ICD-10 - EDI Testing Procedures for Fee-for-Service Claim Submissions:

STEP	SECTION 1 – FILE TRANSFER TEST ACTIONS		
1.	Prepare your test files:		
	Transaction standard: 5010 - Link to Companion Guides: <u>https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/</u> <u>EDICompanionGuides</u>		
	• Transaction type: Each transaction type that you are currently authorized to submit (837I/ 837P)		
	• File naming convention: Each file name MUST be prefixed with "ICD10"		
	• Claim Line ISA 15: T (needs to be in ISA 15 to determine a test file)		
	• Size limit: 837I – Up to 1,000 claims per provider with a maximum of 5,000 claims per file		
	837P - Up to 25 claims per provider with a maximum of 5,000 claims per file		
2	Log into the VAMMIS File Transfer System using either:		
2.	<u>FTP site: VAMMIS-FileTransfer.com</u> or <u>Web browser</u> : <u>https://VAMMIS-FileTransfer.com</u>		
3.	Upload to your /Distribution/EDI/####/Test/To-VAMMIS folder separate test files(s) for each transaction type that you are currently authorized to submit, i.e.: 837I, 837P		
	YOU HAVE SUCCESSFULLY COMPLETED FILE TRANSFER TEST ACTIONS		

Proceed to SECTION 2 for Response Validation...

STEP	SECTION 2 – RESPONSE VALIDATION			
1.	Download from your /Distribution/EDI/####/Test/From- VAMMIS folder, separate test response files(s) for each 837 file that was submitted You should receive:	*Within		
	ACK, 999, and Compliance Error Report (if applicable)	1 Business Day		
	277U and/or 835 depending upon the processing of test claims received	3-5 Business Days		
	*Represents a testing schedule only – we d	o not anticipate the production schedule changing at this time.		
2.	o complete your test, review the test results and respond accordingly			
	IF	THEN		
	a) You receive a Compliance Error Report	Scan report for error, resolve issue, go back to Section 1, Step 1, and resubmit.		
	b) You do not receive an ACK, 999, 277U, and/or 835	We are monitoring the testing process and will contact you for next steps. Please verify that the file was submitted to the correct location before notifying EDI Support.		
	c) You receive the 277U and/or the 835	 We need your feedback: 1) Process the file to verify the response is accurate. 2) For each response file verified, send an email with the *Subject Lines shown below to: Virginia.EDISupport@xerox.com *SUBJECT LINE for Failed Tests: ICD-10-####-Company Name-835/837X Test Not Successful ICD-10-####-Company Name-277U/837X Test Not Successful <i>NOTE: Mention the MCN in the body of your email message</i> *SUBJECT LINE for Successful Tests: ICD-10-####-Company Name-835/837X Test Successful NOTE: ICD-10-####-Company Name-835/837X Test Successful NOTE: Company Name-835/837X Test Successful ICD-10-####-Company Name-277U/837X Test Successful Note: Mention the MCN in the body of your email message Where X = I (Institutional) or P (Professional) Where #### = your login ID 		
	YOU HAVE SUCCESSFULLY COMPLETED RESPONSE VALIDATION AND OPEN TESTING			