



Ministry of Health

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Assistive Devices Program

Technical Specification for Electronic Submissions

Effective Date: November 1, 2021

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1. Overview

The purpose of this document is to outline the requirement of Assistive Devices Program (ADP) registered vendors, to submit claims and invoices electronically to the Ministry, through GO SECURE and MC-EDT secure channels that are already used for Vendor Remittance Advice report. ADP Vendors may need to update their processes and systems to assure compliance with the new electronic file submission process.

The key changes to prepare for are:

Effective December 1, 2020 electronic claims must be submitted via Go Secure/MC EDT channel. Note: Electronic invoices submission via GO Secure/MC EDT was implemented in February 2020.

When an electronic file is received by ADP via GO Secure/MC-EDT regardless of the uploading status of the e-claim/e-invoice files, an e-submission status report will be sent to the ADP Vendor that can be downloaded on the MC-EDT web site for the period of 12 months (this retention period is the same as the Vendor Remittance Advice report today).

In **Section 2** you will find a summary of the requirements for electronic claim submission, including file naming convention and sample of the new e-submission status report.

In **Section 3** you will find what has changed and what has not changed in the existing electronic invoice submission process.

Electronic claim file submitted must be a file with “.XML” extension.

Electronic invoice files submitted, must be comma separated values with a “.txt” extension as already started on June 6, 2011.

Technical specifications including electronic file uploading rules are provided in *Section 2 for Electronic Claim Submission* and *Section 3 for Electronic Invoice Submission*.

2. Electronic Claim Submission

2.1 Process Outline


The Ministry's Go Secure/MC-EDT channels that are currently used to access the bi-weekly vendor reports and to submit electronic invoices is the same channel that will be leveraged for electronic claim submission and the e-Submission status report download.

In order to submit claims electronically ADP Vendors must be registered with **GO Secure** and enrolled in the **MC EDT** application to confirm their identity. Both GO Secure and MC-EDT are Ministry secure environments.

Note: Please refer to *Registration Guide for ADP Vendors* for more details on ADP Vendor Go Secure Registration and MC-EDT Enrolment.

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

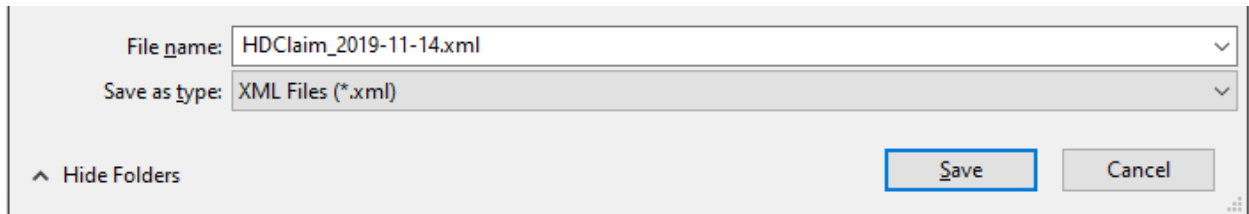
Step 1: Fill out the PDF application form

	Ministry of Health Assistive Devices Program (ADP) 5700 Yonge Street, 7th Floor Toronto ON M2M 4K5 Tel: 416-327-8804 Toll-free: 1-800-268-6021 TTY: 416-327-4282 TTY: 1-800-387-5559	Application for Funding Hearing Devices	
Fields marked with an asterisk (*) are mandatory.			
Section 1 – Applicant's Biographical Information			
Last Name *			
<input type="text"/>			
First Name *		Middle Initial	
<input type="text"/>		<input type="text"/>	
Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

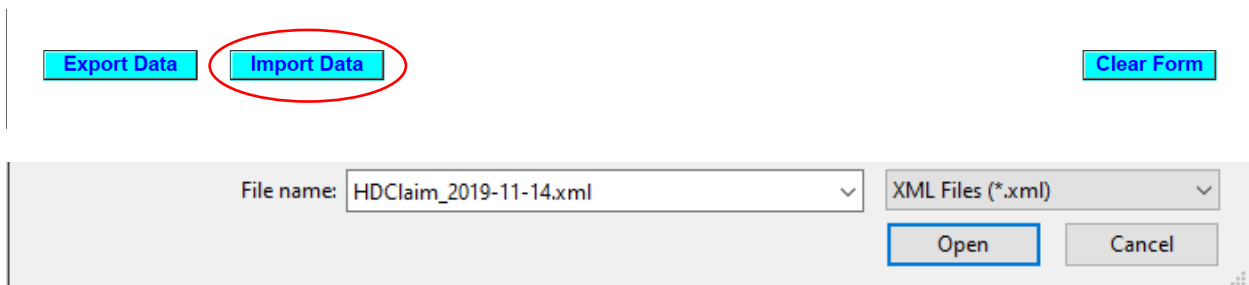
Step 2: Click “**Export**” button at the bottom of the PDF application form



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>.



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.

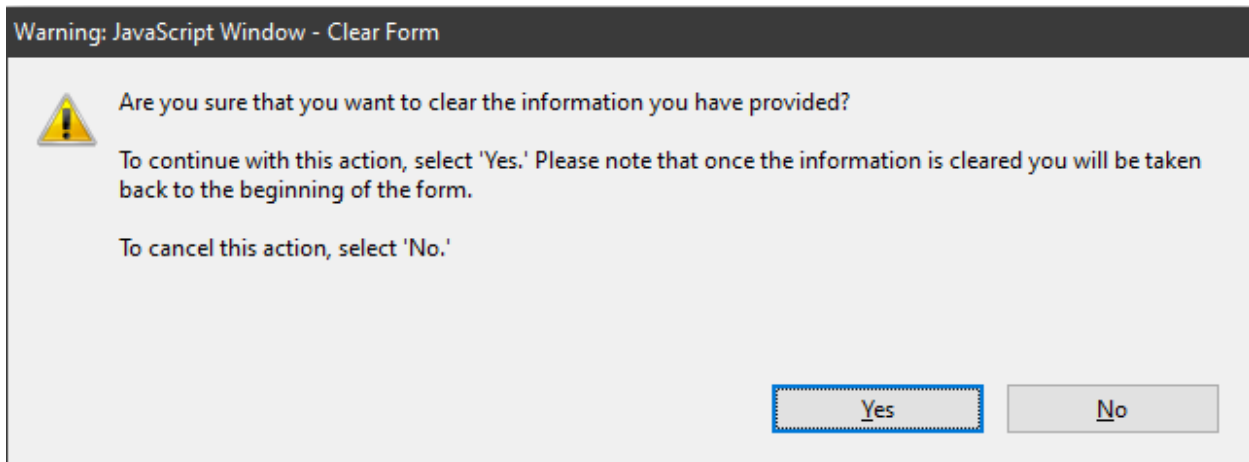


When a correction is completed repeat Step 2 and 3, i.e. click “**Export**” button to save the updated application form as .xml file on your local computer.

