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Electronic Submission of Medical Documentation (esMD)

Test Center User Guide and Handbook

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# Introduction

The Test Center (TC) Data Entry System simulates the functionality of Health Information Handler (HIH) by providing users the ability to pull the Transaction Identifier (ID) from the legacy Database (DB) and Database Redesign (DBR) of the Electronic Submission of Medical Documentation (esMD) system and generate a 287 combined response file to submit to Shared Systems and receive responses/acknowledgements.

Population of the test files of 278 combined response file to Shared System is manual process which can be laborious, time consuming and error-prone process for Testing Operations and Support Services (TOSS) team in order to improve time and accuracy of the generated test files. A user-friendly editing web application (Test Center Data Entry App) is generated to facilitate this effect.

# Overview of the Test Center Application

TC application is Angular 6 Application, where TC application is designed to help user to generate a 278 combined response in the form of flat file to Shared Systems on legacy esMD and DBR esMD. This application is partial project of Shared System Automation. The purpose is to avoid users from manually modifying the flat file submitted to the Shared Systems. The destination of flat file will be generated on the Virtual Desktop (VDT) shared drive (Z:\SHARED\_SYSTEM\WLResponse). Application will pull the available transactions from esMD system and combine users input data to generate correct 278 format documents. Copy of the generated batch files can review at run time on browser and send an email to the user’s email account accordingly for future editing.

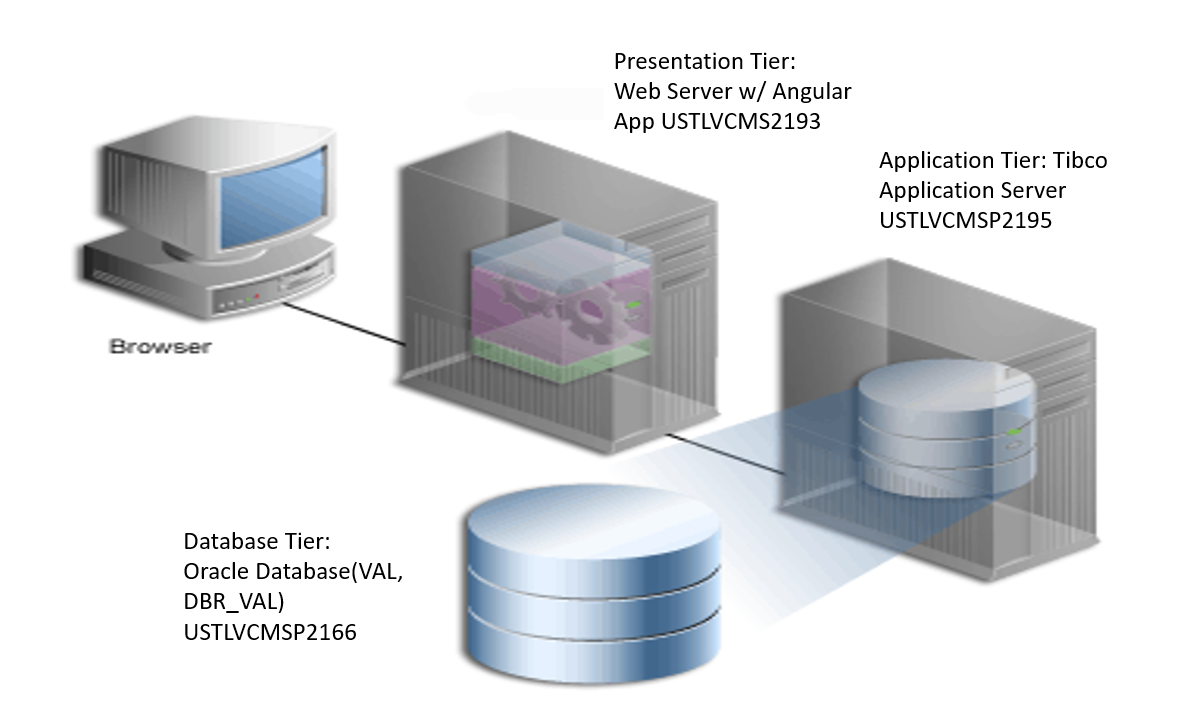
## System Overview

Figure 1: System Overview provides an outlook of TC application. This application hosts a NodeJS web server for CMS internal access.

The TC application consists of three tiers:

1. **Presentation Tier**: NodeJS server hosting angular 6 application on server USTLVCMSP2193 with port number 8000;
2. **Application Tier**: Tibco BW server running on USTLVCMSP2195 with port number 8001; and
3. **Database Tier**: Test Center Oracle DB (ESMDHIH).

Figure 1: System Overview



## System Requirements

Below are the system requirements for the TC application:

1. ES6 Compatible Web Browser to run. As of now, only Firefox from Citrix is setup to run the application properly;
2. Presentation tier: ustlvcmsp2193, NodeJS (8.12.0), npm(6.4.1) on Red Hat Enterprise 6.10(Santiago);
3. Application tier: Tibco Business works 5.4; and
4. Database tier: Oracle 11.4 or higher version.

Note: All the application is running on service, so startup command or script will be needed in case of server reboot or power restored.

## Audience

This document is intended for use by the Development Applications Technical Support (DATS) Development Team and the TOSS Project Testing Team.

# Procedure

## Log On to Perspecta CMS Customer Portal to Start the Test Center Application

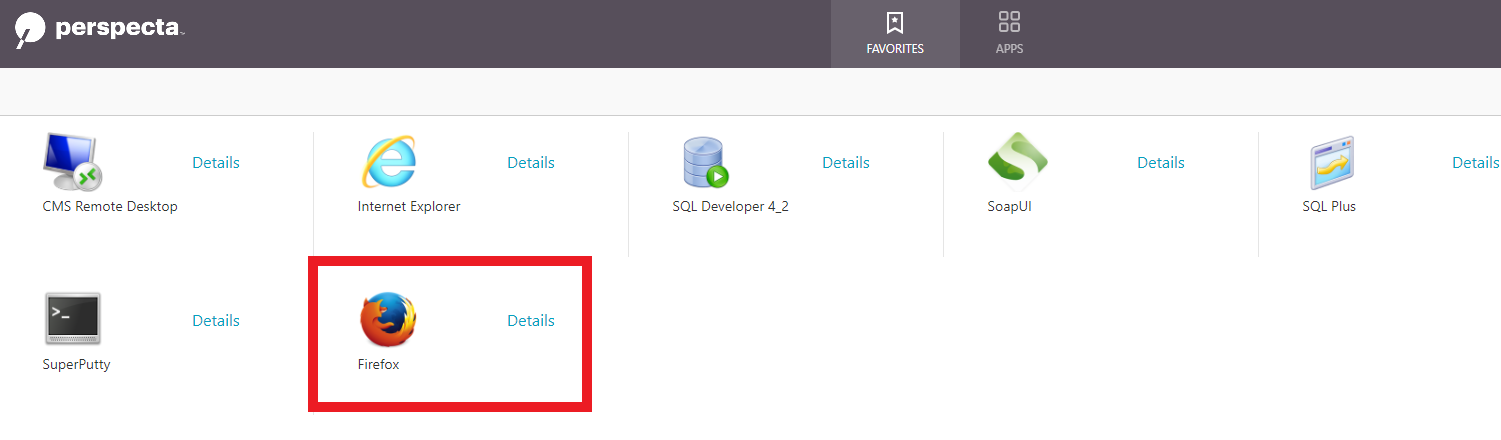
Following is the procedure to Log On to the Perspecta CMS Customer Portal:

1. Log On to Perspecta CMS Customer Portal: <https://cmsportalvdc1.cms.gov/vpn/index.html> as shown in Figure 2: Log On to the Perspecta CMS Customer Portal;

Figure 2: Log On to the Perspecta CMS Customer Portal

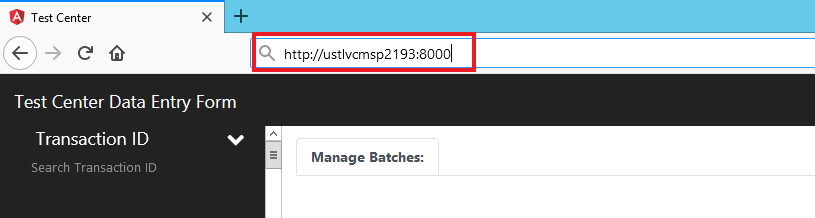
1. Select Firefox app from the applications on the homepage as shown in the Figure 3: Perspecta CMS Customer Portal Homepage; and

Figure 3: Perspecta CMS Customer Portal Homepage



1. Enter the Uniform Resource Locator (URL) in the browser: <http://ustlvcmsp2193:8000> as shown in the Figure 4: Test Center URL.

**Figure 4: Test Center URL**

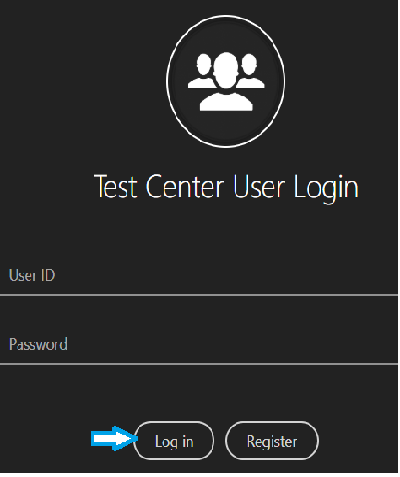


## Test Center Login

1. Once the Test Center application is opened, the **Login** screen is displayed as shown in the Figure 5: Test Center login; and
2. The User enters the **User ID** and **Password** as below and then clicks on the **Log in** button:
3. User ID: admin; and
4. Password: password**.**

**Note：**User Registration was disabled for future expansion. It is recommended that only one user can access at a time as multiple users editing same time, will erase other’s data.

