Tips for Submitting ICD-10 Test Files to MassHealth

Revised March 13, 2015

The following tips were created to help claims submitters effectively and efficiently execute the ICD-10 trading partner testing process with MassHealth.

Requirements

1. The submitter must confirm that she or he has access to the Provider Online Service Center (POSC) test site (with a production POSC ID and password) at https://mmis-portal-tptest.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop.
2. Up to 25, but no fewer than 10 test claims may be submitted. MassHealth vendors, however, may submit up to 50 claims.
3. MassHealth simulated the GO LIVE date within the test environment. To simulate the GO LIVE date, MassHealth will use a mock cutover date. The mock cutover date is set to **January 1, 2015**. You must report ICD-10 diagnosis and inpatient procedure codes on test claims with dates of service (DOS) on or after this date. Include ICD-9 codes on claims with DOS before December 31, 2014; also include ICD-10 codes on claims with DOS on or after January 1, 2015.
4. Implement standard ASC X12 Implementation Guide changes and follow the MassHealth Companion Guides (837I, 837P). Please contact the MassHealth Customer Service Center at 1-800-841-2900 or providersupport@mahealth.net to obtain a copy of the Companion Guides.

Preparing a Test File

1. Internally code your test files as test data. In the Interchange Control Header segment, ensure that the **ISA15 – Usage Indicator** data element contains "T" for "Test." Files coded as "P" (Production) cannot be processed.
2. Include your testing contact information in your test file. In **Loop 1000A – Submitter Name**, ensure that segment **PER – Submitter EDI Contact Information** contains the name, telephone number, and e-mail address of your ICD-10 testing contact.
3. Include the name of your organization and indicate in your test file that you are participating in ICD-10 testing. In **Loop 100A – Submitter Name**, ensure that segment **NM1 – Submitter Name** contains this information. This will help MassHealth to identify which testing initiative you are attempting.
4. The test-claims sample should represent the types of services and scenarios that your facility typically bills to MassHealth. Please include Coordination of Benefit (COB) claims, if appropriate.
5. A test file should contain at least 10 and a maximum of 25 claims in each file. If you are a MassHealth vendor, you may submit up to 50. Each claim may contain as many service lines as is customary for your work.
6. For test claims with DOS on or before December 31, 2014, you must report **ICD-9 codes**.
7. For test claims with DOS on or after January 1, 2015, you must report **ICD-10 codes**.

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Submitting a Test File

1. Before submitting your first test file, please contact the EDI testing team by e-mail at edi@mahealth.net or by calling (toll free) 1-855-295-4047.
2. Submit only one file at a time for any given transaction type. For example, you may submit a test file with professional claims and a second file for institutional claims.
3. Please do not submit a second test file until you have received an evaluation of the previous file from MassHealth.
4. Log on to the test site (with your production POSC ID and password) at https://mmis-portal-tptest.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop.
5. Upload the file in the usual manner. You can ignore that the upload option is "production."

What to Expect after Submitting a Test File

MassHealth will confirm the transmission of your test file by returning either a 999 (Implementation Acknowledgment) or TA1 (Interchange Acknowledgment). This is usually available for you to download from the test site within two hours. If the 999 (ACK) shows known/familiar errors, please try to correct them and send another file. Refer to any of the MassHealth Companion Guides for details about the 999 or TA1 transactions.

MassHealth will carefully review your test file and review any compliance and adjudication errors. Within two business days of submitting your test file, MassHealth will contact you to discuss the testing results. MassHealth will work closely with you to make any necessary corrections and resubmit the corrected test claim file.

If you are set up to receive a remittance advice (835), the system will automatically post your 835 in the POSC test environment for you to download. The 835 files will be available to download on the next Wednesday or Friday morning, following your test submission. It will be your responsibility to review the 835 or paper remittance advice for any payment impact regarding ICD-10. We will be glad to address any questions that you may have about the 835 or paper remittance advice.

How Your File Will Be Evaluated

MassHealth will evaluate many aspects of your submitted test file. Ultimately, our goal is to verify that your software and our system-process claims are correctly using the ICD-9 and ICD-10 code set. A file goes through two basic steps during the testing process.

- HIPAA Compliance Test
  a. A file must pass HIPAA-compliance testing before progressing onto the next set of testing.
  b. A file must be in "plain text." It cannot be a Word, Excel, or a compressed (.zip) file.
  c. The first three characters in the file are "ISA" and adhere to the ANSI ASC X12 5050 format.

d. The Sender ID in ISA06 and the Receiver ID in ISA08 must be valid and total 15 characters (including spaces).
e. A file must not be rejected and create a 999R response.

- Comprehensive Test
  a. A file must pass comprehensive testing before approval.
  b. The majority of claims on the test file must adjudicate and not receive any fatal errors.
  c. A file meets HIPAA compliance.
  d. There must be limited adjudication errors.
  e. A file will fail if there are significant adjudication errors.

ATTENTION: Nursing Facilities

Effective October 1, 2015, MassHealth will no longer support the proprietary Management Minutes Questionnaire (MMQ) software previously available on www.mass.gov. By September 30, 2015, all providers using this software must submit MMQs through the Provider Online Service Center (POSC). The MassHealth EDI testing team is available to assist you with your transition, along with ICD-10 testing.

ATTENTION: Inpatient Hospitals

On October 1, 2014, MassHealth transitioned to the APR/DRG payment methodology. If you already tested ICD-10 with MassHealth, retesting with us will allow you to validate this new APR/DRG payment methodology in conjunction with ICD-10 codes. All other hospitals beginning their testing with MassHealth will also end up testing this new APR/DRG payment methodology in conjunction with ICD-10 code set as normal procedure.

If you have any questions, please send an e-mail to edi@mahealth.net or call the EDI testing team at 1-855-295-4047.