Testing Process Introduction

Slide 1 of 30 - Testing Process Introduction

Slide notes

Welcome to the Testing Process course.

Note: This module only applies to Responsible Reporting Entities (RREs) that will be submitting Section 111 claim information via an electronic file submission.

Slide 2 of 30 - Disclaimer

Disclaimer

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation. All affected entities are responsible for following the instructions found under the *Reference Materials* menu at the following link: https://www.imp.cob.cms.hhs.gov/mra/.

Slide notes

While all information in this document is believed to be correct at the time of writing, this Computer Based Training (CBT) is for educational purposes only and does not constitute official Centers for Medicare & Medicaid Services (CMS) instructions for the MMSEA Section 111 implementation.

All affected entities are responsible for following the instructions found at the following link: Section 111 COBSW.

Slide 3 of 30 - Course Overview

Course Overview

- Preparation
- Overview of the Testing Process
- General Testing Requirements
- Section 111 COBSW
- Important Information to Consider

Slide notes

This course will discuss testing preparation, an overview of the testing process, general testing requirements, and the Section 111 Coordination of Benefits Secure Website (COBSW).

It will also review some important information to consider.

NOTE: Liability insurance, (including self-insurance), no-fault insurance and workers' compensation are sometimes collectively referred to as "non-group health plan" or "NGHP."

The term NGHP will be used in this CBT for ease of reference.

Slide 4 of 30 - PAID Act

PAID Act

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past 3 years.

This information will be provided on the COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Slide notes

The Medicare Secondary Payer (MSP) policy is designed to ensure that the Medicare Program does not pay for healthcare expenses for which another entity is legally responsible. To aid settling parties in determining this information, Congress has enacted the Provide Accurate Information Directly Act also known as the PAID Act requiring that CMS provide Non-Group Health Plans with a Medicare beneficiary's Part C and Part D enrollment information for the past three years.

This information will be provided on the COBSW S111/MRA and offline in the NGHP Query Response File. Additionally, CMS has requested that this solution also include the most recent Part A and Part B Entitlement dates.

Note: To support the PAID Act, the Query Response File will be updated to include Contract Number, Contract Name, Plan Number, Coordination of Benefits (COB) Address, and Entitlement Dates for the last three years (up to 12 instances) of Part C and Part D coverage. The updates will also include the most recent Part A and Part B entitlement dates.

Slide 5 of 30 - Preparation - Registration

Preparation - Registration

Before testing may begin, the RRE must:

- Complete registration and account setup
- Return signed profile report to the BCRC

The BCRC will process profile report

- RRE will be in a testing status
- Email will be sent to Account Manager

Slide notes

Before testing may begin, RREs must complete the registration and account setup process and return the signed profile report to the Benefits Coordination & Recovery Center (BCRC).

The profile report will contain all of the information you submitted with your registration, including the file transmission method(s) selected, contact information for your Electronic Data Interchange (EDI) Representative, and your assigned quarterly file submission timeframe.

Once the BCRC has recorded receipt of the signed profile report, the RRE ID will be updated to a test status and test files will be accepted. They will send an email to your Account Manager indicating that testing can begin.

Slide 6 of 30 - Overview of the Testing Process

Slide notes

RREs using a file submission method are required to pass the testing process for the Claim Input and Response Files prior to sending production Claim Input Files for Section 111 for each of their registered RRE IDs.

Testing of the Claim Input/Response Files is required. No testing is done for the Direct Data Entry (DDE) option.

RRE IDs for DDE submitters will be set to a production status after the signed profile report is received at the BCRC and production reporting may begin immediately thereafter.

If the RRE is using an agent to test, the agent must submit and pass the testing process for these files on behalf of the RRE.

When the RRE (or their agent) has successfully completed testing the Claim Input and Response files for an RRE ID, they will transition from a testing to a production status.

The switch to a production status is dependent on successful completion of Claim Input/Response File testing, not Query Input File testing.

This means that you may NOT send a production Claim Input File until testing is complete and the RRE ID is in a production status.

However, production Query Input Files will be accepted even when the RRE ID is in a testing status.

An email will be sent to the RRE's Account Manager to notify them of the change in status and to let them know that production files may now be submitted for the RRE ID.

**Slide 7 of 30 - Overview of the Testing Process**

Slide notes

RREs will submit a series of test files to the BCRC in order to verify that they can successfully transmit files, accept and process response files, and correctly submit Add, Update, and Delete Records.

An RRE ID must be in a test or production status in order for production Query Input Files to be accepted. An RRE ID must be in a production status in order for production Claim Input Files to be accepted.

Test files may be sent at any time after the RRE ID is in a testing status. There is no file submission timeframe assigned to the RRE ID for test files. There is no limit to the number of test files an RRE may submit.

Please note that even after the RRE ID has attained a production status, and the production Claim Input File submission has commenced, test files will always be accepted and processed by the BCRC in order to allow the RRE to test changes it may make in the future to its internal data processing system for Section 111.

