



County Mental Health Plan

274 Provider Network Data

Transition Planning

**California Department of Health Care Services
Behavioral Health Division**

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County Mental Health Plan 274 Transition Planning

Document History (Version Control)

Version	Date	Author	Brief Description of Modifications
1.0	2/22/2021	Sara Rivera/Jeff Jennings	Version 1.0 released to counties for initial review.
2.0	4/26/2021	Sara Rivera/ Jeff Jennings	<p>This document has been updated to address the following questions submitted from the counties:</p> <ol style="list-style-type: none"> <p>1. Typo on bottom of page 5: each phase of testing may take 1-3 to complete. 1 to 3 what???</p> <p>Response: In general, each phase of testing may take 3-6 weeks or more to complete.</p> <p>Section 2 of this document has been updated in response to this question.</p> <p>2. What is the general turnaround time for a 274 file to be processed and a Validation Response File to be returned to the counties:</p> <p>Response: Typically it takes less than 24 hours to process a 274 file and post the VRF, however, depending on the PACES load it can sometimes take 48-72 hours. During the testing phase, counties should allow 24 hours before notifying DHCS about the status of their file via the 274Expansion@dhcs.ca.gov. Once in production, counties should allow 72 hours before checking on file status.</p> <p>Note: the most common error when first submitting 274 files is the file name format. Submitted 274 files must follow the file naming convention specified in Section 3.5 of the 274 Companion Guide. A VRF will not be generated if the submitted file name is incorrect.</p> <p>Section 3.2 of this document updated in response to this question.</p>



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Version	Date	Author	Brief Description of Modifications
2.0 Cont.	4/26/2021	Sara Rivera/ Jeff Jennings	<p>3. The Phase 2 test scenarios 4 and 5 in Section 5.3.2 request test transactions for American Indian Health Facilities and Satellite Site providers. If our county does not have these types of providers do we need to send a transaction? If making fake data for Satellite or Indian facility, will things like NPI numbers cause errors?</p> <p>Response: If your county does not have valid providers for the types of scenarios indicated in the test plan, you do not need to send. Please indicate in the Test Data Submission Form.</p> <p>Section 5.3.2 of this document updated in response to this question.</p> <p>4. Appendix A – Test File Instructions. Corrected errors in instructions. Added instructions to include ‘human-readable’ test data.</p>



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1 Overview

The Department of Health Care Services (DHCS) is mandated to collect and report on County Mental Health Plan (MHP) provider network data in accordance with MHP contracts and associated Information Notices.

Provider network data collection is essential for DHCS' analytic needs and supports the department's vision to improve quality and establish benchmarks of provider network data.

DHCS is transitioning to the *274 Health Care Provider Directory* standard, an X12 national standard format, for the collection and maintenance of managed care provider network data. 274 data will be processed and validated by the Post Adjudicated Claims and Encounter System (PACES) maintained by DHCS. For the purpose of this project and this document, 274 data refers to data that represents a County MHP provider network.

Upon completion of the 274 transition and testing phases, the monthly production 274 provider data submissions should capture a complete provider network that is adequate to provide required covered specialty mental health services (SMHS) for Members in the MHP's service area, which includes, inpatient and outpatient services. Changes to the plan's provider network reporting requirements resulting from the implementation of the 274 standard will be communicated in an Information Notice.

This document provides information about the transition to the 274 standard. Please refer to the following guides for data reporting standards and requirements.

Required documentation includes:

- X12 274 Health Care Provider Directory V004050X109 Implementation Guide (IG)
- DHCS 274 MHP Companion Guide (CG)

The X12 274 Health Care Provider Directory V004050X109 Implementation Guide is available from Washington Publishing Company (WPC). Copies can be obtained by visiting the WPC website*, or the X12 website* (www.neX12.org).

*Please note: At the time of this writing, both Washington Publishing and the X12 website are recovering from a ransomware attack. Publications are available upon request. To contact order a 274 Implementation Guide contact WPC: 425.562.2245 or email: admin@wpc-edi.com.



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2 Transition Timelines

The following table provides the general timeframes for each phase of testing during the 274 transition process. Details about each testing phase are provided in Section 5 of this document. Plans may start each test phase prior to the established timeframes upon completion of the previous phase and with DHCS approval. Guidance for submitting test data and production files to DHCS are included throughout in this document.