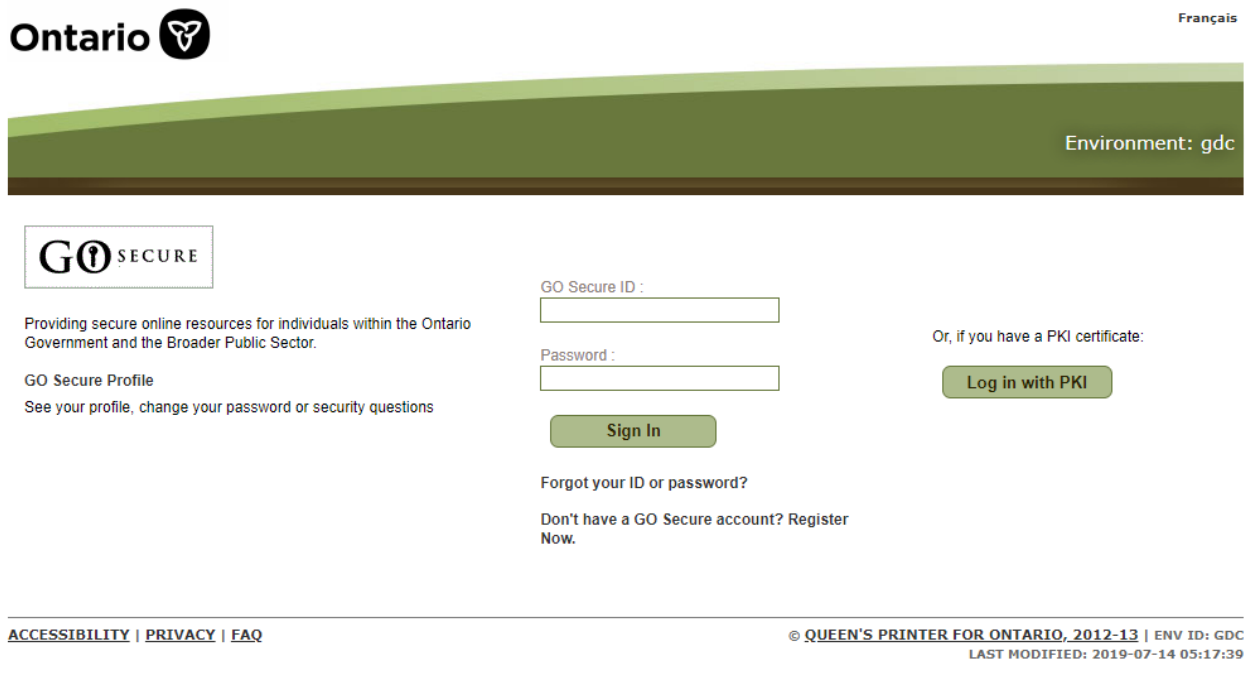
There is also a “**Clear**” button at the bottom of the form, in the right corner that can be used to remove all the entries from the form.



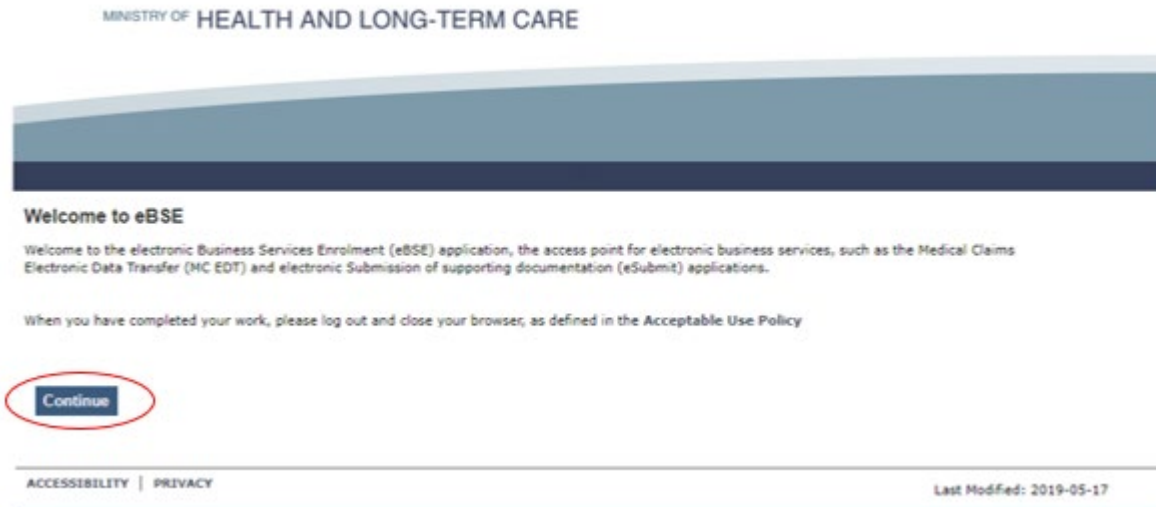
You will receive a confirmation message before removing all entries from the form.



