Encounter Data System

Test Case Specifications

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

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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	09/30/11	ARDX	Base Document
2.0	1/12/12	ARDX	Timing for the return of the 999 and 277CA files was changed to “within 24 hours of submission”.
2.0	1/12/12	ARDX	Timing for the return of the EDPS reports is “within 7 business days of submission”.
2.0	1/12/12	ARDX	PWK02 = “AA” was added to specifications for the Chart Review – Linked test case.
2.0	1/12/12	ARDX	Updated enrollment eligibility date specifications for all beneficiary eligibility test cases.
2.0	1/12/12	ARDX	Updated the links for TC 23, 24, and 25 leading to Fee Schedules specific to those cases.
2.0	1/12/12	ARDX	Removed all bullets referring to Encounter Data Summary, Disposition, or Detail Reports.
2.0	1/12/12	ARDX	Added Member Eligibility Testing tips for TC-01, TC-02, TC-03, TC-04
3.0	2/28/2014	ARDX	Revised for new 2014 MAOs and other entities and PACE Organizations.

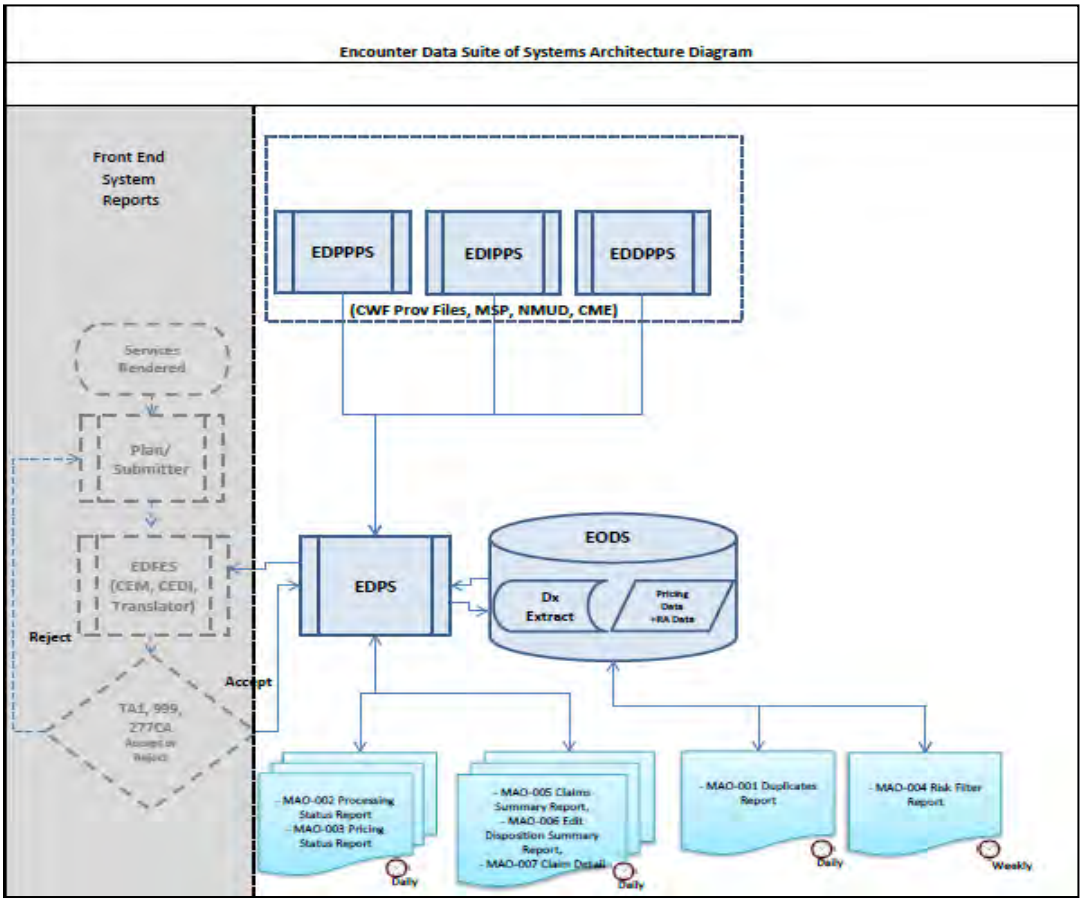
Table of Contents

1.0 Introduction

This document may be used in conjunction with the business case examples referenced in the EDS 837 Professional Transaction Companion Guide. Additional Test Case 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 are processed through the translator
- Files are processed through CEM
- Submitter receives front-end reports from EDFES
- Data are received by EDPS
- Data are processed and priced in EDPS
- Submitter receives processing and pricing reports from EDPS



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. Provider Data Validation Submissions
   a. Coordination of Benefits (COB)

III. Processing
   a. Correct/Replace
   b. Chart Review – Linked
   c. Chart Review – Unlinked
   d. Duplicate

Test Case Summary Table

Test Case/Script Identifier	Test Case/Script Title
Beneficiary Eligibility-Current MA Member	TC01 – Standard MA Member Submission
Provider Data Validation	TC02 – Coordination of Benefits Submission
Encounter File	TC03 – Correct/Replace
Encounter File	TC04 – Chart Review – Linked
Encounter File	TC05 – Chart Review – Unlinked
Encounter File	TC06 – Duplicate

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

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

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

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. • 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. • 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

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

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

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.

The 837-P encounter test cases are submitted in **two** (2) files.

- File 1 includes all unlinked test cases 01, 02, and 05 (6 encounters) with unique ICNs.
- File 2 should only include the linked and duplicate test case (6 encounters)

All test cases included in File 1 must be completely accepted as indicated on the MAO-002 report before the File 2 is submitted. File 2 can only be submitted once MAO-002 reports have been received for File 1. MAOs and other entities must receive a 95% acceptance rate to be deemed certified for end-to-end testing.

