

**GOBHI**

**837**

**5010 X12**

**FILE TESTING**

**GUIDELINES**

## File Requirements

Before beginning testing with GOBHI, make sure each of your data files:

- Contains the data / edits outlined in the corresponding **Submitter Checklist** provided
- Contains the indicator “T” for a test file
- Contains claims of only one transaction type (i.e. 837P)
- Contains valid claims that are not older than 365 days from the date of service
- Contains at least 25 claims, but no more than 100 claims
- Contains claims with Coordination for Benefit (COB) information (for those who bill Medicaid as a secondary payer)

## Naming Convention

Use the following naming convention for the inbound files:

###TIN###\_PLAN\_837P\_mmddyy\_###.txt

1        2        3        4        5

Section	Format
1	First position is the <b>TIN</b>
2	Second position is the <b>Plan</b> : <ul style="list-style-type: none"><li>• GOBHI</li><li>• EOCCOA</li><li>• EOCCOB</li></ul>
3	Third position is the <b>Transaction Type</b> : <ul style="list-style-type: none"><li>• 837P</li><li>• 837I</li></ul>
4	Fourth position is the <b>Sent Date</b> in month, day, year format
5	Fifth position is a <b>Sequential Number</b> that will not repeat for each transaction and should be a maximum of 3 digits.

## Sending Test Files

Using secure email send all test files to [claims@gobhi.org](mailto:claims@gobhi.org) with the phrase “Test File” and your business name in the subject line. In the body of the email please include the file name and your contact name and phone number.

Once the testing team completes testing your file, you will receive results via email. Please allow 3-7 business days for your test results.

If your test results are within acceptable tolerance levels you will be given a Pass status and authorized to send production files via the Provider Portal.