

**GOBHI**

**837**

**5010 X12**

**PRODUCTION FILE  
GUIDELINES**

## File Requirements

Once you have completed testing and have been moved to production with GOBHI, make sure each of your data files:

- Contains the data / edits outlined in the corresponding **Submitter Checklist** provided
- Contains the indicator “P” for a production file
- Contains claims of only one transaction type (i.e. 837P)
- 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 Production Files

Once you have been given a Pass status and authorized to send production files you will receive an email with a login and password for the Provider Portal where you will submit all production files.

After the 837 is received, by the next business day, a 999 acknowledgement file will be delivered to the Provider Portal confirming that the file was received and whether or not it was able to be properly parsed into the Claimscape system.

Once the claims have been processed you will have access to all remittance advices/EOBs via the Provider Portal.