Table 1 – 274 Transition Testing Timelines

Transition Phase	Timeframes*
Phase 1 – Implementation Guide (IG)/Connectivity Testing	July-October 2021* *Testing environment available starting in February 2021 for plans that are ready.
Phase 2 – Companion guide (CG) Scenario Testing	Plans may start upon completion of phase 1
Phase 3 – Production Parallel Testing	Plans may start upon completion of phase 2
Begin monthly production data submissions	October 2021

*Plans may submit test data anytime within the established timeframes or upon approval by DHCS. In general, each phase of testing may take 3-6 weeks or more to complete.



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3 Submission Process

3.1 Location

All MHP provider network data must be submitted via the DHCS SFTP site. Two sets of SFTP folders have been established for each MHP, one for test data and one for production data.

The following folders have been made available for both Test and Production files:

Submit – provider data files will be uploaded by the plan into this folder.

Response – response files will be made available by DHCS in this folder.

SFTP Folder Naming Standards:

Test Data Folders:

DHCS-PACES/Test/Counties/**CountyName_###**Submit

DHCS-PACES/Test/Counties/**CountyName_###**Response

Use these folders for testing Phases 1-3 as detailed in Section 5 of this document.

Production Data Folders:

DHCS-PACES/Prod/Counties/ **CountyName_###**Submit

DHCS-PACES/Prod/Counties/ **CountyName_###**Response

Use these folders for 274 production data as detailed in Section 6 of this document:

Example: /DHCS-PACES/Test/Counties/Alameda_01/Submit

Access to these folders will be strictly controlled. Each plan must specify the personnel who will be allocated secure access on its behalf.

Section 3.5 of the 274 Companion Guide provides the file naming conventions for submitting 274 provider network files to DHCS and the Validation Response File to the plan.



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3.2 Frequency

Upon completion of testing Phases 1-3 and approval by DHCS, MHPs will be required to submit a file for its full provider network on a monthly basis. Plans can resubmit corrected 274 files for the same month if there are any data errors or submission errors in previously submitted 274 files.

The deadline to submit current month 274 file is by the 10th day of the next month by noon for the previous month's provider network file. Files processed after the monthly processing deadline will be loaded the following month.

3.3 Responses

DHCS will return the following response file for a submitted provider data file:

- Validation Response File (VRF) – a custom XML error report which will identify each record in error, the error value and error message.

Plans will be provided with this functionality during testing and in production. Response files will be posted to the Response SFTP folder as soon as processing is complete. The time to post a response is directly related to system bandwidth, the more files that the system is processing the longer the response time interval. Typically it takes less than 24 hours to process a 274 file and post the VRF, however, depending on the PACES load it can sometimes take 48-72 hours. During the testing phase, counties should allow 24 hours before notifying DHCS about the status of their file via the 274Expansion@dhcs.ca.gov. Once in production, counties should allow 72 hours before checking on file status.

Note: the most common error when first submitting 274 files is the file name format. Submitted 274 files must follow the file naming convention specified in Section 3.5 of the 274 Companion Guide. A VRF will not be generated if the submitted file name is incorrect.

Section 3.6 of the 274 Companion Guide provides the file naming conventions for the 274 VRFs.



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4 Processing of MHP Provider Network Data

4.1 File Receipt

The PACES will “poll” all SFTP “Submit” folders on a regular basis. Once a provider data file is identified it will be brought into the system for processing, archived and deleted from the “Submit” folder. The date/time of submission is logged as the time it is picked up by our file receipt process.

4.2 File Validation

The first validation occurs at the file level and involves naming standards and duplicate file submissions. Further file level validation is applied to the ISA (*Interchange Control Header*) of the submitted 274 file. Transactions that fail file-level validation will be rejected without any further provider level validation being executed.

4.3 Provider Data Validation

Initial provider data validation is performed on 274 provider data files by DHCS’ HIPAA Compliance software Edifecs Xengine. Further data validation is performed by DHCS’ custom edits such as, but not limited to, National Provider Identification (NPI) validations.

Any errors found during validation are captured and stored in PACES. The information is also reported back to the submitter via the referenced VRF above.

Please refer to the DHCS 274 CG and X12 IG for field-level details.

