



5010 837 Encounter Testing Document

Goal: To prepare all WI Contracted HMOs to be production ready for processing 837 Encounter transactions before January 1, 2013

Test Phases and Suggested Durations

You may need to perform up to four types of testing.

- X12 837 Compliancy Testing – 1 week
- Business editing and pricing through the MMIS interChange system – 4 weeks
- Response File – 4 weeks
- Voids/Adjustments to converted encounters – 1 week
- Volume Testing - 2 week

Testing Parameters

We ask that for the initial 837 compliancy and business editing/pricing testing file, please include a maximum number of 100 records for each file (e.g. 837 D-Dental; 837 I- Institutional; 837 P – Professional. Within institutional and professional transactions, please submit the following specific scenarios when applicable:

- Dental
- Institutional Inpatient including Medicare Crossovers
- Institutional Outpatient including Medicare Crossovers
- Institutional Long Term Care (Nursing Home) including Medicare Crossovers
- Institutional Home Health
- Professional Physician including Medicare Crossovers
- Professional Chiropractor
- Professional DME including Medicare Crossovers
- Professional Therapy including Medicare Crossovers
- Professional Ambulance
- Professional Anesthesia
- Professional Lab & X-ray
- Professional Surgery
- Variety of Encounter samples with coordination of benefit (Third Party Liability payments or 837 CAS segments with insurance denials or applied towards deductible and coinsurance)
- Voids and adjustments (initial testing) that are not for legacy encounters
- Chart Reviews
- Services that require manual pricing

Important Documents to read and understand in order to submit successful Encounters

- Draft 837 Companion Guides (See attached)
- Draft Encounter User Guide (See attached)

X-12 837 Compliancy Testing

- Log into your current UAT dotOR SFTP directory
- If applicable, create and submit 100 test encounters for 837D (Health Care Claim: Dental) to your current UAT dotOR SFTP directory to test connectivity and HIPAA compliance with ForwardHealth interChange.
- If applicable, create and submit 100 test encounters for 837I (Health Care Claim: Institutional) to your current UAT dotOR SFTP directory to test connectivity and HIPAA compliance with ForwardHealth interchange.

- If applicable, create and submit 100 test encounters for 837P (Health Care Claim: Professional) to your current UAT dotOR SFTP directory to test connectivity and HIPAA compliance with ForwardHealth interChange.
- Log into the trading partner Portal and download a Functional Acknowledgement (999) for the test transactions submitted. If the managed care trading partner does not receive a 999 indicating the file was accepted (AK9*A*) or receives a TA1 Interchange Acknowledgement (TA1) file rejection, the managed care trading partner is not authorized for ForwardHealth interChange® and must retest until an “accepted” 999 is received.
- The 999 is available within two hours of a successful transmission. If the managed care trading partner does not receive a 999 or a TA1, the managed care trading partner should contact the *EDI Helpdesk at (866) 416-4979 for assistance.*
- Once an “accepted” 999 is downloaded, the managed care trading partner should contact the EDI Helpdesk at (866) 416-4979 for validation that the managed care trading partner has received an “accepted” 999 and can connect successfully to ForwardHealth interchange. The next step is to begin Business Editing/Pricing testing for encounters in the user acceptance testing environment.

Business Editing/Pricing for Encounters through the WI MMIS interChange (iC) System

After the X12 837 Compliance testing is accepted, the 837 Transaction files will be processed in the WI MMIS user acceptance testing environment. HP staff will work with the HMO/Trading Partner to identify any denials and to validate pricing results. We will assign a HP staff member to work directly with each HMO for direct contact to quickly resolve issues. HP staff will monitor Encounter Control Balancing Reports and share information with the HMOs during the iC testing phase.

Response File (See attached layout and sample file)

Reference section 9 in the Encounter User Guide for detailed Response file information. Also reference the Explanation of Benefit Codes (EOBs) for information to how the Encounter processed.

<https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/EOBs/eob.htm.spage>

Voids/Adjustments to Converted Encounters

We are currently working on the conversion testing strategy. Once completed, we will publish the information so all HMOs can test adjustments and voids to converted encounters.

