

MACSIS CLAIMS EDI TESTING REQUEST FORM (7/2011)

Boards: Please verify the form is complete and email to the Office of Information Services, Ohio Department of Mental Health at macsistesting@mh.state.oh.us, after the test file has been placed in the appropriate FTP directory. **All information is required to process request. DO NOT FAX THIS VERSION OF THE FORM.**

FILE SUBMISSION INFORMATION			
Test File Name	Date File FTP'd to State	Submitter ID (UPI)	NPI
Billing Provider Name		Provider Bills Other Payers (COB)?	
Provider Software Vendor		Provider Software Product/Version	
Board Name	Board Contact Name	Board Phone #	
Board Email	Board Fax #	Test File FTP Directory	
		/county/ /hipaa/test	
Comments			

TYPE OF TEST (CHECK ONE)		
Scenario	File Name Format Board FTP Directory	Comments (One test file per UPI/NPI required for all scenarios)
<input type="checkbox"/> 4010 – NPI format	X0xxxxx#.july /county/(board)/hipaa/test <i>e.x. /county/02B/hipaa/test</i>	Required for any new provider to MACSIS or providers who are ready to submit NPI 4010-837 compliant files, have new software, undergoing major system upgrade or added new NPIs.
<input type="checkbox"/> 5010 – NPI format	T0xxxxx#.july /county/(board)/hipaa/test <i>e.x. /county/02B/hipaa/test</i>	Required for any new provider to MACSIS or providers who are ready to submit NPI 5010-837 compliant files, have new software, undergoing major system upgrade or added new NPIs.

TESTING STATUS AND RESULTS (COMPLETED BY STATE STAFF)			
Date Tested	Tested By	File Passed?	Results Attached?

Rate Requested/Sheet Received?	Y <input type="checkbox"/> / N <input type="checkbox"/>
Tax ID matches Diamond?	Y <input type="checkbox"/> / N <input type="checkbox"/>
Real Clients?	Y <input type="checkbox"/> / N <input type="checkbox"/>
POS HIPAA compliant?	Y <input type="checkbox"/> / N <input type="checkbox"/>

WHAT WE WANT TO SEE		WHAT'S IN THE FILE	
Weekly Expected Count:		Claims tested:	
MH Procedures:		MH Procedures tested	
AOD Procedures		AOD Procedures tested	
COB Needed:	Y <input type="checkbox"/> / N <input type="checkbox"/>	COB tested:	Y <input type="checkbox"/> / N <input type="checkbox"/>