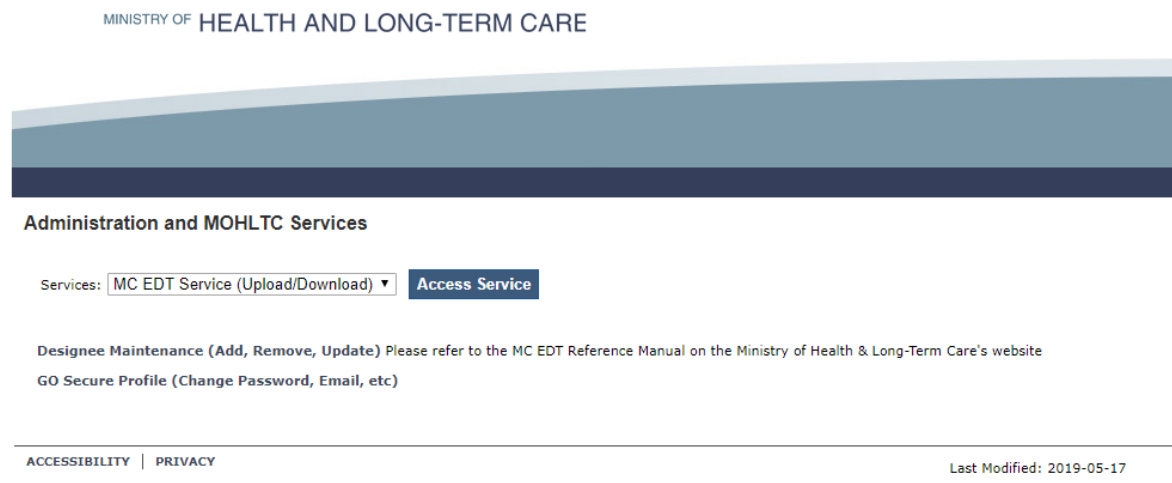
Step 4: Login to GoSecure (<https://www.edt.health.gov.on.ca>).



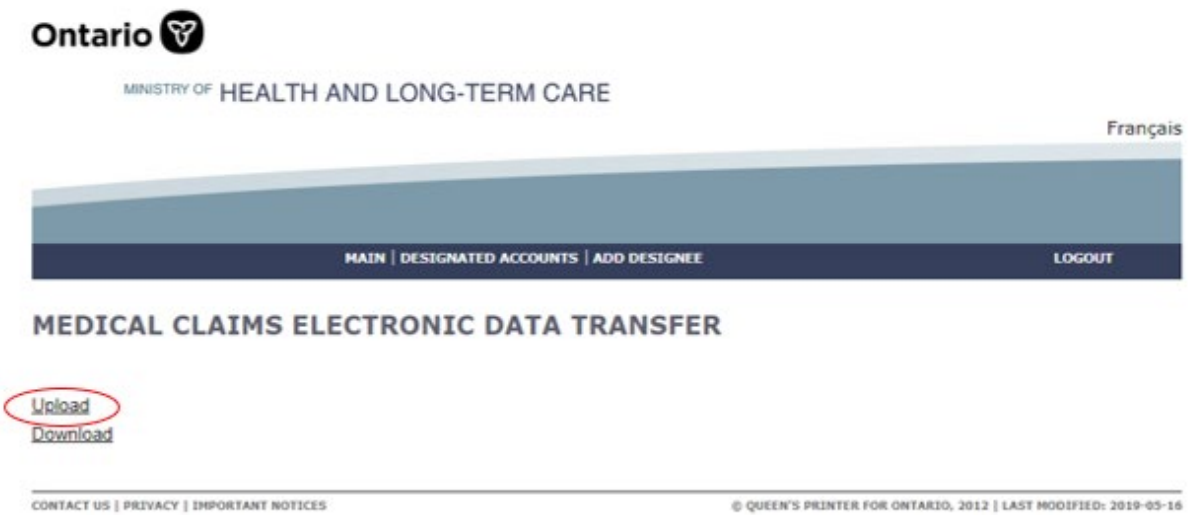
Click “Continue” to access Administration and MOHLTC Services page.



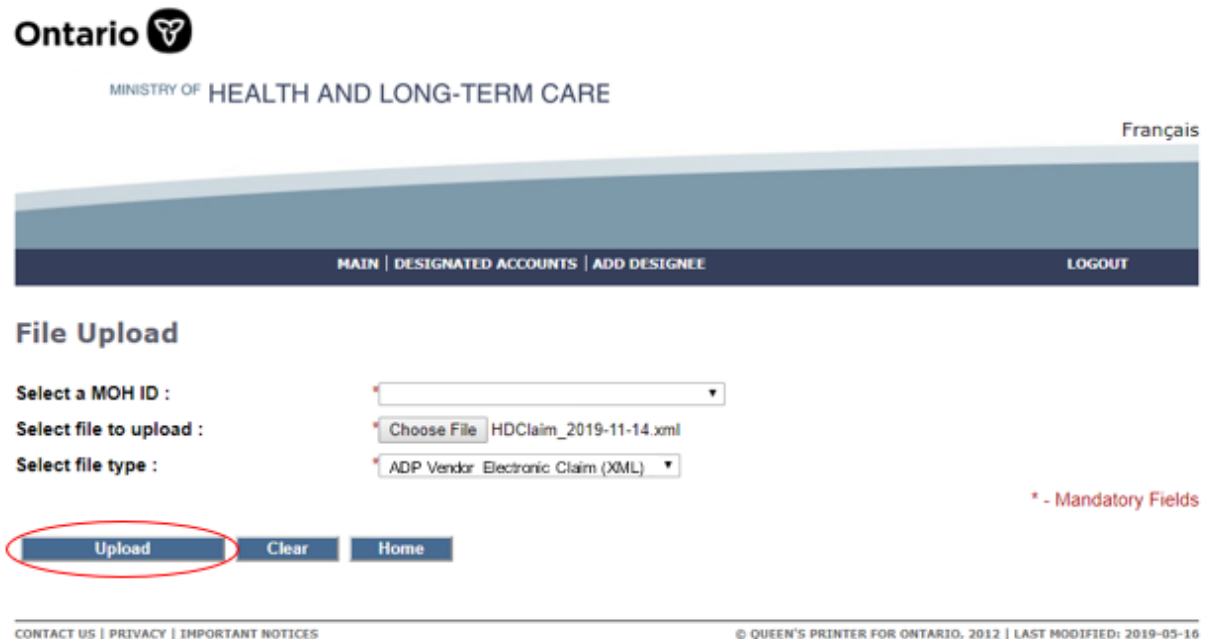
Step 5: User selects MC EDT Service from Administration and MOHLTC Services menu.



Step 6: User selects upload link.



Step 7: Select upload button with the File Type ADP Vendor Electronic Claim (XML) to initiate a claim upload process.





