AHCCCS
Arizona Health Care Cost Containment System

STRUCTURED PAYMENT TRANSMISSION USER MANUAL

EFFECTIVE: JUNE 1, 2016 (REVISED 1/10/2022)

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Overview

AHCCCS has contracts and agreements with Managed Care Organizations (MCOs) to deliver medically necessary services to AHCCCS eligible recipients. AHCCCS ACOM Policy 315, AHCCCS Payment Reform Initiative, applies to all AHCCCS MCOs. The purpose of this initiative is to encourage MCO activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health, by aligning the incentives of the MCO and provider through shared savings payment arrangements.

The AHCCCS Division of Health Care Management (DHCM) is charged with ensuring that MCO Structured payment arrangements are adequate and that they meet the minimum contractual and policy requirements. The Structured Payment Transmission (SPT) is an integral part of this monitoring process. At least annually all MCOs are required to submit information about all Structured Payment relationships in place for the reporting year. Each MCO is responsible for submitting true and valid information. AHCCCS will routinely conduct verification procedures to monitor the accuracy of the data submitted by the MCOs.

The MCOs must use the specifications found in the following pages. All records and fields will be edited prior to acceptance of the SPT. If the SPT is not submitted timely, accurately, and complete, the MCO may be required to make corrections immediately.

If there are any questions regarding the SPT or its submission, they should be directed to the DHCM Finance Unit.

Definitions of Terms

(Bolded terms are included on the File Detail - A1)

♦	AHCCCS	Arizona Health Care Cost Containment System
♦	**CONTRACT-ID**	An MCO assigned number identifying the contract number that will identify payments to providers
♦	**CONTRACT-YEAR**	Applicable contract year for payments reported
♦	**COST OF CARE-IND**	Cost of Care Application Indicator
♦	**CREATION-DATE**	Date SPT file is transmitted to AHCCCS
♦	**GROUP-ID**	The AHCCCS assigned provider ID that has the specific provider type of SP
♦	**GROUP-NAME**	An MCO assigned SPT Reporting Group name
♦	**HEALTH-PLAN-ID**	The AHCCCS assigned number identifying the AHCCCS MCO
♦	**MA-DSNP-IND**	MA-DSNP Indicator
♦	**PAID-AMOUNT**	Paid Amount under SPT Contract ID
♦	**PCP-IND**	Provider status indicator regarding Primary Care Provider
♦	**PAYMENT-TO-PROV**	SPT payment to provider per SPT Contract
♦	**PURCHASE-STRATEGY-CD**	SPT Purchasing Strategy Code
♦	**RBHA-AFFILIATE-IND**	RBHA Affiliate Indicator
♦	**SPT**	Structured Payment Transmission
♦	**TOTAL-RECORD-COUNT**	The total number of records submitted in the provider affiliation transmission

Rules and Assumptions

<u>EFFECTIVE DATE</u>: This manual is effective for Structured Payment Transmissions submitted on or after June 1, 2016.

♦ Each MCO is required to submit a minimum of one Structured Payment Transmission file per contract year.

♦ **Please Note, each SPT file submission represents a contract year and must be a complete file. With each transmission representing a contract year, a transmission that has any errors will not be accepted for processing.**

♦ The existing Outside Server Directory will be used for each MCO. Each MCO will only be able to add or read files within that assigned directory.

♦ MCOs will use the following production Outside Server Directory to load data:
https://sftp.statemedicaid.us/AZ/XXX/PROD/IN/SPMMDDYY-HPID.TXT
'XXX' is the MCO acronym; 'MMDDYY' is the transmission date and 'HPID' is the Health Plan ID.

♦ <u>**The following conditions must be adhered to or the SPT will be rejected by AHCCCS:**</u>

- The file must be submitted to the AHCCCS outside Server Directory.

- The record length must be 180 bytes.

- A single file header (T0) record is required.

- At least one file detail (A1) record is required.

- A single file trailer (T9) record is required.

- The Health Plan ID on the file header record must be a registered AHCCCS MCO.

- The Health Plan ID in the file name must match the Health Plan ID in the header record.

- The Creation Date on the file header record must be a valid date (MMDDYY). The Creation Date should be the date the file is transmitted to AHCCCS.

- Use of underscores and hyphens they are not recognized as valid input. A blank space is valid. Monetary amounts need to be entered without commas or dollar signs.

- The Total Record Count on the file trailer record must be formatted as numeric and equal the total number of records in the file. This includes the header and trailer records.

