# Encounter Data System

**Test Case Specifications**

**Encounter Data Test Case Specifications related to the 837 Health Care Claim: Institutional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X222A1**

**Test Case Specifications: 3.0**
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**Posted:**

**Preface**

The Encounter Data System (EDS) Test Case Specifications contain information to assist Medicare Advantage Organizations (MAOs) and other entities and PACE Organizations in the submission of encounter data for EDS testing. MAOs and other entities and PACE Organizations are required to submit data for testing the Encounter Data Processing System (EDPS). This document provides an outline of test case submissions required for end-to-end testing.

Questions regarding the contents of the EDS Test Case Specifications should be directed to encounterdata@cms.hhs.gov.

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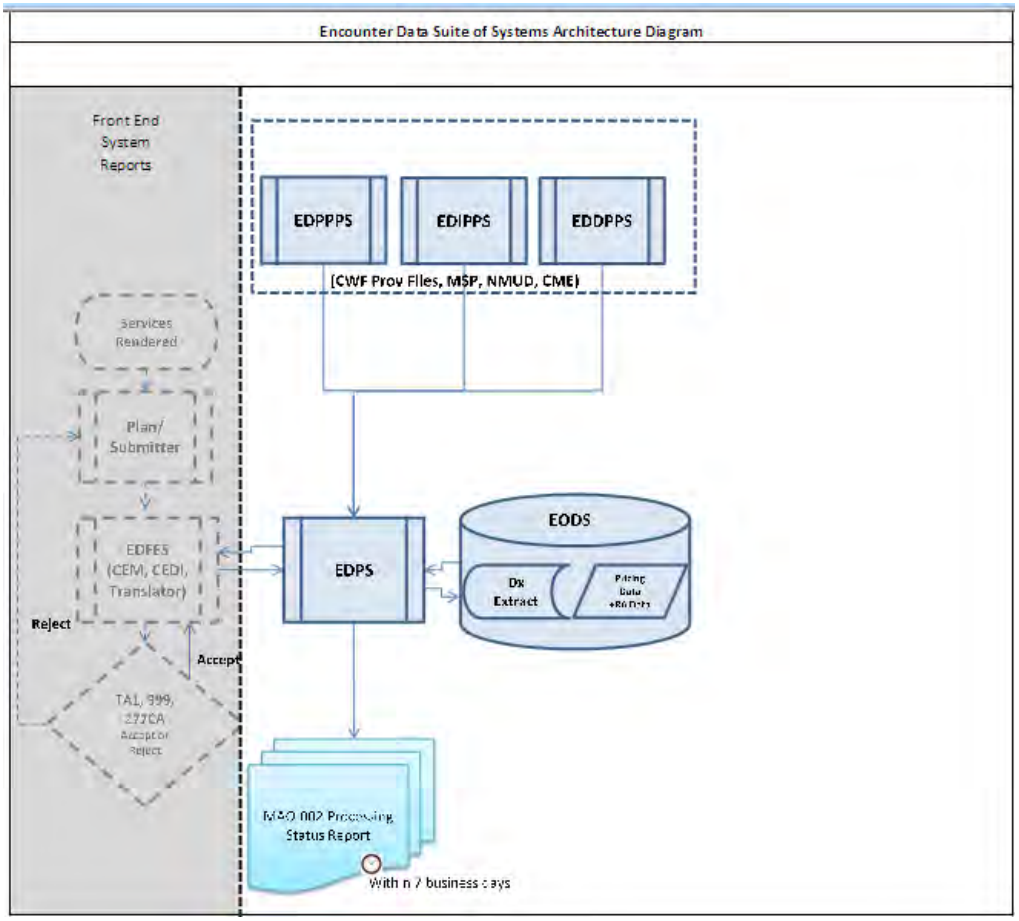
## 1.0 Introduction

This document may be used in conjunction with the business case examples referenced in the EDS 837 Institutional Transaction Companion Guide. Additional Test Scenario Specification documents may be incorporated and referenced at a later date.