Only 274 provider data file submissions that pass all validation edits will be accepted by the DHCS system. Submissions will be rejected or accepted at a file level basis; there will be no record level denials. If any fatal error occurs, the file as a whole will be rejected and a correct file must be resubmitted.



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5 Testing Process

5.1 Test Plan

MHPs are required to successfully submit records with specific group, site, and provider combinations as defined in the *Testing Criteria* section in order to complete DHCS' 274 testing requirements. All testing requirements must be met in order for a MHP plan to begin reporting production data in the 274 format through PACES. There will be three sequential testing phases.

5.2 Test File Submission

Test Files will be submitted to the "Test Submit" SFTP folder as described in Section 3.1 – Location. Responses to the test file submissions will be posted to the "Test Response" folder.

5.3 Testing Phases and Criteria

Key Clarification Notes

The following points are intended to provide clarity during the testing process.

- The anticipated outcome of the three stages of testing is to ensure that plans can produce monthly 274 data submissions that represent a complete provider network that is adequate to provide required covered services for Members in the MHP's service area and in accordance with the MHP contract and applicable Information Notices.
- 274 data will include all inpatient and outpatient providers of specialty mental health services.
- The 274 standard uses the Health Care Provider Taxonomy code set maintained by the National Uniform Claims Committee (NUCC) for the identification of provider types and specialties. Plans must use the appropriate National Provider Identifier and associated Taxonomy code to identify MHP provider types associated with the provider group, site and provider detail segments as specified in the 274 standard. Plans must ensure that the NPIs and taxonomy codes exist on the CMS National Plan and Provider Enumeration System ([NPPES](#)) for each submitted provider.



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5.3.1 Phase 1 – Implementation Guide – Connectivity Testing

Phase 1 testing will consist of submitting 274 transactions that, at a minimum, meet the base 274 Implementation Guide (IG) requirements and the modified Loop IDs 2100EA, segment N2 per the DHCS Companion Guide (CG). Passing Phase 1 is mandatory to proceed to the next phase. Submissions for Phase 1 testing do not require ‘live’ data, however, live data may be used. Test data should represent transactions that are expected to pass and fail so that the plan understands what to expect in the Validation Response File.

Note: Plans must notify their DHCS plan liaison via email when they have submitted data for Phase 1 and ready to move on to Phase 2. DHCS will not validate the results of Phase 1 testing but will use this information to track the testing progress for each plan.

Test Case #	Description	Requirement
TC 1.00	Submit multiple 274 Transactions, representing <ul style="list-style-type: none"> • Group (Legal Entity Information) • Site (Practice location) • Provider (practitioner and practitioner extenders) 	Submissions should include: <ul style="list-style-type: none"> • Group, Site and Provider levels • Two or more instances of Loop ID 2100EA segment N2 (Additional Name Information). The use has been modified from the standard. Refer to the CG for additional information. <p>Note: DHCS will not validate the data sent in Phase 1. Please ensure your county’s phase 1 test file has successfully processed before moving to phase 2. MHPs may resubmit test files as many times as necessary to successfully pass all edits.</p>



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5.3.2 Phase 2 – Companion Guide Data Validation Testing

Phase 2 testing will consist of specific provider network scenarios. The goal is to ensure plans can submit 274 transactions for all provider types included in the plans network and understand specific data element submission requirements described in the 274 Implementation Guide and the 274 Companion Guide. Phase 2 testing is mandatory before moving on to phase 3 testing. “Live” data may be used to accommodate each test scenario described in the following tables. Multiple test cases may be satisfied by submitting one 274 test transaction. **If your county does not have providers for the types of scenarios indicated in the test plan (such as Satellite Sites or American Indian Health Facilities), you do not need to send a test transaction for that specific test case. Please indicate in the Test Data Submission Form referenced in Appendix A.**

Note: Plans must notify DHCS via the 274Expansion@dhcs.ca.gov email when they are ready to submit test data for Phase 2 and include a completed Test Data Submission Form as instructed in Appendix A – Test Data Submission Instructions (Phase 2 and 3). Completion of the Test Data Submission Form will help DHCS expedite the validation of each test case.

The following matrix describes each test case associated with Phase 2 testing and the test data requirements.