EDS will reject the files if the designated numbers of encounters are not included in each of the test files. Rejected files must be corrected and resubmitted for File 1 until all six (6) 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 unlinked (6 encounters) and the linked and duplicate (6 encounters) 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).

Professional 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.

3.0 Test Case Details

3.1 TC01-Standard MA Member Submission

3.1.1 Purpose

The purpose of TC01-Standard MA Member Submission is to test eligibility rules for 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-P 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. • Validation on the file for a unique encounter is based on the following data fields: • Beneficiary HICN • Date of Service • Place of Service • Type of Service • Procedure Code (and 4 modifiers) • 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 enrollment reports and table for verification.

3.2 TC02 – Coordination of Benefits Submission

3.2.1 Purpose

The purpose of TC02 – Coordination of Benefits Submission is to test editing, processing, and appropriate pricing of multi-payer or Medicare secondary payer submissions.

3.2.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions in the 837-P format.
2. At least two (2) encounters are submitted for each type of test case scenario.
3. Submit an original transaction to a primary payer.

3.2.3 Test Procedure

Table 2: Test Procedure Steps for TC02 – Coordination of Benefits Submission

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit a true coordination of benefits submission from a secondary payer using the 2nd iteration of loops 2320, 2330, and 2430.	• The 999 and 277CA Reports are returned to submitters. • Validation on the file for a unique encounter is based on the following data fields: • Beneficiary HICN • Date of Service • Place of Service • Type of Service • Procedure Code (and 4 modifiers) • 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.

3.2.4 Assumptions and Constraints

There are no assumptions and constraints identified at this time for coordination of benefits submissions.

3.3 TC03 – Correct/Replace

3.3.1 Purpose

The purpose of TC03 – Correct/Replace is to ensure accurate processing and pricing validations are applied to correct/replacement submissions.

3.3.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.
2. The original submission must be identified as "Accepted" status on the ED Processing Status Report. This submission must be sent with the ICN associated with the "Accepted" encounter.
3. 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 – Correct/Replace

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit an encounter with a correction/replacement code '7' in Loop 2300, CLM05-3 on the 837 P. • Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior accepted encounter.	• The 999 and 277CA Reports are returned to submitters. • Validation is performed against the original encounter stored in the EODS: • Loop 2300 o REF01=F8 o REF02=ICN • Files pass duplicate validation and continue processing. • 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. • Pricing and diagnosis data are updated in the EODS database and stored.