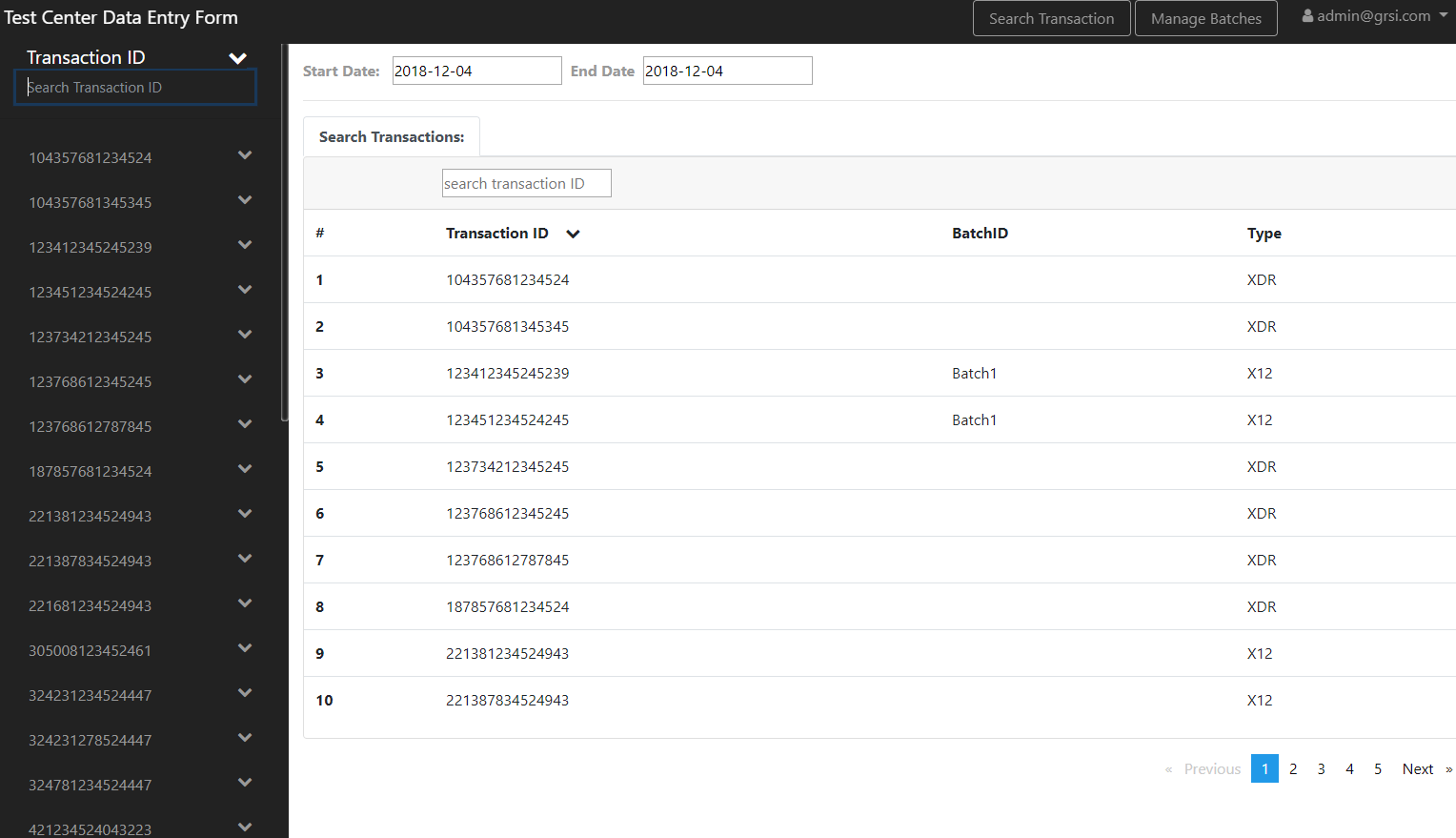
Figure 5: Test Center login



## Test Center Data Entry Form

1. Test Center Data Entry Form is displayed as shown in the Figure 6: Test Center Data Entry Form with valid Transaction IDs, where these valid transactions were pulled from either legacy Validation (VAL) or DBR-VAL environment;
2. Change between legacy and DBR can be accessed via setup screen; and
3. The main data form consists of four parts as shown in theFigure 6: Test Center Data Entry Form**;**
4. **Header**: Consists of two buttons and user login drop down. This helps to navigate to different functionalities like Search Transactions, Manage Batches, and change system settings;
5. **Sidebar**: Designed as quick access for individual transaction details;
6. **Start-End Date**: This is the start date and end date of the records pulled from the esMD;
7. **Transactions list tab**: Retrieved transactions are displayed in the “Search Transactions” tab. There is a “Transaction ID” field that allows user to enter partial transaction ID in order to quick access the individual transaction. The list also displays BatchID name and type of the transactions(XDR or X12); and
8. User need to setup these fields and click “Search Transaction” button in order to retrieve the latest records from esMD. These dates are default to the last 7 days. This number can be changed at the settings page.

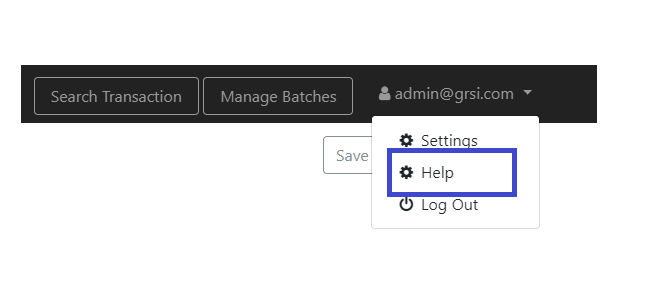
Figure 6: Test Center Data Entry Form



## Test Center User Guide Access

* To access the User Guide, user clicks on the right most dropdown menu and select help from the options as shown in the Figure 7: Test Center User Guide Access.

Figure 7: Test Center User Guide Access

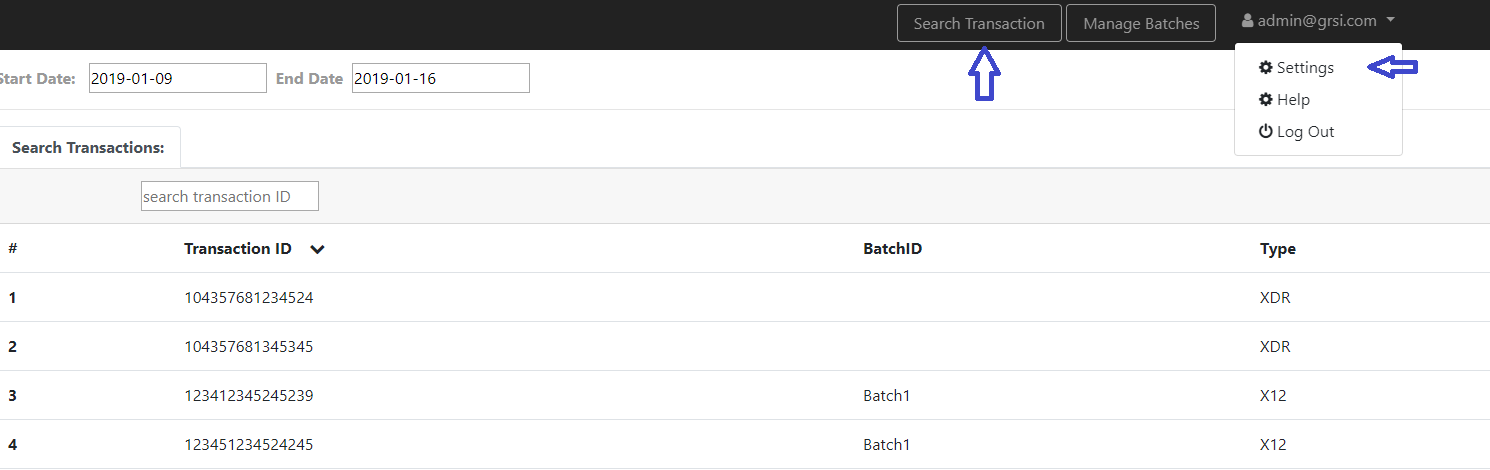


## Search Transaction

Below is the process the user follows to search a transaction:

1. Clicks on the **Search Transaction** tab located on the right-hand side in the Search Transaction page as shown in the Figure 8: Search Transaction 1;
2. Clicks on the right most dropdown menu as shown in the Figure 8: Search Transaction 1 to change the settings; and