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Test Case #	Description	Requirement
TC 1.00	Submit 274 Transaction for a County-Owned Community Mental Health Services Center provider in the following format <ul style="list-style-type: none"> • Group (Legal Entity Information) • Site (Physical Location) • Provider (Rendering Provider Attributes) 	Submission will include: <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the county-owned organization. Ensure “Ownership Code” = 12 – Government-County. • Site Detail: Include at least one physical location owned by the county where services are performed. Ensure valid data in all ‘required’ fields. Ensure appropriate Facility type, Institutional Facility Type and Taxonomy Code for Community Behavioral Health Services Center. Examples include: Facility Type=26—Non-Individual - Ambulatory Health Care Facilities / Institutional Facility Type= 76-- Clinic - Community Mental Health Center / Taxonomy Code= 251S00000X - Community/Behavioral Health • Provider Detail: Include at least one rendering provider employed by the county-owned entity. Any type of mental health render provider is acceptable.
TC 2.00	Submit 274 Transaction for a mental health services organization that is contracted to the county mental health plan (non-county owned provider) in the following format <ul style="list-style-type: none"> • Group (Legal Entity Information) • Site (Physical Location) • Provider (Rendering Provider Attributes) 	Submission will include: <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the contracted mental health provider. Ensure Ownership Code = Proprietary (Individual, Corporation, Partnership, etc). • Site Detail: Include at least one physical location owned by the contracted provider where services are performed. Ensure valid data in all ‘required’ fields. • Provider Detail: Include at least one rendering provider associated with the Site Detail loop for this test case. Any type of mental health render provider is acceptable.



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Test Case #	Description	Requirement
TC 3.00	<p>Submit a 274 Transaction for a Satellite Site – Fixed or Mobile* in the following format.</p> <ul style="list-style-type: none"> • Group (Legal entity information) • Site (Physical Location) • Provider (rendering provider attributes) <p>*Providers identified in the NACT Exhibit B-1—Field Based Services.</p>	<p>Submission will include:</p> <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the provider organization. • Site Detail: Include at least one physical location where services are performed at a Satellite Location: Facility Type = SF or SM (Satellite Fix or Satellite Mobile) • Provider Detail: Include at least one rendering provider associated with the Site Detail loop for this test case. Any type of mental health render provider is acceptable.
TC 4.00	<p>Submit a 274 Transaction for an American Indian Health Facility (AIHF)* in the following format:</p> <ul style="list-style-type: none"> • Group (Legal entity information) • Site (Physical Location) • Provider (rendering provider attributes) <p>*Providers identified in the NACT Exhibit B-2—American Indian Health Facilities.</p>	<p>Submission will include:</p> <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the AIHF organization • Site Detail: Include at least one physical location. Ensure the Site Institutional Facility Type = 70 (Clinic - Indian Health Services Facility) • Provider Detail: Include at least one rendering provider associated with the Site Detail loop for this test case. Any type of mental health render provider is acceptable.



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Test Case #	Description	Requirement
TC 5.00	Submit a 274 Transaction for a contracted individual Mental Health Provider that <u>is</u> a psychiatrist <ul style="list-style-type: none"> • Group (Legal entity information for a sole proprietor) • Site (Physical Location) • Provider (rendering provider attributes) 	Submission will include: <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the contracted Psychiatrist. Ensure Ownership Code = Proprietary-Individual. • Site Detail: Include at least one physical location owned by the contracted provider where services are performed. Ensure valid data in all 'required' fields. • Provider Detail: Include all required rendering provider data including: <ul style="list-style-type: none"> – Healthcare Taxonomy Code = Psychiatrist – Mental Health Provider Area of Expertise and Mental Health Provider Practice Focus codes required – Service Type = Medication Support
TC 6.00	Submit a 274 Transaction for a contracted individual Mental Health Provider that <u>is not</u> a psychiatrist. <ul style="list-style-type: none"> • Group (Legal entity information for a sole proprietor) • Site (Physical Location) • Provider (rendering provider attributes) 	Submission will include: <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the provider. Ensure Ownership Code = Proprietary-Individual. • Site Detail: Include at least one physical location owned by the contracted provider where services are performed. Ensure valid data in all 'required' fields. • Provider Detail: Include all required rendering provider data including: <ul style="list-style-type: none"> – Healthcare Taxonomy Code = Any Mental Health Provider <u>except</u> a Psychiatrist – Mental Health Provider Area of Expertise and Mental Health Provider Practice Focus codes required – Service Type = Medication Support, Intensive Care Coordination <u>and</u> Intensive Home Based Services.



