

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH INSTRUCTIONS FOR TESTING ASC X12N 837 ENCOUNTER TRANSACTIONS

The Michigan Department of Community Health requires submission of encounter data using transaction formats specified as the National Electronic Data Interchange Transaction Set Health Care Encounter/Claim, **ASC X12N 837 Version 4010A1**, from the following types of health plans:

- Medicaid Health Plans (MHPs),
- County Health Plans (CHPs),
- Community Mental Health Prepaid Inpatient Health Plans (CMH PIHPs),
- Community Mental Health Services Programs (CMHSPs),
- Substance Abuse Coordinating Agencies (SA CAs),
- Dental Health Plans, and
- Other capitated health plans.

Depending on the type of service provided, encounter transactions may need to be submitted using either the Institutional (X096), Dental (X097) or Professional (X098) Industry Identifier of the 837 Encounter Transaction.

In order to communicate electronically with MDCH, you 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 Submissions Manual, which can be found on the web at www.michigan.gov/mdch/ >> Providers >> HIPAA >> Health Plan Materials >> Electronic Submissions >> Electronic Submissions Manual – October 4, 2002.

Specific instructions and other references related to HIPAA compliance and transactions may be found at the MDCH Health Plan Materials website, as noted above. That section contains several useful links, including:

- Presentations
- Companion Guides/Data Clarification Documents – These documents provide **essential details** regarding MDCH data requirements for individual transaction sets. For 837 Encounter version 4010A1 reporting, there are several versions of the Companion Guides for each type of transaction, based on the plan type. These are companion documents to the HIPAA implementation guides for the 837I, 837P and 837D v4010A1 transactions, which may be found at www.wpc-edi.com. **Please note that these documents contain only those data elements which require further explanation beyond what the Implementation Guides contain.** Other useful information in this section include documents summarizing coding issues and supplemental reporting requirements.

MDCH is recommending a two-stage electronic encounter submission testing process, summarized as follows:

Stage 1 – Integrity Testing is strongly recommended for all plans. Integrity testing provides the opportunity to test 837 v4010A1 transactions for syntax errors and ensure they are formatted correctly. This provides an easy-to-use environment for judging the adequacy of your 837 v4010A1 encounter reporting 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 837 v4010A1 transactions to MDCH.

Stage 2 – Business-to-Business Testing for encounter data is the process of submitting test files to MDCH for processing through the MDCH test environment. This process is required.

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

activity.

STAGE 1 – INTEGRITY TESTING

For the 837 v4010A1, MDCH entered into an agreement with Blue Cross/Blue Shield of Michigan (BCBSM) that allows Michigan Medicaid providers and capitated health plans to test electronic claim and encounter transaction 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 BCBSM, 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 <http://editest.bcbsm.com/spokelogon.html>.

In summary, you create an account by sending an Email to the BCBSM Administrator, identifying yourself as an organization that wishes to file electronic transactions 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 transaction 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, then click "Analyze." A scrolling "Analysis in Progress..." message will appear in the column labeled "Analysis Date." Wait until the analysis is complete, which becomes apparent when a notebook icon appears, along with 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 transactions, until you are satisfied that your system generates HIPAA-compliant X12N 837 v4010A1 transactions.

STAGE 2 – BUSINESS-TO-BUSINESS TESTING

Business-to-business (B2B) testing is a process that should be performed after completion of Stage 1 Integrity Testing through BCBSM. If you do not currently have a User Name and Password allowing you to communicate with the MDCH Data Exchange Gateway (DEG), you will need to complete some preliminary steps, which are outlined in our Electronic Submission Manual, which may be found at www.michigan.gov/mdch, as noted above. You are encouraged to become familiar with this manual, as it is a valuable resource for electronic claims submission.

Once you have been assigned a User Name and password, we invite you to post a file to our DEG, containing a batch of test encounter transactions. Every time you post a batch of test transactions to our DEG, you need to send an Email notice to us, identifying yourself by your submitter ID and providing your contact information. After the test encounter file has been received, we will immediately attempt to translate the file and post a 997 Functional Acknowledgement transaction to the submitter's mailbox. This typically takes a few minutes. Submitters should check their mailbox for this acknowledgment. If the file is accepted, it will be loaded into our test encounter processing system, which will produce edit reports for our analysis. The test encounter processing system will also post an error file to the submitter's mailbox, for retrieval and analysis. After we complete our internal review, we will contact you by Email, providing you with a summary analysis of our test processing, noting whether the encounter transactions were properly received and processed. If we are unable to translate the file due to fatal errors or other problems, we will contact you to investigate those problems. (At that point, we might start by asking

whether the test file had successfully been processed by the BCBSM integrity testing service.)

