**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Self-testing User Guide for 837 and Non-Claims Transactions

Introduction

Prior to submission of electronic claims and non-claims transactions to Blue Cross Blue Shield of MI (BCBSM), there is a two step test process that software must pass:

1) Test in Validator: a self-testing tool that checks compliance Levels 1-6 based on requirements from the ANSI ASC X12N Technical Report Type 3 (TR3/Implementation Guide) for the specific 5010 Errata version transactions to be tested.

2) Test in Subsystem: a Level 7 compliance check based on **specific requirements** outlined in the appropriate **BCBSM Companion Document** for the ANSI ASC X12N transactions being tested.

*****Please note that test files larger than 1MG will fail due to size limitations.*****

This user guide provides instruction to complete the first step. BCBSM has made available a self-testing tool to assist in the testing of ANSI ASC X12N 5010 Errata version transactions for Levels 1-6.

Prior to moving into the Subsystem test process, a software vendor/developer or EDI Trading Partner must run a successful compliant self-test through the Validator tool. Test data must meet testing criteria and follow the payer-specific requirements outlined in the appropriate BCBSM companion document.

Testing Levels

Levels 1-6 – Tested in Validator and based upon the requirements outlined in the ASC X12N (005010) TR3/Implementation Guide. 837 claims transactions are also checked based upon specialized testing required by certain healthcare specialties for the type of claims you are testing (institutional, professional, or dental).

Level 7 – Payer Specific check done in the Subsystem test process. Even though Validator does not check for Level 7, you will not move forward in the process if you are not also following the appropriate BCBSM companion document along with the TR3/Implementation Guide.

Following is a description of what is checked in each level:

Level 1: Integrity Testing

X12N testing of the EDI file for valid segments, order, attributes, numeric values, X12 syntax and compliance with X12 rules. This will validate the basic level of integrity of the EDI submission. *****Each segment must be on a separate line (unwrapped) for Validator to test properly.**

Level 2: Requirement Testing

X12N testing for HIPAA TR3/Implementation Guide specific requirements such as; repeat counts, used and not used codes, etc. Testing for non-medical code-sets as laid out in the TR3/Implementation Guide.

Level 3: Balancing

Balancing transactions for balanced field totals, record or segment counts, financial balancing of claims or remittance advice.

Level 4: Situation Testing

The testing of specific inter-segment situations described in the TR3/Implementation Guide; such as, if A occurs then B must be populated.

Level 5: Code Set Testing

This level of testing will not only validate the code sets but also make sure the usage is appropriate for any particular transaction. System validates external code sets and tables such as CPT, ICD9, ICD-10, CDT, NDC, adjustment reason codes and their appropriate use for the transaction.

Level 6: Types of Service Testing

Specialized testing required by certain healthcare specialties; for example, ambulance, chiropractic, and other specialties have specific requirements that must be tested before putting the transaction in production.

Level 7: Trading Partner-Specific Testing

This level of testing involves third-party validation. Testing is specific to each trading partner. **This will be done in BCBSM's Subsystem test.**