MINISTRY OF HEALTH AND LONG-TERM CARE

Français

[MAIN](#) | [DESIGNATED ACCOUNTS](#) | [ADD DESIGNEE](#)

[LOGOUT](#)

Upload Successful

File 'HDCIaim_2019-11-14.xml' has been uploaded

[Upload Another File](#)

[Home](#)

[CONTACT US](#) | [PRIVACY](#) | [IMPORTANT NOTICES](#)

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Please note that 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 – First Time Application Form*
12. *Home Oxygen – Renewal Application Form*
13. *Pressure Modification*
14. *Respiratory Devices*
15. *Visual Aids*

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

- Once a claim 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 MC-EDT 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 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 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**.

2.2 Electronic Claim Technical Specification

2.2.1 E-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 Format.** E-Claim must be an XML file.
2. **File Size.** Maximum file size allowance is 100KB.
3. **File Name.** There are no file name restrictions except maximum length. The claim XML file for submission cannot be longer than **50** 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)
'	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

Sample:

HDClaim_1_2018-12-01.xml

4. **File Layout** – File format must be XML file that matches the xml file created from the current PDF application form.
5. **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.
6. **File Content.**
 - File must not be empty.
 - File must contain combination of client's name, gender and date of birth that matches client's OHIP profile.
 - File must contain only acceptable characters listed below. Files contain non-acceptable special characters will be rejected.

List of acceptable characters in eClaim (XML) file

Symbol	Description	Symbol	Description
	Space	Q	Uppercase Q
!	Exclamation mark	R	Uppercase R
"	Double quotes	S	Uppercase S
#	Number	T	Uppercase T
\$	Dollar	U	Uppercase U
&	Ampersand	V	Uppercase V
'	Single quote	W	Uppercase W
(Open parenthesis	X	Uppercase X
)	Close parenthesis	Y	Uppercase Y
*	Asterisk	Z	Uppercase Z
+	Plus	\	Backslash
,	Comma	_	Underscore
-	Hyphen	`	Grave accent
.	Period, dot or full stop	a	Lowercase a
/	Slash or divide	b	Lowercase b
0	Zero	c	Lowercase c
1	One	d	Lowercase d
2	Two	e	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	o	Lowercase o
@	At symbol	p	Lowercase p

Symbol	Description	Symbol	Description
A	Uppercase A	q	Lowercase q
B	Uppercase B	r	Lowercase r
C	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
H	Uppercase H	x	Lowercase x
I	Uppercase I	y	Lowercase y
J	Uppercase J	z	Lowercase z
K	Uppercase K	{	Opening brace
L	Uppercase L	}	Closing brace
M	Uppercase M	~	Equivalency sign - tilde
N	Uppercase N	O	Uppercase O
P	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	½	Fraction 12
ï	i-umlaut	¼	Fraction 14
î	i-circumflex	¾	Fraction 34
Ä	A-umlaut	÷	Divide
É	E-acute	×	Times

2.2.2 Electronic Claim File Load Rejection Because of Formatting Error

If the claim file fails to load because of a formatting error (1-6 above), the system will not process the claim submitted and the eSubmission Status Report will be generated and sent back.

List of File Load Errors

#	File Condition	Error Message
1	File Size exceeds maximum allowable file size	<i>File size exceeds the allowed file size.</i>
2	File Extension is not “.XML”	<i>Invalid File Extension.</i>
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).	<i>Invalid File Name</i>
4	File Format is not XML and/or it does not match xml file created from the current PDF form.	<i>Invalid File Format.</i>
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	<i>Invalid File Name</i>
6	File Submitted is an empty file	<i>File is Empty</i>
7	File submitted contains combination of client’s name, gender and date of birth that does not match client’s OHIP profile	<i>Invalid Client Biographical Information</i>
8	File submitted contains non-acceptable special characters	<i>Invalid special character(s) used. Please refer to specification for valid characters</i>
9	An invalid application form version is submitted	<i>Invalid Application Form Version</i>
10	The gatekeeper date is missing (Except on a 9-month Oxygen Claim)	<i>Gatekeeper Signature Date is required</i>

When e-claim 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.

2.2.3 Validation Errors

Once e-claim 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 Submission Report.

2.2.4 Claim File Processing

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.

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 records 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 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 duplicate approved claim already exists.

Authorizing Authority Signature. When signature date is not present on the e-claim 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.

2.3 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. The following statuses will be reported:

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

Step 1: Login to GoSecure (<https://www.edt.health.gov.on.ca>).

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Environment: gdc

GO SECURE

Providing secure online resources for individuals within the Ontario Government and the Broader Public Sector.

GO Secure Profile
See your profile, change your password or security questions

GO Secure ID :

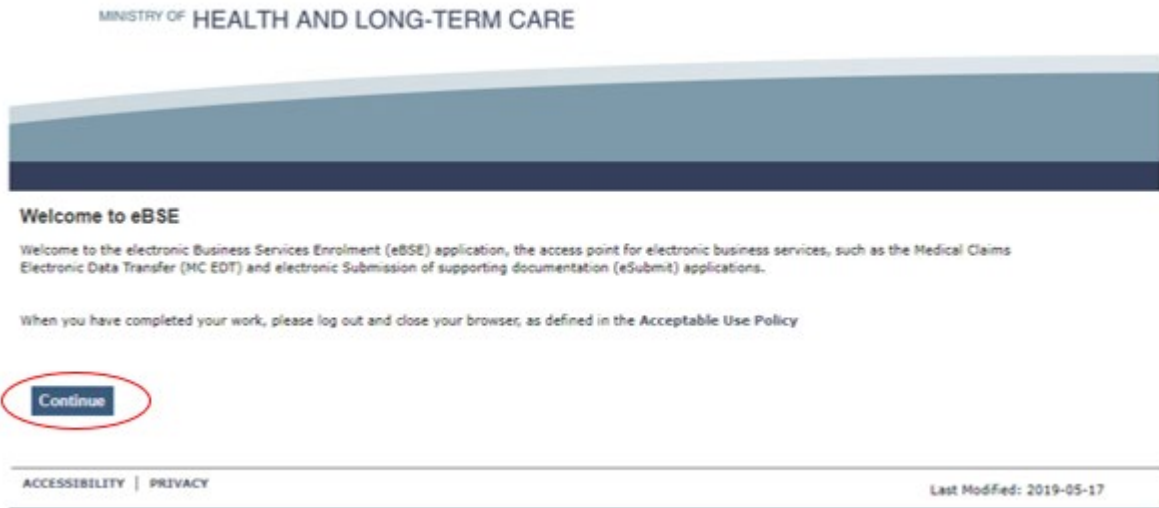
Password :

