Southwest Michigan BEHAVIORAL HEALTH

Care Management Import 837 User Guide

V01/23/2018

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Questions or Concerns?
Contact providersupport@swmbh.org for more information!

Getting Started

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Implementation Guides & Addenda for the Health Care Claim: Institutional ASC X12N 837 (005010X223A1) and the Health Care Claim: Professional ASC X12N 837 (005010X222A1). The transaction guides can be ordered from the Washington Publishing Company's website at www.wpc-edi.com.

Getting Import 837 Permissions

All User Account management activates can be managed by completing an SWMBH's Online User form, and following just a few easy steps;

1. Enter the following password to begin your form
   a. SWMBH2016!
2. Complete Questions 1 & 2 on the page, identifying yourself and what type of account activity you would like to complete.
3. Complete the General Disclaimer as well
4. Enter user related information on the following two pages.
5. Complete question 10, if applicable.

If you already have an account, but do not have access to the Import 837 Banner, please contact
providersupport@swmbh.org

Import 837 Navigation

From the application, users are able to navigate to the Import 837 Banner to manage all their 837, 835 and 299 Acknowledgement needs;

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- The **Sender** banner indicated the provider agency importing the file.
- The **Import Date** represents the date the file was uploaded.
- The **Processed** column indicates whether or not ALL claims in the file were successfully processed;
  - Processed = made it into the application and are available for adjudication.
  - Note that this column is only representative of all files being processed (Y/N), if 99 of 100 claims within a file have processed, this means 99 of the 100 claims have successfully made it into the application, yet the Processed column will still be No.
- The **File Date** column represents the date the file was generated (not imported into the SWMBH Care Management application.
- **Claim Lines** represents the total number of claims included in the file.
- **UnProcessed** represents to the total number of claims the application was not able to import (see errors).

Users are able to drill down into specific components of each file by clicking one of the following hyperlinks;
- **Import Date**, allows users to navigate to a 837 File Detail summary page, where they are able to Export the entire file, a 997 Acknowledgement, Reprocess the file or view additional file details;

- Claim Lines, allows users to navigate to a listpage showing details of each claim line included in the 837 file (processed or not), including the **Error Description** for any unprocessed claims;

GO! Type OR Select [▼]

837 Import Claim Lines (20)

| All Senders ▼ | | All Claim Lines ▼ | File ID: 6190 | Batch ID: | | Apply Filter |

Import Date From: [   ] ▦▼   To: [   ] ▦▼

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description
629751			09/21/2017		90834	$85.00	Yes	6190	5514	
629752			09/28/2017		90837	$90.00	Yes	6190	5514	
629753			08/31/2017		90832	$45.00	Yes	6190	5514	
629754			08/28/2017		H0004	$36.00	Yes	6190	5514	
629755			08/17/2017		90837	$90.00	Yes	6190	5514	
629756			08/29/2017		H0004	$36.00	Yes	6190	5514	
629757			09/29/2017		90832	$45.00	Yes	6190	5514	
629758			08/29/2017		H0004	$36.00	Yes	6190	5514	
629759			08/21/2017		90837	$90.00	Yes	6190	5514	
629760			08/31/2017		90832	$45.00	Yes	6190	5514	
629761			09/14/2017		90832	$45.00	Yes	6190	5514	
629762			09/21/2017		90832	$45.00	Yes	6190	5514	
629763			09/28/2017		90832	$45.00	Yes	6190	5514	
629764			08/28/2017		H0004	$72.00	Yes	6190	5514	
629765			08/30/2017		H0004	$18.00	Yes	6190	5514	
629766			08/29/2017		H0004	$72.00	Yes	6190	5514	
629767			08/30/2017		90834	$85.00	Yes	6190	5514	
629768			08/23/2017		90834	$85.00	Yes	6190	5514	
629769			08/30/2017		H0004	$36.00	Yes	6190	5514	
629770			08/30/2017		H0004	$72.00	Yes	6190	5514	

Users are also able to select the ID hyperlink in order to navigate to claim-level details;

Type OR Select

837 Claim Line Details

Show File Segment

Claim

Provider Number:		Provider Name:	Victory Clinica...	Tax ID:	383159579	
Provider NPI:	1447383500	Provider Taxonomy Code:		Control Number:	000000603	
Subscriber Number:	335017	Last Name:		First Name:		Acc #: 31858
Payer ID	TEST PLAN	Claim Control #:		Charges:	$220.00	

Claim Line

Claim Line ID:	629751	Service Line #:	1	Line Item Control Number:	561051
Date Of Service:	09/21/2017	Revenue Code:		Procedure Code:	90834
Authorization #:				Charges:	$85.00

Rendering Provider

Provider Number:		Provider Name:		Tax ID:	
Provider NPI:	1447383500	Provider Taxonomy Code:			

