

INSTRUCTIONS FOR TESTING ASC X12N 276 CLAIMS STATUS REQUEST AND ASC X12N 277 CLAIMS STATUS RESPONSE TRANSACTIONS WITH MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

MDCH processes claims for institutional, dental and professional services rendered to Medicaid clients. After receiving those claims, MDCH processes the claims, which results in individual claims being paid, rejected, or pending (held for manual intervention by MDCH staff). As a result of this claims processing activity, electronic billers may receive a variety of transactional reports including the 835 Remittance Advice, which details claims paid and rejected, as well as an unsolicited 277U report detailing claims that have been pending.

Electronic billers also have the opportunity to send MDCH a standard X12 electronic transaction (the 276 Claims Status Request) to inquire regarding the status of one or more claims previously submitted. In response to a 276 Claims Status Request, MDCH will look up the claim processing information in our weekly history files, prepare a 277 Claims Status Response, and post that X12 transaction to the submitter's electronic mailbox.

To prepare for these communications, MDCH is supporting Business-to-Business (B2B) testing of the 276 and 277 transaction files with its electronic billers and clearinghouses.

MDCH strongly encourages all providers to communicate with the Department electronically wherever possible, including submission of electronic Medicaid claims in the X12N 837 v4010A1 format, and use of the X12N v4010A1 versions of the 276 and 277 electronic transactions, either:

- Via an electronic service bureau or clearing house, or
- As an approved electronic biller.

This will result in faster, more efficient claims processing and faster claims payment. In order to directly communicate electronically with MDCH, providers must first obtain an Identification Number and password from the MDCH Automated Billing Unit. For general instructions on how to obtain that Identification Number and password, please refer to the MDCH Electronic Submission Manual, which can be found on the web at www.michigan.gov/mdch >> [Providers](#) >> [HIPAA Implementation Materials](#).

That page also contains several other useful links, including:

- MDCH Electronic Submissions Manual – An essential starting point for providers, plans and clearing houses who wish to submit electronic Medicaid claims to MDCH.
- B2B Test Instructions – An overview of all B2B testing available with MDCH
- HIPAA Frequently Asked Questions (FAQ) – This page outlines several categories of frequently asked questions
- Data Clarification Documents – This link directs you to documents that provide essential details regarding MDCH data requirements for individual transaction sets, including the 837I, 837D, 837P, 276 and the 277. These documents are companion documents to the HIPAA implementation guides, which may be found at www.wpc-edi.com.

MDCH will support B2B testing of the 276 and the 277 transaction through two testing approaches:

Stage 1 – Integrity Testing is strongly recommended for all providers. This provides an easy-to-use environment for judging the adequacy of your 276 claim status request generation systems and/or service bureaus. MDCH is not in a position to support wide-scale problem diagnosis for transactions that do not pass Stage 1 Integrity Testing. This type of testing should be performed **before** sending any 276 v4010A1 transactions to MDCH.

Stage 2 – Business-to-Business (B2B) Testing This is the process of sending MDCH a test 276 transaction, for translation and processing purposes, which (if successful) will result in creation of a test 277 transactions from MDCH in return. At MDCH, we only produce test 277s in response to the submission of successful test 276 4010A1 transactions, accompanied by appropriate Email notification. This testing activity will be checking the status of actual production claims data in our data warehouse, which is archived from our claims processing system following each weekly claims processing cycle. We encourage our providers to perform this B2B testing, but do not require successful completion of Stage 2 Business-to-Business Testing for the 276 or 277 transaction to become or remain an Electronic Biller.

The following paragraphs provide more detailed instructions regarding each of the two stages of recommended testing activity.

STAGE 1 – INTEGRITY TESTING

For the 276 v4010A1 transaction, MDCH entered into an agreement with Blue Cross/Blue Shield of Michigan (BCBSM) that allows Michigan Medicaid providers to test electronic claims status request files using an automated testing tool on the BCBSM web site. There is no charge for this testing service.

Before you can begin integrity testing using the automated testing tool provided by BCMSM, you must first create an account. The process for creating an account, as well as the process for submitting files for analysis, is spelled out on the BCBSM web site, at: www.bcbsm.com/providers/trans_test.shtml.

In summary, you create an account by sending an Email to the BCMSM Administrator, identifying yourself as an organization that wishes to file electronic claims with MDCH. You should receive a User ID and password within 1 or 2 business days. Once you have received your User ID and password, you can login to the site and then begin the process of submitting claims files for analysis. To upload a test file, click on Upload File. Use the browse function to locate the file you want to analyze (or type in the full path to that file on your PC) and then click on the Upload Now button. (If you have more than one file to analyze, click on upload another file and repeat until all files have been uploaded.)