Figure 8: Search Transaction 1

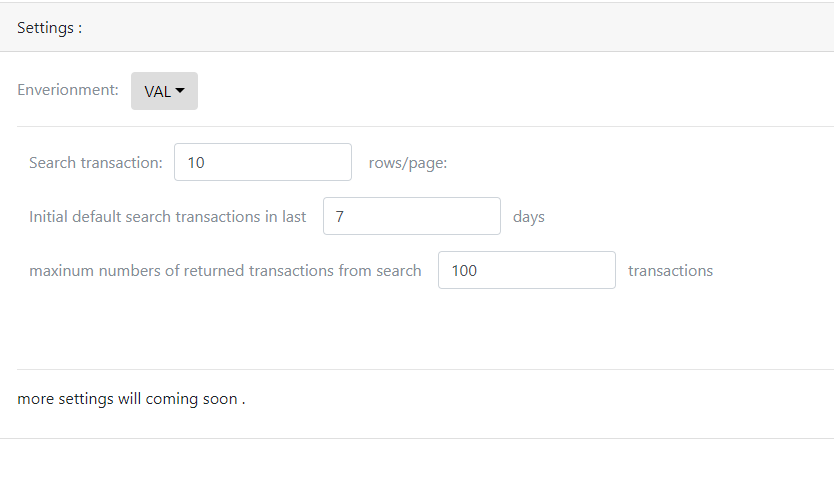


1. Clicks on the settings tab to change the view of search transaction as shown in Figure 8: Search Transaction 1.

Below is the description of the Figure 8: Search Transaction 1:

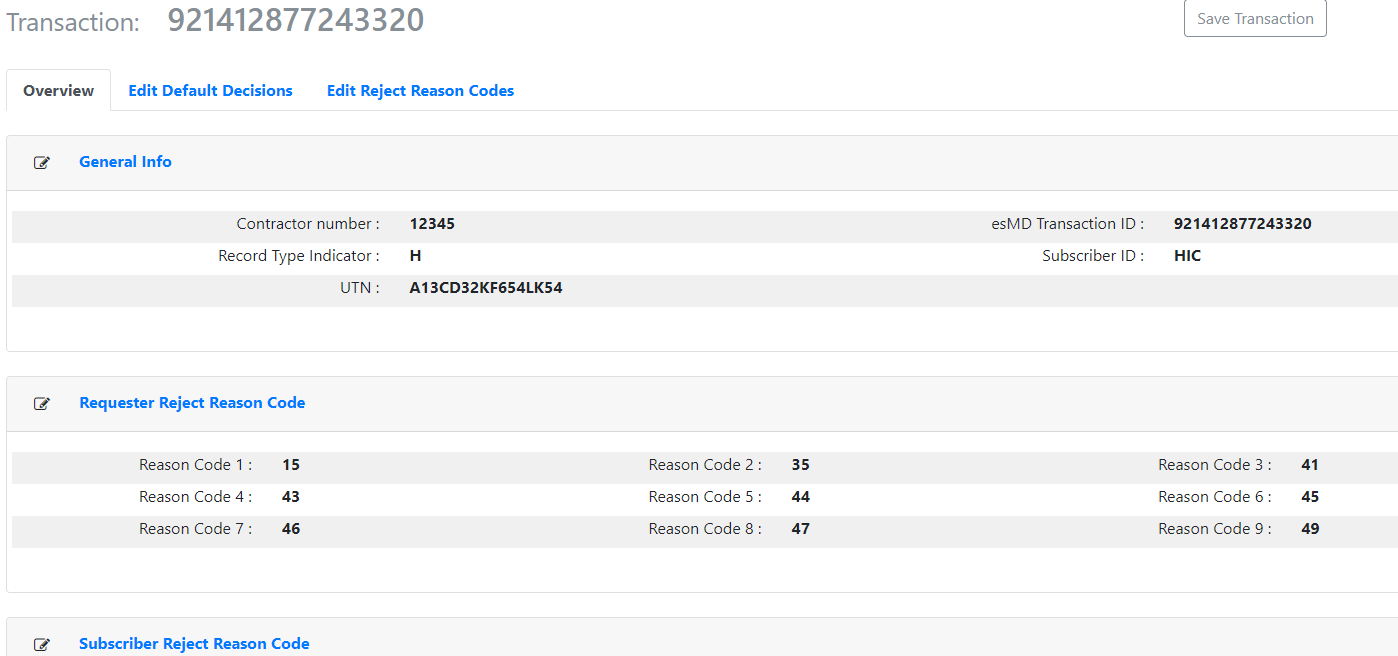
1. Environment section will allow user to pick the transaction source to pull from the database. Currently, “Legacy\_VAL” or “DBR\_VAL” is implemented;
2. In “Search transaction” text box, rows/page is to change the default display number of the rows in the main search result form as shown in the Figure 9: Search Transaction 2;
3. In “Initial default search transactions in the last days” text box, the date range of the last number of days transactions will be pulled from the esMD. Initial default was 7 days; and
4. In “Max numbers of returned transaction from search” text box, when the user enters a large date range, thousands of records will be pulled from esMD, as this is time consuming and unable to display on the screen, this setting allows user to enter the date range and maximum records can return from each search query. Default 100 records will return for each type(XDR or X12).

Figure 9: Search Transaction 2



## Transaction ID

By Clicking on Transaction ID shown in Figure 6: Test Center Data Entry Form, the user can see the overview details of each transaction as shown in Figure 10: Transaction ID.

Figure 10: Transaction ID

### General Info

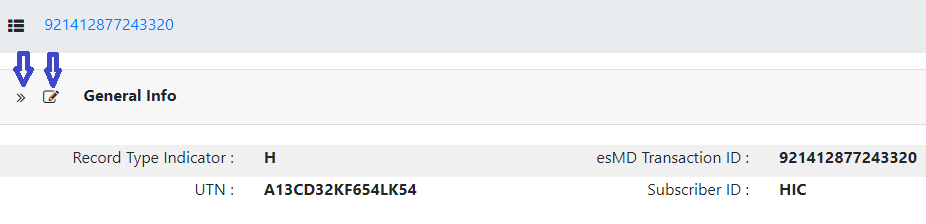
Below are the fields that are pre-populated in the esMD system:

1. **Contractor number**: Number for workload that is generating the esMD Response File;
2. **Record Type Indicator**: H represents Decision Response;
3. **Transaction ID**: This data element provides traceability at the transaction level; and
4. **Subscriber Id**: Health Insurance Claim (HIC) / Medicare Beneficiary Identifier (MBI) (for future transition).

As shown in the Figure 11: General Info 1, the user performs the following actions:

1. Clicks on the navigate button located next to the edit button to navigate through the different sections; and
2. Edits the General Info by clicking on the edit button located to the left of General Info.

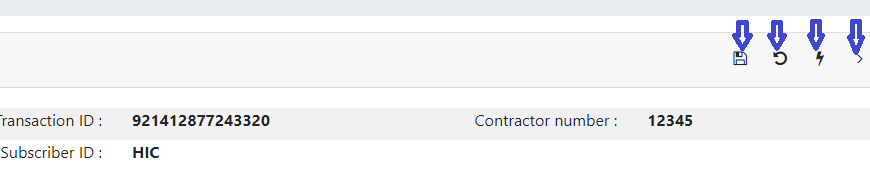
Figure : General Info 1



As shown in the Figure 12: General Info 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure : General Info 2



### Requester Reject Reason Code

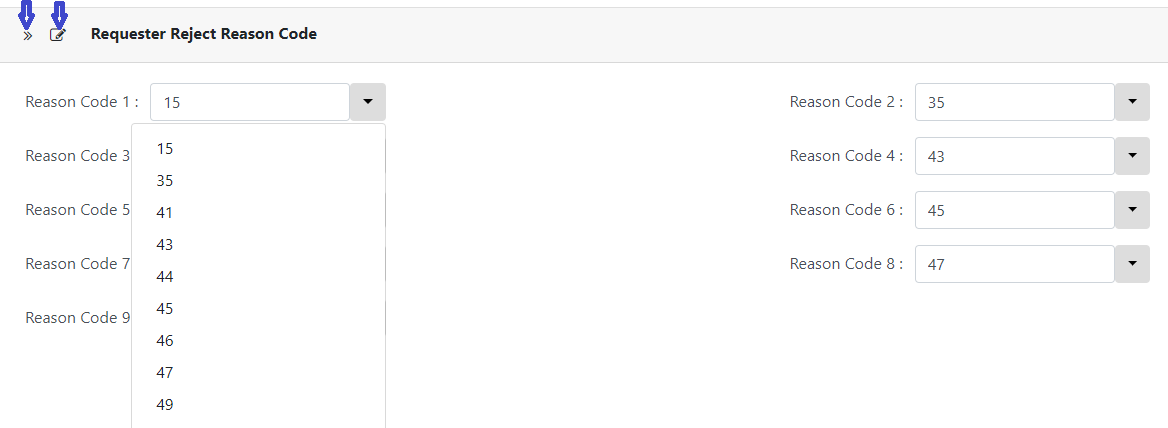
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the Review Contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Requester Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Requester Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Requestor Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 13: Requester Reject Reason Code 1, the user performs the following actions:

1. Edit the Requestor Reject Reason Codes by clicking on the edit button located to the left of Requester Reject Reason Code;
2. Select one of the Requestor Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

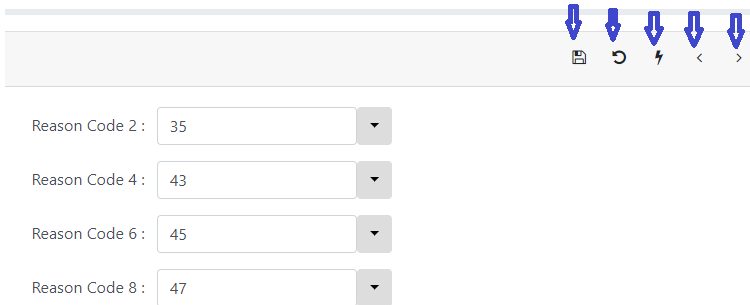
Figure 13: Requester Reject Reason Code 1