The purpose of EDS end-to-end testing is to validate the following:

- Files are received by the EDFES
- Files process through the translator
- Files process through CEM
- Submitter receives front-end reports from EDFES
- Data received by EDPS
- Data processed and priced in EDPS
- Submitter receives processing and pricing reports from EDPS



Test case submissions allow CMS to ensure system functionality based on specifically designed test cases. It also allows MAOs and other entities to confirm that the CMS operational guidance has been properly programmed in their systems.

EDS will reject the file if the designated numbers of encounters are not included in the test file. The rejected file must be corrected and resubmitted until all encounters pass front-end editing (translator and CEM) at 100% before it can be processed in the EDPS. MAOs and other entities must use the following guidance when preparing all test cases:

- The encounters submitted must comply with the TR3, CMS edits spreadsheet and Encounter Data Companion Guides.
- Files must be identified as a test case submission using Loop 2300 - CLM01 by appending "TC<test case #>" to the end of the Plan Encounter ID (CCN).

Institutional encounters must be submitted using the 837-I. MAOs and other entities will receive the TA1, 999, and 277CA. The MAO-002 report will be returned to the submitter within seven (7) business days of submission. MAOs and other entities must review and correct errors identified on the reports and resubmit data with a 95% acceptance rate in order to pass end-to-end certification. Acceptance notifications will be communicated to MAOs and other entities upon certification.

## 2.0 Test Case Summary

During the end-to-end testing, the following types of test case scenarios are required:

I. Beneficiary Eligibility
   a. Standard MA Member Submission

II. Type of Bill Data Validation Submissions
   a. Hospital- Outpatient
   b. Hospital-Inpatient

**Test Case Summary Table**

| Test Case/Script Identifier | Test Case/Script Title |
|---|---|
| Beneficiary Eligibility-Current MA Member | TC01 – Standard MA Member Submission |
| Type of Bill Data Validation | TC02 – Hospital – Outpatient |
| Type of Bill Data Validation | TC03 – Hospital – Inpatient |

For each test case scenario, details are provided to assist with encounter data test submissions:

Type of test encounter requested for testing.

### 3.25 TC25-Zip Code + 4

**3.25.1** The purpose of TC25-Zip Code + 4 Submission is to test and collect data for accurate pricing.

This line defines the purpose for testing this type of encounter.

#### 3.25.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.
2. At least two (2) encounters are submitted for each type of test case scenario.

Prerequisite Conditions list requirements and reminders to successfully submit the test encounter.

#### 3.25.3 Test Procedure

**Table 28: Test Procedure Steps for TC25- Zip Code + 4 Submissions**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter with the zip code + 4 postal box identifier.<br>• Use "9999" as a default for the last four (4) digits of the zip code for one submission to test the case where this information does not exist on the original submission file. | • Files pass duplicate validation, paid amount balancing and continue processing.<br>• ED Processing Status Report is returned with "Accepted" status within 24 hours of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status. The Encounter Edit Disposition Report will also be generated if errors are found.<br>• Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission.<br>• Encounter Data Risk Filter Report is generated and returned within 1 week, providing diagnosis codes identified as model diagnoses for risk adjustment. |

This section provides steps for inputs and the expected outcomes from the submissions.

#### 3.25.4 Assumptions and Constraints

It is assumed that all encounter submissions will include submitter names.

This section lists any assumptions or constraints associated with the Test Case.

## 3.0 Test Case Details

### 3.1 TC01 – Standard MA Member Submission

**3.1.1** The purpose of TC01 – Standard MA Member Submission is to test eligibility rules a standard Medicare Advantage encounter submission.

#### 3.1.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-I format.
2. At least two (2) encounters are submitted for each type of test case scenario.

#### 3.1.3 Test Procedure

**Table 1: Test Procedure Steps for TC01 – Standard MA Member Submission**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an encounter for a standard Medicare Advantage member. | • The 999 and 277CA Reports are returned to submitters.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Date of Service<br>o Type of Bill<br>o Procedure Code and 4 modifiers<br>o Revenue Code<br>o Billing Provider NPI<br>o Paid Amount<br>o Billed (Charged) Amount at Service Line<br>• ED Processing Status Report is returned with “Accepted” status within seven (7) business days of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a “Rejected” status within seven (7) business days of submission. |

#### 3.1.4. Assumptions and Constraints

It is assumed that all beneficiaries are eligible and enrolled in the plan and can be found in enrollment reports and table for verification.

