



Encounter Data System

Test Case Specifications

Encounter Data test case specifications related to the 837 Health Care Claim: DME - Professional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X222A1

Test Case Specifications: 5.0

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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.

REVISION HISTORY

Version	Date	Organization/Point of Contact	Description of Changes
1.0	06/05/12	ARDX	Base Document
2.0	07/17/12	ARDX	Changed TC02 title to "Incident to Services" in the table of contents, test case summary, and details.
2.0	07/17/12	ARDX	Updated TC02 with specific instructions: Select any DMEPOS HCPCS code with a 'JURIS' (column D) = "D". Ensure a Provider NPI is submitted with a Payer ID 80881 or 80882.
3.0	08/02/12	ARDX	Updated TC02 to read "DMETC02" and included the following prerequisite: File must be identified as a test case 02-DME submission using Loop 2300 - CLM01 by appending "DMETC02" to the end of the Plan Encounter ID (CCN).
4.0	01/14/13	ARDX	Excluded the submission of DMETC02 from the test plan for 2012 end-to-end certification, effective 12/18/2012.
5.0	2/28/14	ARDX	Revised for new 2014 MAOs and other entities and PACE Organizations

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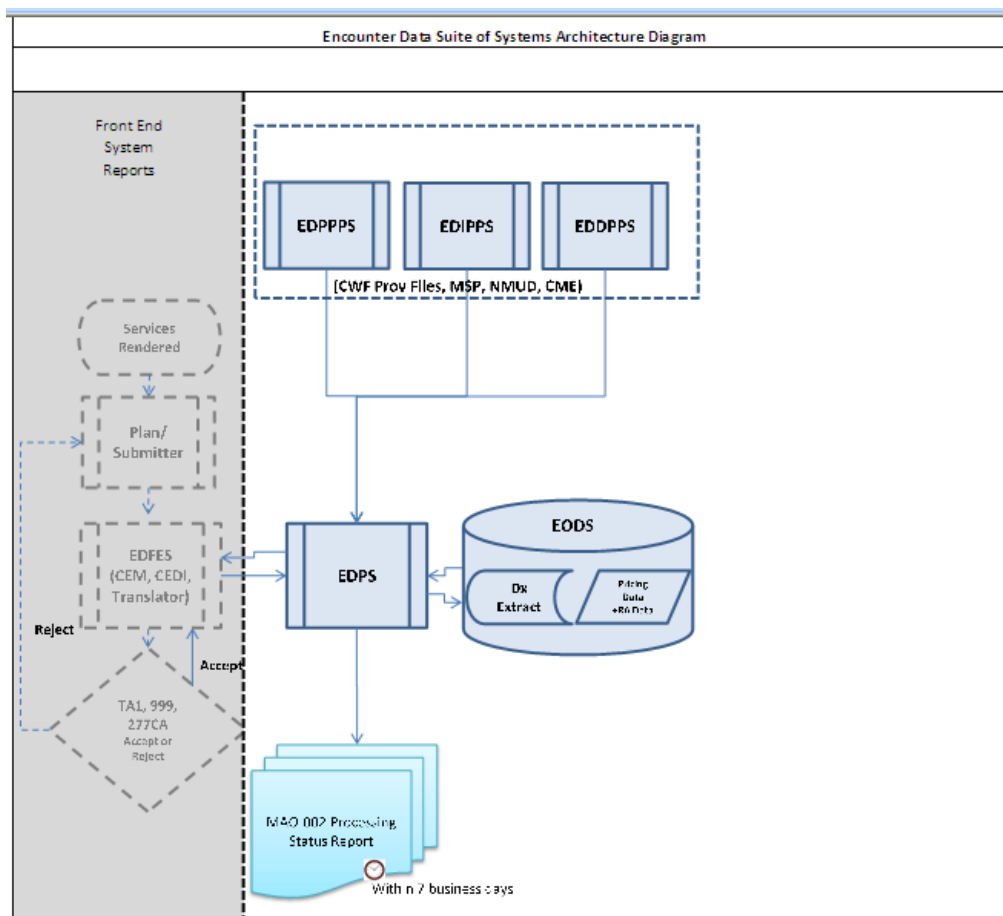
4.0 Acronyms

1.0 Introduction

This document may be used in conjunction with the business case examples referenced in the EDS 837 DME Companion Guide.

