submission Status Report download process.



When an individual status report is downloaded the status changes from "Available" to "Downloaded".

Medical	. Claims Electronic Data	a Transfer (MCEDT)		adpvendor1@	yahoo.com 📃 Men
< <u>Electro</u>	nic File Management				
Availabl	e Reports				
	First Previous Next Last				
age 1/1					
Page 1/1	Thist Freedous Next East				
List of	Reports/Files for Ministr	y ID 2015732			
List of File Type	Reports/Files for Ministr	y ID 2015732 File Name	Date	Status	Download
File Type	ADP Vendor Electronic Subject	y ID 2015732 File Name 2015732-ADPeSubReport- 2Feb2025.pdf	Date 2025- 02-02	Status Downloaded	Download

Note: e-Submission Status Report includes status on all e-submissions, i.e. claims, renewals, invoices and eOxygen Updates submitted by the ADP Vendor will be reported in the same e-Submission Status Report. Section 3 contains more details on eInvoice part of the e-Submission Status Report.

7.1 e-Submission Status Report – Sample

E-Submission Status 123456 ABCXYZ Vendor November 11, 2019	Report	
E-Submission Status 123456 ABCXYZ Vendor November 11, 2019	Report	
123456 ABCXYZ Vendor November 11, 2019		
ABCXYZ Vendor November 11, 2019		I
November 11,2019		I

E-Claim Submission Report

Vendor/Head Office Number:	123456
Vendor/Head Office Name:	ABCXYZ Vendor

Submitted Date/Time	File Name	Status	Error Description Only the first 20 file validation errors include per file
2019-11-12 13:15:38	HDClaim_2019- 11-14.xml	Received	
2019-11-14 13:30:35	HDClaim_2019- 11-14.xml	Accepted	
2019-11-13 09:12:56	HDClaim_2019- 11-13	Fail	1. File size exceeds the allowable file size.

E-Renewal Submission Report

Vendor/Head Office Number:	123456
Vendor/Head Office Name:	ABCXYZ Vendor

Submitted DateTime	File Name	Status	Error Description Only first 20 file validation errors included per file	
2023-12-04 14:15:15	TC-22_data.xml	Fail	1. Claim not eligible for eRenewal. Please contact ADP.	
2023-12-04 14:16:37	TC-23_data.xml	Fail	1. rtCGM claim is not found.	
2023-12-04 14:22:16	TC-25_data.xml	Fail	1. Invalid Renewal Form Version.	
2023-12-01 10:47:54	TC-18_data.xml	Accepted		

E-Invoice Submission Report

Vendor/Head Office Number:	123456
Vendor/Head Office Name:	ABCXYZ Vendor
File Name:	123465 2019-11-14.txt
Upload Date:	2019/11/14
Upload Status:	Failed to Upload
Number of Records Uploaded:	0
Total Amount Uploaded:	\$0.00

Vendors Found Within e-Invoice File

Vendor Number	Vendor Name

File Upload Errors

Error	Error Description

Line Errors (only first 100 errors displayed)

Line Number	Error	Error Description
1	10	Incorrect format of Service Start Date
1	11	Incorrect format of Service End Date

Page 1 of 1

E-Oxygen Update Submission Report

Vendor/Head Office Number:	4876825
Vendor/Head Office Name:	ABC VENDOR
Eila Nama:	1876825 HOP LIPD 2010 11 15 tot
Flie Name.	48/0825_HOF_OFD_2010-11-15.txt
Upload Date	16/11/2010
Unload Status:	Failed to Unload
Opload Status.	T uneu to Optouu
Number of Records Uploaded:	136

File Upload Errors

Error	Error Description
34	Invalid File Name.

Line Errors (only first 100 errors displayed)

Line	Error	Error Description
Number		

8.Appendixes

8.1 Login to Go Secure (<u>https://www.edt.health.gov.on.ca</u>).

Ontario 😵		Français
OPS BPS Secure		E Menu
	If you have a PKI certificate	
	Sign in with PKI certificate	
	OR	
	New User? Register	
	Sign In	
	Email Address (Registered email Address)	
	Password	
	Sign In Eorgot Password?	
Accessibility Privacy C Contact us	Help	
© King's Printer for Ontario, 2012-25 🗗		

Enter the Go Secure ID (e-mail) and Password and click "Sign In"

Click "Continue" to access Administration and MOHLTC Services page.



