

**SUBMISSION AND VALIDATION GUIDANCE  
NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL**

**COMPREHENSIVE PROVIDER REPORT  
Version 1.1 (August 1, 2015)**

## I. COMPREHENSIVE PROVIDER REPORT SUBMISSION AND REPORT VALIDATION PROCESS

### A. Submission Method

The Comprehensive Provider Report shall be submitted by utilizing the 'Secure File Transfer' application within the NYS Health Commerce System (HCS). The report submission will be comprised of 3 separate files.

The HCS 'Secure File Transfer' application allows up to 3 separate files to be submitted to an HCS user at one time. The 3 files cannot add up to more than 100MB of data.


The 3 files that comprise each quarterly Comprehensive Provider Report submission can be submitted individually, or they can be zipped into one file, allowing the file to be compressed if space limits will be exceeded.

Utilize the file formats and file naming conventions found in the Comprehensive Provider Report Data Dictionary. The file naming convention must be followed in order to identify the Reporting Plan, the submission period applicable to the report, and if the file is a test submission, regular submission, or a correction.

### B. Submission Steps

1. After logging into HCS and accessing the 'Secure File Transfer' application select: 'Send Someone Else a File'

I want to...

- [Send someone else a file](#) 
- [Retrieve a file someone has sent me](#)
- [View the upload log](#)
- [Learn more about how the Secure File Transfer Utility works](#)

- The 'Mail to user' should be: rl442930 Please reference the most recent version of this guidance document to confirm the current 'Mail to user'.

## Secure File Transfer

Revised: 12/27/13

All files uploaded will be scanned for viruses. Please be patient and wait for the process to finish.  
Performing virus scan on file 1. **DONE** Go to bottom of page to see results

[Go back](#)

**Purpose:** This upload utility should be used to send documents to a specific Health Commerce user.

**Instructions:** To upload a file, click on one of the buttons to the right of the 'Upload file' text and select the file. Repeat for up to 3 files and then click on the Upload button.

Your Email address:



Mail to user:

Upload file (1):

Upload file (2):

Upload file (3):

**Please note:** A maximum of three (3) files can be uploaded at one time. The total file size can not exceed 100 MB.

Comments:  
(included with  
email)

- Add the files to be submitted. If the files will be zipped into a single zip file for submission, please use the 'Comprehensive Plan Total Summary' file naming convention to name the zip file. Each individual file included in the zip file should utilize their respective file naming convention(s).
- Place the Plan Name on the first line of the comments box. Add additional comments if desired.
- Click 'Upload'

The HCS user that submits the report should receive an email from: donotreply@health.state.ny.us. This will serve as the confirmation that the report was successfully transmitted to OMIG. If an email is not received by the submitter within one hour of submission, please send an email to cpreport@omig.ny.gov to confirm the file has been successfully transmitted.

## **C. Report Validation and Error Reporting**

Within 14 days of a report submission, the HCS report submitter will receive an email indicating if the Comprehensive Provider Report submission has passed or failed validation testing. Each file that comprises the report will have a reported validation outcome. A Summary Validation Report will be sent indicating the validation outcome of each file.

Three outcomes are possible:

- a. Acceptance
- b. Errors – All
- c. Errors – Limited

### **a. Acceptance**

The file has passed all validation edits. No further action is necessary for this submission.

### **b. Errors – All**

The file contains errors to all records. This may occur due to incorrect file type, errors to one or more fields that affect all records, or the file is damaged and unreadable. The Summary Validation Report will include a list of error codes used to reference the reason(s) a file has failed validation testing.

### **c. Errors – Limited**

The file contains errors to a limited number of records. Only those records failing validation are required to be corrected and re-submitted.

A .csv file will accompany the summary validation report. The .csv file will contain the records containing errors. The file will include additional error code fields used to reference the reason(s) a record has failed validation testing.

## II. Error Code List

The error codes below correspond to the validation tests performed against each Comprehensive Provider Report file record. If errors are found during the validation process the Summary Validation Report will include references to one or more of the codes below.

Error Name	Error Description	Code- All Records Affected	Code - Limited Records Affected
ProvID_Char_Ct	MMIS/MEDS ID <> 8 numeric characters if field is not null.	PI8A	PI8L
NPI_Char_Ct	NPI not equal to 10 characters if field is not null.	NPCA	NPCL
NPI_Validity	NPI number not found in NPI Registry (NPPES).	NPVA	NPVL
Prov_Status_Sts	Prov_Status field <> to 'Y' or 'N'.	PSVA	PSVL
Tax_ID_Char_Ct	Tax_ID not equal to 9 numeric characters if field is not null.	TICA	TICL
Tax_Name_Sts	Tax_Name is blank and Tax_ID field completed.	TNSA	TNSL
NPI_Name_Sts	NPI_Name blank and NPI field is completed.	NPSA	NPSL
Total_Claim_Bk	Total_Claim field is null or is blank.	TCBA	TCBL
Total_Paid_Bk	Total_Paid field is null or is blank.	TPBA	TPBL
Total_Ordered_Bk	Total_Ordered field is null or is blank.	TOBA	TOBL
Total_Referred_Bk	Total_Referred field is null or is blank.	TRBA	TRBL
Total_Claim_PBM1_Bk	Total_Claim_PBM1 field is null or is blank.	TCPA	TCPL
Total_Pd_PBM1_Bk	Total_Pd_PBM1 field is null or is blank.	TPPA	TPPL
PBM1_ID_Char_Ct	PBM1_ID not equal to 9 characters if field is not null.	PIDA	PIDL
PBM1_Nm_Sts	PBM1_Nm field is null or is blank.	PBNA	PBNL
Total_Claim_Agnt1_Bk	Total_Claim_Agnt1 field is null or is blank.	TCAA	TCAL
Total_Paid_Agnt1_Bk	Total_Paid_Agnt1 field is null or is blank.	TPAA	TPAL
Agnt1_ID_Char_Ct	Agnt1_ID not equal to 9 characters if field is not null.	AIDA	AIDL
Agnt1_Nm_Sts	Agnt1_Nm field blank and Agnt1_ID field is completed.	ANSA	ANSL