Or, if you have a PKI certificate:

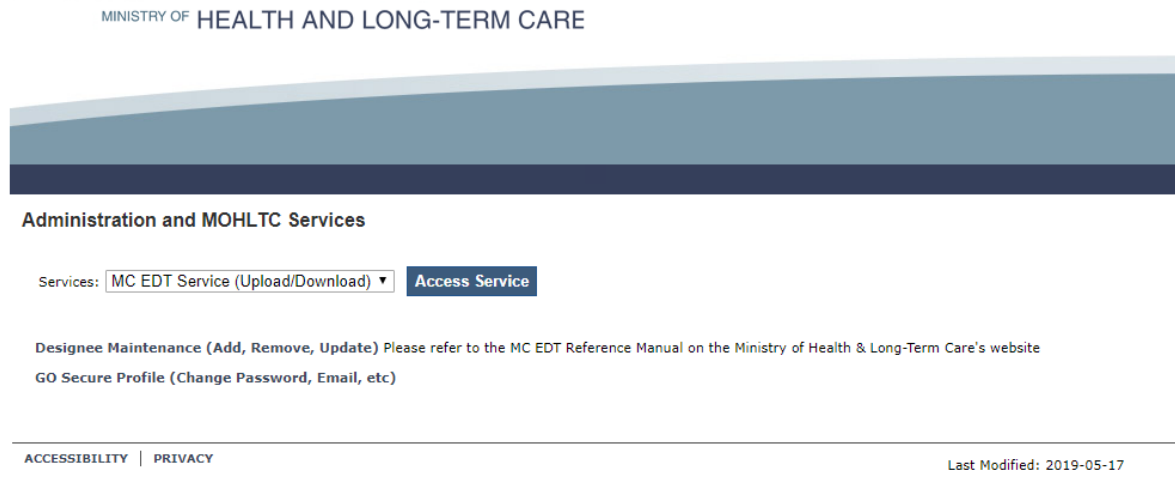
[Forgot your ID or password?](#)

[Don't have a GO Secure account? Register Now.](#)

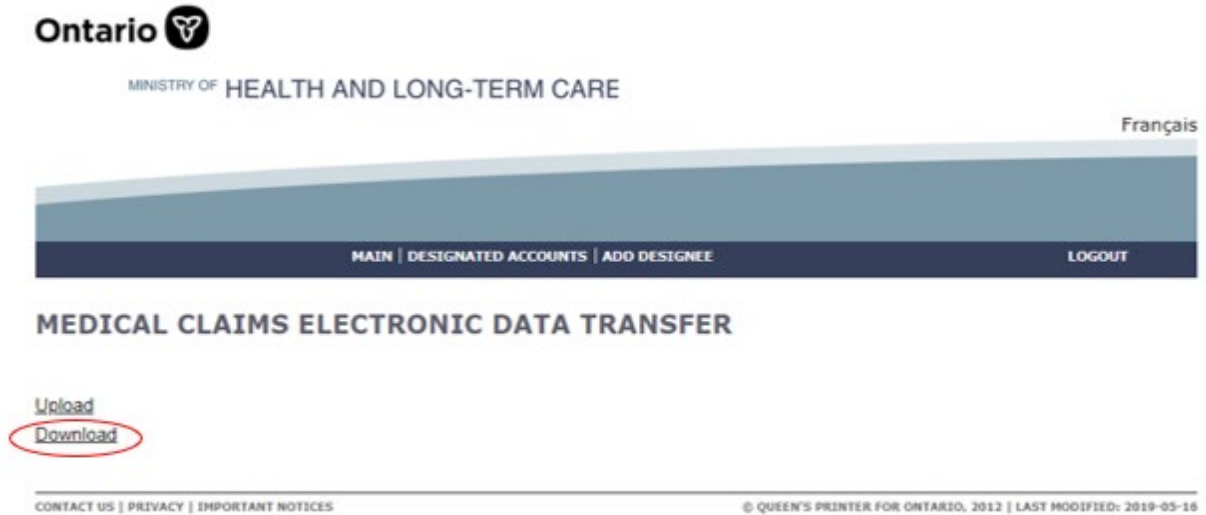
User clicks “Continue” to access Administration and MOHLTC Services page.



Step 2: User selects “MC EDT Service (Upload/Download)” from Administration and MOHLTC Services menu.



Step 3: User Selects “Download” link.



Step 4: User selects “Download” links with the File Type VSP to initiate e-Submission Status Report download process.



File Type	Subject	File Name	Date	Status	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-14Nov2019.pdf	2019-11-14	Available	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-6Nov2019.pdf	2019-11-06	Downloaded	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-6Nov2019.pdf	2019-11-06	Downloaded	Download

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



Available Reports


1 / 1 First Previous Next Last

List of Reports/Files for MOH ID 106022

File Type	Subject	File Name	Date	Status	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-14Nov2019.pdf	2019-11-14	Downloaded	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-6Nov2019.pdf	2019-11-06	Downloaded	Download
VSP	ADP Vendor Electronic Submission Report (PDF)	106022-ADPeSubReport-6Nov2019.pdf	2019-11-06	Downloaded	Download

Note: e-Submission Status Report includes status on all e-submissions, i.e. claims and invoices 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.

2.3.1 e-Submission Status Report – Sample

Ministry of Health Assistive Devices Program 5700 Yonge Street, 7th Floor Toronto ON M2M 4K5 www.health.gov.on.ca/adp - Tel.: 416-327-8804 Fax: 416-327-8192 Toll Free: 1-800-268-6021 TTY: 416-327-4282 TTY: 1-800-387-5559 E-mail: adp@ontario.ca	Ministère de la Santé Programme d'appareils et accessoires fonctionnels 5700, rue Yonge, 7e étage Toronto (Ontario) M2M 4K5 www.health.gov.on.ca/paaf - Tél.: 416-327-8804 Télex: 416-327-8192 Sans frais: 1-800-268-6021 ATS: 416-327-4282 ATS: 1-800-387-5559 Courriel: adp@ontario.ca	Ontario 
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E-Submission Status Report

Vendor/Head Office Number:	123456
Vendor/Head Office Name:	ABCXYZ Vendor
Report Date:	November 11, 2019

E-Claim Submission Report

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

Submitted Date/Time	File Name	Status	Error Description <i>Only the first 20 file validation errors include per file</i>
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-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

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, who are already submitting invoices electronically by email, to update their processes and systems to assure compliance with the new business process.

