RESOURCE AND PATIENT MANAGEMENT SYSTEM

TrailBlazers Medicare Part A

837 Testing and Production Procedures

July 2004

Information Technology Support Center
Division of Information Resources
Albuquerque, New Mexico

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2.0 Initial RPMS Set-Up Procedures

These initial set up procedures should be done before you create your first test batch. This is to ensure that your RPMS system parameters are set to submit claims for the 837 transaction.

2.1 Setting up the Provider Taxonomy

Each Provider that is billed for must have a corresponding Individual taxonomy assigned to them in RPMS. The recommended method is to input the provider taxonomy number to existing providers and new providers in the Person class or Provider class fields. For these instructions, please reference the attached document entitled 'Manually Adding Provider Taxonomy.' If sites are unable to complete this step, the third party RPMS software (3P) will use a crosswalk behind-the-scenes to find the necessary taxonomy number to populate on the 837 claim form.

2.2 Setting up the Location File

The Location and Institution files will also need to be set up on a one time basis. This step must be completed for each location that is to be billed. This will provide the physical addresses to your claims that are required for the 837. If you have already been testing the 837 format with other Insurers, it is possible that this has already been completed for your site. Check locally before completing this step. If it has not been done, use the following instructions to enter your facility information:

1. In 3PB, review the Site Parameter field and write down the name of the facility in the "Facility To Receive Payments:" prompt. This prompt is located in the Site Parameters option of Third Party Billing (3P→TMTP→SITM).

2. In 3PB, proceed to the Location File in Table Maintenance for Third Party Billing. You will need to make the following edits to ALL facilities for which you bill. You will also need to make changes for the 'Facility to Receive Payments' location.

   a. Enter the Physical Address for your facility into these fields.

   b. Ensure that the Tax Identification Number has been entered.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |             THIRD PARTY BILLING SYSTEM - VER 2.6         |
          +               Location File Maintenance                  +
          |                 UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: USER,DEMO                           18-FEB-2004 5:05 PM

Select LOCATION to Edit: UNSPECIFIED SERVICE UNIT    HEADQUARTERS WEST  01  NM

MAILING ADDRESS-STREET: 123 ABC ST//
MAILING ADDRESS-CITY: OCEAN//
MAILING ADDRESS-STATE: NEW MEXICO//
MAILING ADDRESS-ZIP: 33333//
PHONE:
FEDERAL TAX NO.: 903314521//
MEDICARE NO.: CAR000//

STREET ADDR. 1: 123 ABC ST
STREET ADDR. 2:                       ┌──────────────────────────────────────────┐
CITY: OCEAN                           │  Institution File data: Enter Physical Address  │
STATE: NEW MEXICO                     └──────────────────────────────────────────┘
ZIP: 33333

PLACE OF SERVICE CODE: 22//
BILL NUMBER SUFFIX: US//
```

2.3 Setting up the Location Class Taxonomy Code

A Location Taxonomy code needs to be set up in the Location File using VA FileMan options. Your RPMS Systems Administrator will need to assist you with this if you do not have this option.

Enter the location Taxonomy code into the Class field. For standard I/T/U location taxonomy codes, please refer to attached document entitled "RPMS Provider Taxonomy Crosswalk" and scan down to Non-Individual (Facility) Taxonomy Code section.

```
Select VA FileMan Option: ENTER or Edit File Entries

INPUT TO WHAT FILE:  9999999.06  LOCATION
                                          (3486 entries)
EDIT WHICH FIELD: ALL// 1101  CLASS  (multiple)
   EDIT WHICH CLASS SUB-FIELD: ALL// .07  CLASS
   THEN EDIT CLASS SUB-FIELD:
THEN EDIT FIELD:

Select LOCATION NAME: INDIAN HEALTH HOSPITAL        HEADQUARTERS WEST
ALBUQUERQUE      10              NM  IHS         202810
         ...OK? Yes//  (Yes)

Select BEGIN DATE: JAN 1,1960//            Non-Individual Taxonomy Code
  CLASS: GENERAL ACUTE CARE HOSPITAL
```

2.4   Table Maintenance Insurer File Set-up - Medicare Part A Insurer Set-up

When you are ready to create electronic test batches with 3P, you will need to go to Add/Edit Insurer (EDIN), and edit the Medicare Part A Insurer file. At the EMC TEST INDICATOR prompt, add the value of 'T' to the EMC TEST INDICATOR field. This allows Medicare Part A to identify the file submitted as a test file.

> **Note**: When you are moving to Production mode, you must change this field to P before transmitting your files.