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Test Case #	Description	Requirement
TC 7.00	<p>Submit a 274 Transaction for a contracted individual Mental Health Provider that is <u>telehealth</u> based.</p> <ul style="list-style-type: none"> • Group (Legal entity information for a sole proprietor) • Site (Physical Location) • Provider (rendering provider attributes) 	<p>Submission will include:</p> <ul style="list-style-type: none"> • Group Detail: Include all required elements associated with the provider organization. The organization may be the same organization used in other test cases. • Site Detail: Include at least one physical location where telehealth services are performed at the site. Site Telehealth Indicator = “O” – Services at this site are only provided through telehealth or “B” – Services at this site are provided both in-person and through telehealth • Provider Detail: Include at least one rendering telehealth provider associated with the Site Detail loop for this test case. Any type of mental health render provider is acceptable. Provider Telehealth Indicator = “O” – Services from this provider are only provided through telehealth or “B” – Services from this provider are provided both in-person and through telehealth



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5.3.3 Phase 3 – Production Parallel Test

Phase 3 is intended to test the capability of the plan to submit a full provider network file. The content of the phase 3 submission will be assessed to determine if it contains the anticipated number of provider groups, sites and individual providers within the MHP plan’s network. In addition, the Phase 3 test file should contain valid data for each data element that the plan currently collects for each provider in its network and sends to DHCS. Please refer to Appendix A – Data Submission Priority Planning for guidance on what to include in the parallel test production file and in the initial post-implementation production file submissions.

Note: Plans must notify their DHCS plan liaison via email when they are ready to submit a test file for Phase 3 and include a completed Test Data Submission form as instructed in Appendix B – Test Data Submission Instructions (Phase 2 and 3). Completion of this form will help DHCS expedite the validation of the parallel production test file

Test Case #	Description	Requirement
TC 1.00	Validate submission of a full monthly production file in test	<ul style="list-style-type: none"> • Submit a 274 Transaction file that is comparable to the most recent provider network file sent to DHCS in the NACT format. • Valid data should be sent for all data elements that plans currently maintain and send to DHCS. See Appendix A for guidance. • For data that is currently not sent to DHCS, plans should send on the 274 if available, otherwise do not send. • DHCS will focus data validation efforts on data elements that are currently sent to DHCS. • Submit one file for each HCP • Identify the month and year for which the test production data is being submitted.



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5.4 Testing Support

Plans will be able to upload test files according to their own schedule within the timeframes specified in Section 2 of this document. PACES will process the test files and issue response transactions automatically.

Questions can be sent to 274Expansion@dhcs.ca.gov and to your assigned DHCS plan liaison. DHCS will continue to hold monthly webinars to provide further support with 274 testing and to address common questions. These communication venues will be available to the plans to discuss testing information, progress, and address any questions or concerns.

6 Production Submission

6.1 Readiness

Plan readiness for production submission will be mutually agreed upon between DHCS and the plan. It should be noted that based upon DHCS estimates, plans should allocate approximately (3) months for testing.

6.2 Production Submission

Once DHCS approval notices have been issued, MHPs will begin operationally reporting 274 provider data files to PACES on an ongoing monthly basis.



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Appendix A – Test File Submission Instructions

For each phase of testing, the following protocols are in place to ensure DHCS is aware of the status of the testing process and can ensure the timely review and approval of each phase. When you are ready to submit test data please ensure the following steps are taken:

1. Notify DHCS via the 274Expansion@dhcs.ca.gov email when a test file has been submitted to the SFTP folder for any testing phase.
2. For Phase 2 and 3 Test Phases, a Test Data Submission Form (in Excel format) must be completed and emailed to the 274Expansion@dhcs.ca.gov for each successfully processed test file transmission. Section A.1 below includes the content to be included on the Test Data Submission Form. Section A.2 below provides sample forms.
3. Send an email to 274Expansion@dhcs.ca.gov when the test file has successfully processed and you have received the associated Validation Response File (VRF).
4. For Phase 2 test files, DHCS will validate each test case identified in the Test Data Submission Form and notify the plan when the test validation is complete. Please ensure test data is submitted for each test case scenario included in the Phase 2 test matrix referenced in Section 5.3.2 of this document.