Select MCEDT Service (Upload/Download) from the Services and Administration section and click "Access Service"



8.2 File Specification

- 1. File Format. E-Claim/E-Renewal must be an XML file.
- 2. File Size. Maximum file size allowance is 100KB.
- 3. **File Layout –** File format must be XML file that matches the xml file created from the current PDF application or renewal form.

4. File Content.

- File must not be empty.
- File must contain combination of client's name and date of birth that matches client's OHIP profile.
- File must contain only acceptable characters Refer to Appendix 8.3
- > Files containing non-acceptable special characters will be rejected.

5. File Name.

There are no file name restrictions except maximum length. The claim or renewal XML file for submission cannot be longer than <u>50</u> characters including the dot and the file extension (.xml).

Please note:

- File name is alphanumeric, it should only contain 0-9, A-Z (upper or lower).
- The following special characters can be included in the file name:

-	Hyphen	
-	Underscore	
	Space	
	Period (dot)	
4	Single	
	quote	
#	Number	
	sign	

It's recommended to name files in a way to get your work well organized and efficient:

<Device Category Claim_ File Internal Number_ YYYYMMDD>.xml or <Device Category Renewal_ File Internal Number_ YYYYMMDD>.xml

Samples:

HDClaim_1_2018-12-01.xml rtCGMRenewal_1_2018-12-01.xml

Symbol	Description	Symbol	Description
	Space	Q	Uppercase Q
!	Exclamation mark	R	Uppercase R
II	Double quotes	S	Uppercase S
#	Number	Т	Uppercase T
\$	Dollar	U	Uppercase U
&	Ampersand	V	Uppercase V
I	Single quote	W	Uppercase W
(Open parenthesis	Х	Uppercase X
)	Close parenthesis	Y	Uppercase Y
*	Asterisk	Z	Uppercase Z
+	Plus	Λ	Backslash
,	Comma	_	Underscore
-	Hyphen	``	Grave accent
	Period, dot or full stop	a	Lowercase a
1	Slash or divide	b	Lowercase b
0	Zero	С	Lowercase c
1	One	d	Lowercase d
2	Two	е	Lowercase e
3	Three	f	Lowercase f
4	Four	g	Lowercase g
5	Five	h	Lowercase h
6	Six	i	Lowercase i
7	Seven	j	Lowercase j
8	Eight	k	Lowercase k
9	Nine	l	Lowercase l
:	Colon	m	Lowercase m
;	Semicolon	n	Lowercase n
?	Question mark	0	Lowercase o
a	At symbol	р	Lowercase p
А	Uppercase A	q	Lowercase q
В	Uppercase B	r	Lowercase r
С	Uppercase C	S	Lowercase s
D	Uppercase D	t	Lowercase t
E	Uppercase E	u	Lowercase u
F	Uppercase F	V	Lowercase v
G	Uppercase G	W	Lowercase w

8.3 List of acceptable characters in eClaim (XML) file

Н	Uppercase H	х	Lowercase x
I	Uppercase I	У	Lowercase y
J	Uppercase J	Z	Lowercase z
K	Uppercase K	{	Opening brace
L	Uppercase L	}	Closing brace
М	Uppercase M	~	Equivalency sign - tilde
N	Uppercase N	0	Uppercase O
Р	Uppercase P	û	u-circumflex
Ç	C-cedilla	ù	u-grave accent
é	e-acute	Ê	E-circumflex
â	a-circumflex	Ë	E-umlaut
ä	a-umlaut	È	E-grave accent
à	a-grave accent	Î	I-circumflex
Ç	c-cedilla	Ï	I-umlaut
ê	e-circumflex	Ô	O-circumflex
ë	e-umlauts	Û	U-circumflex
è	e-grave accent	1/2	Fraction 12
ï	i-umlaut	1⁄4	Fraction 14
Î	i-circumflex	3⁄4	Fraction 34
Ä	A-umlaut	÷	Divide
É	E-acute	×	Times