```
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
            |              THIRD PARTY BILLING SYSTEM - VER 2.5        |
            +                    Add/Edit Insurer                     +
            |               QUICK ATTENTION HEALTH CENTER             |
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
WARNING: Before ADDING a new INSURER you should ensure that it
        does not already exist!

     Select one of the following:

          1            EDIT EXISTING INSURER
          2            ADD NEW INSURER

Select DESIRED ACTION: 1// 1  EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// YES

Select INSURER: Medicare( MEDICARE )
.
MEDICARE                                - 12800 INDIAN SCHOOL RD, NE
                                          ALBUQUERQUE, NM 87112

 OK? Y// Y

<-------------- MAILING ADDRESS --------------->
Street...: 12800 INDIAN SCHOOL RD, NE
City.....: ALBUQUERQUE//
State....: NEW MEXICO//
Zip Code.: 87112//

<-------------- BILLING ADDRESS --------------->
     (if Different than Mailing Address)
Billing Office.: IHS MEDICARE - NM BC/BS
        Street.: P.O. BOX 13597//
        City...: ALBUQUERQUE//
        State..: NEW MEXICO//
        Zip....: 87112//

Phone Number.......: (505)292-2600//
Contact Person.....: GLORIA//
AO Control Number..: 400//
All Inclusive Mode.: YES//
Backbill Limit (months): 24//
Dental Bill Status.:
Rx Billing Status..:

Select CLINIC UNBILLABLE:

EMC SUBMITTER ID: EMCSUBID//
EMC PASSWORD: EMCPW//
EMC TEST INDICATOR: T  ◄──── when in production, this will be P
USE PLAN NAME?:
72 HOUR RULE:
```

NOTE: PMS Software Local Modifications

Before you start testing, you will need to contact ITSC to have two ABM routines installed on your RPMS system. The two routines include modifications for the following items:

1. <u>Billing for Off-Site Locations</u> – The local routine will allow the HRN to print if the bill did not generate at the primary location. This is mainly for Home/School/Off-Site locations.

2. <u>Billing for Parent and Satellite Facilities</u> – Within 3P, if the A/R Parent Satellite Set Up is set to YES, the routine will use the visit location instead of the DUZ(2) when looking for the group number. The system also has a code for the group number which was previously focused more on the payer assigned provider number instead.

Please contact the RPMS Helpdesk at <u>rpmshelp@mail.ihs.gov</u> to make the request.

3.0 General 837 Testing Procedures

> **Note**: Please review the 'Initial RPMS Set-up Procedures' document before creating your first batch to Medicare Part A.

3.1 Contacting TrailBlazers Medicare Part A

On February 26, 2004, Indian Health Services (RPMS) software was officially certified by TrailBlazers as a certified software vendor that has successfully testing the HIPAA compliant Version 4010 A1 format. Indian Health Services (RPMS) vendor number is V00233. On February 2004, ITSC submitted a master list of I/T/U sites with provider numbers to inform them of sites who use the RPMS software to submit their electronic claims. Attached is a copy of the listing that was submitted.

Before testing, each site should review the attached listing to ensure the numbers provided were accurate. If not, your site will have to contact Medicare Part A to inform them of the correct facility provider number's that you will be submitting claims for. If there are number discrepancies, please send an email to sylvia.cavalcanti@palmettogba.com to notify her of the correct provider number. Along with your facility provider numbers, you also need to provide them with the RPMS Vendor ID # V00233 for Indian Health Services (RPMS) software.

Once you have contacted them, TrailBlazers Part A will update their database delineating the facility numbers to be in parallel testing and, later, for production mode.

If the number on the attached spreadsheet is correct for your specific facility, you will be able to submit the test files immediately after the Set-up procedures are completed.

3.2 Verify that Required RPMS software is installed at your site

Notify your Information Technology staff to ensure RPMS has the necessary software installed on their system:

- ABM Version 2.5 Patch 5 – Contains 837 fixes

- AUT 98.1 Patch 13 – Contains taxonomy list

> **Note**: Once the RPMS software is installed, and the Provider taxonomy, Location taxonomy and Insurer files are set-up (from the RPMS Set-up document), you can create the first test batch of claims.

3.3   Testing Process

Testing will need to be completed prior to sending live files. Sites that are going to be submitting claims will need to determine what professional services they are currently submitting to Medicare Part A.   For example, each site will only be submitting the 837-I but there are different locations that may be billed. Sites will need to approve at least fifteen (15) bills for the initial test batch with different Visit Types that may correspond with the UB 92 bill type. During testing, the claims will need to have the mode of export changed on an individual basis. This is accomplished through the Claim Editor. EDTD>EDCL and answer question #7 from page 1 by entering 'E' for edit, select #7, enter '??' and selecting the appropriate form, either the 837 UB or the 837 1500. See example below:

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 1
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: MEDICARE,TWO  [HRN:XXXXX                      Claim
Number:........................... (CLAIM IDENTIFIERS)
..............................
                   [1] Clinic.............: GENERAL
                   [2] Visit Type.........: OUTPATIENT
                   [3] Bill Type..........: 131
                   [4] Billing From Date..: 04/28/2004
                   [5] Billing Thru Date..: 04/28/2004
                   [6] Super Bill #.......:
                   [7] Mode of Export.....: 837 INST (UB)
                   [8] Visit Location.....: QUICK ATTENTION HEALTH CENTER
-----------------------------------------------------------------------
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED
-----------------------------------------------------------------------

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E

Desired FIELDS:  (1-8): 1-8// 7

[7] Mode of Export..: 837 INST (UB)// ??

   Choose from:
   1          UB-82     OMB NO. 0938-0279
   2          HCFA-1500A     Old Version Dated 1-84
   3          HCFA-1500B     New Version Dated 12-90
   4          ADA-90     Dental Claim Form Dated 1990
   5          WI-MCD-RX     Wisconsin Medicaid Drug Claim Form (482-020)
   6          WI-MCD-DEN     Wisconsin Medicaid Dental Form
   10         UB-92-E V4     UB-92 Electronic (NSF Version 4)
   11         UB-92     OMB NO. 0938-0279
   12         ADA-94     DENTAL ADA-94 FORM
   13         UB-92-E V5     Electronic UB-92 (NSF Version 5)
   14         HCFA-1500 Y2K     HCFA 1500 Y2K version
   15         HCFA-1500-E     Electronic HCFA-1500 (NSF Version 2.0)
   16         UB-92-E ENVOY     Electronic UB-92 (Envoy/NEIC version)
   17         UB-92-E V6     Electronic UB-92 (NSF Version 6)
   18         ADA-99     Dental Claim Form Dated 1999
   19         HCFA-1500-E ENVOY     Electronic HCFA-1500 Envoy (NSF V 2.0)
   20         HCFA-1500-E V3.01     Electronic HCFA-15000 (NSF V3.01)
   21         837 INST (UB)     837 4010 INSTITUTIONAL
   22         837 PROF (HCFA)     837 4010 PROFESSIONAL
```

