



Indiana Department of Child Services

KidTraks – Indiana Child Welfare Financial System

Voucher Build File Specifications – CSV (Comma Separated Value)

Version: 1.09
Updated 06/04/2020

As an agency, DCS accepts provider invoices thru electronic file submissions.

Update 06/4/2020: Please read this entire document for important changes.

Upcoming Changes:

Additional data will soon be required for invoice submission. To allow adequate time for updating your invoicing system and export file, an implementation date is being planned for July 10th, 2020. Additional communications are forthcoming and will include details about the implementation date.

For some services, additional data will be required:

1. **Start Time** and **End Time** for services you provided by the hour or 15 minutes. The time values will be included in the Start Date and End Date fields. The format is listed below in the File Layout Field Format Key grid.
2. **Medicaid Denial Reason Codes, referred to as Adjustment reason codes**, must be entered for Medicaid eligible services that were denied payment by Medicaid. Up to five (5) codes can be entered. The 5 fields (**MDRC_1, MDRC_2, MDRC_3, MDRC_4, MDRC_5**) will be added after the Place_of_Service field. Refer to the format layout below for exact details.
3. **A second mechanism for attaching documents to the invoice has been added.** Attachments to the invoice may be uploaded on Line 1 of the Invoice **during the import process**. To do that, three fields will be required: Title, Type, and Content. The Content field must be converted to 64-bit binary. More information is provided in the File Layout field Format grid.
 - a) Examples of invoice attachments include requests/subpoenas for court attendance, receipts for reimbursable (LCPA) foster parent purchases, Medicaid Explanations of Benefits (EOBs) for Medicaid services, sign-in sheets for group sessions and Denial Notifications when re-billing. **Note:** You may still manually attach documents to the invoice by clicking “Add” under the Attachments tab after the file has been imported.
 - b) **Please note** this import file should **not** be used to transmit the Monthly Reports and other documents that must be attached to the case. The purpose of the CSV file is to attach documents to the **invoice**, as per the above examples.

Medicaid Enrolled Vendor Notes:

1. All Medicaid enrolled vendors need to submit Adjustment Reason Codes to DCS when billing for Medicaid eligible services. At least one of these codes must be considered “DCS payable” in order to pass validations.
2. In your list of Vendor Information articles, you will find a PDF doc named Adjustment Reason Codes which contain the current list of adjustment reason codes. This document also includes DCS-created codes. When submitting your Medicaid eligible invoice, adhere to the following:
 - a. Submit the adjustment Reason Codes found on your EOB. Submit at least one code and up to five.
 - b. When applicable, use a DCS created code(s) as in the following: DCS –Transportation, DCS –CFTM/Case Conference, DCS –Collateral Contact, DCS –Report Writing and DCS –SASSI, DCS –Skills Training. Updated lists will be published as updates occur.
3. As a reminder, ensure your invoice services and component codes correspond correctly with your Invoice Service Type. Please note the following if applicable:
 - a. CMHC Vendors submitting services with the following service and component codes must select CMHC as their invoice service type and will be required to enter an ARCode: to include 10521.331, 10522.331 and 10808.11983 and 8008.
 - b. CMHI must be selected as the Invoice Service type when submitting for CMHI services.
 - c. Fam Pres – Per Diem - All-inclusive, per diem based service standard beginning 6/1/2020 for families with in-home CHINS and Informal Adjustments.

Unit of Measure (UOM), Duration, Date Types, Rate

1. There are 13 standard **Units of Measure (UOM)**. As per your contract Attachment 1 documents, these UOMs are assigned to each Billing Code (i.e. Service Code and Component Code) and will automatically populate when you enter the Service Code and Component Code.
 - a. The UOM of the Billing Code will drive the date type required. For instance:
 - i. **15MIN** or **HOUR** will require Start Date/Time and End Date/Time fields. When the invoice line is successfully submitted the system will calculate a new field called Duration.
 1. If Duration is greater than 24 hours, then the invoice line will error.
 2. If Duration is less than or equal to 24 hours then the system will calculate the number of Units.
 3. If the UOM is **15MIN**, then the Duration will be taken times 4. For example if the Duration is 2 hours and the UOM is 15MIN, then the number of Units will be 8.
 4. If the Duration is not in whole hours or in 15 minutes, then the Units will be rounded. For example if:
 - a. UOM is **HOUR** and the Duration is 1 hour and 57 minutes, then the number of Units will be rounded up to 2.
 - b. UOM is **HOUR** and the Duration is 1 hour and 47 minutes, then the number of units will be rounded down to 1.75 (since the duration is rounded down to 1 hour and 45 minutes).
 - c. UOM is **15MIN** and the Duration is 1 hour and 57 minutes, which equals 117 minutes, it will be divided by 60 mins which equals 1.95. Take this times x 4 (for the 15min increments) to equal 7.8. Now round this up and you get 8 units!
 - ii. **DAY** or **PER DIEM** will require Start Date and End Date. The system will calculate the Number of Days as End Date – Start Date +1. The Number of Days will be saved as the Units.
 - iii. **ACTUAL COST** will require only one Service Date. Units and rate will continue to be submitted as the number that represents the actual cost.