Follow these steps to perform Stage 2 Business-to-Business Testing:

1. Create a test file of 837 v4010A1 encounter transactions, using your internal systems and EDI software or service bureau. That file should include various services, no more than 100 encounters, and should reference actual, valid subscriber identifiers as outlined in the Companion Guides (Medicaid ID numbers, Social Security Numbers, Child Identification Numbers (CIN), or unique plan-assigned identification numbers). We encourage you to include encounter transactions for each type of service you provide, i.e., Institutional (both inpatient and outpatient), Dental, or Professional. Those encounters may be combined in one test file, or may be transmitted in separate test files. Each file must include an Interchange Envelope, containing various ISA elements as specified in the Companion Guide and/or Implementation Guide. For the test encounters, you must specify **ENCOUNTER** in the ISA08 segment and **T** in the ISA15 segment. The Interchange Envelope may contain one or more Functional Groups. Each Functional Group will specify whether that Functional Group contains Institutional, Dental or Professional encounter transactions. In the GS03 segment of each Functional Group, you must specify **ENCOUNTER**. The GS08 segment of each Functional Group must contain **004010X096A1**, **004010X097A1**, or **004010X098A1**, indicating whether that group contains Institutional, Dental, or Professional encounter transactions, respectively. 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. **PIHPs and CMHSPs only:** These plans need to create one or more test file(s) of Quality Improvement (QI) data for each consumer included in your test file of encounter transactions. (This step is not required from these plans for testing our ability to *translate* your 837 Encounter transactions, but is required to obtain meaningful error reporting from our test encounter processing routines.) The format and content of these QI data files are detailed in Supplemental Instructions for 837 Encounter and Quality Improvement (QI) Data Submission Manuals published in the Companion Guides/Data Clarification Documents section of the HIPAA Implementation Materials page of the MDCH web site, as previously referenced.
3. **PIHPs and CMHSPs only:** These plans must submit the QI data file(s) **before** uploading the 837 Encounter test file, by logging onto the DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then entering the following information:

PIHPs and CMHSPs:

PUT {your drive\directory\filename} 5218T@DCHBULL. 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. The following example illustrates this command:

PUT C:\CATALOG\QI_Test.txt [5218T@DCHBULL](#)

4. To submit the 837 v4010A1 test file, all plans must log onto the DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then enter the following information:

PUT {your drive\directory\filename} [4951T@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. The following example illustrates this command:

PUT C:\CATALOG\testfile.txt [4951T@DCHEDI](#)

After you have issued the PUT command and the 837 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.

5. 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:

<MDCH Encounter Testing> MDCHEncounterTesting@Michigan.gov;
<Daryl Katalenich> KatalenichD@Michigan.gov;
<Felix Carter> CarterF1@Michigan.gov;

Please use a subject line of either "Encounter Test File Submission for DCH00XX" or "QI Test File Submission for DCH00XX", where DCH00XX is your MCDH-assigned provider ID.

6. MDCH will perform a preliminary review of the translated output from your test file. If the file is accepted by the translator, it will be loaded into the test encounter processing system. If the test file is rejected, we will advise you of problems contained in the file that prevent further testing and will provide guidance to modify the file according to Medicaid specifications.
7. Once the test file has been accepted, the QI data or 837 encounter transactions will be loaded into our test systems and error return file(s) will be created. MDCH will review these error return files and provide you with a summary of our analysis. These error return files may be retrieved from the submitter's DEG mailbox, via an ftp GET command, using the following file names (APPL IDs):
 - 4950 — For the 837 encounter data
 - 4956 — For the PIHP and CMHSP QI data

Detailed instructions for retrieval can be found in the MDCH Electronic Submissions Manual, which was previously referenced in these instructions. Information regarding interpretation of these error files can be found at www.michigan.gov/mdch/ >> Providers >> HIPAA >> Health Plan Materials >> Presentations >> 837 v4010A1 Encounter 997 Functional Acknowledgement & Error Report File.

8. After review of the test file processing has been completed, MDCH will provide you with our assessment and will be available to answer any questions that you may have. It typically takes about 3 to 5 business days to provide analysis summary report and Email, based on each batch of test encounters we receive. For those plans who had previously completed B2B encounter testing in the 837 v4010 format, this review will focus on financial reporting and on other revisions specific to the 837 v4010A1 transaction format.