Once you have batched the 15 claims in the new 837 format, follow the same procedures you follow when sending the claims electronically to TrailBlazers via the GPNET software.

4.0   Receiving and Reading of Error Reports

Once testing begins, and you start sending your files on the Medicare Online system, you will be notified if your claims were accepted with or without errors. There will be three types of reports you will be receiving.   These reports will need to be downloaded from your 'Outbox' on the Medicare online system.   The names of reports are the 997 Functional Acknowledgement, the Comp report, and the RSP (confirmation report).

The first files you will receive are the 997 Functional Acknowledgement and the Comp report (if there are errors). This report will list the errors (indicated with a 'R' for reject in the AK5 segment) that will need to be reviewed and corrected before sending additional claim files of the same transaction type. The Comp report lists the errors in an easier to read format. After the identified errors are corrected, you will need to recreate the batch and resend. Once your files have successfully been received by Medicare, the '997' response file will indicate the file was accepted (the AK5 and AK9 segment will have an 'A').

Within a few hours, you will then receive an RSP Confirmation Report from your 'Outbox' on the Medicare online system. You must check your RSP (confirmation report) to ensure all data elements have been received. The RSP report is the official confirmation that an ANSI file is accepted. The RSP report is how a site can be absolutely sure that TrailBlazers is processing an ANSI file.

If you are having trouble reading these error reports, or if you have submitted multiple files and have been unable to get a file to pass, contact your Area IT or Business Office Coordinator for assistance on reading these error reports and defining corrective actions.

If the Area IT or Business Office Coordinator is unavailable, email the error report to the ITSC RPMS Help Desk at ITSChelp@mail.ihs.gov. The call will be logged in via the Service Center software by name of testing transaction, payer tested with and name of facility. You will receive a response from ITSC at this point.

5.0 Production Mode

Once claims have been submitted and no errors are occurring the site may go into production mode. To do this, please follow these two steps:

1. The site will need to contact TB Medicare Part A at the Trailblazer EDI Helpline at 1-866-749-4302 to obtain the EDI Production form. This form will also need to be completed and faxed back prior to sending in production files so that TrailBlazers will start processing the files for payment.

2. Once a site moves into Production mode, the Third Party software will now be set up in permanent mode. The site will change the EMC TEST INDICATOR field to 'P' for PRODUCTION and begin sending production files. Please see example on page 4.