Once logged in you will see the following screen. Select Testing.
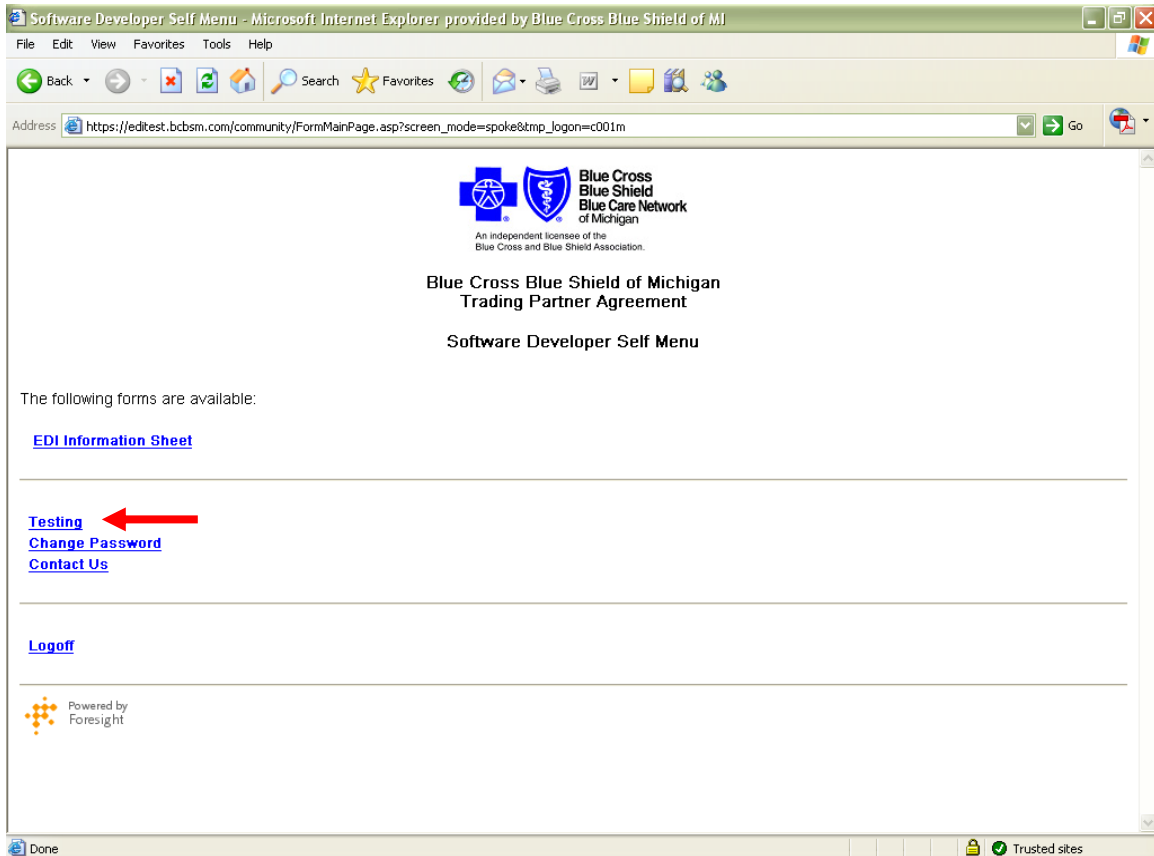
You will then see the following message directing that you use de-identified data when submitting test data. You will need to agree before proceeding. Once you have agreed, the message will no longer display. If you do not accept you will be redirected back to the log in screen.


Protected Health Information

I understand that I am about to use the HIPAA transaction self service tool. I agree that I will use de-identified data when submitting information to this self service tool. To the extent I submit Protected Health Information and a data breach, security incident or unauthorized access to the PHI occurs, BCBSM will notify me, but I remain responsible for responding to these situations, including issuing any notifications that may be required by the HIPAA Data Breach Rules set forth at 45 C.F.R. §§ 164.400 – 164.414.

I Agree   I Do Not Agree

Test Files

Test files should contain de-identified **real** data not fictitious or 'dummy' data. 837 test files should contain claims for each line of business the submitter will send in production, such as: Blue Shield, Medicare, Blue Care Network, etc. They should mirror an actual production file in claim, payer and service types.
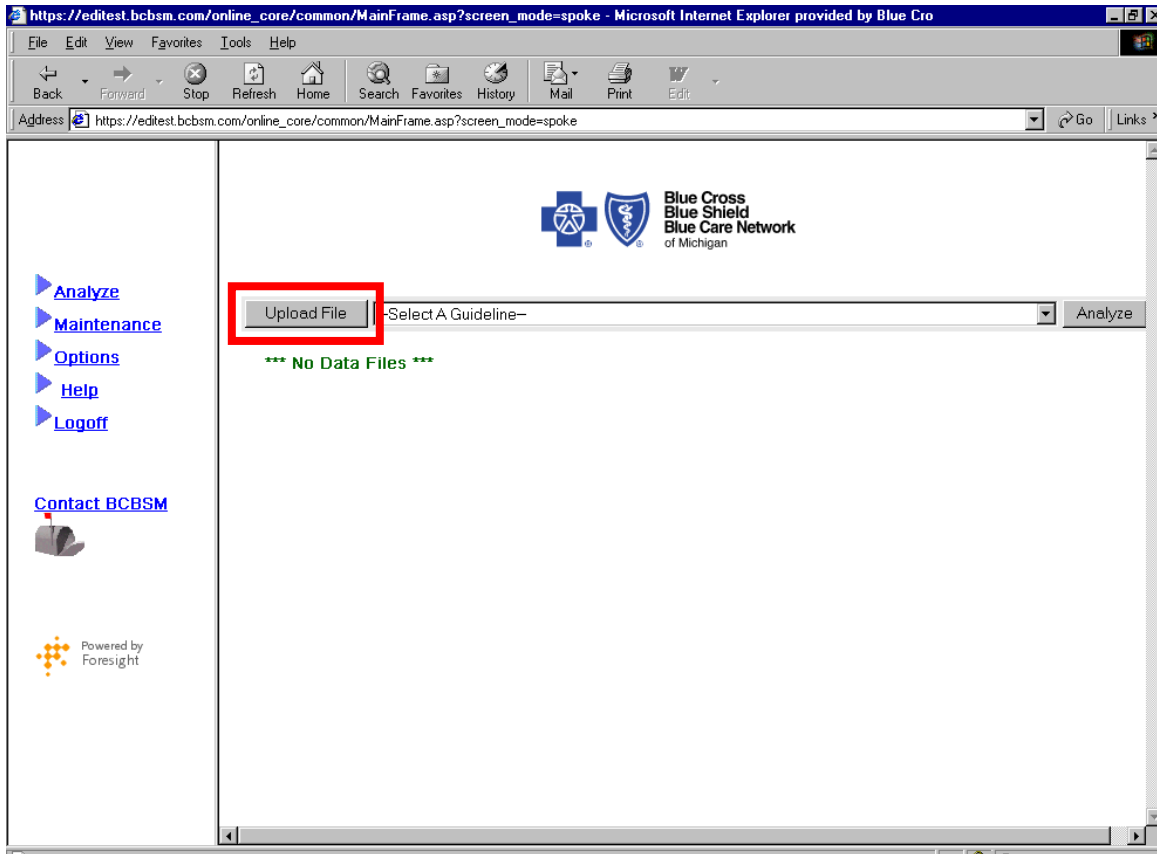