- iv. The other 8 UOMs (**APPEARANCE, ASSESSMENT, FAMILY, GROUP, MONTH, PERSON, SESSION, TEST**) require one Service Date. The system will calculate the Number of Days and the Units as “1”.
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- 2. You do not need to submit the Invoice Line amount. The system will calculate the Amount as the Units times the Rate. If it is easier to remain in your export file, KidTraks will accept your file but will ignore the Amount.
 - 3. You do not need to submit the county. The system will default the county of the case.
 - 4. A new Bill Type of Deductible/Co-pay will be available and allows an amount less than the contracted rate to be entered. Documentation must be attached to support the rate difference.
 - 5. There are several new rules, which are called “exception rules” that deviate from the standard logic but are enforced by the system, such as:
 - a. CMHI – IOT must be at least 3 hours
 - b. Day Reporting per diem must be at least 4 hours

Note the changes found in the Invoice Details tab:

UOM (Unit of Measure) – the DCS invoicing system will default the UOM from the Billing Code (i.e. Service/Component) therefore this value can be left blank in import file. The UOM drives the date type and defaults. There are 13 standard UOMs now that drive some of the invoicing process. These are (1) 15 MIN, (2) HOUR, (3) DAY, (4) PER DIEM, (5) ACT COST, (6) APPEARANCE, (7) ASSESSMENT, (8) FAMILY, (9) GROUP, (10) MONTH, (11) PERSON, (12) SESSION, (13) TEST.

Invoice Details | More Information | Invoice Errors | Attachments

Voucher Line Details - Line: 001

BURID: RF0005216841

Service*: 10521 - HOME-BASED FAMILY CENTERED CASEWORK SERVICES

Component*: 331 - FACE TO FACE

Person ID: 2159085555 Person Name: [REDACTED]

Case ID: 100001485387 Case Type: Awaiting Approval Case Name: [REDACTED]

Start Date/Time*: 7/15/2019 8:00 AM End Date/Time*: 7/15/2019 10:30 AM Duration: 2 hours, 30 mins

Billed Units*: 2.5 HOUR Authorized Units: 2.50 Remaining Units: 48.00

Billed Rate*: 79.31 Authorized Rate: 79.31

Billed Amount*: 198.28 Authorized Amount: 198.28

County*: Harrison

Place of Service: 11 - Office

Comments:

Local Office Invoice Denial Comments:

Units – Calculates or defaults by the DCS invoicing system based on the UOM.

- For "15 MIN" system calculates the Units as (End DateTime – Start DateTime) divided by 4.
- For "HOUR", the system calculates the Units as number of hours when End_Date_Time – Start_Date_Time
- For "DAY" the system calculates the Units as number of days when End Date – Start Date
- For "PER DIEM" the system calculates the Units as number of days when End Date – Start Date
- For "ACT COST" (which replaces EACH) the system defaults to 1 Unit.
- For "APPEARANCE" the system defaults to 1 Unit
- For "ASSESSMENT" the system defaults to 1 Unit
- For "FAMILY" the system defaults to 1 Unit
- For "GROUP" the system defaults to 1 Unit
- For "MONTH" the system defaults to 1 Unit
- For "PERSON" the system defaults to 1 Unit
- For "SESSION" the system defaults to 1 Unit
- For "TEST" the system defaults to 1 Unit

Rate

- For contracted services, the rate will default from your contract and does not need to be input.
- For non-contracted services with no referral, the rate must be included in the file.

Amount – Not required since the system calculates the Amount as Rate times Units.
County – Not required since the system defaults the county of the case. It is not the county of the provider.

Warning: Please select at least one Denial Code Reason with a maximum of 5 allowable reasons.