Slide 8 of 30 - Test Data

Slide notes

Test files for both the Claim Input and Query File must be limited to no more than a combined total of 200 detail and auxiliary records (excluding the header and trailer).

If the file exceeds 200 detail/auxiliary records, the file will be rejected and not processed. The system will apply the same file error threshold checks to test files as those applied to production files.

Slide 9 of 30 - Test Environment

Test Environment

The BCRC's Test Environment

- Mimics the way files processed in production
- Medicare systems and databases not updated
- Refreshed on limited basis
- Do not use response data in production applications

Slide notes

The BCRC will maintain a test environment that contains a mirror image of the COB Beneficiary Master Database containing all beneficiary information the BCRC has in production and programs that will mimic the way the files would be processed in production, with the exception of actually updating other Medicare systems and databases.

However, this environment will be refreshed on a limited basis and information returned on test response files should not be used in production applications.

Slide 10 of 30 - Test Data

Test Data

- RRE may send actual production claim information or their own fabricated test data

- Test Medicare beneficiary data available for RRE use

  - Comprised of SSN, Medicare ID, Name, Date of Birth, and Gender

  - Use to test getting a match to a Medicare beneficiary

Slide notes

RREs may use actual production claim information or their own fabricated test data. Test Medicare beneficiaries are available for RRE use, in a downloadable file, as submitters may not know of real Medicare beneficiaries.

This test data is comprised of only the SSN, Medicare ID, Name, Date of Birth, and Gender for the test beneficiaries.

It does not include claim information. RREs may submit test records using the test Medicare beneficiary information provided, in order to test getting a match to a Medicare beneficiary.

Slide 11 of 30 - Beneficiary Test Data
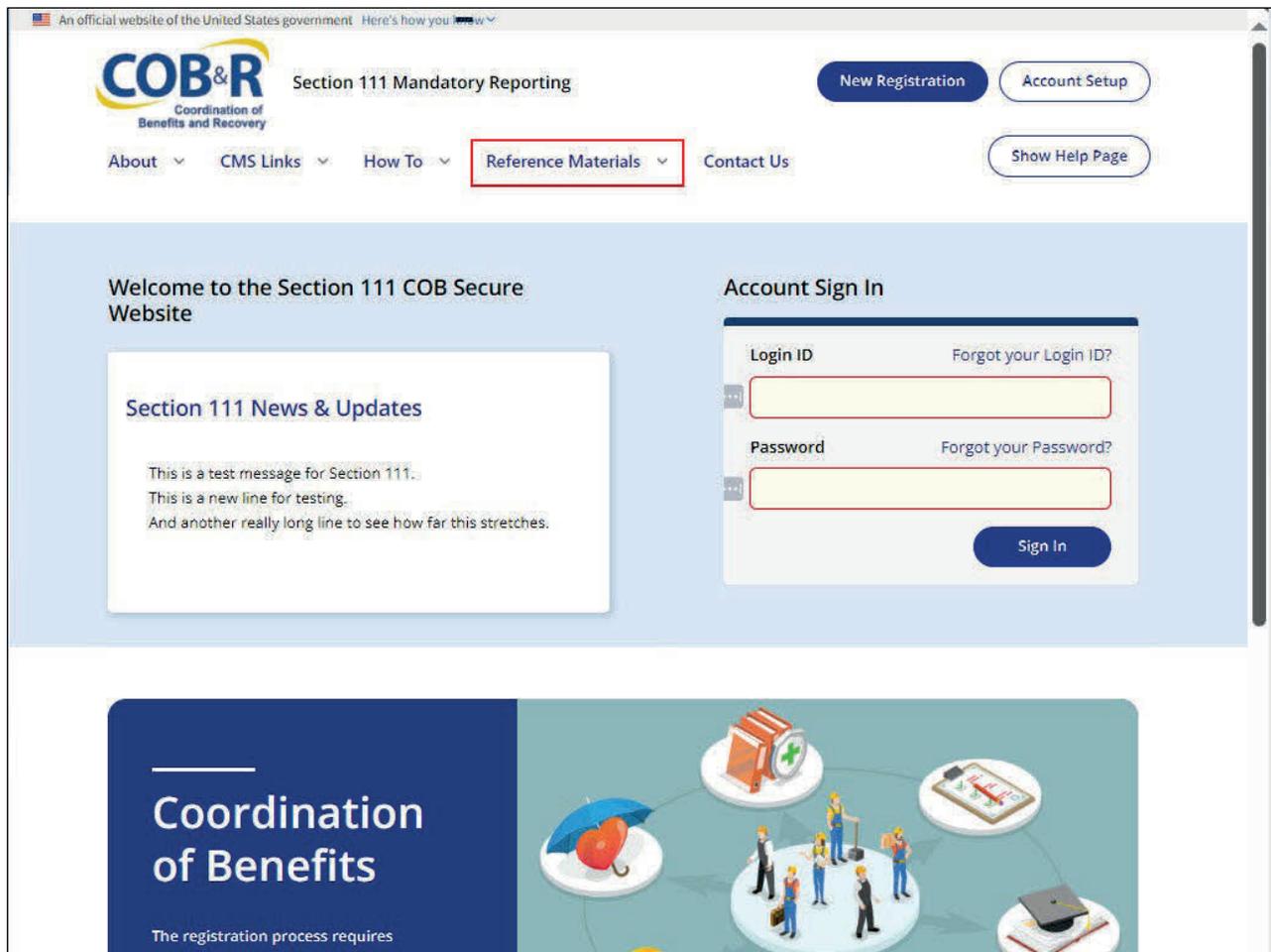
Slide notes