To Load Your Test ASC X12N 5010 File:

Load your test file by clicking "Upload File." You will then be prompted to either type in the path to your data file, or navigate to it by clicking on the browse button. Once you have entered in your file name, click on "Upload Now."

DO NOT BEGIN ANOTHER PROCESS while the Upload is in progress. You will receive a message when the upload is complete. Once complete you may continue uploading additional files by selecting "Upload Another File."

You are now ready to analyze your data. Select the data file name you wish to analyze by clicking on the radio button next to the file name.
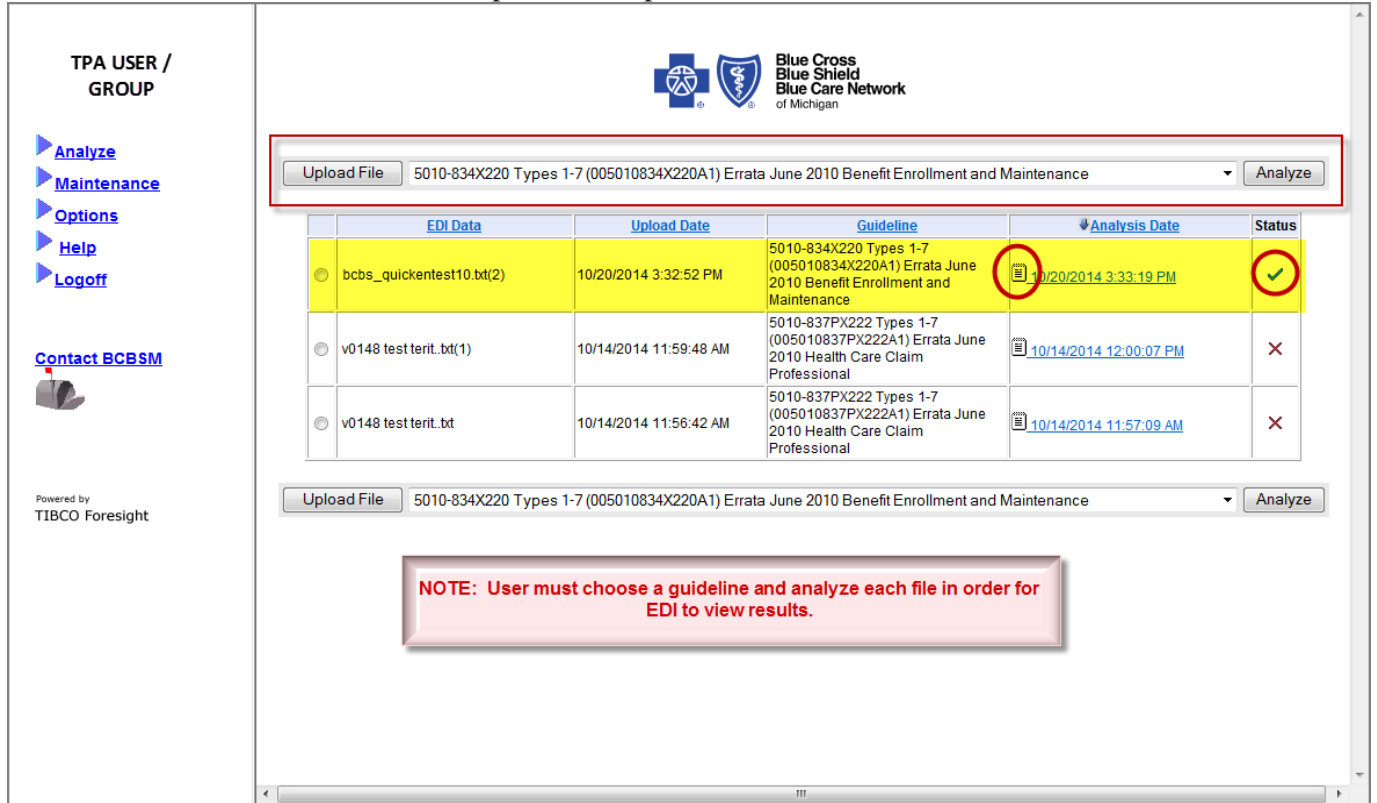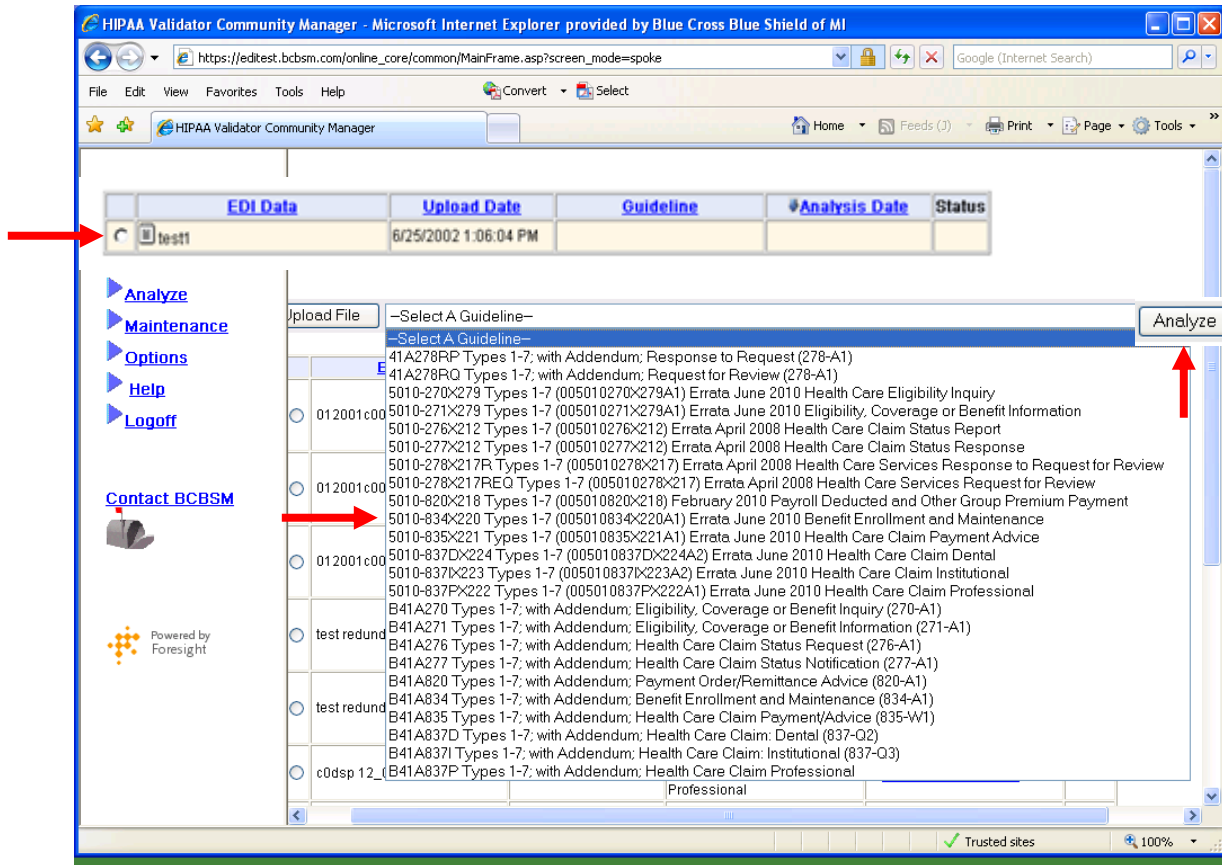

From the drop down box select the guideline to compare your data against.