Claim Adj Reason Code: Add

Claim Adj Reason Code	Claim Adjustment Reason Code Description
107	The related or qualifying claim/service was not identified on this claim. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. ✗
119	Benefit maximum for this time period or occurrence has been reached. ✗
56	Procedure/treatment has not been deemed 'proven to be effective' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. ✗

When entering a Medicaid eligible invoice, this is where you will enter the claim adjustment reason codes. Use the EOB to find the Adjustment Reason Code(s). In this example, the provider added codes 107, 119 and 56.

While in pending/not submitted status, adjustment reason codes may be deleted or added (up to five). Refer to the Medicaid Eligible Notes above

Save Apply Save/Add Save/Add * Cancel

File Layout Details:

The file layout defined below will allow agencies to submit claim files to the DCS KidTraks Invoicing System, which will in turn generate Vouchers. To use the claim file layout the following needs to be taken into account:

- The file layout HAS to be as identified in the template. Do not change the column headings.
- Do not change the format of the template. Do not put '\$' or ',' in a dollar amount – only decimal.
- The On Error condition will default to C – Continue (do not submit any invoice with a line error and continue to submit other invoices from the file). If an error is received, the invoice(s) with the line error(s) will not be submittable. Limit of 48 lines for each invoice.
- When the format of the cell is 'String' the value is to be embedded in quotes. For an optional column, cells can be left empty.
- Sort the file by Invoice Number.
- Attachments must be converted from binary to Base64String. Below are the allowable file types which can be converted to Base64String: PDF - .pdf, Text files - .txt, MS word - .doc, .docx, Word Pad - .wpd, MS Excel - .xls, .xlsx, Rich Text Format - .rtf, Word Perfect - .wpd
 - **How To Merge Attachments**
 - Only one document may be attached **per file** with a 15 MB max limit
 - For multiple documents, you will need to merge all documents together in one file.
 - You may need to program the ability to merge files for your invoicing process.
 - For **testing purposes, using TEST DATA ONLY** you may use a free tool such as https://www.ilovepdf.com/merge_pdf to merge all your required documents into one file and attach to your first invoice line. Please note that you should never use the free tool with actual production data due to **HIPAA compliance**.
 - **How to Convert Attachments to Base64String**
 - You will also need to program the ability to convert your files to Base64String for your invoicing process.
 - For **testing purposes, using TEST DATA ONLY** you may use a free tool such <https://www.browserling.com/tools/file-to-base64> to convert your file to Base64String.
 - Please note that you should never use the free tool with actual production data due to **HIPAA compliance**.
 - Instructions on creating a CSV with Binary encoded string are located in the 'Sample CSV' article in your list of Vendor Information articles.

- If any errors exist on the following fields, the invoice cannot be submitted:
 - Email Address
 - Phone Number
 - Vendor ID
 - Vendor Location
 - Vendor Address Seq
 - Invoice Type
 - Bill Type
 - Invoice Number
 - Invoice Date (if entered)
 - Service Type
 - Billable Unit ID
 - Billing Code
 - Service Code
 - Component Code
 - Start Date
 - End Date

File Layout Field Format Key		
Format	Definition	Comments
String	Character	Variable-length alphanumeric string / embedded in quotes.
Integer	Number	Whole numbers with no decimals.
Double	Number	Large whole numbers with no decimals.
Decimal x.y	Number	Number with a fixed number of places after the decimal point. x is the maximum number of significant digits; y is the number of decimal places. Be SURE to include decimal as in 123.56
Date mm/dd/yyyy hh:mm:ss AM	Date	Example: 01/01/2020 10:15:00 AM. If no time is needed for UOM other than HOUR or 15 MIN, then the time can be blank. For instance if UOM is DAY or PER DIEM then no time is needed and can be left blank.

CSV Columns						
Seq	Req/Opt	Field Name	Length	Format	Value	Comments
1	R	Email_Address	100	String		Currently limited to one.
2	R	Phone_Number	30	String		Example: 111-222-3333/4444 Extension only needs to be provided if applicable.
3	R	Vendor_ID	20	String		Ex. "ST00000000"
4	R	Vendor_Location	10	String		Usually: REMIT001 * See Layout Notes
5	R	Vendor_Address_Seq	5	Integer		Number associated with a payment address. (This is listed on the E-Invoicing tab of your Vendor Profile in the Vendor Portal.)
6	R	Invoice_Type (same as Voucher Type)	30	String		Regular ---- Case Sensitive ----

