

MACSIS EDI CLAIMS TESTING REQUEST FORM

Boards: Please verify the form is complete and email or fax to the Office of Information Services, Ohio Department of Mental Health at macsistesting@mh.state.oh.us or 614-752-6474 (fax), after the test file has been placed in the appropriate FTP directory. **All information is required to process request.**

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 (Tier 1) /county/ /hipaa/tier2test (Tier 2)	
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"/> Tier 1 – NPI format	X0xxxxx#.july /county/(board)/hipaa/test <i>e.x. /county/02B/hipaa/test</i>	Required for providers who are ready to submit NPI-compliant files and who are new to MACSIS, have new software, undergoing major system upgrade, added new NPIs or significantly failed Tier 2 NPI testing.
<input type="checkbox"/> Tier 2 – NPI format <input type="checkbox"/> Previously approved agency ¹ <input type="checkbox"/> New agency (or major upgrade)	X0xxxxx#.july /county/(board)/hipaa/tier2test <i>e.x. /county/02B/hipaa/tier2test</i>	Required for previously approved providers who are ready to submit NPI-compliant files for previously approved UPIs and/or for providers who passed Tier 1 NPI testing for the reasons noted above.

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

¹ Previously approved agencies should refer to NPI EDI Claims Checklist (step #6) for submission requirements.