Protocols

The following protocols also apply and must be in upper case, including the file name.

♦ The Structured Payment Transmission Load Summary Report (sample on page 09) provides information about the status of the submitted SPT. If all conditions are met, the transmission passes and is accepted for loading to the SPT database. If the transmission fails any of the required conditions, the transmission is rejected and returned to the MCO for correction and re-submission. https://sftp.statemedicaid.us/AZ/XXX/PROD/OUT/SP_STmmddyy-HPID.TXT
'XXX' is the MCO acronym; 'MMDDYY' is the transmission date and 'HPID' is the Health Plan ID.

♦ The Structured Payment Error Report by Group ID Report (sample on page 10) provides a list of all exception errors that occurred during the SPT edit process, sorted by Group ID. The report is designed to aid the MCO in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the MCO's "out" directory in filename SP_EMMDDYY.TXT.
https://sftp.statemedicaid.us/AZ/XXX/PROD/OUT/SP_EPmmddyy-HPID.TXT
'XXX' is the MCO acronym; 'MMDDYY' is the transmission date and 'HPID' is the Health Plan ID.

♦ Reports are downloaded to the MCO's Outside Server Directory on the day that processing completes. An email is sent notifying the MCO of the result (samples on page 11). The email will confirm whether the transmission passed or failed.

♦ The results will be loaded to the MCO's Out directory:

♦ All AHCCCS MCOs must submit a test SPT to AHCCCS prior to the first production file submission. The test SPT must conform to all requirements as outlined in this document. The test SPT should be received by AHCCCS at least two weeks prior to the submission of the production transmission. To submit a test SPT, MCOs will use the following test Outside Server Directory to load data:
https://sftp.statemedicaid.us/AZ/XXX/TEST/IN/SPMMDDYY-HPID.TXT
'XXX' is the MCO acronym; 'MMDDYY' is the transmission date and 'HPID' is the Health Plan ID.

File Specifications

File Header – T0 – One Per File

DATA NAME	PIC	POS		EDITING PERFORMED
HEALTH-PLAN-ID	X(6)	01	06	Must be an AHCCCS registered and active MCO
CREATION-DATE	X(6)	7	12	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS.
FILLER	X(166)	13	178	NONE
RECORD-TYPE	X(2)	179	180	"T0"

File Trailer – T9 – One Per File

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL-RECORD-COUNT	9(8) *	01	08	A valid numeric count that is equal to the total number of records on the file (T0+A1+T9)
FILLER	X(170)	09	178	NONE
RECORD-TYPE	X(2)	179	180	"T9"

File Detail – A1 – One Per Provider

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
HEALTH-PLAN-ID	X(06)	1	6	Required	An active AHCCCS registered MCO
GROUP-ID	X(06)	7	12	Required	Must be valid provider ID with provider type "VB"
GROUP-NAME	X(60)	13	72	Required	Special characters invalid
PAYMT-TO-PROV	N(14)	73	86	Required	Positive numeric (11.2)
CONTRACT-YEAR	X(04)	87	90	Required	Must be 4-digit number, not less than 2015
CONTRACT-ID	X(30)	91	120	Required	Minimum 6 characters, special characters invalid
PCP-IND	X(01)	121	121	Required	'Y' or 'N'
PURCHASE-STRATEGY-CD	X(02)	122	123	Required	Must be valid code (BE, CP, PB, PC, SR,SS, 2B, 2C, 3A, 3B, 4A, 4B, 4C)
COST OF CARE-IND	X(01)	124	124	Required	Must be valid code (L or T)
PAID-AMOUNT	N(14)	125	138	Required	Positive numeric (11.2)
RBHA-AFFILIATE-IND	X(01)	139	139	Required	'Y' or 'N'
MA-DSNP-IND	X(01)	140	140	Required	'Y' or 'N'
FILLER	X(38)	141	178	Blank	Blank
RECORD-TYPE	X(02)	179	180	Required	"A1"

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Summary Report

```
SP_ST060316 - Notepad
File  Edit  Format  View  Help
1REPORT ID: PR01R58S-010306              ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM              PAGE:        1
 PROGRAM #: PR01L758                         PROVIDER STRUCTURED PAYMENT REPORT                   DATE: 06/03/2016
                                                    LOAD SUMMARY

                              HEALTH PLAN:              010306    MER/MERCY CARE PLAN
                              FILENAME:                 SP060116.TXT
                              CONTRACT YEAR:            2015
                              SUBMISSION DATE:          06/03/2016
                              DATE LOGGED:
                              RECORDS READ:                    41
                              RECORDS WITH ERRORS:             39
                              TOTAL EXCEPTION ERRORS:          72

 FAILED FIELD EDITS -- TRANSMISSION NOT SAVED




                                                                                                    Ln 1, Col 1
```

