

Ohio Department of Mental Health
MACSIS SYSTEM PROCEDURE

Procedure: Submitting Test Claim EDI Files For Approval

Last Revised Date: 06/15/2011

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 and 5010A1).

Related Policies

[Guidelines Pertaining to MACSIS under HIPAA¹](#) – 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:

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, 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., X0010431.31411), where xxxxxx is the submitter ID (formerly UPI), # is sequential submission number and julyy is the creation julian date and year.
 - **For 837P v5010 files containing NPI:** Txxxxxx#.julyy (ex., T0010431.31411), 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..

Provider Procedure After Final Approval:

1. Once approved, providers may submit production 837P claim files using the following naming conventions:
 - **For 837P v4010 files containing NPI:** Nxxxxxx#.julyy (ex., N0010431.31411), where xxxxxx is the submitter ID (formerly UPI), # is sequential submission number and julyy is the creation julian date and year.
 - **For 837P v5010 files containing NPI:** Wxxxxxx#.julyy (ex., W0010431.31411), where xxxxxx is the submitter ID (formerly UPI), # is sequential submission number and julyy is the creation julian date and year.

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