As shown in the Figure 14: Requester Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 14: Requester Reject Reason Code 2



### Subscriber Reject Reason Code

Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results are in a denied/non-affirmed decision, the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Subscriber Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Subscriber Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Subscriber Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 15: Subscriber Reject Reason Code 1, the user performs the following actions:

1. Edit the Subscriber Reject Reason Codes by clicking on the edit button located to the left of Subscriber Reject Reason code;
2. Select one of the Subscriber Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

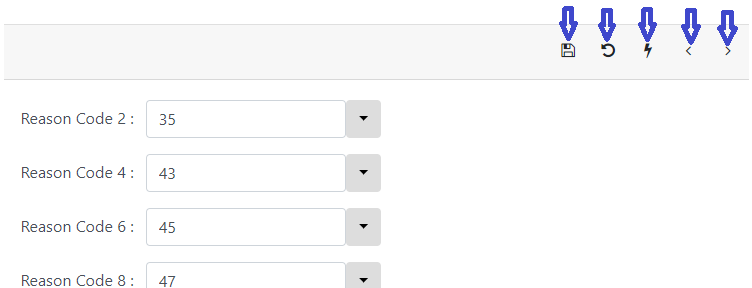
Figure 15: Subscriber Reject Reason Code 1



As shown in the Figure 15: Subscriber Reject Reason Code 1, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 16: Subscriber Reject Reason Code 2



### Patient Event Reject Reason Code

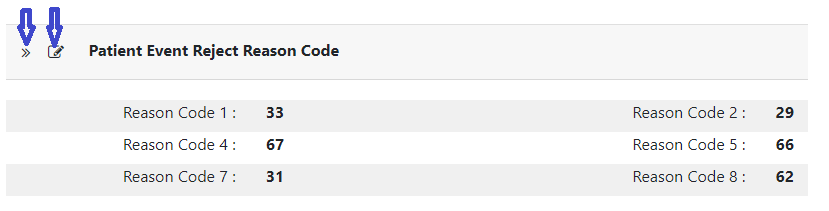
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the Review Contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Patient Event Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Patient Event Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Patient Event Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 17: Patient Event Reject Reason Code 1, the user performs the following actions:

1. Edit the Patient Event Reject Reason Codes by clicking on the edit button located to the left of Patient Reject Reason code;
2. Select one of the Patient Event Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

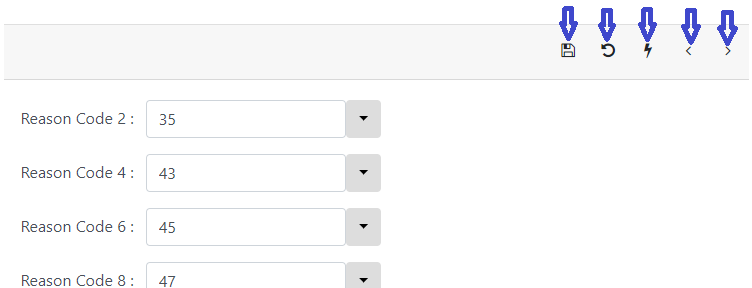
Figure : Patient Event Reject Reason Code 1



As shown in the Figure 18: Patient Event Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure : Patient Event Reject Reason Code 2



### Facility Reject Reason Code

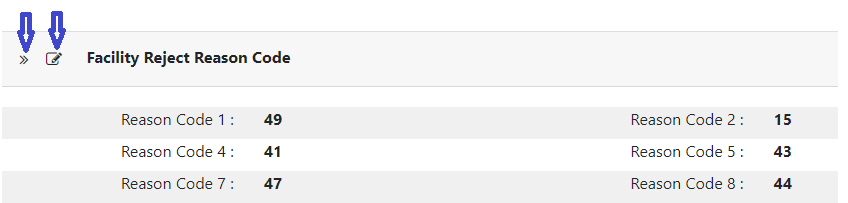
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Facility Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Facility Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Facility Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 19: Facility Reject Reason Code 1, the user performs the following actions:

1. Edit the Facility Reject Reason Codes by clicking on the edit button located to the left of Facility Reject Reason code; and
2. Select one of the Facility Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

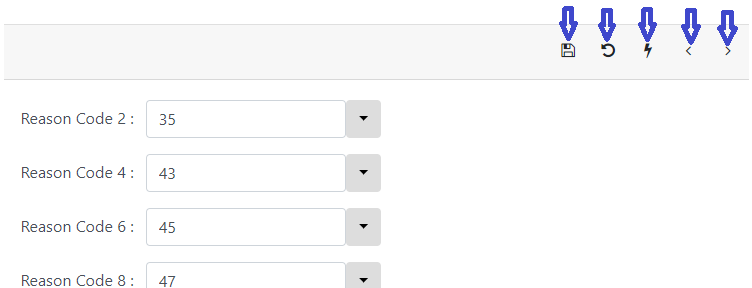
Figure 19: Facility Reject Reason Code 1



As shown in the Figure 20: Facility Reject Reason Code 2, user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 20: Facility Reject Reason Code 2



### Ordering Reject Reason Code

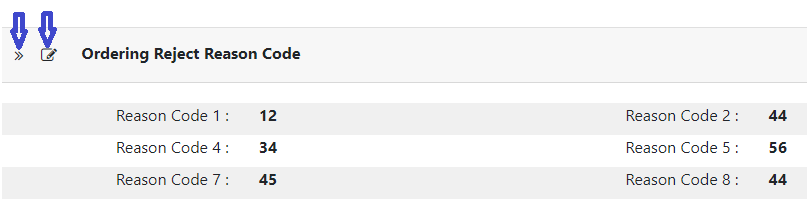
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, then the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Ordering Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Ordering Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Ordering Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 21: Ordering Reject Reason Code 1, the user performs the following actions:

1. The user edit the Ordering Reject Reason Codes by clicking on the edit button located to the left of Ordering Reject Reason code; and
2. The user selects one of the Ordering Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. The user clicks on navigate button located next to the edit button to navigate through the different sections.

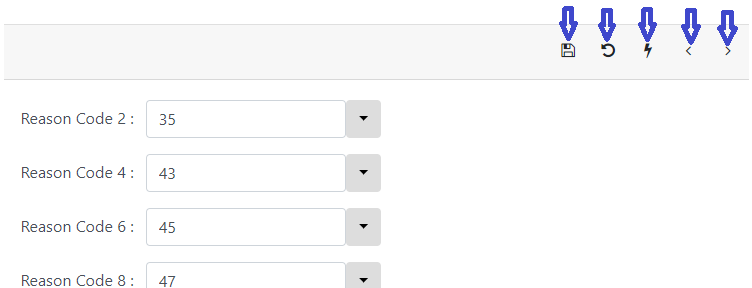
Figure 21: Ordering Reject Reason Code 1



As shown in the Figure 22: Ordering Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 22: Ordering Reject Reason Code 2



### Attending Reject Reason Code

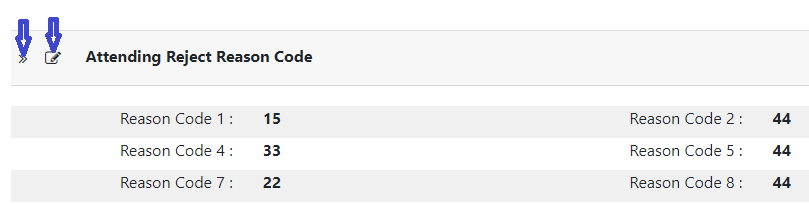
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the Review Contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Attending Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Attending Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Attending Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 23: Attending Reject Reason Code 1, the user performs the following actions:

1. Edit the Attending Reject Reason Codes by clicking on the edit button located to the left of Attending Reject Reason code; and
2. Select one of the Attending Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

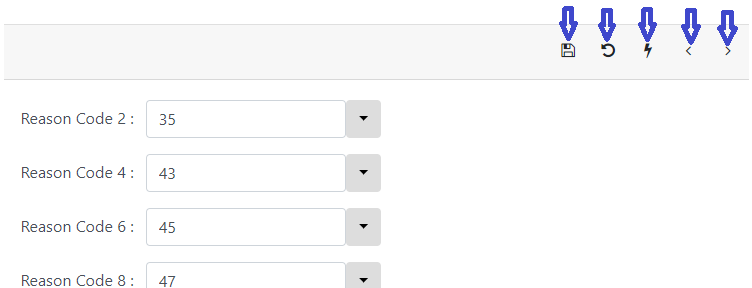
Figure : Attending Reject Reason Code 1



As shown in the Figure 24: Attending Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure : Attending Reject Reason Code 2



### Referring Reject Reason Code

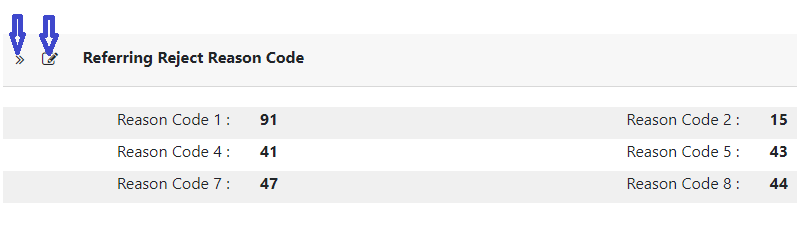
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Referring Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Referring Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Referring Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 25: Referring Reject Reason Code 1, the user performs the following actions:

1. Edit the Referring Reject Reason Codes by clicking on the edit button located to the left of Referring Reject Reason Code;
2. Select one of the Referring Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

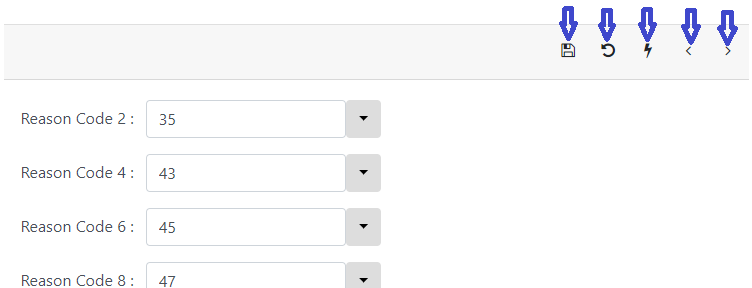
Figure 25: Referring Reject Reason Code 1



As shown in the Figure 26: Referring Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 26: Referring Reject Reason Code 2



### Service Reject Reason Code

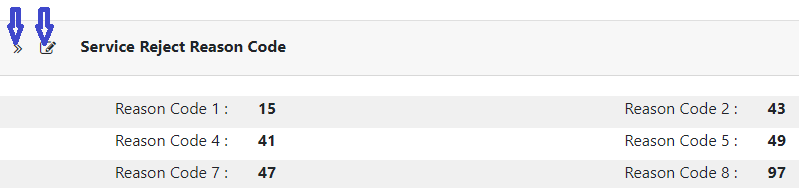
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Service Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Service Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Service Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 27: Service Reject Reason Code 1, user performs the following actions:

1. Edit the Service Reject Reason Codes by clicking on the edit button located to the left of Service Reject Reason Code;
2. Select one of the Service Reject Reason Codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

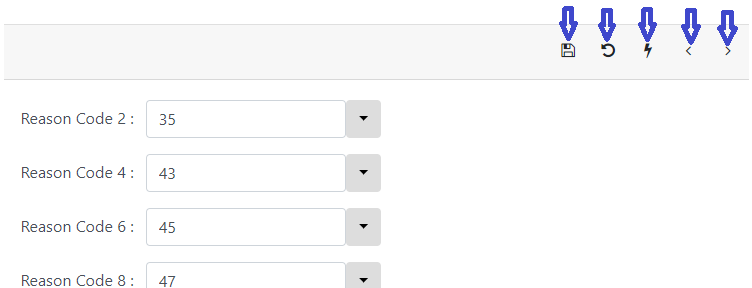
Figure : Service Reject Reason Code 1



As shown in the Figure 28: Service Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure : Service Reject Reason Code 2



### Operating Reject Reason Code

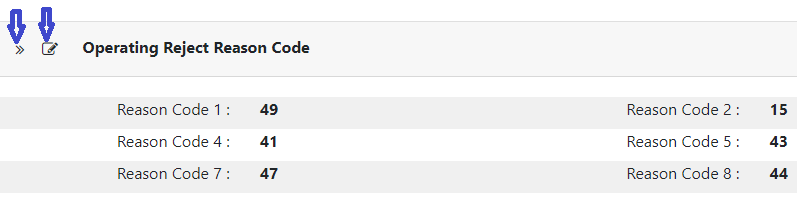
Review Contractors medically review some claims to ensure that payment is billed for services that meet all Medicare rules. If the review results in a denied/non-affirmed decision, the review contractor provides a detailed denial/non-affirmed reason to the provider/supplier.

1. Operating Reject Reason Codes are required only when Procedure Level Decision is N - Non-Affirmed;
2. Operating Reject Reason Codes are optional when Procedure Level Decision is M - Affirmed with Change; and
3. Operating Reject Reason Codes are allowed up to nine occurrences.

As shown in the Figure 29: Operating Reject Reason Code 1, the user performs the following actions:

1. Edit the Operating Reject Reason Codes by clicking on the edit button located to the left of Operating Reject Reason Code;
2. Select one of the Operating Reject Reason codes from the dropdown menu corresponding to the reason code; and
3. Clicks on the navigate button located next to the edit button to navigate through the different sections.

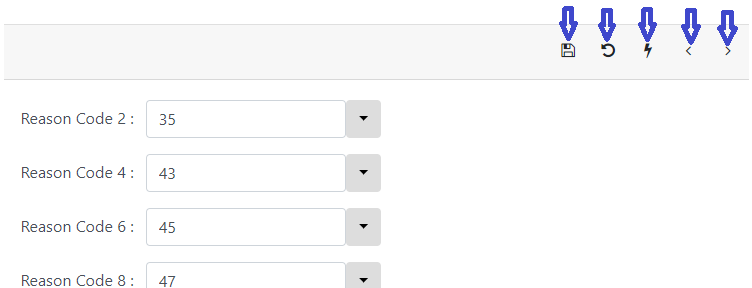
Figure : Operating Reject Reason Code 1



As shown in the Figure 30: Operating Reject Reason Code 2, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure : Operating Reject Reason Code 2

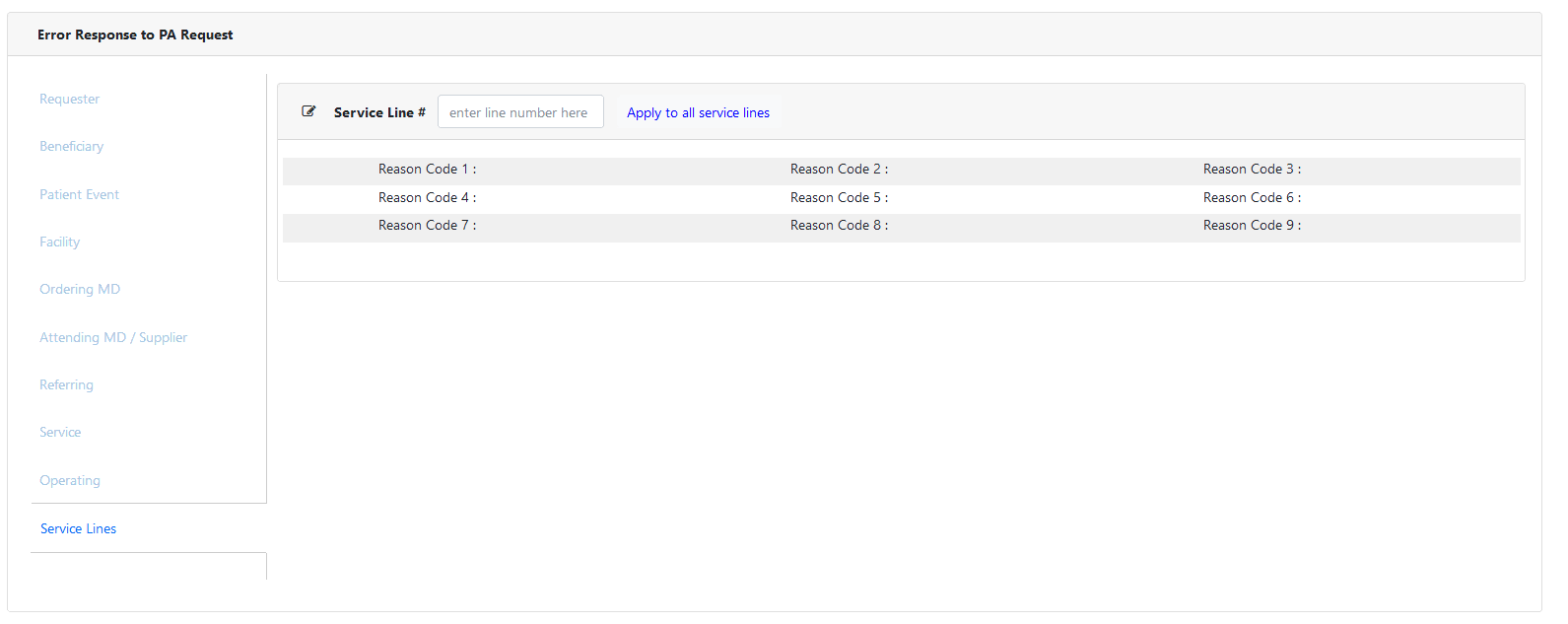


### Service Lines

As shown in the Figure 31: Service Lines, the user performs the following actions:

1. Edits the Service Line parameters by clicking on the edit button located to the left of Service Line #;
2. Clicks on the save button to apply the changes;
3. Clicks on the undo button, If the user does not want to save the changes;
4. Enters the random value by clicking on the “Fill Random Values” button; and
5. Navigate to the other tabs by clicking on the left and right arrows.