8.4 List of File Load Errors

#	File Condition	Error Message
1	File Size exceeds maximum allowable	File size exceeds the allowed file
	file size	size.
2	File Extension is not ".XML"	Invalid File Extension.
3	File name does not match the file name standard for E-Claim file submissions (i.e., special or non- English characters that are not allowed).	Invalid File Name
4	File Format is not XML and/or it does	Invalid File Format.

	not match xml file created from the current PDF form.	
5	Submitter does not exist in the current system i.e., the Submitter's Go Secure account (MOH ID) is not found in the system	Invalid File Name
6	File Submitted is an empty file	File is Empty
7	File submitted contains combination of client's name and date of birth that does not match client's OHIP profile	Invalid Client Biographical Information
8	File submitted contains non- acceptable special characters	Invalid special character(s) used. Please refer to specification for valid characters
9	An invalid application form version is submitted	Invalid Application Form Version
10	The gatekeeper date is missing (Except on a 9-month Oxygen Claim)	Gatekeeper Signature Date is required

8.5 eSubmission Report Statuses

- > **Received**. The submission file, e-claim/e-renewal is received.
- Fail. The submission file failed format checking and was rejected. Maximum of 20 errors per e-claim/e-renewal submission will be reported. Please correct the error(s) and resubmit.
- Accepted. The submission file, e-claim/e-renewal has been accepted and it's pending for adjudication. The submission file processing results (approved or not approved) will continue to be available on the bi-weekly remittance advice, same as before.

8.6 Additional eSubmission Notes

Please see the implementation schedule to determine the date available for eSubmission.

- A successful upload does not mean a claim/renewal is accepted and approved. Refer to the eSubmission report to confirm.
- Once a claim/renewal has been submitted to the Ministry, the submission cannot be retrieved, amended, and reused. Updates to the submission can be sent again as a new submission – if required.
- The status report regarding ADP Vendor submission will be provided on MCEDT web site after the submission has been processed. As per data retention policy, e-submission status reports will be available for download for twelve (12) months. See Section 2.3 for more details.
- Submitted electronic claim/renewal files will be loaded and e-submission status report will be available within three (3) business days.
- Vendors are expected to maintain submitted files in the event a submission cannot be accessed. Submitted files should also be retained for audit purpose.
- One claim/renewal per XML file submission is required.
- All general claim submission policies and processes will continue to apply with the electronic claim submission. Please retain original claims on file for audit purposes.
- The system will validate file upload format (see an outline of formatting rules provided in *Section 2.2*). The result will be reported in the e-submission status report.
- If the system cannot read any portion of the file submitted because of a formatting error, the entire claim file will be rejected, and first twenty (20) file load errors will be provided to the vendor in the e-submission status report.

Please refer to Section 2.3 on more details on e-Submission Report.

- The current vendor remittance advice report will continue bi-weekly. The vendor will receive confirmation of the claim approval status in the next vendor remittance advice report published.
- Claims that are under review and require a correction can be resubmitted electronically. A summary of the new rules associated with claim resubmission is also provided in *Section 2.2*.

8.7 Electronic Claim/Renewal File Load Rejection Because of Formatting Error

If the claim/renewal file fails to load because of a formatting error (as indicated in section 2.2.1/4.2.1), the system will <u>not</u> process the claim submitted and the eSubmission Status Report will be generated and sent back.

Refer to Appendix **<u>8.4</u>** for a List of File Load Errors

When e-claim/e-renewal file cannot be loaded into the system, the submitted file will be deleted but the following information will be saved in the system and reported back:

Submitter (MOH ID), Submitter Type (Vendor/Head Office), File Name, Submitted Date/Time, Loaded Date/Time, Load Status.

8.8 Validation Errors

Once e-claim/eRenewal file is successfully loaded into the system it will be validated for the content formatting rules. The system reads and validates the format of each record in XML file, and if the data element is not aligned with the formatting requirement (type, size, and valid options), the system produces the appropriate error message. Validation errors encountered during the file load processing will be reported back to ADP Vendors in the e-Claim/eRenewal Submission Report.