The key changes to prepare for are:

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

Step 1: Login to GoSecure (<https://www.edt.health.gov.on.ca>).

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Environment: gdc

GO SECURE

Providing secure online resources for individuals within the Ontario Government and the Broader Public Sector.

GO Secure Profile
See your profile, change your password or security questions

GO Secure ID :

Password :

Or, if you have a PKI certificate:

Forgot your ID or password?

Don't have a GO Secure account? Register Now.

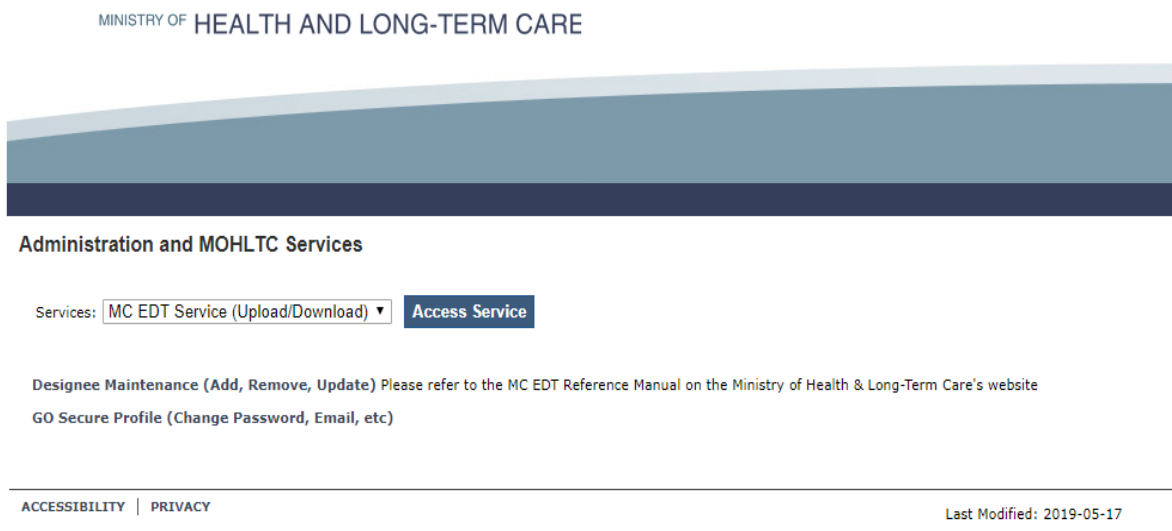
[ACCESSIBILITY](#) | [PRIVACY](#) | [FAQ](#)

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LAST MODIFIED: 2019-07-14 05:17:39

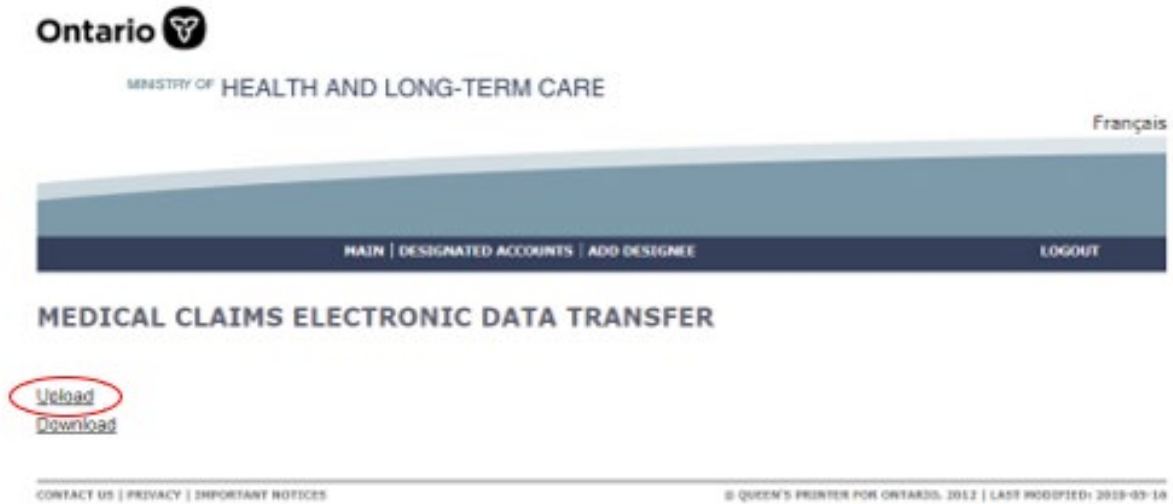
User clicks “Continue” to access Administration and MOHLTC Services page.