Figure 31: Service Lines

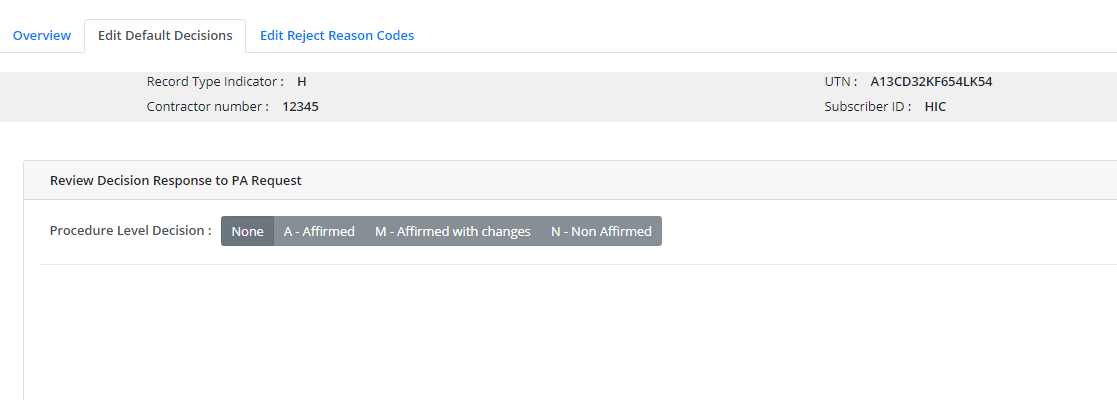


## Edit Default Decisions:

In the Figure 32: Edit Default Decisions, Procedure Level Decision is selecting among Affirmed(A), Affirmed with changes (M), or Non-Affirmed by clicking on the tabs. The user edits the corresponding data and then clicks on the save button.

**Note**: The service lines with data will be modified.

Figure : Edit Default Decisions



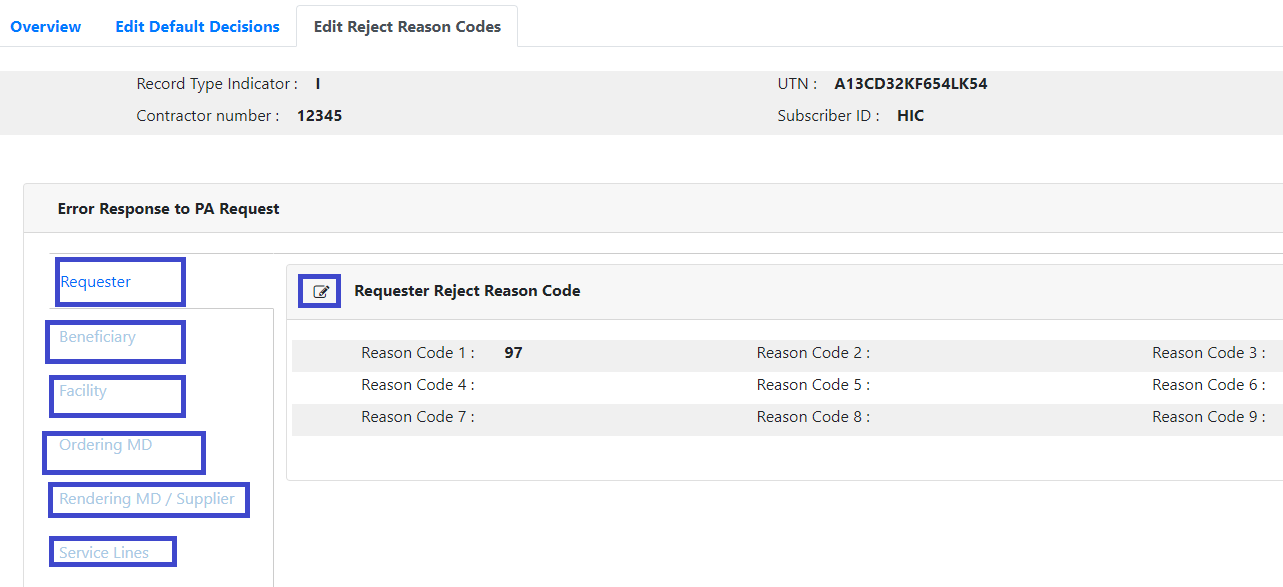
## Edit Reject Reason Codes:

As shown in the Figure 33: Edit Reject Reason Codes 1, the user performs the following actions:

1. Update the Reject Reason Codes related to Requester, Beneficiary, Facility, Ordering MD, Rendering MD/Supplier, and Service lines;
2. Clicks on the corresponding tab and then clicks on the edit button; and

**Note**: Editing Service lines applies to all service lines.

Figure 33: Edit Reject Reason Codes 1



1. The user selects the Reject Error Codes from the drop-down menu as shown in the Figure 34: Edit Reject Reason Codes 2.

Figure 34: Edit Reject Reason Codes 2



## Manage Batches

To Manage batch files from different Transaction Id’s, the user performs the following action:

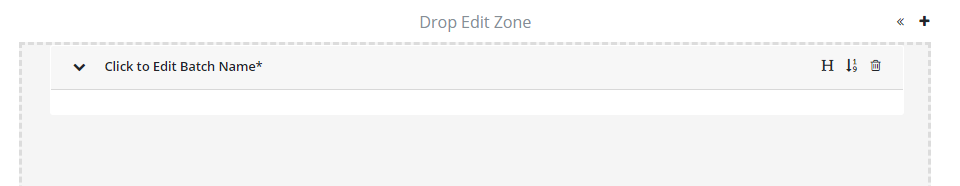
1. Clicks on the **Manage Batches** tab located on the right-hand side where the tab creates and sends response batch file by workload using the flat file format with the listed data elements in the '278 Response' tab of the attached workbook. Each batch file contains multiple transactions with header and trailer info. The Header and trailer info format is in the ‘Header-Trailer\_17(Res-DC-esMD)’ tab of the attached workbook and the esMD system generates the acknowledgement file on esMD VAL server. Testers can locate the file in the following location: /EFT/esMD/ss/inbound\_ps/filetransfer.

### Create a New Batch File:

As shown in the Figure 35: Create a New Batch File, the user performs the following actions:

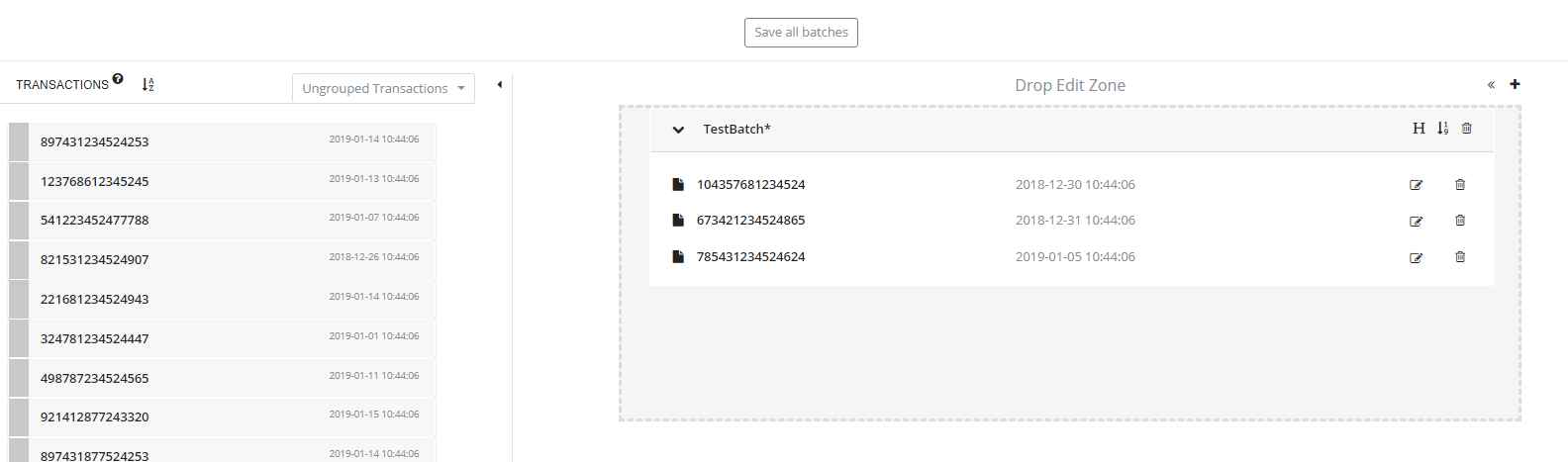
1. Clicks on the “plus” symbol to add a new batch file;
2. Adds the transaction from Ungrouped Transactions by click and drag method;

Figure 35: Create a New Batch File



1. As shown in the Figure 36: Create a New Batch File 2, after drag transactions from the left side of Ungrouped Transaction Section, the user clicks on the “Save all batches” button to save the batch; and
2. The user clicks on the “Batch Name” field on the title bar to edit the batch name.