Test beneficiary data may be downloaded from the Section 111 COBSW at Section 111 COBSW.

After accepting the Section 111 Mandatory Reporting Website Usage Warning, the Welcome to the Section 111 COB Secure Website/Sign In page will appear.

Click on the Reference Materials menu option to view the files available for download, which include the test beneficiary data.

Slide 12 of 30 - Test Data

Test Data

- Create test claims to test various Disposition Codes

Disposition Code	Description
SP	claims with errors
01	claims with ORM and no errors
02	claims with no ORM and no errors
51	claims not matched to a Medicare Beneficiary
03	ORM and non-ORM claims

- ORM claims, system compares Medicare coverage to time period between Date of Incident and ORM Termination Date

- Non-ORM claims, system compares Medicare coverage to time period between Date of Incident and most recent TPOC Date

Slide notes

You should create test claims to test the various Disposition Codes that will be returned on the response file. If the record you submit for testing contains errors, you will receive an SP Disposition Code.

If you submit a test record for an actual Medicare beneficiary on your Claim Input File Add Record, your record will receive a 01 disposition if the claim is error-free and has ongoing responsibility for medicals (ORM) (i.e., the ORM Indicator Field is set to Y).

If you submit a test record for an actual Medicare beneficiary on your Claim Input File Add Record, your record will receive a 02 disposition if the claim is error-free and does not have ORM (i.e., the ORM Indicator Field is set to N).

On other test records, you may test the disposition 51 by submitting injured party information that does not match a test Medicare beneficiary.

In order to test the 03 Disposition Code, you will have to test both ORM and non-ORM claims (ORM Indicator = Y or N) where the ORM Termination Date/Total Payment Obligation to Claimant (TPOC) Date is outside the Medicare coverage period.

For ORM claims, the system compares the Medicare coverage period to the time period between the Date of Incident and the ORM Termination Date.

For claims without ORM, it is looking at the time period between the Date of Incident and the most recent TPOC Date reported.

Note: The guidance on determining the ORM termination date based on a physician statement has been clarified (Section 6.3.2 of NGHP User Guide).

Slide 13 of 30 - File Transmission

File Transmission

- Test files submitted in the same format used for production files (HTTPS, SFTP, or Connect:Direct via CMS EFT)

- If you need to change transmission method, contact EDI Representative
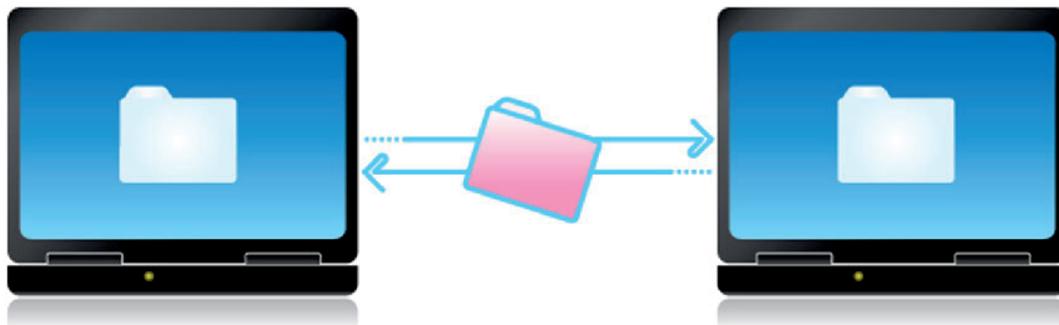
Slide notes

When transmitting files to the BCRC, the RRE must use the same transmission method as the one that was chosen for production files during Account Setup, (i.e., Hypertext Transfer Protocol over Secure Socket Layer (HTTPS), Secure File Transfer Protocol (SFTP) or Connect:Direct via CMS EFT).

If you need to change your file transmission after Account Setup has been completed, contact your EDI Representative.

Slide 14 of 30 - Connect:Direct via CMS Electronic File Transmission

Connect:Direct via CMS Electronic File Transmission

Connect:Direct via CMS EFT Submitters

- Set up test and production datasets at your site

- The BCRC will establish destination datasets at the BCRC data center

- Work with EDI Representative to test connectivity

Slide notes

When transmitting files to the BCRC, the RRE must use the same transmission method as the one that was chosen for production files during Account Setup (i.e., Hypertext Transfer Protocol over Secure Socket Layer (HTTPS), Secure File Transfer Protocol (SFTP) or Connect:Direct via CMS EFT).