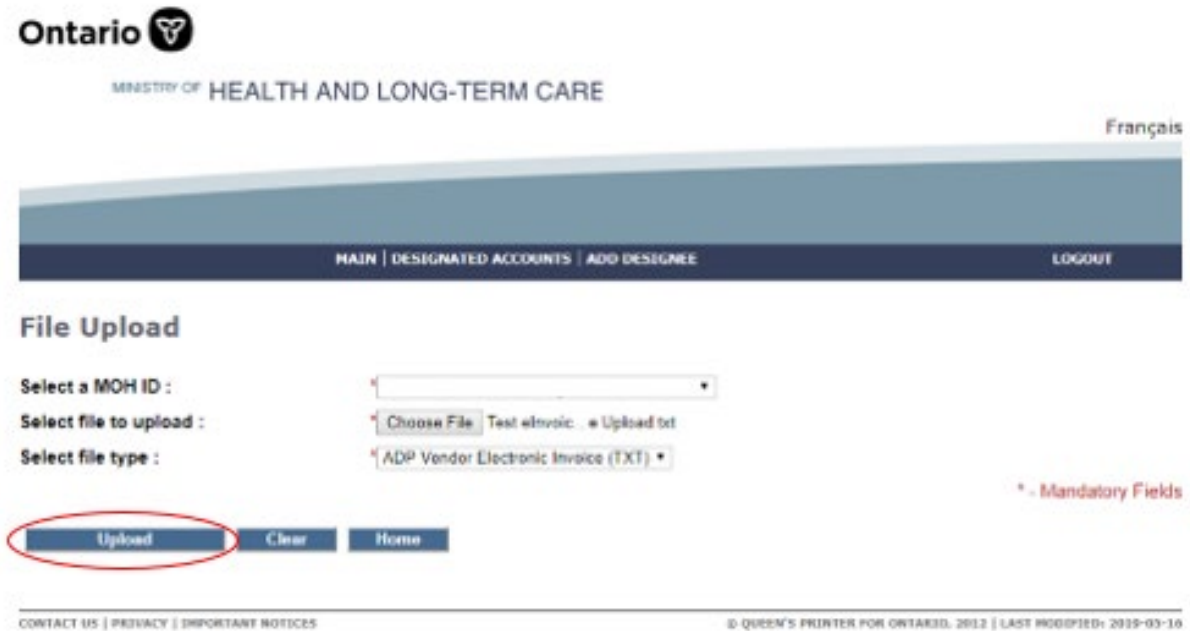
Step 2: User selects MC EDT Service from Administration and MOHLTC Services menu.



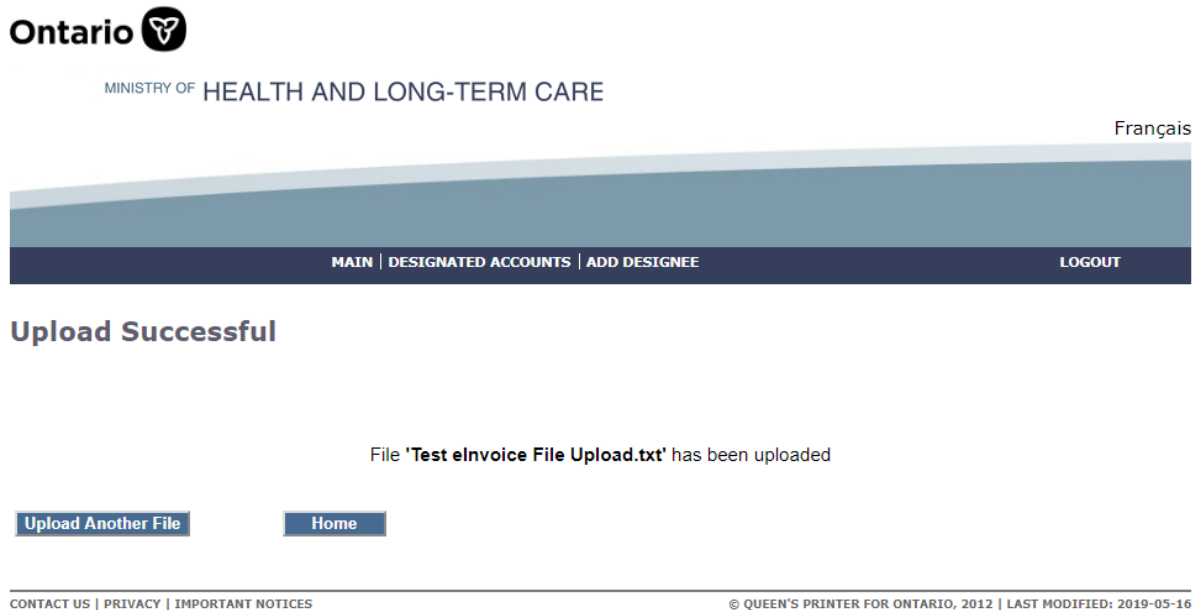
Step 3: User selects upload link.



Step 4: Select upload button with the File Type ADP Vendor Electronic Invoice (TXT) to initiate invoice upload process.



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



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 MC-EDT web site to review the e-invoice file submissions.

In **Section 3.2** you will find a summary of what has changed and what has not changed in the existing submission process, including the new submission file process and a sample of the error report.

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 3**.

Electronic invoice submission files submitted, started on June 6, 2011, must be comma separated values with a ".txt" extension and must contain a specified set of data. Technical specifications including file uploading rules are provided in **Section 3**. Format testing procedures are not required in the new submission process.

3.2 What has not changed in the process

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.

All general electronic invoice submission policies and processes, as agreed to under the MRI program, will continue to apply.

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.

The invoice file upload and verification process will be automated.

Invoice File Naming Convention, Invoice File Format & Content Rules, Invoice File Layout, Formatting Rules and Error Messages, eInvoice Error Report Layout do not change with the new submission process.

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.

ADP program will load invoice files into the system at the end of the day.

The system will validate file upload format (see an outline of format rules provided in **Section 3.3**)

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, and an error report will be provided to the vendor within the next three (3) business days.

What's new in the process

On-line e-Invoice Submission

Vendors must submit all electronic files to the web address assigned instead of email address currently used. All associated rules with the email invoice submission (email subject naming convention, email file attachment rules, etc.) are non-applicable. Format testing procedure is not mandatory for e-Invoice Submission as there is no e-Invoice file format changes.

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

3.3 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 Invoice File Format & Content Rules

To be successfully uploaded into the system, the file format must conform to the specifications provided in *Section 3.5* 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)

3.5 Invoice File Upload Rejection Because of Formatting Error

If the invoice file fails to load because of a formatting error, the system will not process any invoices contained in the file, and an upload error report will be generated and sent back through MC-EDT 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 File

Vendor Number	Vendor Name

File 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

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

Effective June 6, 2011, electronic invoice submissions cannot contain complete client Health Numbers. Only the **last four digits of the Health Number are accepted**. See **Section 3.5** for detailed Health Number format specifications and rules.

3.7 Invoice File Processing

Effective June 6, 2011, 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.

Resubmissions are only accepted for invoices that are on hold.

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.