Volume Testing

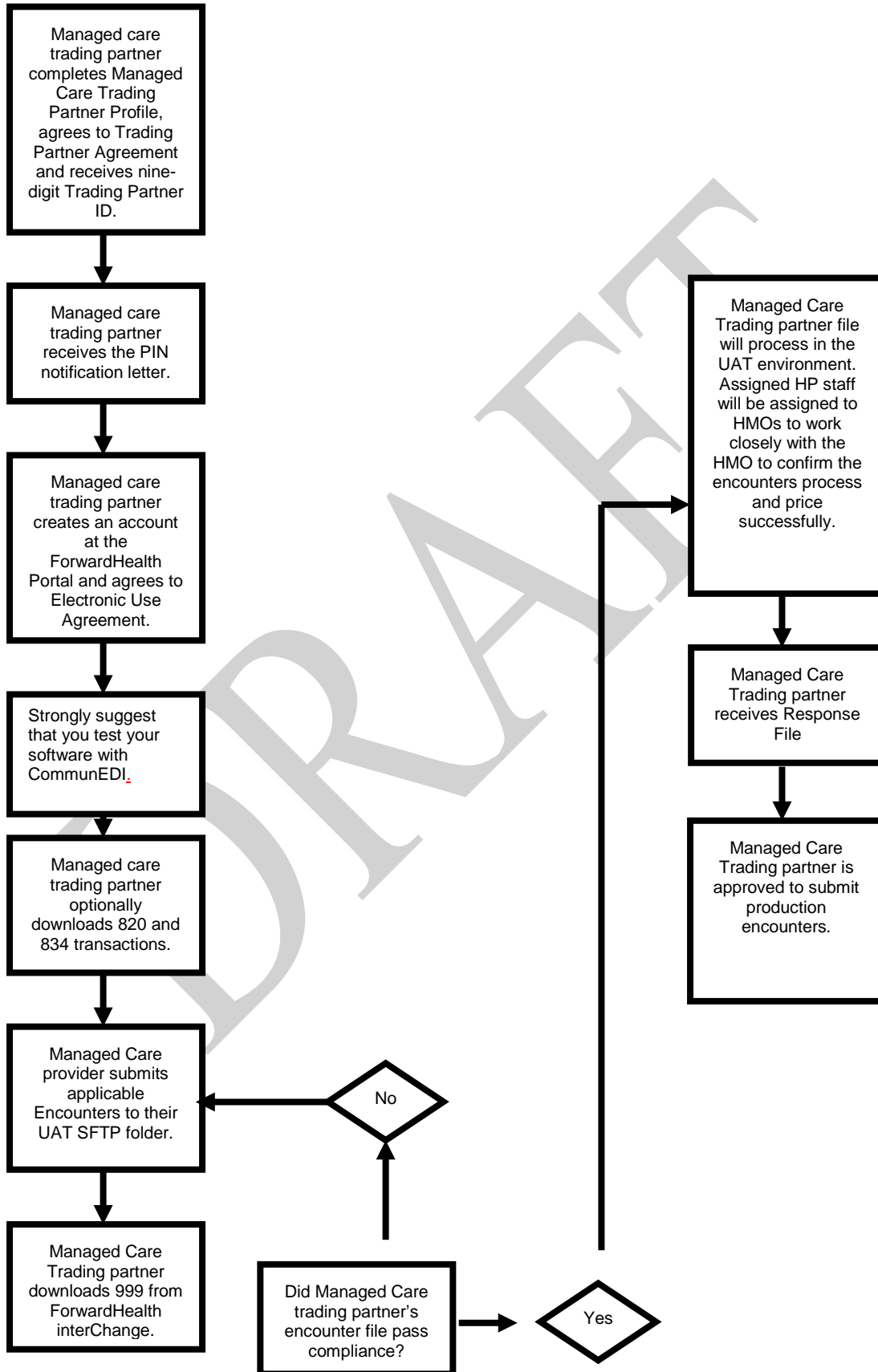
We will contact HMOs to send test files to complete Volume Testing.

Test Pass Criteria

We want to make sure all HMOs can successfully submit compliant 837 transactions and understand the new policy and billing instructions before 1/1/2013. The following criteria will be used to certify HMOs that they are ready to submit in production.

- Successfully submit Compliant 837 Transactions (D, I and P where applicable) – 100%
- On each 837 transaction, 85% of the submitted encounters must be in a paid status in interChange. HMO paid amount >0. Claim Status = P. (HP staff will continue to work with the HMOs to identify issues to correct and resubmit).
- HP and State Staff will monitor all phases of the testing with each HMO. HMOs will be notified of results and when they can move to the next step of testing. This will continue until successful completion of all test phases.
- Voids/Adjustments to Converted Encounters - HMO must show the ability to submit a compliant transaction that will both void and adjust encounters and converted encounters at 100%.
- Volume Testing - HMO can submit a compliant transaction with a production volume of records up 50MB limit. – 100%

Managed Care Trading Partner Flowchart



Questions:

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