If you need to change your file transmission after Account Setup has been completed, contact your EDI Representative.

Slide 15 of 30 - SFTP - File Transmission

Slide notes

RREs choosing to transmit files via SFTP will transmit files over the Internet to and from the BCRC using directories (mailboxes) created on the BCRC Section 111 SFTP server.

These RREs will receive a test submission mailbox/directory that is separate from their production submission mailbox/directory on the Section 111 SFTP server.

**Slide 16 of 30 - HTTPS File Transmission**

Slide notes

RREs choosing to transmit files via HTTPS will do so using the Section 111 COBSW.

Once logged into the application, the RRE will choose the "Upload File" action on the RRE Listing page, which will require you to indicate whether you are submitting a test or production file.

The system will place the file automatically in the proper directory for you.

See the NGHP User Guide Technical Information Chapter for more information on how files will be transmitted using these transmission methods, and also view the Section 111 COBSW CBT courses to learn how to use the Section 111 COBSW for HTTPS submissions.

Slide 17dhu of 30 - Testing Timeline
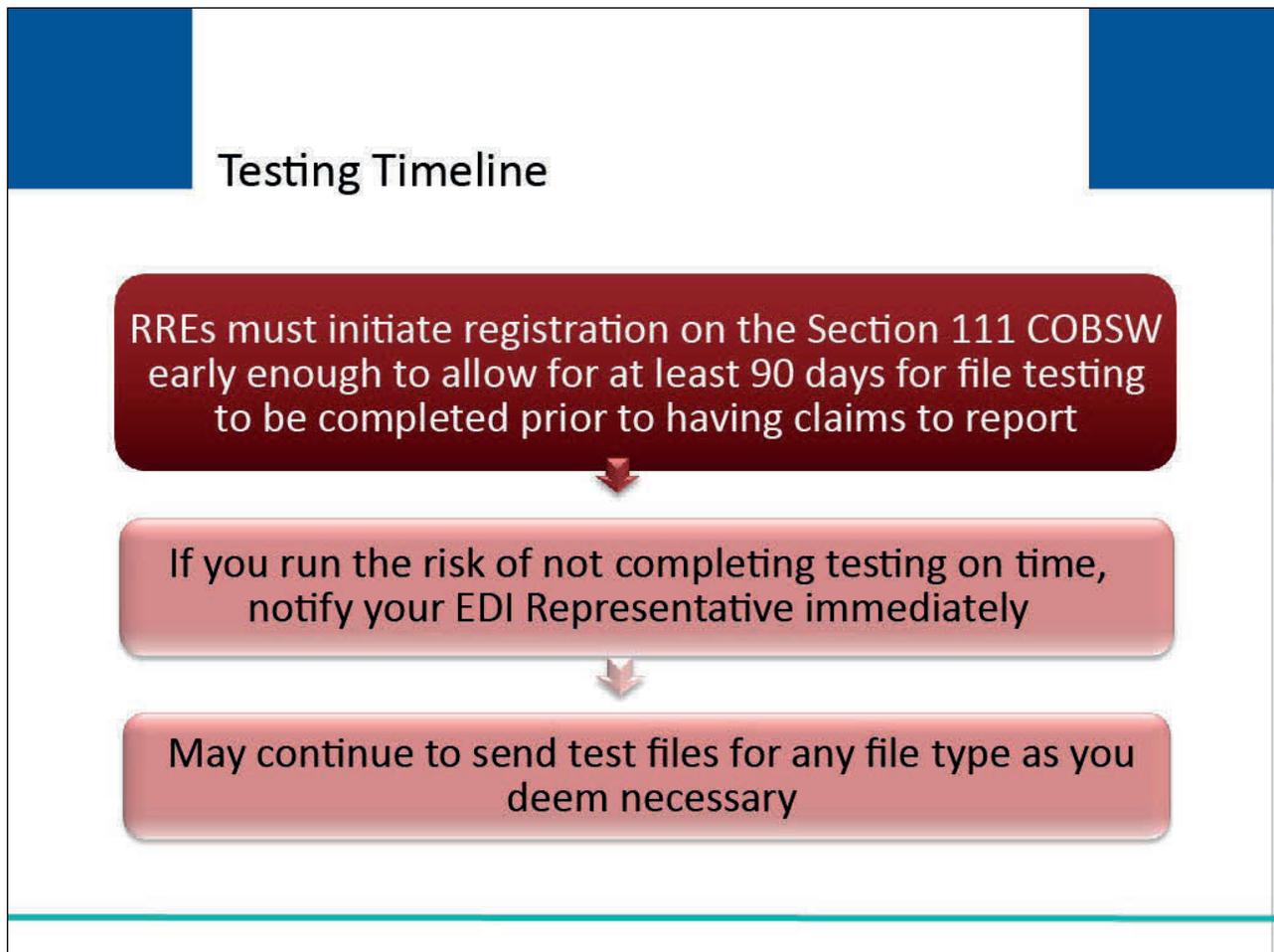
Slide notes

RREs must initiate registration on the Section 111 COBSW early enough to allow for at least 90 days for file testing to be completed prior to having claims to report.