Electronic Invoice Format Specifications

3.8 File Layout

The invoice file format must be comma delimited. The file must have the extension “.txt”. Each invoice record must contain all of 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: <ul style="list-style-type: none"> • “L” • “R” • “NA” • Blank
12	Quantity	Mandatory, integer up to 6 digits long	Must be a positive integer
13	Unit Price	Mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and -1,000,000,000.00. If the Unit Price provided in integer format, the system accepts it and converts to currency format. For example, 100 will be 100.00	No spaces or blanks of any special characters allowed.

ADP Technical Specifications for Electronic Submissions
Effective Date: November 1, 2021

14	ADP Portion	Mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and -1,000,000,000.00 If ADP Portion provided in integer format, the system accepts it and converts to currency format. For example, 100 will be 100.00	No spaces or blanks of any special characters allowed
15	Client Portion	mandatory, numeric, formatted as currency 0.00, must be between -1,000,000,000.00 and -1,000,000,000.00 If Client Portion provided in integer format, the system accepts it and converts to currency format. For example, 100 will be 100.00	No spaces or blanks of any special characters allowed
16	Social Assistance Program Code	Optional, alphanumeric up to 3 characters long	Must be one of allowed values: <ul style="list-style-type: none"> • OWP • ODS • ACS • CCA • LTC • SEN • REG

3.8.1 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 Placement	Quantity	Unit Price	ADP Portion	Client Portion	Social Assistance Program Code
999999	9999999	0681	1000	06042010	06042010			DHBBT0001	78779A	L	1	700	500	200	OWP
999999	9999999	0681	1001	06042010	06042010			DHZDL0001	882887	N/A	1	1450	1350	100	OWP
999999	9999999	0681	1002	06042010	06042010			DHBBT0003	78779B	L	1	700	500	200	OWP

3.9 Formatting Rules and Error Messages

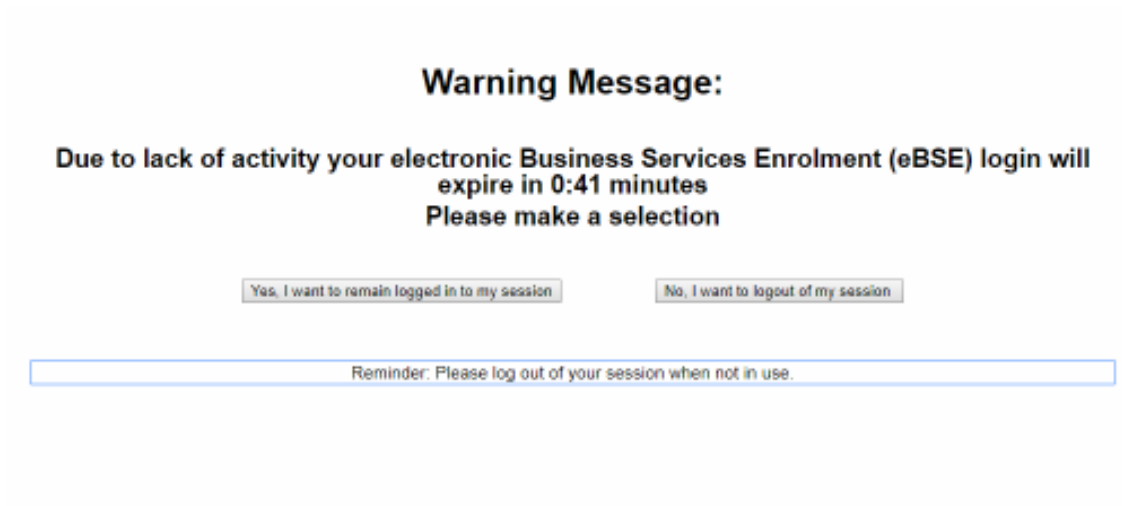
With each upload attempt, the system reads and validates the format of each record. If the data element is not aligned with the formatting requirement (type, size, and valid options), the system produces the appropriate error message.

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

4.EDT Portal Warnings and Error Messages

4.1 Session Time-Out/Warning

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



The screenshot shows a warning message box with a white background and a thin border. At the top, it says "Warning Message:" in bold. Below that, the main message reads: "Due to lack of activity your electronic Business Services Enrolment (eBSE) login will expire in 0:41 minutes Please make a selection". There are two buttons: "Yes, I want to remain logged in to my session" and "No, I want to logout of my session". At the bottom, there is a blue-bordered box containing the text: "Reminder: Please log out of your session when not in use."

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



MINISTRY OF HEALTH AND LONG-TERM CARE




Your session has ended. Please click below to re-establish your session, or close your browser.

[Re-enter Application](#)

Reminder: Please log out of your session when not in use.

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

Ontario  Français

GO SECURE

Providing secure online resources for individuals within the Ontario Government and the Broader Public Sector.

[GO Secure Profile](#)
See your profile, change your password or security questions

GO Secure ID :

Password :


Or, if you have a PKI certificate:

[Forgot your ID or password?](#)

[Don't have a GO Secure account? Register Now.](#)

4.2 EDT Portal Error Messages

4.2.1 Invalid File Extension

Ontario 

MINISTRY OF HEALTH AND LONG-TERM CARE

Français

MAIN | DESIGNATED ACCOUNTS | ADD DESIGNEE

LOGOUT

File Upload

File Upload Unsuccessful
The filename extension of the file to be uploaded is not valid for the provided resource type

Select a MOH ID :

Select file to upload : No file chosen


Select file type :

* - Mandatory Fields

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4.2.2 File Type is not selected

Ontario 

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Français

MAIN | DESIGNATED ACCOUNTS | ADD DESIGNEE

LOGOUT

File Upload

File Upload Unsuccessful
File type must be selected

Select a MOH ID :

Select file to upload : No file chosen


Select file type :

* - Mandatory Fields

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4.2.3 A File Must Be Selected

Ontario 

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Français

MAIN | DESIGNATED ACCOUNTS | ADD DESIGNEE

LOGOUT

File Upload

File Upload Unsuccessful
A File must be selected

Select a MOH ID :

Select file to upload : No file chosen


Select file type :

* - Mandatory Fields

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4.2.4 File Name Must be less than 50 characters

Ontario 

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Français

MAIN | DESIGNATED ACCOUNTS | ADD DESIGNEE

LOGOUT

File Upload

File Upload Unsuccessful
File name must be less than 50 characters.

Select a MOH ID :

Select file to upload : No file chosen

Select file type :

* - Mandatory Fields

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4.3 Log Out