3.3.4 Assumptions and Constraints

There are no constraints identified for the submission of a correct/replace encounter.

3.4 TC04 – Chart Review – Linked

3.4.1 Purpose

The purpose of TC04 – Chart Review – Linked submission is to ensure supplemental chart review information associated with an encounter is captured in EODS.

3.4.2 Prerequisite Conditions

1. System will accept 5010 version X12 standards for HIPAA transactions.
2. The original submission must be identified as "Accepted" status on the ED Processing Status Report. This submission must be sent with the ICN associated with the "Accepted" encounter.
3. At least two (2) encounters are submitted for each type of test case scenario.
4. Remember to include a valid Provider Tax ID and the Rendering Provider NPI number.

3.4.3 Test Procedure

Table 4: Test Procedure Steps for TC04-Chart Review Linked Submission

Step #	Action	Expected Results/ Evaluation Criteria
1.	• Submit a chart review linked to an existing ICN with a PWK01 = "09" and PWK02 = "AA". Submit the chart review with a minimum of four (4) diagnosis codes for testing. • Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior Chart Review encounter. • Populate '1' in CLM05-3	• The 999 and 277CA Reports are returned to submitters. • Files pass duplicate validation and continue processing. • 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. • Diagnoses data are updated and stored in the EODS database.

3.4.4 Assumptions and Constraints

An existing ICN must be linked to the chart review submission.

3.5 TC05 – Chart Review – Unlinked

3.5.1 Purpose

The purpose of TC05 – Chart Review – Unlinked Submission is to ensure supplemental chart review information without an associated encounter is captured in EODS.

3.5.2 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.
3. Remember to include a valid Provider Tax ID and the Rendering Provider NPI number.

3.5.3 Test Procedure

Table 5: Test Procedure Steps for TC5-Chart Review – Unlinked Submission

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit a chart review with no link to an ICN with a PWK01 = "09" and PWK02 = "AA". • Populate '1' in CLM05-3	• The 999 and 277CA Reports are returned to submitters. • Files pass duplicate validation and continue processing. • 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. • The chart review with no linked ICN is processed through the EDPS. Encounter data is checked against processing edits. • Diagnoses data are updated and stored in the EODS database.

3.5.4 Assumptions and Constraints

There can be no existing ICN linked to the submission of a chart review – unlinked, and the data will not be priced in EDPS.

3.6 TC06 – Duplicate

3.6.1 Purpose

The purpose of TC06 – Duplicate Submission is to ensure information is not duplicated and stored for pricing and risk adjustment in EODS.

3.6.2 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.
3. An original submission should be "Accepted" in EDPS prior to submitting a duplicate encounter submission.
4. Ensure that the interchange date and time (ISA09 and ISA10) are unique in the ISA-IEA interchange header file.

3.6.3 Test Procedure

Table 6: Test Procedure Steps for TC06 – Duplicate Submission

Step #	Action	Expected Results/ Evaluation Criteria
1.	Submit a duplicate 837P encounter, to the EDFES with duplicate data in all of the following fields: • Beneficiary HICN • Date of Service • Place of Service • Type of Service • Procedure Code (and 4 modifiers) • Rendering Provider NPI • Paid Amount • Billed (Charged) Amount at Service Line	• The 999 and 277CA Reports are returned to submitters. • The file is rejected due to duplicate data contained in EODS. • ED Duplicates Report is generated and returned 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.

3.6.4 Assumptions and Constraints

It is assumed that the submission matches an existing encounter in the system.

ACRONYMS

CMS	Centers for Medicare & Medicaid Services
EDFESC	Encounter Data Front End System Contractor
EDFES	Encounter Data Front End System
EDIPPS	Encounter Data Institutional Pricing and Processing System
EODS	Encounter Data Operational Data Store
EDPPPS	Encounter Data Professional 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
MA	Medicare Advantage
MAO	Medicare Advantage Organization