See the NGHP User Guide Technical Information Chapter (Section 6.6) for more information on timely reporting.

If you run the risk of not completing testing on time, please notify your EDI Representative immediately.

Even after the RRE ID has been put in a production status, you may continue to send test files for any file type as you deem necessary.

Slide 18 of 30 - Testing Timeline

Testing Timeline

- Test files received while in production status will be processed and the results displayed on the Section 111 COBSW

- Test response files will be produced and transmitted

- RREs may continue to submit test files
    - After RRE ID has changed to a production status, and
    - After production files have been submitted

Slide notes

Once an RRE has moved to a production status, any subsequent test files received will continue to be processed by the BCRC and results will be displayed on the Section 111 COBSW.

Test response files will be produced and transmitted.

In other words, RREs may continue to submit test files after the RRE ID has changed to a production status and even after production files have been submitted.

This will allow RREs to test subsequent changes to their internal reporting process without disruption to production reporting.

Slide 19 of 30 - TIN Reference File Testing

TIN Reference File Testing

RREs must submit one TIN Reference File prior to, or with, the initial test Claim Input File

- Include information for each TIN/Office Code combination submitted on the test Claim Input File
- Office Code must be filled with nine spaces if not used

RREs advised to submit and complete successful processing of test TIN Reference Files prior to attempting submission of Claim Input Files

- TIN information is required for successful processing of Claim Input Files

Slide notes

RREs must submit a test Tax Identification Number (TIN) Reference File prior to, or with, their initial test Claim Input File that includes information for each TIN/Office Code combination submitted on the test Claim Input File.

The Office Code must be filled with nine spaces on the Claim Input File Detail Record and corresponding TIN Reference File Detail Record if it is not used.

RREs are advised to submit and complete successful processing of test TIN Reference Files prior to attempting submission of Claim Input Files since the TIN information is required for successful processing of Claim Input Files.

A TIN Reference File Detail Record will be successfully added, updated, or deleted when you receive a 01 Disposition Code for that record on the corresponding TIN Reference Response file.

Note: When there is an active Medicare Secondary Payer Recovery Portal (MSPRP) account for the insurer/recovery agent TIN, Section 111 submitters may set Go Paperless options (i.e., choose to receive letters electronically or by mail) for the insurer and recovery agent address using the following new TIN Reference File fields (Appendix B):

- TIN/Office Code Paperless Indicator (Field 23)
- Recovery Agent Paperless Indicator (Field 24)
- Recovery Agent TIN (Field 25)

Note: There are also five new fields (Fields 48-52) returned for these entries on the TIN Reference Response File (Appendix D).

Slide 20 of 30 - Claim File Testing

Slide notes

In order to successfully test the Claim Input and Response Files and transition from a testing to a production status, RREs must process at least one test initial Claim Input File and its corresponding response file and one test update Claim Input File and its corresponding response file.

The BCRC will provide you with a Claim Response File a week after receipt of the test file.

You will need to work with your EDI Representative to correct any errors received on the response file and continue to resubmit the input/update files until the testing requirements are met and you are satisfied with the results.

Slide 21 of 30 - Claim File Testing

Claim File Testing

Submission Requirements

- Add at least 25 new claims in one Claim File submission
- Update at least 5 previously submitted records in one Claim File submission
- Delete at least 5 previously submitted records in one Claim File submission
- Must receive a 01 or 02 Disposition Code on response file for submitted records

Slide notes

At a minimum, the test Claim Input Files must:

- add at least 25 new claims in one Claim File submission;
- update at least five previously submitted records in one Claim File submission;
- delete at least five previously submitted records in one Claim File submission; and
- a record will be successfully added, updated, or deleted when you receive a 01 or 02 Disposition Code for that record on your corresponding response file.

Additional test files must be submitted until these requirements are met.

Please note: These testing guidelines represent the minimum test requirements that the RRE must successfully perform.

The RRE may submit additional test records and additional test files as they see fit.

