

Quick Tips for Submitting 5010 Test Files to MassHealth

The following quick tips have been outlined to enable submitters to effectively and efficiently execute the 5010 trading partner testing process with MassHealth.

Preparing a test file

1. Test files must be internally coded as test. This means that the value in ISA15 must be "T." Files coded as Production cannot be processed.
2. Ensure that loop 1000A, segment PER (SUBMITTER EDI CONTACT INFORMATION), contains the name, phone number, and e-mail address of your 5010 testing contact.
3. Limit the number of claims in a file to no more than 50. The evaluation procedure for each claim is quite thorough so we are asking you to comply with this limit. Each claim may contain as many service lines as is customary for your work.
4. The test claims sample should be representative of the types of services and scenarios that your facility typically bills to MassHealth. If you submit void, replace, adjustment, or COB claims, you should include those in your test file.
5. We request that you use claims that you have already submitted and that were adjudicated with a "paid" status so that we may compare your 5010 test results with the current Production system.
6. The 5010 test system will include claims from the Production system that were adjudicated in April 2009, March 2011, April 2011, and May 2011. If you are testing voids or replacements, please choose claims that were processed during those times.
7. Limit your test claims to include only dates of service that are less than one year old from the date you submitted the file.
8. Non-claims data such as member information, prior authorizations, preadmission screenings, and referrals, will all be copied from the Production environment as of September 30, 2011. Any changes to such data in the Production environment after that date, will not be reflected in the 5010 test environment.

Submitting a test file

1. Submit only one file at a time for any given transaction type. Please do not submit a second one until you have received an evaluation of the previous file from MassHealth. It is acceptable to submit more than one file at a time if you are submitting different transaction types (i.e., submitting one 837P file and one 270 file at the same time is allowed).
2. Log on to <https://mmis-portal-tpetest.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop> with the any POSC ID/password that was active as of June 19th, 2011.
3. Upload the file as usual.

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What to expect after submitting a test file

A 999 or TA1 should be available within two hours, typically within 15 minutes, for you to download from the Test site. Please refer to any of our companion guides for details about the 999 or TA1.

You should receive a response within two business days of uploading your test file. MassHealth will either detail the errors in your test file or confirm that the file has passed testing for that particular transaction type.

How your file will be evaluated

MassHealth will be evaluating many aspects of your submitted file. Ultimately, our goal is to verify that your software and our system process claims correctly using the version 5010 standard. A file goes through three basic steps during the testing process.

1. Files must pass “pre-compliance.” The file sent must be in ANSI ASC X12 format and conform to the basic standards. Some of the requirements are:
 - a. File is “plain text”; not a Word or an Excel document, or a compressed (.ZIP) file.
 - b. The first 3 characters in the file are “ISA.”
 - c. The value in ISA11 is not “U” as in 4010 files. It is a Repetition Separator. For example, the character, “^,” could be used. Please refer to the appropriate companion and implementation guides for more information.
 - d. The Sender ID in ISA06 and Receiver ID in ISA08 must be valid and a total of 15 characters (padded with spaces).
2. Files must pass “compliance.” The file sent must meet every standard of an ANSI ASC X12 formatted file. Some of the requirements are:
 - a. Any NPI used must be a registered number from the National Plan and Provider Enumeration System (NPDES).
 - b. Total charge at the claim level must equal the sum of all the charges at the detail level.
 - c. The CPT/rev/HCPC codes in the SV1 segment must be present and valid.
 - d. Addresses must be complete, including the city, state, and zip code. Please remember to use the Zip+4 format where required.
 - e. Dates must be complete and properly formatted. Date spans cannot have a “to date” that precedes the “from date.”
3. Files must then pass “comprehensive” testing. Some of the requirements are:
 - a. Claims pay to the correct MassHealth PID/SL (provider ID/service location).
 - b. Claim payment reflects what the claim paid originally in the current, 4010, system.
 - c. Paid claims should pay more than \$0.00, unless this is normal for that kind of claim.
 - d. Since we have requested that you submit previously paid claims for testing, we will especially note any claims that deny.

If you have any questions, please send them to EDI@MAhealth.net, call the MassHealth testing toll-free number at 855-253-7717, or call your 5010 testing contact directly.