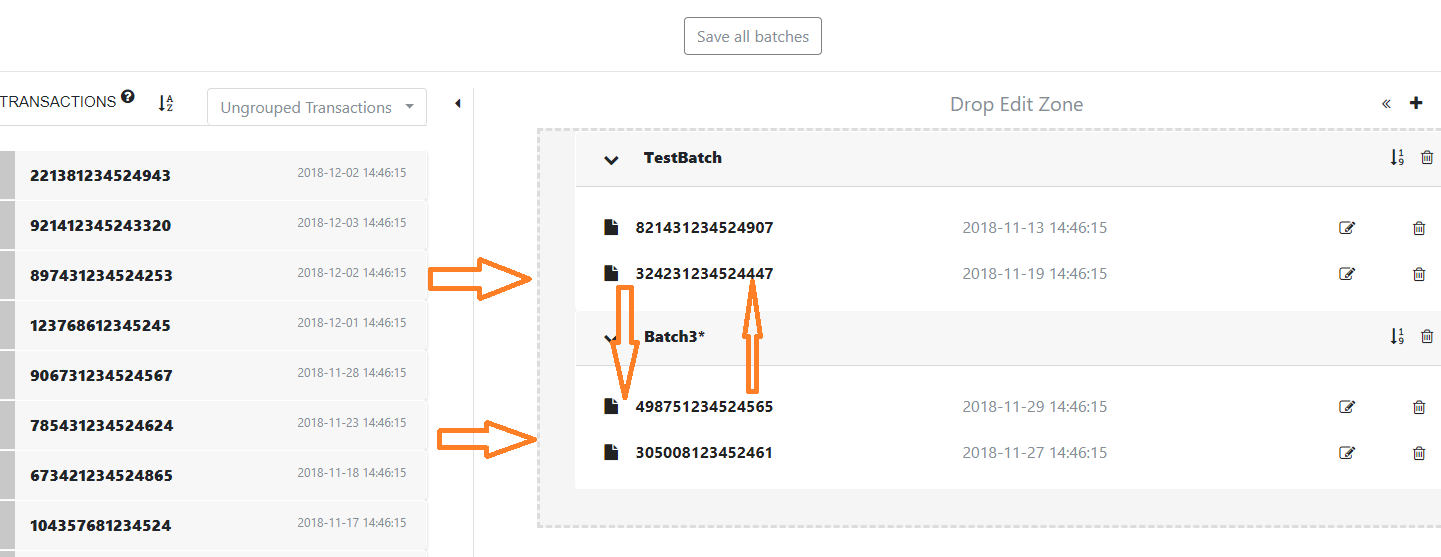
Figure 36: Create a New Batch File 2



### Edit the Batch Files:

* The user edits the batch files from **Ungrouped Transactions** and/or from other batch files as shown in the Figure 37: Edit the Batch Files.

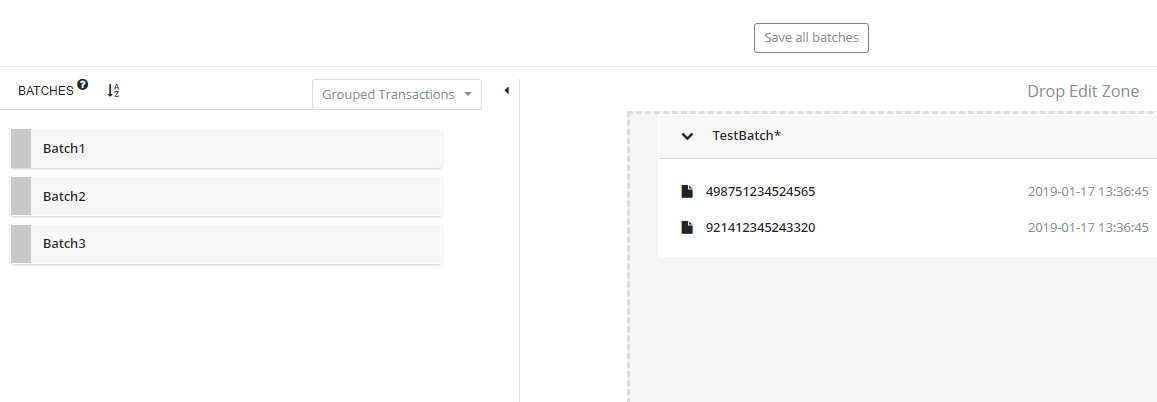
Figure 37: Edit the Batch Files



### Save the Batch Files:

1. The user clicks on the **Save all batches** tab for creating or editing a batch file, as shown in the Figure 38: Save the Batch File;
2. The user select the Grouped Transactions from the drop-down menu to generate a batch file; and
3. The user selects one of the batch files and click on the Save button as shown in Figure 38: Save the Batch File.

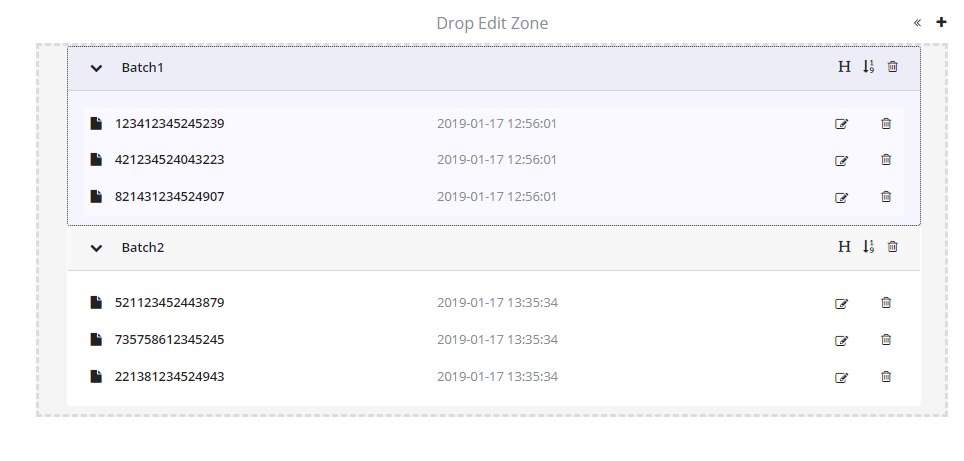
Figure 38: Save the Batch File



### Edit Header and Trailer of a Batch File:

* The elements for the Header and Trailer when sending an error response (for the received X12 278 / XDR responses from Workloads) from esMD to Workloads; and
* Header and Trailer elements can be modified by clicking on “H” as shown in the Figure 39: Edit Header and Trailer of a Batch File 1.

Figure 39: Edit Header and Trailer of a Batch File 1



User edits the Header and Trailer info by clicking on the edit button located to the left of Header & Trailer.

Below are the elements from the Figure 40: Edit Header and Trailer of a Batch File 2:

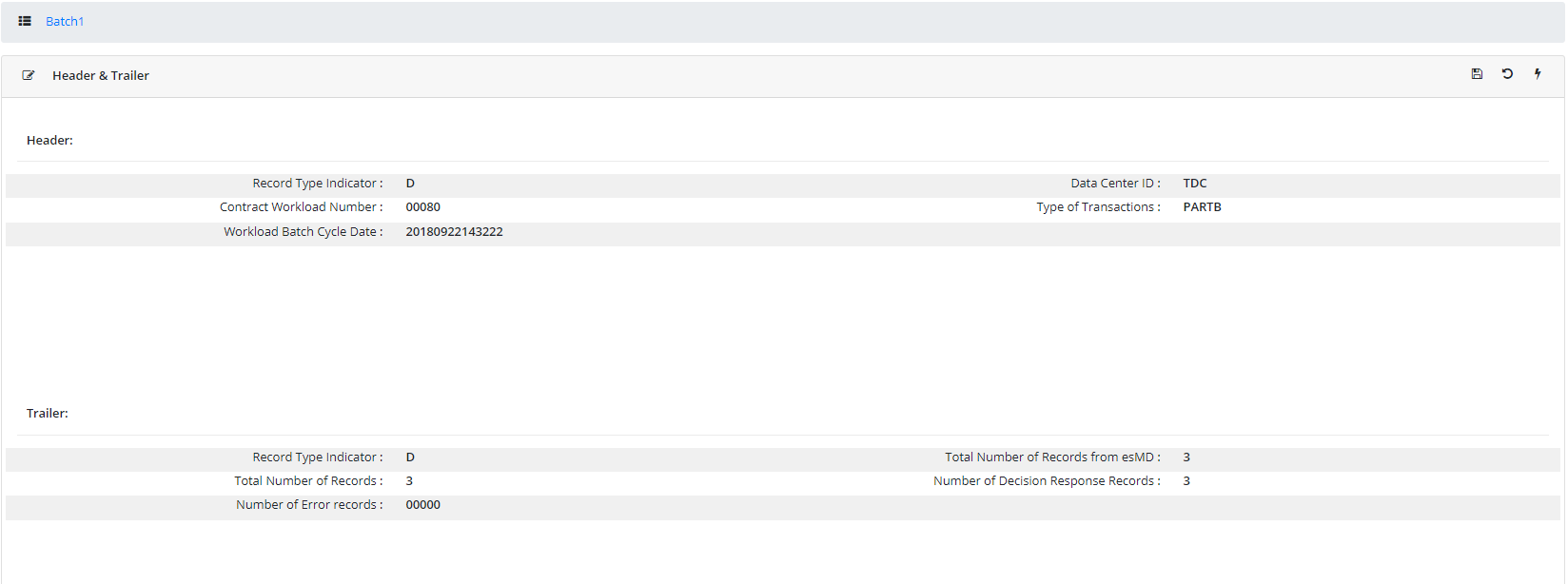
#### 3.9.4.1 Header Elements:

1. **Record Type Indicator:** Response file from the Workload to esMD - Header record;
2. **Data Center ID:** The ID for the Data Center to which the file is being sent;
3. **Contract Workload Number**: Workload Number that generated the Response file;
4. **Type of Transactions** : Type of Claims in this file; and
5. **Workload Batch Cycle Date:** The date/time when the Workload generated the Response File sent to esMD.