Errors

Error Code	Error Description
	No data to display

File Specifications

Loop	Segment ID	Segment	Data Element ID	Data Element	Usage	Comments
				Medicare Covered Organization Health Care Provider (NPI per site)		
N/A	REF	Transmission Type Identification	REF02	Transmission Type Code	R	When submitting test records and during production, please use 005010X222A1.
1000A	NM1	Submitter Name	NM103	Name Last or Organization Name	R	Submitter Name is the 'Provider Name' from the SWMBH Care Management Application and can be found in the Provider Information Banner under the element 'Provider Name'.
1000A	NM1	Submitter Name	NM109	Submitter Identifier	R	Submitter Identifier is the 'Provider ID' is the number found on the Provider Tab when the Provider Information or Contracts page is open.
1000B	NM1	Receiver Name	NM103	Name Last or Organization Name	R	SWMBH SUD if submitting Substance Abuse Services, SWMBH MH if submitting Mental Health Services.
1000B	NM1	Receiver Name	NM109	Receiver Identifier	R	For Substance Use Claims billed directly to SWMBH SUD - 1063944585 For Mental Health Claims, billed directly to SWMBH MH - 1871923268 Or use the Affiliate's Number below based on the Affiliate you contract with: Barry – 1952357410 Pines - 1861430381 Van Buren - 1003878554
2010AA	NM1	Billing Provider Name	NM108	Identification Code Qualifier	R	National Provider Identifier (NPI) is mandated for use by the HIPAA regulations. See additional
2010AA	NM1	Billing Provider Name	NM109	Billing Provider Identifier	R	Provider must submit their 10 digit NPI Number*
2010BA	NM1	Subscriber	NM109	Subscriber Primary Identifier	R	Subscriber primary identifier is uniquely identified. The primary identifier for each client is equivalent to the "clientID", found in the SWMBH Care Management Application.
2010BA	DMG	Subscriber Demographic Information	DMG02	Subscriber Birth Date	R	Subscriber birth date is accessible in the SWMBH Care Management Application.
2010BB	NM1	Payer Name	NM103	Payer Name	R	Variable user defined field.

2010BB	NM1	Payer Name	NM108	Identification Code Qualifier	R	Use: PI
2010BB	NM1	Payer Name	NM109	Identification Code	R	SWMBH MH: 1871923268 SWMBH SUD: 1063944585 Barry – 1952357410 Pines – 1861430381 Van Buren - 1003878554
2300	REF	Reference ID qualifier	REF01	Identification Code Qualifier	S	Use G1
2300	REF	Prior authorization number	REF02	Prior authorization number	S	Use the Auth Identifier text from Provider Access. Ex. UM-20120822-005

* If authorization is not added to the claim line for a claim, the system will use the NPI number to associate to a provider and site. If more than one site associates to the same NPI number, then the claim line will have an error that more than one site is associated to the same NPI, and require an Authorization Number to be added to the file in order to process.

Questions or Concerns?
Contact providersupport@swmbh.org for more information!

<u>Validation and Error Troubleshooting</u>

837 File Validation

The SWMBH Care Management Application utilizes 3 levels of validation when processing 837 files

1. File Format Errors
2. Parsing Errors
3. Processing Errors

File Format Errors

Upon submitting an 837 file for processing, the SWMBH Care Management Application runs through an exhaustive verification of the 837 file to determine if there are any formatting errors in the file. Such errors include, but are not limited to:

- File is not EDI X12 format
- Missing Header Information
- Missing Trailer Information

In the cases in which file format validation fails, there will be no 'Parsing Errors' and no 'Batches' displayed. Additionally, the 997 file text will indicate that the 837 file was rejected.

Parsing Errors

After successfully completing the File Format validation process, the file is then checked for any Parsing Errors. The following validations are handled in the parsing validation:

- Claim charge amount does not match sum of service charge amount
    - o This error indicates that there is a discrepancy in the total charge amount submitted for all claims, and the sum of charges for service lines.
- Batch Submitter ID does not match selected Sender's Submitter Id
    - o This error indicates that the Submitter ID submitted does not match the Sender Submitter ID setup in Smartcare. See the section for loop 1000A, Segment NM1, Data Element NM109 in the tables above for additional details on how to obtain Submitter ID.
- Batch Submitter Name does not match selected Sender's Submitter Name
    - o This error indicates that the Submitter Name submitted does not match the Sender Submitter Name setup in Smartcare. See the section for loop 1000A, Segment NM1, Data Element NM103 in the tables above for additional details on how to obtain Submitter Name.
- Batch has already been imported once.
    - o This error indicates that the Batch ID submitted in the 837 file has previously been submitted.

In the cases in which parsing errors occur, processing of the file will stop and no claims will be accepted.

Processing Errors

If no Parsing Errors are found, the file is finally checked for any processing errors. Processing errors are broken

out in 2 main types:

1. Claim Errors – Each error code is prefixed by the letter 'C'
2. Claim Line Errors – Each error code is prefixed by the letters 'CL'

The following is the list of processing errors which are validated:

Claim Errors	
Error Code	**Error Description**
C101	'Unknown claim type' (Only Professional or Institutional Allowed)
C102	'Provider/Site not found' (Tax ID / NPI does not exist in Smartcare System)
C103	'Provider/Site not found in Import837SenderProviders' (A valid match exists in the system but is not setup for the Sender/Submitter)
C104	'Client not found' (ClientId does not exist)
C105	'Client is not active'
C106	'Client is not authorized for this provider' (Authorization has not been released to this provider for this client) Error will occur until initial authorization is released to the provider.
C107	'Insurer not found' (Loop 2010BB, Segment NM1, Data Element NM109 does not match the approved list in the tables above see NM1)
C108	'Claim rendering provider not found' (If Rendering Provider is specified but does not exist in the Smartcare system)
C109	'Claim rendering provider not associated with billing provider' (Rendering Provider is setup in the Smartcare system but not linked to the provider solution.
C110	Claim place of service not specified (Value was not specified in 837 file)
C111	Claim place of service not found (Value specified in 837 file does not match any in Smartcare system)
C112	More than one provider/site found for submitted NPI OR No Authorization Found (common error when an NPI is utilized with more than one Site). Contact providersupport@swmbh.org for more information.

Claim Line Errors	
Error Code	**Error Description**
CL101	'Claim line rendering provider not found' (If Rendering Provider is specified but does not exist in the Smartcare system)
CL102	'Claim line rendering provider not associated with billing provider' (Rendering Provider is setup in the Smartcare system but not linked to the provider)
CL103	Claim line place of service not found (Value specified in 837 file does not match any in Smartcare system)