



## Quick Tips for Submitting Test Files to MassHealth

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

### Preparing a Test File

1. A test file must be internally coded as a test (that is, the value in ISA15 must be “T” (test)), when sent to MassHealth’s test system. A test file internally coded as a production file and sent to our test system will not be successfully processed by MassHealth. Consequently, a 999 will not be generated for the file.
2. Ensure that loop 1000A, segment PER (submitter EDI contact information), contains the name, phone number, and e-mail address of your 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 ask that you comply with this limit. Each claim may contain as many service lines as is customary for your work.
4. The test claims sample should represent the types of services and scenarios that your facility would typically bill to MassHealth. If you plan to submit void, replace, eligibility verification, or COB claims, you should include those in your test file.
5. If you are an existing provider that has previously submitted claims to MassHealth (either through the POSC or through another billing intermediary or software vendor), MassHealth requests that you use claims that you have already submitted and that were adjudicated with a “paid” status so that we may compare your test results with the current production system. Before submitting these claims, check with the MassHealth EDI staff to determine what production claims currently exist in the MassHealth test system.
6. Limit your test claims to include only dates of service that are less than one year old from the date you submitted the file.

### Submitting a Test File

1. Submit only one file at a time for any given transaction type. Please do not submit a second test file until you have received an evaluation of the previous file from MassHealth (this does not refer to a 999A response). It is acceptable to submit more than one file at a time if you are submitting different transaction types, that is, submitting one 837P file and one 270 file at the same time is allowed.
2. Log on to the TPT test environment at <https://mmis-portaltpst.ehs.state.ma.us/EHSPortals/appmanager/provider/desktop> by using your designated POSC ID username/password.
3. Upload the file as usual.

## 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 from an EDI representative 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. This response will be in the form of a phone call or e-mail to the submitter's primary contact for testing.

## How Your File Will Be Evaluated

MassHealth will be evaluating many aspects of your submitted file. Ultimately, our goal is to verify that your files can be submitted accurately to MassHealth so they can be processed correctly. A file goes through three basic steps during the testing process.

1. Files must pass **precompliance**. The file sent must be in ANSI 5010 ASC X12 format and conform to the basic standards. Some of the requirements are as follows.
  - a. The file is **plain text**, or a compressed (.zip) file, not a Word or an Excel document.
  - b. The first three characters in the file are "ISA."
  - c. The value in ISA11 is a repetition separator and the value "U" cannot be used. 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 5010 file. Some of the requirements are as follows.
  - a. Any NPI used must be a registered number from the National Plan and Provider Enumeration System (NPPES).
  - 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 as follows.
  - a. Claims pay to the correct MassHealth PID/SL (provider ID/service location).
  - b. For existing providers, claim payment reflects what the claim paid originally in the production system.
  - c. Paid claims should pay more than \$0.00, unless this is normal for that kind of claim.

If you have any questions, please call MassHealth Customer Service at 1-800-841-2900, or e-mail your inquiry to [EDI@MAhealth.net](mailto:EDI@MAhealth.net).