3. Each mode of export for the Visit Type can now be changed to the *default* 837 HIPAA format from the Insurer File within Table Maintenance. This will eliminate the need to change this on an individual claim basis from the testing phase. This process must be done for each payer that has been approved for production.

    In the 3P Insurer file, at the TMTP>INTM>scroll down until you are asked to select a visit type, enter the appropriate selection, and then populate the mode of export, you may type a '??' to get a listing to select from. See example below:

```
Select INSURER: Medicare
( MEDICARE )
.
MEDICARE                                - 12800 INDIAN SCHOOL RD, NE
                                          ALBUQUERQUE, NM 87112
 OK? Y// y


Visit                       Mode of    Mult  Fee    ------- Flat Rate --------
Type - Description          Export     Form Sched   Start      Stop       Rate
==============================================================================
 111   INPATIENT        837 INST (UB) YES          08/09/1989 12/31/1989  380.00
                                                   01/01/1990 12/31/1990  400.00
                                                   01/01/1991             414.00
 121   ANCILLARY (MCR PA  UB-82        NO          08/09/1989 12/31/1989   60.00
                                                   01/01/1990 12/31/1990   64.00
                                                   01/01/1991              66.24
 131   OUTPATIENT       837 PROF (HCFA)NO          08/09/1989 12/31/1989   72.00
                                                   01/01/1990 12/31/1990   76.00
                                                   01/01/1991              78.00
                                                   01/01/2003             160.00
 831   AMBULATORY SURGER  UB-82        NO    2     01/01/1990              76.00
                                                   01/01/1991              76.00
 999   PROFESSIONAL COMP  837 PROF (HCFA)N/A

Select VISIT TYPE..: 111  INPATIENT
        ...OK? Yes//   (Yes)

Billable (Y/N/E)....: YES//
Start Billing Date (create no claims with visit date before)..:
Procedure Coding....: CPT//
Fee Schedule........:
Multiple Forms?.....: YES//
Payer Assigned Provider Number.....:
Auto Approve?.......:
Mode of Export......: 837 INST (UB)// ??


   Choose from:
   1          UB-82     OMB NO. 0938-0279
   2          HCFA-1500A      Old Version Dated 1-84
   3          HCFA-1500B      New Version Dated 12-90
   4          ADA-90     Dental Claim Form Dated 1990
   5          WI-MCD-RX      Wisconsin Medicaid Drug Claim Form (482-020)
   6          WI-MCD-DEN     Wisconsin Medicaid Dental Form
   10         UB-92-E V4     UB-92 Electronic (NSF Version 4)
   11         UB-92     OMB NO. 0938-0279
   12         ADA-94     DENTAL ADA-94 FORM
   13         UB-92-E V5     Electronic UB-92 (NSF Version 5)
   14         HCFA-1500 Y2K     HCFA 1500 Y2K version
   15         HCFA-1500-E     Electronic HCFA-1500 (NSF Version 2.0)
   16         UB-92-E ENVOY     Electronic UB-92 (Envoy/NEIC version)
   17         UB-92-E V6     Electronic UB-92 (NSF Version 6)
   18         ADA-99     Dental Claim Form Dated 1999
   19         HCFA-1500-E ENVOY     Electronic HCFA-1500 Envoy (NSF V 2.0)
   20         HCFA-1500-E V3.01     Electronic HCFA-15000 (NSF V3.01)
   21         837 INST (UB)     837 4010 INSTITUTIONAL
   22         837 PROF (HCFA)    837 4010 PROFESSIONAL
```

This step will have to be completed for each visit type that you are submitting to Medicare Part A

6.0   After Production Mode: Continuous Monitoring

Once successful files have been sent, the site will need to continue to monitor each transmission error report by retrieving them from the Outbox files in the GPNET system each time 837 files are submitted.   They will be required to read the error reports, perform the necessary fixes, recreate the electronic batch and resubmit original batches to TrailBlazers. The ongoing monitoring is very important to ensure files are accepted and processed for payment by the Payer.

7.0 Contact Information

If you have any questions on these procedures, please contact:
Sandra Lahi at Sandra.Lahi@mail.ihs.gov or 505-248-4206

Dyanne Leyba at Dyanne.Leyba@ihs.gov or 505-248-4962

Adrian Lujan at Adrian.Lujan@mail.ihs.gov or505-248-4349

Or contact the ITSC Service Center by:

Phone: (505) 248-4371 or

           (888) 830-7280

Fax: (505) 248-4363

Web: http://www.rpms.ihs.gov/TechSupp.asp

Email: ITSCHelp@mail.ihs.gov