Slide 22 of 30 - Query File Testing
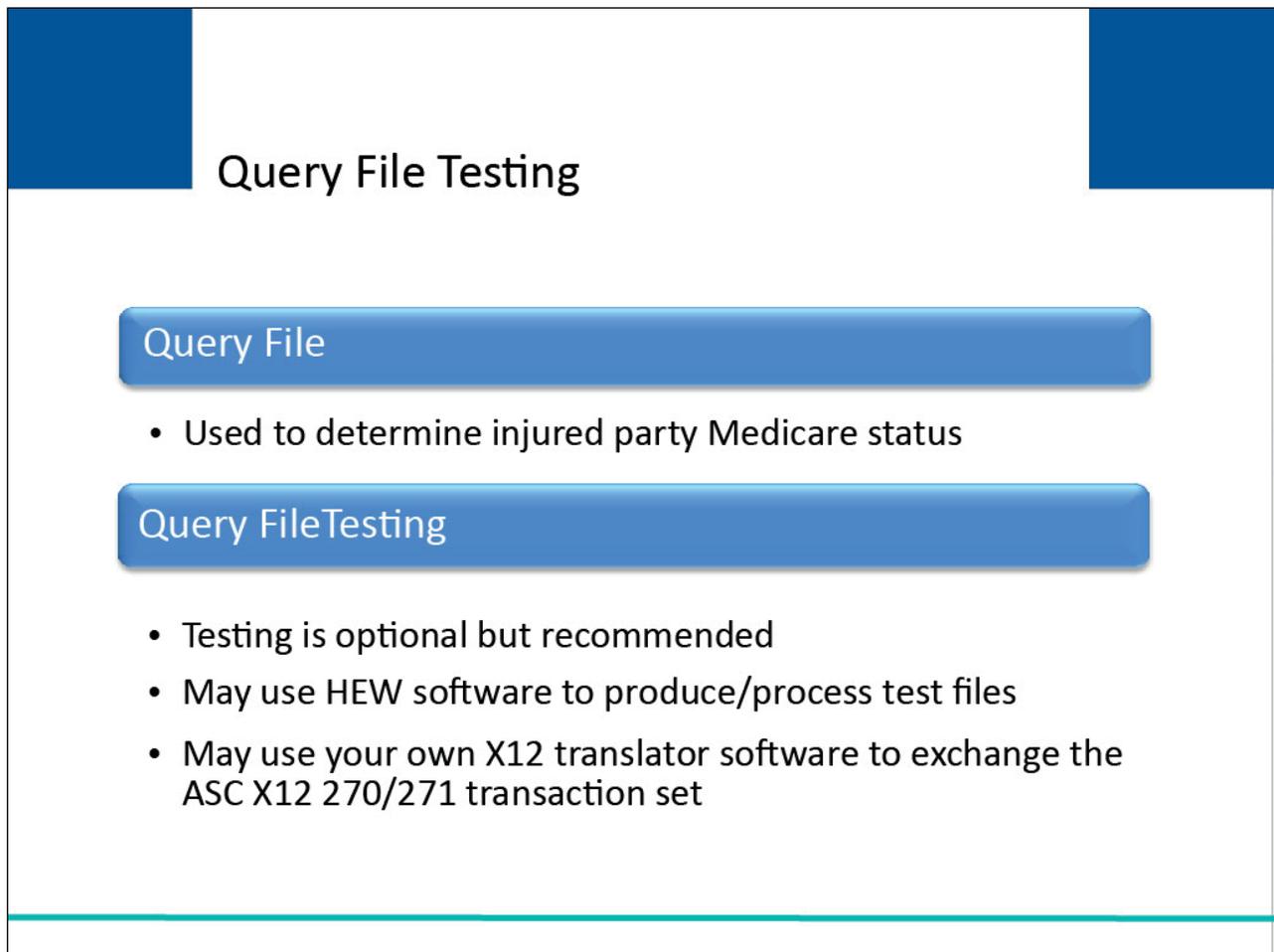
Slide notes

The Query File is used to determine whether an injured party or claimant is, or was, covered by Medicare.

Although testing of this file is optional, if you plan to submit the Query File in production, it is recommended that you create and submit a query test file and process the corresponding response file.

Successful testing of the Query File is the only way to ensure you will be able to properly use the query process in production.

You may use the HIPAA Eligibility Wrapper (HEW) software to produce your test Query Input Files and process your test Query Response Files or you may use your own X12 translator software to exchange the ASC X12 270/271 transaction set.

Slide 23 of 30 - Query File Testing

Slide notes

An RRE ID must be in a test or production status in order for production Query Input Files to be accepted.

Testing for the query process may be completed before, during, or after your testing of the Claim Input File.

Testing for the query process may be completed after the RRE has been set to a test or a production status.

Slide 24 of 30 - Query File Testing

Slide notes

To test the Query Files, submit at a minimum one Query Input File with at least one detail record. You can increase your chances of matching to a Medicare beneficiary by submitting individuals over age 65.

After processing the Query Input Test File, the BCRC will provide you a test Query Response File within a week of receipt of the test file.

The response file will identify those covered individuals that have Medicare coverage, and those individuals not found in the database.

You should process at least one corresponding Query Response File.

Slide 25 of 30 - Section 111 COBSW

Slide notes

Testing progress and completion dates will be tracked and reported in the Section 111 application on the Section 111 COBSW system by the BCRC.

Users will be able to see what test files were submitted and processed, the number of records accepted and rejected, and whether the testing requirements have been fulfilled.

All users associated with the RRE's account on the Section 111 COBSW will be able to monitor the status of their testing process.