Report Field Name Definitions Table

Field Name	Description
HEALTH PLAN	MCO that the summary report is for
FILENAME	Name of file
CONTRACT YEAR	Year of contract
SUBMISSION DATE	Date file was processed by AHCCCS
DATE LOGGED	Date file was saved in AHCCCS table
RECORDS READ	How many records were processed
RECORDS WITH ERRORS	How many records had errors
TOTAL EXCEPTION ERRORS	Total number of errors in all records

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Error Report

```
ST_EP060316 - Notepad                                                                          [ _ ][ □ ][ x ]
File  Edit  Format  View  Help
1REPORT ID: PR01R58E-010306          ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM            PAGE:      1
 PROGRAM #: PRO1L758                        STRUCTURED PAYMENT ERROR REPORT                 DATE:06/03/2016
                                                 RESULTS BY GROUP ID
                                          PLAN NAME: MER/MERCY CARE PLAN
 -
  GROUP ID  REC NO      FIELD NAME           FIELD VALUE                          ERROR DESCRIPTION
 +_____ _____   _____     _____     _____
 0213815         2   AHCCCS HEALTH PLAN                                         FIELD IS REQUIRED
  213815         2   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815         3   AHCCCS HEALTH PLAN    010288                               DOES NOT MATCH HEADER 010306
  213815         3   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815         4   REPORTING GROUP ID                                         FIELD IS REQUIRED
 0               5   REPORTING GROUP ID    020123                               INVALID – NOT IN REGISTRY
 0020123         5   REPORTING GROUP ID    020123                               INVALID – NOT IN REGISTRY
 02138xx         6   AHCCCS HEALTH PLAN    010254                               DOES NOT MATCH HEADER 010306
  2138xx         6   REPORTING GROUP ID    2138xx                               MUST BE LETTERS AND/OR NUMBERS
 0213815         7   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815         7   REPORTING GROUP NAME                                       FIELD IS REQUIRED
  213815         8   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815         8   REPORTING GROUP NAME  !!@@##$$%%^^&&**(())                  MUST BE LETTERS AND/OR NUMBERS
  213815         9   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815         9   PAYMENT TO PROVIDER                                        FIELD IS REQUIRED
  213815        10   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        10   PAYMENT TO PROVIDER    -   100.00                          MUST BE POSITIVE NUMERIC
  213815        11   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        11   PAYMENT TO PROVIDER       -100.00                          MUST BE POSITIVE NUMERIC
  213815        12   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        12   PAYMENT TO PROVIDER   00000-00100.00                       MUST BE POSITIVE NUMERIC
  213815        13   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        13   PAYMENT TO PROVIDER   0000000-100.00                       MUST BE POSITIVE NUMERIC
  213815        14   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        15   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        15   CONTRACT YEAR                                              FIELD IS REQUIRED
  213815        16   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        16   CONTRACT YEAR             16                               MUST BE 4 NUMERIC DIGITS
  213815        17   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        17   CONTRACT YEAR         XXXX                                 MUST BE 4 NUMERIC DIGITS
  213815        18   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        18   CONTRACT YEAR         1972                                 CENTURY MUST BE 20
  213815        19   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        19   CONTRACT YEAR         2007                                 YEAR CANNOT BE LESS THAN 2015
  213815        20   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        20   CONTRACT YEAR         2020                                 CANNOT BE GREATER THAN 2016
  213815        21   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
  213815        21   MCO VBP CONTRACT ID                                        FIELD IS REQUIRED
  213815        22   REPORTING GROUP ID    213815                               INVALID – NOT IN REGISTRY
                                                                                                    Ln 1, Col 1
```

Additional Report information:

Data fields in the Trailer record have to match exactly to the Header record fields or they will fail

Report Field Name Definitions Table

Field Name	Description
GROUP ID	ID Assigned by DHCM
REC NO	Record number within input file
FIELD NAME	Name of field label
FIELD VALUE	Value stored in the data field
ERROR DESCRIPTION	Reason that the record failed