8.9 Help in Downloading Forms

This section is copied from the Ontario Central Forms Repository page

Alert!

PDF Forms will no longer work with older versions of Adobe Reader including Adobe Reader XI. Please update your free Adobe Reader to the latest version from the <u>Acrobat Reader download page</u> so that you can continue to access these forms.

How to view and fill forms downloaded from the Central Forms Repository (CFR)

- Search for a Form, or browse the list of all forms, or browse forms by Ministry

 Note: Internet Explorer is not supported.
- Click the Download button and the file will be saved to your computer.
- Click the link or icon in your browser to "Show in Folder". The folder will open with the file selected.
 - Note: Don't use your browser's "Open" feature, or the browser will try to open the file inside the browser.

Troubleshooting

 When you attempt to download the file, does the file open directly in the Web Browser, rather than being saved as a file? If you are on a computer with a keyboard, you can try pressing and holding the ALT key on your keyboard while you click the "Download" button. This might help by overriding the browser's default behaviour, and save the file to your computer. 2. Are you receiving an Adobe generic message when opening a PDF form? You might be attempting to use a browser such as Chrome to open the PDF form, prompting the browser to try to use its proprietary document viewer and (in some instances) can not support the form.

Please follow the recommendation to open the form properly:

- Click the "Download" button. (Do not click the form to open it in a browser). A pop-up "Downloads Page" opens.
- Hover above the form you just downloaded and click the file-icon to show in the folder location.
- Highlight the form you just downloaded, right-click and select "Open With".
- From the list of choices, select the option "Adobe Reader" or "Acrobat Reader"

Do not double-click to open the downloaded form, as Adobe Reader might not be the default program to open PDF.

- In the Reader application, you can complete the form. *Note: the functionality for each form may vary. Some forms must be filled and printed and can not be saved with the data. Please carefully follow the instructions contained in the file.*
- 3. Are you experiencing navigation issues with NVDA and JAWS screen readers? In some versions of these screen readers, the default settings may need to be adjusted to optimize your experience.

We suggest you review the customization options associated with these tools.

- You can view the 2022 NVDA user guide online or review the general help found within the NVDA application.
- For general information about the free, open source NVDA text-tospeech software, please visit the <u>NVDA Website</u>.
- You can <u>access the JAWS user guide online</u>, or review the general help found with the JAWS application.
- For general information about JAWS, you can review the <u>product</u> <u>information for JAWS</u> on the Freedom Scientific website.

8.10 Designee Registers for OPS BPS Secure

This section is copied from the Medical Claims Electronic Data Transfer Designee Maintenance User Guide from the <u>Medical Claims Electronic Data Transfer (MCEDT)</u> web page

1. Copy this link your Internet browser <u>https://www.ebse.health.gov.on.ca</u>

2. Select the New User Register.

3. Type in your information, select I agree to the Terms of Service, and then select Register.

4. Upon the successful registration you will receive a message stating 'Registration Successful'.

5. Close your browser.

6. OPS BPS Secure will send you a one-time mandatory email verification on your registered email.

7. Retrieve the Registration email sent to the email address you entered and select the Sign In link to complete email verification.

8. Sign in with email address and password.

9. Retrieve the Email Verification email sent to the email address you entered and locate the 8-digit one-time PIN.

10. Enter the one-time PIN to complete your registration and click Submit.

11. Upon successful verification you will receive a message stating 'Success! Email Verification complete'.

12. Notify your health care provider that you have completed the registration

9. Program Addresses

9.1 Assistive Devices Program

Assistive Devices Program Ministry of Health 5700 Yonge Street, 7th Floor Toronto, Ontario M2M 4K5 Email: <u>adp@ontario.ca</u> Telephone: Toronto area (416) 327-8804 Toll free: 1-800-268-6021 TTY: 1-800-387-5559 Fax: (416) 327-8192

Public Website:

https://www.ontario.ca/page/assistive-devices-program

Health Professionals Website:

https://www.ontario.ca/document/assistive-devices-program-healthcare-professionals