Please be sure that your EDI Representative is kept informed of your testing progress and any issues that you have encountered.

The RRE ID will be placed in a production status after the Claim Input File testing has been successfully completed.

Once the RRE has moved to a production status, an email will be sent to the RRE's Account Manager to notify them of the change in status and inform them that production files will now be accepted for the RRE ID.

Slide 26 of 30 - Production Timeline

Production Timeline

Once Claim Input File testing is complete, RREs in production status

May submit Claim Input Files during assigned submission timeframe

Foreign RREs must submit initial production Claim Input File during assigned submission timeframe
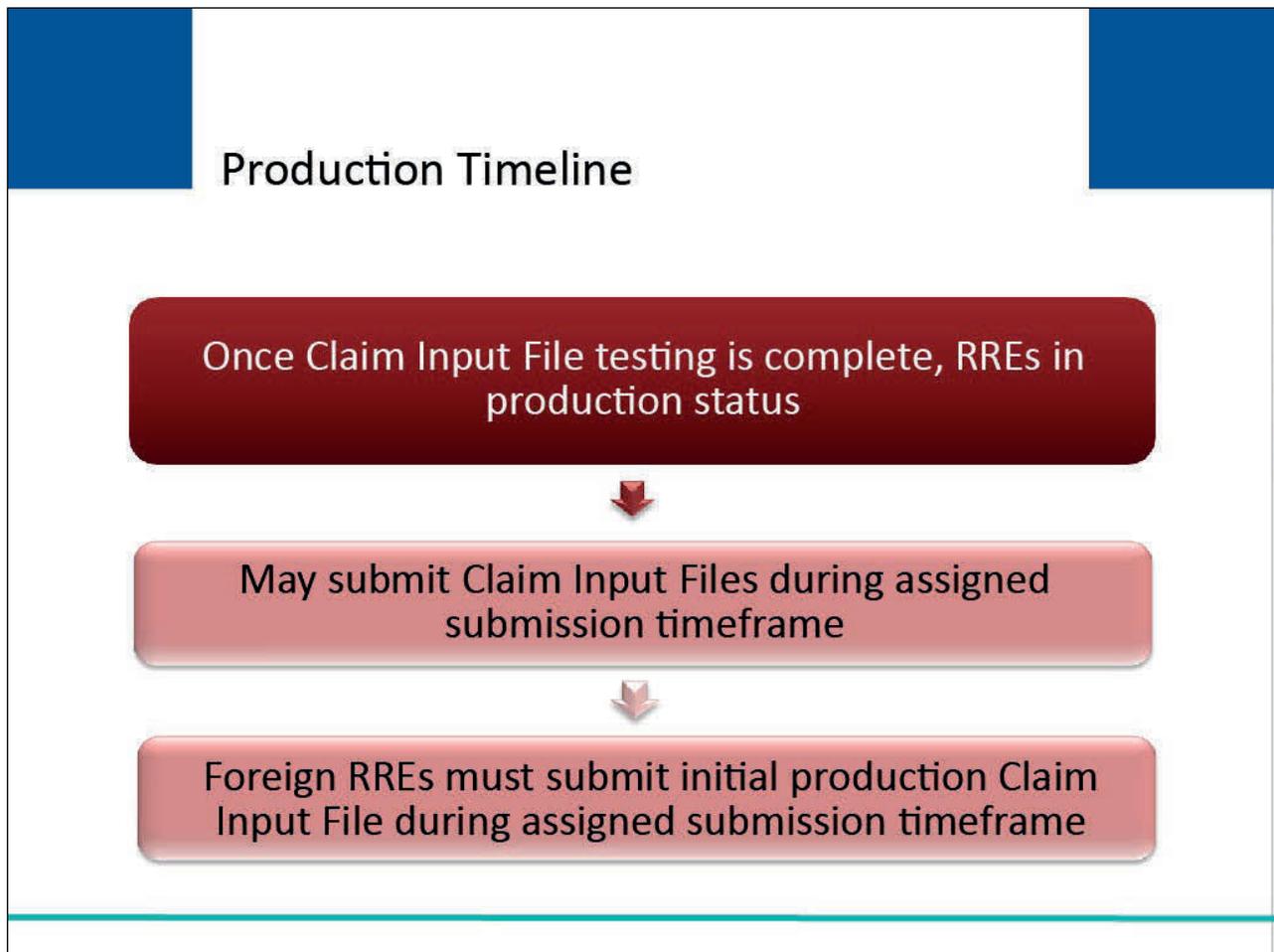
Slide notes

Once Claim Input File testing is complete, RREs in a production status may submit production Claim Input Files during their assigned file submission timeframe.

Foreign RREs must also submit their initial production Claim Input File during their assigned file submission timeframe.

Slide 27 of 30 - Important Information to Consider

Slide notes

In order to be successful in complying with Section 111 requirements, here are a few important things to remember: First, RREs should work closely with their EDI Representative.