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___

Email Notification

Successful Notification

```
-----Original Message-----
From: DOA-DOMAIN@MAINFRAME.AZDOA.GOV [mailto:DOA-DOMAIN@MAINFRAME.AZDOA.GOV]
Sent: Tuesday, May 10, 2016 5:06 PM
To: Cippon, Rose
Cc:
Subject: * TESTING STRUCTURED PAYMENT FOR PLAN 010158 *

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S STRUCTURED PAYMENT FILE

YOUR TRANSMISSION SUCCESSFULLY PASSED THE FIELD EDIT PROCESS AND YOUR HEALTH PLAN'S STRUCTURED PAYMENT FILE HAS BEEN
SAVED.
```

Unsuccessful Notification

```
-----Original Message-----
From: DOA-DOMAIN@MAINFRAME.AZDOA.GOV [mailto:DOA-DOMAIN@MAINFRAME.AZDOA.GOV]
Sent: Monday, May 09, 2016 2:20 PM
To: Cippon, Rose
Cc:
Subject: * TESTING STRUCTURED PAYMENT FOR PLAN 010158 *

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S STRUCTURED PAYMENT FILE

YOUR TRANSMISSION HAS FAILED THE EDIT REQUIREMENTS

REPORTS ARE NOW AVAILABLE ON THE AHCCCS SERVER.

AFTER THE ERRORS IDENTIFIED IN THE EXCEPTION REPORT HAVE BEEN CORRECTED, YOU MAY RESUBMIT A NEW FILE FOR RE-PROCESSING
```

Structured Payment Registry:

DHCM will register participants in the program using the PR310 Structured Payments Registry transaction in the PMMIS system. A unique 6-digit SP ID number will be created by the Add transaction. This number must be the GROUP ID Field when the input file is transmitted to AHCCCS; otherwise the field will be flagged as an error.

DHCM will have the ability via the Structure Payments Registry transaction to add (PR310a) inquire (PR310i), change (PR310c), and on a limited basis delete (PR310d) the Registry records.

To register their participants in the program, each MCO should submit the prescribed spreadsheet (example below) as needed, outlining the information required to register for an SP ID number. The completed spreadsheet should then be submitted to DHCM as outlined below for entry and creation of the SP ID number. _Please indicate as part of the File Name TEST or PROD_. That will ensure the participants are keyed in the correct region. Once DHCM completes the entry of the spreadsheet information and an SP ID number is assigned, that number will be added to the spreadsheet and the spreadsheet will be returned to the MCO.

Please submit completed spreadsheets via the SFTP server per the specifications below, with an email to Lori Petre at lori.petre@azahcccs.gov and Julie Nieder at julie.nieder@azahcccs.gov when files are placed so we can ensure timely processing of your requests. Please note in the email whether this is for TEST or for PROD.

> https://sftp.statemedicaid.us/AZ/XXX/OTHER/DHCM
> 'XXX' is the MCO

For a copy of the Structured Payment Registry Submission Spreadsheet for completion, please email either Lori Petre at lori.petre@azahcccs.gov or Julie Nieder at julie.nieder@azahcccs.gov

Please note that AHCCCS will be working on a future phase of this project to automate the submission and processing of this data via a data file transfer process, and MCOs will be notified once specifications and timeframes are determined.

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Structured Payment Registry Submission Spreadsheet

Example –

MCO ID: 111111	MCO Name: Example Plan	Date of Submission: 7/15/2016			
ASSIGNED SP ID	**SP PARTICIPANT NAME**	**BEGIN DATE**	**END DATE**	**TAX ID**	**ADDRESS**
	Example Group of Physicians	10/01/2016		98-9999999	1 Example St, Phoenix AZ 85034
	Other Group of Physicians	10/01/2016		98-8888888	2 Example St, Phoenix AZ 85034
	Etc.				

Field Definitions – To be completed for each participant registering

Field Name	Description	Required/Optional
MCO ID	AHCCCS MCO ID of submitting MCO	Required
MCO NAME	MCO Name of submitting MCO	Required
DATE OF SUBMISSSION	Date of Spreadsheet Submission to AHCCCS	Required
SP ID	Structured Payment 6-digit ID	Assigned by transaction for new providers; include for changes and updates
SP NAME	Name of participant	Required
BEG DATE	Beginning date of registry: Formats MM/DD/YEAR or MMDDYEAR	Required
END DATE	End date of registry: Formats MM/DD/YEAR or MMDDYEAR	Leave blank if open ended
TAX ID	Tax Identification number – must be 9-digit number	Required
ADDRESS	Street Address including City, State and 5-digit Zip Code	Required