If your county does not have providers for the types of scenarios indicated in the Phase 2 test plan (such as Satellite Sites or American Indian Health Facilities), you do not need to send a test transaction for that specific test case. Please indicate in the Test Data Submission Form referenced in Appendix A. Each test scenario must be identified in the Test Data Submission Form.

5. For the Phase 3 production parallel test files, DHCS will conduct an evaluation of the test file and notify the plan when the validation is complete or if additional information is needed.



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A.1 Test Data Submission Form

The following form in Excel must be completed for each test file submitted for Phase 2 and 3 testing and sent to the [274Expansion@dhcs.ca.gov mailbox](mailto:274Expansion@dhcs.ca.gov). For Phase 2 testing, multiple files may be submitted to validate the required test scenarios. A separate form must be submitted for each test file submission. A completed sample form is provided in Section **A.2** on the following page.

For tracking purposes, please name the Excel form the same name as the submitted 274 file.

274 Test Data Submission Form Contents

Data element name	Instructions
County Name	<Enter County Name>
HCP Code	<Enter HCP code> This is the three digit code assigned to your county: C + County Code.
County Contact Information	<Enter contact Name, Email and Phone Number> For follow-up questions.
Test File Name	<Enter Test File Name> See 274 Companion Guide “Section 3.5 for format)
Test Phase	<Enter the Phase for which data is submitted: “Phase 2” or “Phase 3”>
Test Case ID (For Phase 2 only)	<Enter each Test Case ID > + < Enter NPI of Group, Site or Provider that meets test case condition> Include one row per test case.
The following Data Elements are for Phase 2 and 3 file submissions	
Submitted Total Transaction (ST/SE) Count	Total Transaction (ST/SE) count submitted per file.
Distinct Group Count	Distinct or unique group count (Group TaxID) submitted per file
Distinct Site Count	Distinct or unique site count (Site NPI) submitted per file
Distinct Provider NPI Count	Distinct or unique provider NPI count submitted per file



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A.2 Sample Test Data Submission Forms

EXAMPLE - Phase 2 Test Form Submission	
County Name	Alameda
HCP Code	C01
Plan Contact Information	John Doe John.Doe@county.org 999-999-9999
Test File Name	ALAMEDA_C01_274B_YYYYMMDD_NNNNN.dat (ensure valid format per the Companion Guide)
Test Phase	Phase 2
Test Case ID	Test Ref ID (NPI) or enter "Not applicable"*
TC 1.00	NPI=1234567890
TC 2.00	NPI=1234567891
TC 3.00	NPI=1234567892
TC 4.00	N/A – county does not have this provider.
TC 5.00	NPI=1234567894
TC 6.00	NPI=1234567895
TC 7.00	NPI=1234567896
*If a county does not have a provider in its network that represents one of the cases, enter 'Not Applicable' for the associated test case.	

Note: DHCS also requests that the test data is submitted in a separate human-readable format in Excel, which will be used to compare the data submitted in the 274 file. This 'human-readable' format must include each data element name and value for each Group, Site and Provider Detail segment submitted for each test case. The 'human-readable' test data must be submitted in a separate tab in the Test Data Submission form or as a separate Excel file.

EXAMPLE - Phase 3 Test Form Submission	
Plan Name	Plan Name 1
HCP Code	274
Plan Contact Information	John Doe (John.Doe@PlanName1.com)
Test File Tracking	Alameda_C01_274B_YYYYMMDD_NNNNN.dat (ensure valid format per the Companion Guide)
Test Phase	Phase 3
Submitted Total Transaction (ST/SE) Count	999
Distinct Group Count	999
Distinct Site Count	999
Distinct Provider NPI Count	999

Note: DHCS also requests the test data is submitted in a separate human-readable format in Excel, which will be used to compare the data submitted in the 274 file. This 'human-readable' format must include each data element name and value for each Group, Site and Provider Detail transaction submitted in the Phase 3 production file. The 'human-readable' test data must be submitted in a separate tab in the Test Data Submission form or as a separate file.