

Ohio Department of Mental Health
MACSIS SYSTEM PROCEDURE

Procedure: Submitting Test EDI Claim Files For Approval

Last Revised Date: 3/19/08

Purpose:

This procedure outlines how test claim files should be submitted for MACSIS approval using the HIPAA-mandated format (837 Professional Claims Format, Version 4010A1). The procedure indicates where files should be sent, any corresponding forms needed and how errors or approval will be communicated to the board and subsequently provider.

Related Policies

[Guidelines Pertaining to MACSIS under HIPAA](#)¹ – Topics 40-45 denote the Electronic Data Interchange (EDI) standards for MACSIS. Topic 41(B) “Becoming a Business Associate/Trading Partner” outlines the specific EDI testing policy associated with this procedure.

Provider Procedures (for both Tier 1 and Tier 2):

1. Providers should thoroughly review Topics 40-45 of the Guidelines Pertaining to MACSIS under HIPAA prior to submitting test claim files.
 - ◆ Topic 41(B) “Becoming a Business Associate/Trading Partner” in the Guidelines Pertaining to MACSIS under HIPAA relates specifically to MACSIS EDI testing policy. The guideline will outline under what circumstances providers are required to submit test files, any pre-testing requirements, the differences between Tier 1 and Tier 2 testing and what types of claim scenarios must be included in each test file.
2. The provider should make sure they have supplied the required Medicaid Uniform Cost Report and Rate Sheet(s) information to the ODMH and/or ODADAS Medicaid Policy staff prior to beginning EDI testing.
3. The provider should discuss with their main contracting board how they expect to receive and/or be notified of test files submissions. This procedure will vary by board depending on the file transfer arrangements they have made for their providers.
4. When ready to submit a test file, the provider should ensure that the test file is appropriately named as follows:
 - **For 837P v4010 files containing NPI: Xxxxxxx#.julyy** (ex., X0010431.31406), where xxxxxx is the submitter ID (formerly UPI), # is sequential submission number and julyy is the creation julian date and year.
5. Upon submission of the test file, the provider should notify their Board that the test file is available per Board procedure and make sure they know what type of test file it is (Tier 1 or Tier 2).
6. Upon approval for “Tier 1” testing, the providers will need to follow the same steps noted above to submit a test file for “Tier 2” testing.
7. **Special notes for previously-approved providers who are submitting 837P files containing NPI:**
 - ◆ Previously-approved providers are not required to submit Tier 1 NPI-format files (i.e., they can submit Tier 2 NPI test files first) except in the following circumstances
 - ◆ If the provider has changed software
 - ◆ If the provider is testing a new subpart which was not previously approved
 - ◆ If the provider has installed a major software upgrade

¹ Please note that the Guidelines Pertaining to MACSIS Under HIPAA are currently in the process of being revised.

- ◆ If the provider has failed basic syntax/structure compliance with Tier 2 submission
- ◆ Note: If the provider is submitting the first NPI-format file produced from a vendor product/version which has never been tested, Tier 1 testing is highly recommended
- ◆ Providers are encouraged to submit a minimum of 10 claims per procedure/modifier code combination for their most commonly billed services in their Tier 2 NPI-format files.
 - ◆ Do not include more than 500 claims per test file.
- ◆ Providers should include all lines of business (Medicaid and Non-Medicaid) if applicable.
- ◆ Providers should include at least one “other payer” scenario if they bill other insurance.
- ◆ Providers must roll up same day services on the Tier 2 file.

Provider Procedure After Final Approval for Tier 2:

1. Once approved, providers may submit production 837P claim files using the following naming conventions:
 - **For 837P v4010 files containing NPI:** Nxxxxxx#.julyy (ex., N0010431.31406), where xxxxxx is the submitter ID (formerly UPI), # is sequential submission number and julyy is the creation julian date and year.

Board Procedure For Tier 1:

1. Once a test file is received by the board, the board should, at a minimum, verify the file follows the appropriate test file naming convention as noted under the provider procedures.
 - Boards have the option and are, in fact, encouraged to verify test files pass additional requirements for Tier 1 testing by verifying HIPAA form, structure and syntax compliance as well as checking for the MACSIS-specific requirements outlined in the Guidelines Pertaining to MACSIS under HIPAA. If possible, the board should also use a text editor to verify each end of line marker contains a line feed and that no special characters or text follow the IEA segment. (See <http://www.mh.state.oh.us/ois/macsis/mac.tech.revisited.EOL.issues.html> for more information on end of line markers.) If errors are found, the Board can communicate the errors to the provider prior to any involvement by the MACSIS staff, but they (Boards) are not encouraged to actually change the provider file before submitting it onto the MACSIS staff. “Tier 1” review is an optional step depending upon the capabilities of the Board.
2. The board should FTP the file to the MACSIS mhub server to the /county/<Board designation>/hipaa/test/ subdirectory. The board should then complete the [MACSIS EDI Claims Testing Form](#) and email it to macsistesting@mh.state.oh.us.
 - It is very important for the boards to complete all requested information on the test form and to submit it at the same time the test file is made available. Emailing the form is preferred; however, if the Board does not have MS Word, a [PDF version](#) of the form is available and can be faxed to 614-752-6474. If faxing, please make sure information is legible.
3. Once received, the MACSIS staff will analyze the agency’s test file and return a Test Analysis Form denoting the approval status and/or any errors detected to the Board.
 - Although test file analysis is often completed within 24 business hours, Boards should wait three business days after the submission of a test file to the MACSIS staff before inquiring about the status (if they have not heard). Inquiries about test file status should be sent to the [MACSIS Support Desk](#).

4. The Board is then responsible for providing and reviewing the results with the provider. If not approved, providers will need to repeat this procedure before initiating Tier 2 testing. Boards should assist the provider in understanding what corrections are needed to submit a subsequent test files.

Board Procedure For Tier 2:

1. Once a Tier 2 test file is received by the board, the board should verify the file follows the appropriate test file naming convention.
2. The board should complete the HIPAA Service Rate Forms(s) pertaining to the State Fiscal Year being tested for the Departments under which the provider will be submitting claims ([ODMH](#) and/or [ODADAS](#)).
 - Boards should make sure they have entered/updated the provider's Non-Medicaid rates and contracts in MACSIS and/or the provider has supplied the required Medicaid Uniform Cost Report and Rate Sheet(s) to the Medicaid Policy staff before beginning Tier 2 Testing.
3. The board should FTP the file to the MACSIS mhub server to the /county/<Board designation>/hipaa/tier2test/ subdirectory. The board should then complete the [MACSIS EDI Claims Testing Form](#) and email it along with the HIPAA Service Rate Form(s) to macsistesting@mh.state.oh.us.
 - It is very important for the boards to complete all requested information on the HIPAA Service Rate and EDI Claims Test forms and to submit them at the same time the test file is made available. Emailing the form is preferred; however, if the Board does not have MS Word, a [PDF version](#) of the form is available and can be faxed to 614-752-6474. If faxing, please make sure information is legible.
 - If it is a Tier 2 test file for a previously approved provider submitting 837P claims files for NPI, Boards should mark the "Tier 2 – NPI Format" and "previously approved agency" checkboxes.
4. Once received, the MACSIS staff will make sure the test environment is a current copy of Production and will attempt to run the Tier 2 test file through the PREDI-Edit process in the test environment.
 - ◆ The MACSIS staff will review the PREDI-Edit and Post reports to determine why records created critical or non-critical errors, why warnings were created, if the procedures priced as expected and if all benefit rules were applied appropriately. This review is an evaluation of whether the benefit, contract and pricing rules in Production are indeed intact, accurate and working as expected.
5. If the file meets the acceptance criteria as determined per the policy, the provider will be approved for submission of 837P v4010A1 claim files for Production. A copy of the final Tier 2 Testing Analysis Form will then be emailed back to the Board indicating the provider has been approved for production claim submission.
 - If the file does not pass the acceptance criteria due to problems with the **source** file, the board should contact the provider, who will need to correct their file creation program and resubmit a new file beginning with step 1.
 - If the file does not pass the acceptance criteria due to problems with the **Diamond benefit, contract and pricing tables**, the board will need to follow appropriate change control procedures to correct the Diamond tables. Changes to PANEL, PLAN, BENEF, and BRULE records should be submitted to the [MACSIS Support Desk](#). The board should then submit a new Tier 2 form (when ready) to request the process begin starting at step 4.
 - ◆ The board is responsible for changes to the PROVC or PROCP records pertaining to the provider's non-Medicaid agreement.

- ◆ If changes need to be made to either Medicaid provider contracts or Medicaid PROCP records, the provider must contact [Margie Herrel](#) at ODMH or [Doug Day](#) at ODADAS to make the needed updates before proceeding.
- Boards should wait three business days after the submission of a test file to the MACSIS staff before inquiring about the status (if they have not heard). Inquiries about test file status should be sent to the [MACSIS Support Desk](#).