List of Field Edit Error Messages:

Header Record (T0) Field	Report Field Name	Report Error Message
N/A	N/A	TRANSMISSION NOT PROCESSED – T0 HEADER RECORD NOT FOUND
N/A	N/A	TRANSMISSION NOT PROCESSED -- MULTIPLE T0 HEADER RECORDS FOUND ON FILE
AHCCCS MCO ID (blank field)	N/A	TRANSMISSION NOT PROCESSED --T0 HEADER RECORD HEALTH PLAN ID REQUIRED
AHCCCS MCO ID (*xxxxxx*)	N/A	TRANSMISSION NOT PROCESSED – T0 HEADER RECORD HEALTH PLAN ID *xxxxxx* DOES NOT MATCH INPUT ID *xxxxxx* TRANSMISSION NOT PROCESSED – T0 HEADER RECORD HEALTH PLAN ID *xxxxxx* NOT VALID
Create Date (*xxxxxx*)	N/A	TRANSMISSION NOT PROCESSED -- T0 HEADER RECORD FILE CREATE DATE *xxxxxx* NOT MMDDYY FORMAT

Detail Record (A1) Field	Report Field Name	Report Error Message
N/A	N/A	TRANSMISSION NOT PROCESSED – A1 DETAIL RECORD NOT FOUND
AHCCCS MCO ID	AHCCCS HEALTH PLAN	FIELD IS REQUIRED DOES NOT MATCH HEADER RECORD *XXXXXX*
SPT Reporting Group ID	REPORTING GROUP ID	FIELD IS REQUIRED MUST BE LETTERS AND/OR NUMBERS INVALID – NOT IN REGISTRY INVALID FOR CONTRACT YEAR **yyyy**
SPT Reporting Group Name	REPORTING GROUP NAME	FIELD IS REQUIRED MUST BE LETTERS AND/OR NUMBERS
SPT Payment to Provider per VBP Contract	PAYMENT TO PROVIDER	FIELD IS REQUIRED MUST BE POSITIVE NUMERIC
Applicable Contract Year	CONTRACT YEAR	FIELD IS REQUIRED MUST BE 4-CHARACTER YEAR MUST BE 4 NUMERIC DIGITS CENTURY MUST BE 20 YEAR CANNOT BE LESS THAN 2015 CANNOT BE GREATER THAN **yyyy (current year)**

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Detail Record (A1) Field	Report Field Name	Report Error Message
MCO VBP Contract ID	MCO VBP CONTRACT ID	FIELD IS REQUIRED MUST BE LETTERS AND/OR NUMBERS MUST BE MINIMUM 6 CHARACTERS
PCP Indicator	PCP INDICATOR	FIELD IS REQUIRED MUST BE Y (YES) OR N (NO)
SPT Purchasing Strategy Code	PURCHASING STRATEGY	FIELD IS REQUIRED MUST BE A VALID CODE
Limited or Total Cost of Care Application Indicator	COST OF CARE IND	FIELD IS REQUIRED MUST BE L(LIMITED) OR T(TOTAL)
Paid Amount Under Contract ID	PAID AMOUNT	FIELD IS REQUIRED MUST BE A POSITIVE NUMBER
RBHA Affiliate Indicator	RBHA AFFILIATE IND	FIELD IS REQUIRED MUST BE Y (YES) OR N (NO)
MA-DSNP Indicator	MA-DSNP INDICATOR	FIELD IS REQUIRED MUST BE Y (YES) OR N (NO)

Trailer Record (T9) Field	Report Field Name	Report Error Message
N/A	N/A	TRANSMISSION NOT PROCESSED – T9 TRAILER RECORD NOT FOUND
N/A	N/A	TRANSMISSION NOT PROCESSED -- MULTIPLE T9 TRAILER RECORDS FOUND
Record Count (*99999999*)	N/A	T9 TRAILER RECORD: RECORD COUNT IS NOT NUMERIC: *99999999* T9 TRAILER RECORD: RECORD COUNT LESS THAN 3: *99999999* TRANSMISSION NOT PROCESSED--TRAILER REC COUNT: *99999999* DOES NOT MATCH A1 DETAIL REC COUNT: *99999999*

Post Adjudicated Structured Payment File:

Encounter Data Reporting - Post Adjudication File

Field Definition	Type	Length	From	To	Comments
EC-NUM	X	12	1	12	Encounter CRN (Claim Reference Number)
FORM-TYPE	X	1	13	13	Form Type
FUNDING TYPE	X	30	14	43	**SPT** - VBP Contract ID
HP-ID	X	6	44	49	*Health Plan ID*
REND-PR-NPI	X	10	50	59	Rendering/Service Provider NPI
Filler	X	21	60	80	blank - for future use

Production files should be placed into SFTP Directory: **XXX/PROD/IN** where XXX is the MCO folder

File Naming convention:
AZSP**123456**.**YYYYMMDD**.STRUCTRCT.**HHMM**.**999**
123456 = Health Plan ID
YYYYMMDD - Date (ex. 20160426)
HHMM = hour & Minute (ex. 2214)
999 - 001, 002, etc. (multiple files)
Ex. AZSP010122.20160426.STRUCTRCT.1645.001
NOTE: **Please do not add an extension to the file naming convention. Ex. .txt**

Reports:
SFTP Directory:
AZ/XXX/PROD/OUT where XXX is the MCO folder

The Daily File Name:
AHCCCS_IN**XXX**_EC91R55<mark>2</mark>_DYYMMDD **where XXX is the HP ID**

The Monthly File Name:
AHCCCS_IN**XXX**_EC91R55<mark>4</mark>_D170303 **where XXX is the HP ID**

EC91A552 ERROR REPORT

- Objective of this Error Report file is to verify the Demo Project Data field begins with 'SPT' followed by a valid six-digit contract number.
- If the 'SPT' literal is missing or the Contract ID/SPID is invalid, the rejected Structured Payment Record is added to the report.
- The format is like the EC91R552 report that list valid 'Alternate Funding Demo Project Data' records.

Field Definition	Type	Length	From	To	Comments
EC-NUM	X	12	1	12	Encounter CRN (Claim Reference Number)
FORM-TYPE	X	1	13	13	Form Type
DEMO-PROJ-DATA	X	30	14	43	**SPT** - VBP Contract ID **(SPTXXXXXX)**
HP-ID	X	6	44	49	*Health Plan ID*
REND-PR-NPI	X	10	50	59	Rendering/Service Provider NPI
	X	1	60	60	Space
MESSAGE	X	20	61	80	Error message
	X	1	81	81	Space
MESSAGE	X	20	82	101	Error message
Filler	X	19	102	120	Blank - for future use

Please see below error messages for 'SPT' and 'Contract ID' that will be displayed in the EC91A552.

- **'SPT'** error message - **"SPT literal missing"** will appear in the **ERR-MESSAGE**
- **'Contract ID' (SPID)** error messages
  - not numeric - **'CONTRACT NBR NOT NUM'** will appear in the **ERR-MESSAGE**
  - invalid SPID - **'CONTRACT NBR INVALID'** will appear in the **ERR-MESSAGE**

Report:
    SFTP Directory:
    AZ/XXX/PROD/OUT (where 'XXX' is the MCO acronym)

FTP error report EC91A552 – Rejected Records for review and correction server filename format:
AHCCCS_IN<HP ID>_Dyymmdd_Thhmmsss_EC91A552 (e.g., AHCCCS_IN010999_D210430_T1930001_EC91A552**)**

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Rejected records will appear on the error report as shown below.

```
REPORT ID: EC91A552          ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM            PAGE:   -1- PROGRAM #: EC91L552  ALT FUNDING DEMO PROJECT DATA
EXCEPTION REPORT             RUN: 06/07/2021
                                                                                   TIME: 15:48:06

HEALTH PLAN ID/NAME: 010999    AHCCCS HEALTH PLAN


EC-NUM         FORM-TYP DEMO-PROJ-DATA            SER-PR-NPI MESSAGE
_____           _____            _____            _____
170090045041 B          SPT00XY79                 1124667548            CONTRACT NBR NOT NUM
170090045245 B          SPT456789                 1235737784            CONTRACT NBR INVALID
170190100275 B          440086                    1821329160 SPT LITERAL MISSING
201970002004 B          46XY79                    1518389311 SPT LITERAL MISSING  CONTRACT NBR NOT NUM
201970002005 B          464161                    1518389311 SPT LITERAL MISSING  CONTRACT NBR INVALID
    HP-ID 010999
      COUNT      5
    COUNT      5
```

Note: SPTVBP# (SPT123456) cannot have a dash or a space between the SPT and 6-digit contract ID, otherwise it will create an edit which will show up on the error report.