## 3.2 TC02 – Hospital – Outpatient

**3.2.1** The purpose of TC02 – Hospital – Outpatient submission is to ensure this type of bill is validated for processing, pricing, and risk adjustment.

### 3.2.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-I format.
2. At least two (2) encounters are submitted for each type of test case scenario.

### 3.2.3 Test Procedure

**Table 2: Test Procedure Steps for TC02 – Hospital – Outpatient**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an outpatient hospital, type of bill code '12', '13','14' ,'85' in CLM05-1. Populate '1' in CLM05-3 to indicate an original encounter. | • The 999 and 277CA Reports are returned to submitters.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Date of Service<br>o Type of Bill<br>o Procedure Code and 4 modifiers<br>o Revenue Code<br>o Billing Provider NPI<br>o Paid Amount<br>o Billed (Charged) Amount at Service Line<br>• ED Processing Status Report is returned with "Accepted" status within seven (7) business days of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status within seven (7) business days of submission. |

### 3.2.4 Assumptions and Constraints

Outpatient hospital encounters will be priced based on the Outpatient Prospective Payment System (OPPS).

## 3.3 TC03 – Hospital – Inpatient

**3.3.1** The purpose of TC03 – Hospital – Inpatient submission is to ensure this type of bill is validated for processing, pricing, and risk adjustment.

### 3.3.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-I format.
2. At least two (2) encounters are submitted for each type of test case scenario.

### 3.3.3 Test Procedure

**Table 3: Test Procedure Steps for TC03 – Hospital – Inpatient**

| Step # | Action | Expected Results/ Evaluation Criteria |
|---|---|---|
| 1. | Submit an inpatient hospital, type of bill code '11' in CLM05-1. Populate '1' in CLM05-3 to indicate an original encounter. | • The 999 and 277CA Reports are returned to submitters.<br>• Validation on the file for a unique encounter is based on the following data fields:<br>o Beneficiary HICN<br>o Date of Service<br>o Type of Bill<br>o Procedure Code and 4 modifiers<br>o Revenue Code<br>o Billing Provider NPI<br>o Paid Amount<br>o Billed (Charged) Amount at Service Line<br>• ED Processing Status Report is returned with "Accepted" status within seven (7) business days of submission.<br>• Any errors found on the file will generate the ED Processing Status Report with a "Rejected" status within seven (7) business days of submission. |

### 3.3.4 Assumptions and Constraints

Inpatient hospital encounters will be priced based on the Inpatient Prospective Payment System (IPPS).

# ACRONYMS

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|---|---|
| **CMS** | Centers for Medicare & Medicaid Services |
| **EDFEC** | Encounter Data Front End Contractor |
| **EDFES** | Encounter Data Front End System |
| **EDIPPS** | Encounter Data Institutional Pricing and Processing System |
| **EODS** | Encounter Data Operational Data Store |
| **EDIPPS** | Encounter Data Institutional Pricing and Processing System |
| **EDDPPS** | Encounter Data DME Pricing and Processing System |
| **EDPS** | Encounter Data Processing System |
| **EDPSC** | Encounter Data Processing System Contractor |
| **EDS** | Encounter Data System |
| **ESRD** | End-Stage Renal Disease |
| **FQHC** | Federally Qualified Health Center |
| **IPF** | Inpatient Psychiatric Facility |
| **IPPS** | Inpatient Prospective Payment System |
| **IRF** | Inpatient Rehabilitation Facility |
| **LTCH** | Long-Term Care Hospital |
| **MA** | Medicare Advantage |
| **MAO** | Medicare Advantage Organization |
| **MPFS** | Medicare Physician Fee Schedule |
| **OPPS** | Outpatient Prospective Payment System |
| **PPS** | Prospective Payment System |
| **SNF** | Skilled Nursing Facility |