Click the analyze button to the right of the drop down box to compare your data against the guideline selected. Your screen will periodically refresh while the analysis is running until completed.

Once analysis is complete the text will be displayed in green. To view the analysis, click on the notepad icon in the Analysis Date column. This will display the EDI data. This information may be printed

Click on the 📄 notepad icon to open the file and view the edits.

The status column on the Analysis screen gives a quick representation of the results of your comparison. One of the following status codes will be displayed:

✔ = **Compliant** *(Zero errors, zero warnings.)*

✗ = **Fatal Error** *(Error that stops the validation from continuing.)*

The format of the data may be changed through the Options menu

The following screen will appear. This is a summary of the errors received (please look at the right column for the Level 1-6 error and refer to the description in the beginning of this guide. You do not need to pay attention the Informational notes. However it is important that you refer to the TR3, Implementation Guide or Healthcare Specialty Warning, Error, or Fatal notices (Bolded with **green** description for a Warning, **blue** description for an Error, a Fatal will be in **red** within the report). The file will display with the errors that occurred causing the ✖ to appear in the Status column.

File   Edit   View   Favorites   Tools   Help

⭐   X ASC X12   BCBSM Employee Secure...   Blue Access Login   eBIG SharePoint   EDDI Customer Support   Fidelity netBen

Data File:	test 834.txt		Analysis Date:	8/10/2016 9:59:37 AM
Worst Severity:	**Error**		Profile File:	$fsdeflt.apf
Guideline:	SD5010-834X220		Error File:	FSANERRS.TXT
Transaction Set:	834		Business File:	FSBRERRS.TXT
TotalDiagnostics:	8		Customer File:	CustomerFSBRErrs.txt
Total Segments:	2931		Customer File2:	
Data Size:	71932 bytes		User Table:	SampleUserTable.txt

Ignore	Info	Warning	Error	Fatal	User1	User2
0	7	0	1	0	0	0

General	1 & 2 Syntax	Balancing	Situation	Code Set	Line of Service	Payer Specific	Partner Specific
7	1	0	0	0	0	0	0

📋 **Diagnostic Message Summary** Get a count of each Diagnostic found below

🟥 = Page containing at least 1 diagnostic of severity level **"Warning"** or greater   🟩 = Current page

1 2 3 4 5 6 7 8 9 10 11

Page 1 of 11 - Errors and all data

Examples:

Informational

Loaded Transaction Set 270 from Standard B41A270 (005010X279A1) [ErrCode:11001,Severity:Info, HIPAA Type0-General] Start of Transaction Set, Ctl. No. 1001 [ErrCode:11213,**Severity:Info,** HIPAA Type0-General]

Warning or Error

Element HL04 (D.E. 736) at col. 10 is missing, though marked "Must Be Used" [ErrCode:10613,**Severity:Error**, HIPAA Type1 & 2-EDI Syntax] {LoopID=2000B;SegID=HL;SegPos=4;ElemPos=4} HL loop 2 has child(ren) but is marked as having none in HL04 [ErrCode:11403,**Severity:Error**, HIPAA Type1 & 2-EDI Syntax] {LoopID=2000C;SegID=HL;SegPos=6;ElemPos=1}

Fatal Error

Missing mandatory INS02 (D.E. 1069) at col. 6 [ErrCode:10614,**Severity:Fatal**, HIPAA Type1 & 2-EDI Syntax] {LoopID=2100C;SegID=INS;SegPos=12;ElemPos=2}

You can move to the next level of testing in Subsystem when:

For 837 claims, 270/271, 276/277 and 278 files - you have three (3) files that have received **three consecutive green check marks (**✔ indicates the file passed Validator test), for each line of business

you are testing. Example: you are testing Blue Shield (professional BCBSM claims), Blue Care Network, and Medicare B; you must have a total of 9 files that have passed with the green check mark (3 for each);

For 834 files - your one (1) test file received a **green check mark (✔** indicates the file passed Validator test).

NOTE: Even though you may have files with green check marks, you **must** also follow the specific requirements as outlined in our BCBSM Companion Document. **You will not move to the next level of testing if you are not also following our companion document requirements.**

Maintenance

Data files can be deleted through the maintenance option on the menu. Clicking on the trash can icon next to the EDI data file name will delete the data and all analysis associated with that data.

To delete a specific analysis, without deleting the data, click on the trash can icon in the analysis column.

Logoff

To exit the Validator select **Logoff** from the menu. This will take you back to the log in screen.