Once the file upload process is complete, click on the Analysis Page link on the bottom of the page. Select the file you would like to test by clicking on the circular radio button next to the file's name. Use the drop down box to select the desired guideline to be used (4010276), then click Analyze. A scrolling "Analysis in Progress..." message will appear in the column labeled Analysis Date. Wait until the analysis is complete, and a notebook icon appears along and the date and time of the analysis, replacing the scrolling message. A summary of the analysis results for that file will be noted in the column marked Status, which will either be:

- A green checkmark (the file passed; no errors nor warnings),
- A yellow triangle (the file had minor data errors or warnings) or
- A red check mark (the file had fatal error(s)).

To view the detailed results of the analysis, click on the notebook icon. Scroll down to see errors and messages, which will be noted by a different color font (blue, green, or red).

You should continue to take advantage of this easy-to-use testing service, using a wide variety of claims, until you are satisfied that your system generates HIPAA-compliant 276 v4010A1 claims status requests.

STAGE 2 – BUSINESS-TO-BUSINESS TESTING

As noted previously, this is the process of submitting test 276 claims status request transactions to the MDCH Data Exchange Gateway (DEG), which (if successful) will result in creation of test 277 transactions from MDCH, which will be returned to the submitter's mailbox.

Electronic billers may immediately begin submitting test 276 claims status request transactions to MDCH for the purpose of receiving test 277 claims status response transactions from MDCH in return. Electronic billers are asked to limit the size of the 276 claims status requests to 20 claims status requests or less.

Please send files referencing actual Medicaid claims submitted within the past 6 months or so, in order to maximize the chances that we'll have your claims history loaded to our test database.

After the 276 claims status request file has been received, MDCH will attempt to translate the file and post a 997 Functional Acknowledgement transaction to the submitter's mailbox. Submitters should check their mailbox for this acknowledgement. If the file is acceptable, the test claims status requests will be loaded into our test system, which will produce edit reports for our analysis. On a nightly basis, we will process these test claims status requests and post a test 277 file to the submitter's mailbox on our Data Exchange Gateway. You should be able to retrieve those 277 files from our DEG within two or three days after submitting your test 276 claims status requests.

Follow the following steps to perform Stage 2 Business-to-Business Testing of the 276 and 277 transactions:

1. Create a test file of 276 claims status requests, using your billing system and EDI software or clearing house. As noted above, that file should reference actual, valid subscriber identifiers, as outlined in the Data Clarification Document. That file must include an Interchange Envelope, containing various ISA elements as specified in the Data Clarification Document and/or Implementation Guide. For the test claims status requests, you must specify a **T** in the ISA15 segment of the Interchange Envelope. The Interchange Envelope may contain one or more Functional Groups. Within each functional group specify a value of **004010X093A1** in the GS08 segment. For each test file that you create, store the file on your PC or on a shared network location that is easily accessible (e.g., on a mapped drive).
2. To submit the 276 test file, log onto our DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then enter the following information:

PUT *{your drive\directory\filename}* space 4952T@DCHEDI. The drive, directory and filename combination should be the full path to the location on your PC (or network) where the file to be tested is located on your computer. The following example illustrates this command:

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PUT C:\CATALOG\testfile.txt 4952T@DCHEDI
```

After you have issued the PUT command and the file has been transferred, it should be immediately translated. As noted in the Electronic Submission Manual, you can enter a DIR command, with the name of the file sent, to see the 997 Functional Acknowledgement. You can download that 997 Functional Acknowledgement by entering a GET command; be careful to change the file name for the destination system so the file you sent is not written over.

3. You must then send an Email, including a contact name and telephone number in your organization, to the following contacts to inform MDCH that a test file has been submitted:

<Tammie Savage> SavageT@Michigan.gov;

<Felix Carter> CarterF1@Michigan.gov;

<Daryl Katalenich> KatalenichD@Michigan.gov;

<Jim Kunz> KunzJ@Michigan.gov

Please use a subject line of "276 test submission for DCH00XX", where DCH00XX is your MCDH-assigned provider ID. **This is critical! If this is not included, we will not create a 277 response file for your review.**

4. Within a day or two, you should then be able to log onto the DEG and retrieve the 277 file for your review. Those files will be created with a filename of 4953T.
5. Should you have any questions regarding the content of those 277 files, please send an Email to KunzJ@Michigan.gov, stating the nature of your question, and we will respond as quickly as possible.