Second, Claim File testing must be complete before the Section 111 production live date. Third, RREs should test the response file process and the internal system updates to ensure that they can process the response file data.

Fourth, RREs should monitor file processing and statistics on the Section 111 COBSW on a regular basis, and finally, RREs should update their Section 111 COBSW passwords on a regular basis (at least every 60 days).

Slide 28 of 30 - Course Summary

Course Summary

- Preparation
- Overview of the Testing Process
- General Testing Requirements
- Section 111 COBSW
- Important Information to Consider

Slide notes

This course discussed testing preparation, an overview of the testing process, general testing requirements, and the Section 111 Coordination of Benefits Secure Website.

Slide 29 of 30 - Conclusion

Slide notes

You have completed the Testing Process course.

Information in this course can be referenced by using the NGHP User Guide's table of contents.

This document is available for download at the following link: CMS NGHP Website.

Slide 30 of 30 - NGHP Training Survey
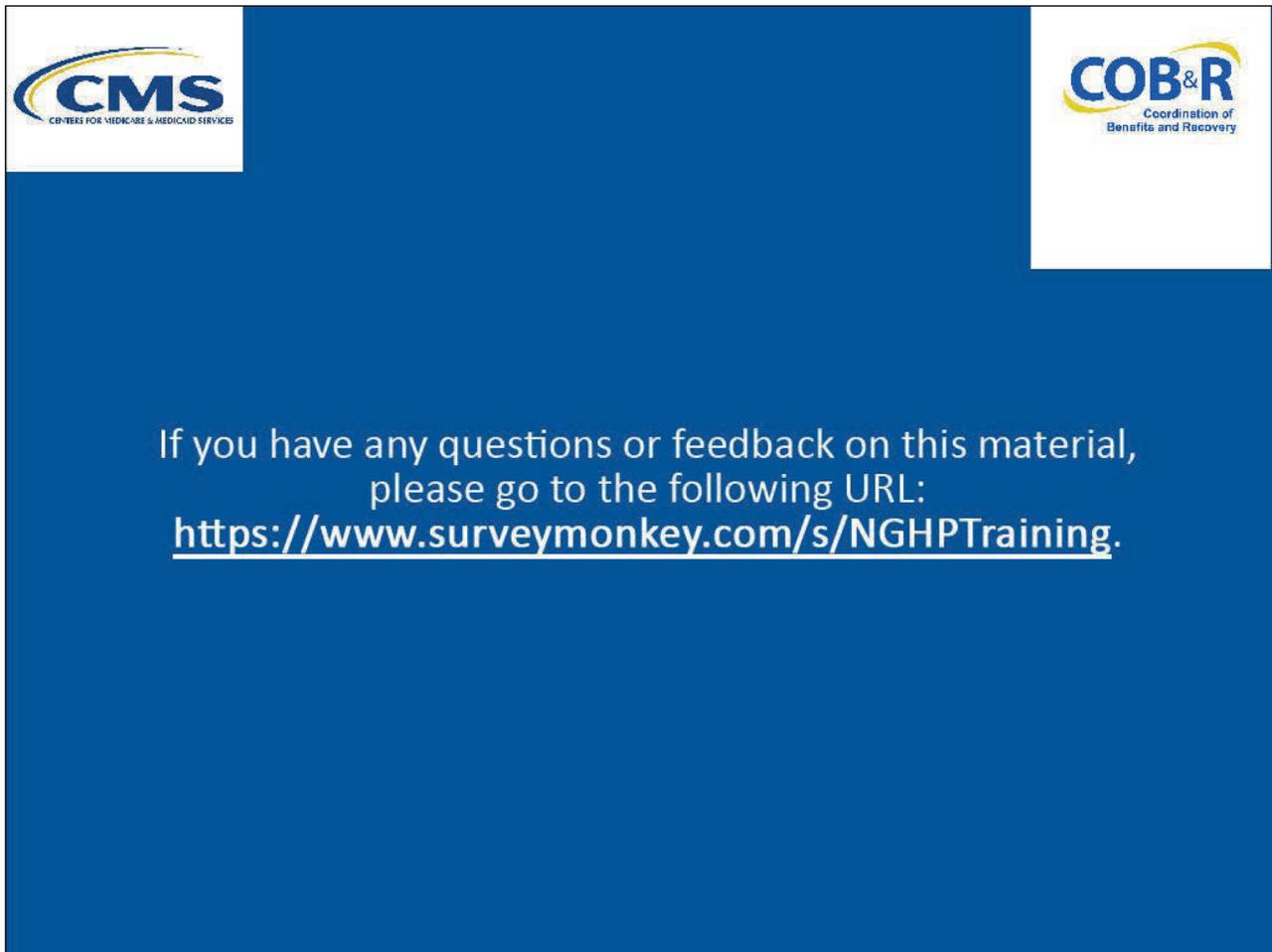
Slide notes

If you have any questions or feedback on this material, please go to the following URL: NGHP Training Survey.