7	R	Bill_Type	30	String		First Bill Re-Bill Appeal Deductible/Co-pay ---- Case Sensitive ----
8	R	Invoice_Number	10	String		The vendor invoice number. Sort the file by Invoice Number. Limited to 8 characters
9	O	Invoice_Date	10	Date		Reserved for system use. Default to the date the file is imported.
10	R	Service_Type	30	String		*See Notes
11	R – if referral O – if no referral	Billable_Unit_ID **	20	String		RF, PL-, BX, or BH number. Billable Unit ID is required if a referral exists for the billing.code. It is not required for Holiday and Birthday Allowances since no referral exists for these services.
12	O / R	Person_ID	15	Double		If not entered, will be inherited from the Billable Unit ID if it exists, otherwise ID must be entered.
13	O / R	Case_ID	15	Double		If not entered, will be inherited from the Billable Unit ID if it exists, otherwise ID must be entered.
14	R	Billing_Code	15	String	n.n	This is required: Be sure to include decimal between service code and component code.
15	O	Service_Code	5	String		This is the first part of the billing code before the decimal but is not needed since the billing code is parsed for Service Code on the Invoice Line Detail screen.
16	O	Component_Code	5	String		This is the second part of the billing code after the decimal but is not needed since the billing code is parsed for the Component Code on the Invoice Line Detail screen.
17	R	Start_Date	10	DateTime		The start date of when the service/placement was provided. Start Time is also needed when the

						service is provided by the hour or 15 minute increments (i.e. where UOM = HOUR, or UOM = 15MIN). The format is mm/dd/yyyy hh:mm:ss AM. (Enter AM for morning hours of 12:00 – 11:59. Enter PM for afternoon/evening hours of 12:00 – 11:59.) If the UOM is not 15MIN or HOUR then the time can be left blank. There is no need to enter 00:00:00 for hh:mm:ss. If there is only 1 Service Date, then add that date to the Start_Date.
18	R	End_Date	10	DateTime		The end date of when the service/placement was provided. End Time is also needed when the service is provided by the hour or 15 minute increments (i.e. where UOM = HOUR, or UOM = 15MIN). The format is mm/dd/yyyy hh:mm:ss AM. (Enter AM for morning hours of 12:00 – 11:59. Enter PM for afternoon/evening hours of 12:00 – 11:59.) If the UOM is not 15MIN or HOUR then the time can be left blank. There is no need to enter 00:00:00 for hh:mm:ss. If there is only 1 Service Date, then add that date to the End_Date.
19	O	Units	15	Decimal 13.2		The number of units being billed. The number of units will be calculated or defaulted by the system based on the rules for the Unit of Measure, as noted above in the screen shot. Ex: For UOM = HOUR, then 11:00AM – 8:00AM = 3 units.
20	O	UOM	5	String		Billing Unit of Measure.

						System will default value from the billing code (i.e. service/component code). This value is not required and will be ignored by the system.
21	O – contracted; R – non-contracted	Rate	15	Decimal 13.2	n.n	The dollar amount being billed per unit for the placement/service. For contracted services, the rate will default from the contract. For non-contracted services, the rate will be imported from the file and is required.
22	O	Amount	15	Decimal 13.2	n.n	Units multiplied by Rate. This value is not required. It will be calculated.
23	O	County_Code	2	Integer		This not required. It will default as the county of case. It is not the county of the provider.
24	O	Comments	256	String		
25	O	Place_of_Service	50	String		Location where the service was provided. *See Notes.
26	O	MDRC_1	50	String		At least 1 and up to 5 Medicaid Denial Codes is needed if billing DCS for a Medicaid denied payment. The Medicaid Denial code will be found on your EOB and referred to as “Claim Adjustment Reason Code” or “Adjustment Reason Code”. Refer to the attachment named Adjustment_Reason_Codes for DCS created codes
27	O	MDRC_2	50	String		See Details in Line row 26 for MDRC_1
28	O	MDRC_3	50	String		See Details in Line row 26 for MDRC_1
29	O	MDRC_4	50	String		See Details in Line row 26 for MDRC_1

30	O	MDRC_5	50	String		See Details in Line row 26 for MDRC_1
31	O	Title	100	String		Name of the attachment document
32	O	Type	5	String		Type of attachment document (i.e. PDF, XSLS, DOC, etc)
33	O	Content	unlimited	Base64Binary		See imbedded instruction for converting to base 64 binary

Layout Notes:

Vendor Location: ---- Case Sensitive ----

The screenshot shows a web application interface for a Vendor Profile. At the top is a blue navigation bar with links: Account Home, Invoices, Payments, Contracts (with a dropdown arrow), Referrals (with a dropdown arrow), Cases (with a dropdown arrow), CPI/CPS Portal (with a dropdown arrow), and Help. Below the navigation bar is the 'Vendor Profile' section. It features four tabs: Profile, Contact, E-Invoicing, and Subscriptions. The 'E-Invoicing' tab is currently selected. The profile information is displayed in two sections. The first section contains: DCS Vendor ID: ST111111, AOS Vendor ID: 00001111111, Legal Name: Vendor of Indiana, and e-Invoice Token: (empty). The second section contains: Location: REMIT001 (with a red arrow pointing to the text), Address Seq: 1, Address: 123 Main Street, and Anycity, IN-46000.