#### 3.9.4.2 Trailer Elements:

1. **Record Type Indicator**: Response file from the Workload to esMD - Trailer record;
2. **Total Number of Records from esMD**: Total number of records sent by esMD that were processed by this workload;
3. **Total Number of records**: The total number of records sent by the workload to esMD;
4. **Number of Decision Response records**: The number of Decision Responses (X12 and XDR) sent in the response file; and
5. **Number of Error records**: The number of Error Records (X12 and XDR with [AAA]) sent in the response file.

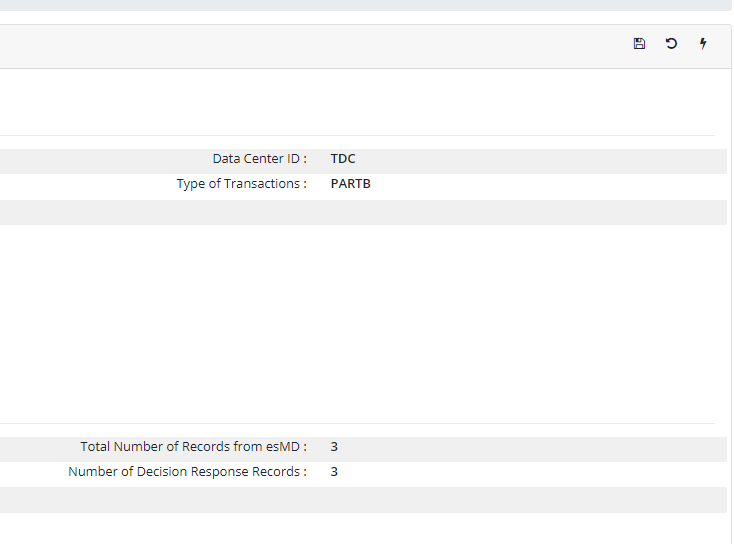
Figure 40: Edit Header and Trailer of a Batch File 2



As shown in the Figure 41: Edit Header and Trailer of a Batch File 3, the user performs the following actions:

1. Clicks on the save button to apply the changes;
2. Clicks on the undo button, If the user does not want to save the changes;
3. Enters the random value by clicking on the “Fill Random Values” button; and
4. Navigate to the other tabs by clicking on the left and right arrows.

Figure 41: Edit Header and Trailer of a Batch File 3



### Preview of a batch file

User performs the following actions:

1. Selects the Batch file consisting of multiple lines, where the First line is the header info and last line is the trailer info. Each transaction will be list in each line; and
2. Clicks on the file of the preview screen, Field name related to the cursor will be listed on top of the preview screen, as well as the line number and record start-end location, and Cursor location will be listed on the bottom of the preview screen and an email is sent to the user with the generated flat file.

Figure 42: Preview of a Batch File



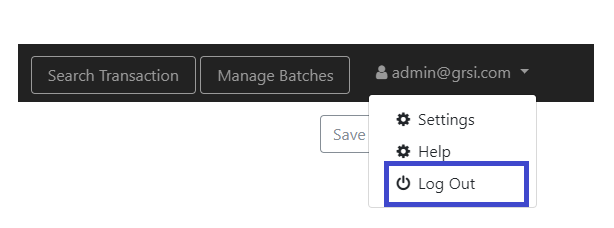
Table 1: Industry AAA Codes with esMD Error Text

| Row # | Category (Loop) | Business Process Activity / Condition to Satisfy | AAA03 – Reject Reason Code |
| --- | --- | --- | --- |
| 1 | Utilization Management Organization (2000A & 2010A) | Valid Review Contractor (RC) Object Identifier (OID) must be present | 79-Invalid Participant Identification |
| 2 | Requester  (2010B) | Requester – National Provider Identifier (NPI) must be present, be numeric, begin with “1”, pass algorithm validation, and be found in the crosswalk | 43 - Invalid/Missing Provider Identification |
| 3 | Requester  (2010B) | Requester - First and Last Name or Organization Name must be present | 44 - Invalid/Missing Provider Name |
| 4 | Requester  (2010B) | Requester - Address line(s), city, state, and zip must be present and valid | 97 - Invalid or Missing Provider Address |
| 5 | Requester  (2010B) | NPI and Name of the Requester must match in the database | 44 - Invalid/Missing Provider Name |
| 6 | Requester  (2010B) | Requester - State must be a Pilot state | 35 - Out of Network (interpretation is not a pilot state) |
| 7 | Beneficiary  (2010C) | Beneficiary HIC Number (HICN) must be present and be alpha-numeric | 64 - Invalid/Missing Patient ID |
| 8 | Beneficiary  (2010C) | Beneficiary (Gender Code) must be present and valid | 66 - Invalid/Missing Patient Gender Code |
| 9 | Beneficiary  (2010C) | Beneficiary First and Last names must not be blank | 65 - Invalid/Missing Patient Name |
| 10 | Beneficiary  (2010C) | Beneficiary Date of Birth must NOT be blank, must be a valid date, and must NOT be a future date | 58 - Invalid/Missing Date-of-Birth |
| 12 | Beneficiary  (2010C) | Beneficiary - HICN / Name combination must be valid | 65 - Invalid/Missing Patient Name |
| 13 | Ordering Medical Document (MD)  (2010EA or 2010FA) | X12N 278 Response - Ordering/Referring Physician – National Provider Identifier (NPI) must be present, numeric, begin with “1”, pass algorithm validation, and found in the crosswalk. | 43 - Invalid/Missing Provider Identification |
| 14 | Ordering MD  (2010EA or 2010FA) | X12N 278 Response - Ordering/Referring Physician - First and Last Name or Organization Name must be present | 44 - Invalid/Missing Provider Name |
| 15 | Ordering MD  (2010EA or 2010FA) | X12N 278 Response - Ordering/Referring Physician - Address line(s), city, state, and zip must be present and valid | 97 - Invalid or Missing Provider Address |
| 16 | Ordering MD  (2010EA or 2010FA) | X12N 278 Response - NPI and Name of Ordering/Referring Physician must be for the same person | 44 - Invalid/Missing Provider Name |
| 17 | Ordering MD  (2010EA or 2010FA) | X12N 278 Response - Ordering/Referring Physician State must be a valid/pilot state | 35 - Out of Network (interpretation is not a pilot state) |
| 18 | Rendering MD / Supplier  (2010EA or 2010FA) | X12N 278 Response - Rendering Physician - NPI must be present, numeric, begin with “1”, pass algorithm validation, and found in the crosswalk. | 43 - Invalid/Missing Provider Identification |
| 19 | Rendering MD/Supplier  (2010EA or 2010FA) | X12N 278 Response - Rendering Physician - First and Last Name or Organization Name must be present | 44 - Invalid/Missing Provider Name |
| 20 | Rendering MD/Supplier  (2010EA or 2010FA) | X12N 278 Response - Rendering Physician - Address line(s), city, state, and zip must be present and valid | 97 - Invalid or Missing Provider Address |
| 21 | Rendering MD/Supplier (2010EA or 2010FA) | X12N 278 Response - NPI and Name of the Rendering physician must match in the database. | 44 - Invalid/Missing Provider Name |
| 22 | Rendering MD/Supplier (2010EA or 2010FA) | X12N 278 Response - Rendering Physician State must be a valid/pilot state. | 35 - Out of Network (interpretation is not a pilot state) |
| 23 | Facility (2010EA or 2010FA) | X12N 278 Response - Facility - NPI must be present, numeric, begin with “1”, pass algorithm validation, and found in the crosswalk | 43 - Invalid/Missing Provider Identification |
| 24 | Facility (2010EA or 2010FA) | X12N 278 Response - Facility - Organization name (last name) must be present | 44 - Invalid/Missing Provider Name |
| 25 | Facility (2010EA or 2010FA) | X12N 278 Response - Facility - Address line(s), city, state, and zip must be present and valid | 97 - Invalid or Missing Provider Address |
| 26 | Facility (2010EA or 2010FA) | X12N 278 Response - NPI and Name of the Facility must match in the database | 44 - Invalid/Missing Provider Name |
| 27 | Facility (2010EA or 2010FA) | X12N 278 Response - Facility State must be a valid/pilot state | 35 - Out of Network (interpretation is not a pilot state) |

## Test Center Logout

* For successful log out, the user clicks on the right most dropdown menu and select Log out from the options as shown in the Figure 43: Test Center Logout.

Figure 43: Test Center Logout



Acronyms

Table 2: Acronyms

|  |  |
| --- | --- |
| Acronym | Literal Translation |
| CMS | Centers for Medicare and Medicaid Services |
| DATS | Development Applications Technical Services |
| DB | Database |
| DBR | Database Redesign |
| esMD | Electronic Submission of Medical Documentation |
| HIH | Health Information Handler |
| HIC | Health Insurance Claim |
| HICN | HIC Number |
| ID | Identifier |
| MBI | Medicare Beneficiary Identifier |
| MD | Medical Document |
| NPI | National Provider Identifier |
| OID | Object Identifier |
| RC | Review Contractor |
| TC | Test Center |
| TOSS | Testing Operations Support Services |
| URL | Uniform Resource Locator |
| VAL | Validation (environment) |
| VDT | Virtual Desktop |
| XDR | Cross-Enterprise Document Reliable Interchange |

Record of Changes

Table 3: Record of Changes

|  |  |  |  |
| --- | --- | --- | --- |
| Version Number | Date | Author/Owner | Description of Change |
| 1.0 |  | Suneetha and Jimmy | Initial Version |