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 Common Edits and Enhancements Module (CEM)
- Submitter receives front-end reports from EDFES
- Data received by EDPS
- Data processed and priced in EDPS
- Submitter receives MAO-002 Encounter Data Processing Status Report 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).

DME supplier encounters must be submitted using the 837-P. 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 period, the following types of test case scenarios are required:

- I. Beneficiary Eligibility
 - a. Standard MA Member Submission

- II. Data Validation
 - a. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Test Case Summary Table

Test Case/Script Identifier	Test Case/Script Title
Beneficiary Eligibility	TC01 – Standard MA Member Submission
Data Validation	TC02 – DMEPOS

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

3.25 TC25-Zip Code + 4 Type of test encounter requested for testing.

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

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.

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. <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Files pass duplicate validation, paid amount balancing and continue processing. • ED Processing Status Report is returned with "Accepted" status within 24 hours of submission. • 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. • Encounters Summary, and Encounters Detail Reports are also returned within 24 hours of submission. • 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 This section lists any assumptions or constraints associated with the Test Case.

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

3.0 Test Case Details

3.1 TC01 – Standard MA Member Submission

3.1.1 Purpose

The purpose of TC01 – Standard MA Member is to test eligibility rules for a standard member encounter submission.

3.1.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for (Health Insurance Portability and Accountability Act (HIPAA) transactions in the 837-P format.
2. 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

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit an encounter for a standard Medicare Advantage member.	<ul style="list-style-type: none">• The 999 and 277CA Reports are returned to submitters.• Validation on the file for a unique encounter is based on the following data fields:<ul style="list-style-type: none">○ Beneficiary HICN○ Date of Service○ Place of Service○ Type of Service○ Procedure Code (and 4 modifiers as appropriate)○ Rendering Provider NPI○ Paid Amount○ Billed (Charged) Amount at Service Line• ED Processing Status Report is returned with “Accepted” status within seven (7) business days of submission.• 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 Monthly Membership enrollment reports and the MARx UI table for verification.

3.2 TC02 – DMEPOS

3.2.1 Purpose

The purpose of TC02 – DMEPOS is to test encounters submitted by a Medicare enrolled DME supplier.

3.2.2 Prerequisite Conditions

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

3.2.3 Test Procedure

Table 2: Test Procedure Steps for TC02 – DMEPOS

Step #	Action	Expected Results/ Evaluation Criteria
1.	<p>Submit a DMEPOS HCPCS code selected from the DME Fee schedule located at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html.</p> <p>Tip: Select DME14_A.zip file and select the DME2014 Jan.xls file.</p>	<ul style="list-style-type: none"> • The 999 and 277CA Reports are returned to submitters. • Validation on the file for a unique encounter is based on the following data fields: <ul style="list-style-type: none"> ○ Beneficiary HICN ○ Date of Service ○ Place of Service ○ Type of Service ○ Procedure Code (and 4 modifiers as appropriate) ○ Rendering Provider NPI ○ Paid Amount ○ Billed (Charged) Amount at Service Line • ED Processing Status Report (MAO-002) is returned with “Accepted” status within seven (7) business days of submission. • Any errors found on the file will generate the MAO-002) with a “Rejected” status within seven (7) business days of submission.

3.2.4 Assumptions and Constraints

DMEPOS will be validated for enrollment to supply durable medical equipment under the Medicare program. The DMEPOS encounter submission will be processed under the DME claims processing system.

1. ACRONYMS

CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
EDFEC	Encounter Data Front End Contractor
EDFES	Encounter Data Front End System
EDDPPS	Encounter Data DME Pricing and Processing System
EODS	Encounter Operational Data Store
EDPS	Encounter Data Processing System
EDPSC	Encounter Data Processing System Contractor
EDS	Encounter Data System
MA	Medicare Advantage
MAO	Medicare Advantage Organization