DCS Vendor ID:	ST111111
AOS Vendor ID:	00001111111
Legal Name:	Vendor of Indiana
e-Invoice Token:	

Location:	REMIT001
Address Seq:	1
Address:	123 Main Street
	Anycity, IN-46000

All billable addresses will be listed on the e-Invoicing tab under Vendor Profile. Location needs to mirror what is shown in the system. In the example above, REMIT001 needs to be populated not Remit001.

Bill Type: ---- Case Sensitive ----

- First Bill - Includes expenses being submitted for the first time.
- Re-Bill - Notes that a claim has been submitted previously and denied.
- Appeal - This is for any expense that has not been submitted timely; i.e. 90 days from the end of the month that the service was provided or 90 days from the most recent denial. Please note the appeal process is no longer an option after a year.
- Deductible/Co-pay – This is for a claim where the Billed Rate is less than Contracted Rate. Supporting documentation should be attached.

Invoice Service Type: ---- Case Sensitive ----

- Residential - Placements at institutions (including group homes).
- LCPA - (Licensed Child Placing Agency) placements with foster parents that are being paid through an outside vendor.
- FamilyPreservation - Services provided to the family (i.e. counseling, home base therapy, etc.).
- FamPresPerDiem – Comprehensive Family Services provided to the family via a single Provider (i.e. counseling, home base therapy, etc.).
- CMHC - Services provided by Community Mental Health Centers.
- Medicaid/BX/BH - Services which may be Medicaid eligible and/or behavioral health services provided as part of an ICPR
- Group - Services provided in a group setting.
- Court - Vendors billing for court appearance to testify on a case.
- Reports - Vendors billing for report writing for services provided.
- Cross System Care Coord – Comprehensive system of services for youth & families with complex needs.
- Appeals/Recon – Submissions for special consideration; generally outside of normal policies & procedures; e.g. past the 90-day invoicing window, denied multiple times, etc.
- CMHI – Children receiving services via the Children’s Mental Health Initiative.

Place of Service: ---- Case Sensitive ---

- Ambulance-Air or Water
- Ambulance-Land
- Ambulatory Surgical Center
- Assisted Living Facility
- Birthing Center
- Community Mental Health Center
- Comprehensive Inpatient Rehabilitation Facility
- Comprehensive Outpatient Rehabilitation Facility
- Custodial Care Facility
- Emergency Room-Hospital
- End-Stage Renal Disease Treatment Facility
- Federally Qualified Health Center
- Hospice
- Independent Clinic
- Independent Laboratory
- Inpatient Hospital
- Inpatient Psychiatric Facility
- Intermediate Care Facility/Mentally Retarded
- Mass Immunization Center
- Military Treatment Facility
- Mobile Unit
- Non-residential Substance Abuse Treatment Facility
- Nursing Facility
- Indian Health Service Free-Standing Facility
- Office
- Other Place of Service
- Outpatient Hospital
- Pharmacy
- Prison/Correctional Facility
- Psychiatric Facility-Partial Hospitalization
- Psychiatric Residential Treatment Center
- Residential Substance Abuse Treatment Facility
- Rural Health Clinic
- School
- Skilled Nursing Facility
- State or Local Public Health Clinic
- Temporary Lodging
- Urgent Care Facility
- Walk-in Retail Health Clinic
- DCS Office
- Other Public Place
- Provider Office
- Group Home
- Home
- Homeless Shelter
- Tribal 638 Free-Standing Facility
- Tribal 638 Provider-Based Facility
- Indian Health Service Provider- based Facility

Exception Handling:

The electronic file submitted will be subjected to CSV (conformity) validations, required data element, value, and type validations, in addition to various combination edits. Certain errors will abend the entire file and cause entire file to be rejected while others will skip and continue processing. Please contact KidTraks support at support@stateofindiana.zendesk.com for technical support.

When using KidTraks, ensure your browser version is up to date.