



Days Until July 1, 2012 Go-Live: 10

Subject: Behavioral Health Provider Integration

Release Date: June 21, 2012

ODJFS to Conduct EDI File Testing on Saturday June 23, 2012

As communicated on June 15, 2012, ODJFS has tripled the number of daily testing cycles for electronic data files. Test files are being processed Monday – Friday at **10 am, 2 pm and 6 pm**. In response to the number of Trading Partner applicants needing to test, **ODJFS staff will be accepting and processing test files on this coming Saturday, June 23, 2012 for the 10 am, 2 pm and 6 pm cycles.** Trading Partners planning to submit files on Saturday are asked to notify EDI testers at IMITS.CGTESTING@jfs.ohio.gov. This will give testers an idea of the file volume to anticipate on Saturday.

Trading Partners will receive a response after submitting each file and will then have time to review the file and resend it or a different file for the next cycle. Trading partners will have the opportunity to send in files three times each business day – **including Saturday, June 23, 2012**. In this way, each submission will count towards Trading Partner certification as long as each file is submitted at a different time.

Please note that ODJFS will send only one 835 at the end of the day for all files submitted throughout that day.

If you have questions about your agency's Trading Partner application, the Trading Partner testing process, or your EDI test files contact the EDI Testing Team at IMITS.CGTESTING@jfs.ohio.gov

Attached Form Required to Receive 835 Files

If on July 1 2012 your agency plans to submit electronic files (via 837 transmissions) to MITS, and you want an 835 file returned you must COMPLETE, SIGN AND SUBMIT the attached form "JFS 06306". This is true whether your agency will be serving as your own trading partner or is contracting with a trading partner. Instructions to complete the form are also attached. PDF and Word versions of the form are also available on the ODJFS "Forms Central" website: <http://www.odjfs.state.oh.us/forms/inter.asp> and search for form number "6306".

Please Note: One form must be completed, signed and submitted FOR EACH of your agency's NPI and MEDICAID provider numbers. For example, if your agency is certified as both a provider of ODMH (provider type 84) and ODADAS (provider type 95) services, **you must COMPLETE, SIGN AND SUBMIT two forms, one form for each of those provider types.**

Please complete, sign and submit these forms as quickly as possible to ensure timely transmission of 835 files to your agency beginning on July 1, 2012.

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 06306, DESIGNATION OF AN 835
or 834-820 TRADING PARTNER**

Section I

If you are a Medicaid Provider who has never designated a trading partner to receive an ANSI ASC X12-4010A1 835 electronic Remittance Advice on your behalf, select 'Establishing electronic Trading Partner relationship'.

If you are changing your designated 835 trading partner, select 'Changing Trading Partners'. Include the name of the trading partner from whom you are changing in Section II and the name of the new trading partner whom you are designating in Section III.

If you wish to discontinue receiving the 835 remittance advice, choose 'Canceling Connection with Trading Partner'. You do not need to complete Section II or Section III.

The Effective Date is the date you wish the connection or cancellation between yourself and your chosen Trading Partner to begin.

Signature authority for the ODJFS Medicaid Provider information can be completed by the ODJFS Medicaid Provider or by the designated trading partner. In lieu of obtaining the provider's authorized signature, the trading partner may maintain a record (in electronic form or hard copy) of the provider's authorization, and must make a copy of the record available to ODJFS upon request. For group members and hospitals, an officer of the establishment must authorize the signature for the form. Signature authority should not be delegated to other employees, such as billing clerks or accounts receivable personnel.

Section II

Declaration of an 835 Trading Partner must be completed by the ODJFS Medicaid Provider to verify the trading partner who will be receiving the 835 on your behalf. **ONLY ONE (1) TRADING PARTNER CAN BE DESIGNATED TO RECEIVE THE 835.**

The form must then be sent to your Trading Partner.

Section III

The Trading Partner must complete the Trading Partner Information. The completed form must be mailed, faxed, or sent as an attachment to an e-mail to the MMIS-EDI-Support Unit of ODJFS (address, fax number and e-mail are listed at the bottom of the form).

DESIGNATION OF AN 835 or 834-820 TRADING PARTNER

By completing and signing this form the provider authorizes the department to transmit member enrollment and remittance advice data in an X12-4010A1 format through the EDI Trading Partner listed in Section III of this form. *All fields with an (*) are required. Forms missing required information will not be processed. Please include information in other fields if it is available. Current date will be used if the Effective Date is not included.*

SECTION I: MEDICAID PROVIDER INFORMATION (In lieu of obtaining the provider's authorized signature, the trading partner may maintain a record (in electronic form or hard copy) of the provider's authorization, and must make a copy of that record available to ODJFS upon request)

Reason for Notification: (Check one)

- Establishing** electronic Trading Partner relationship Effective Date _____
- Changing** Trading Partners Effective Date _____
- Canceling** connection with Trading Partner Effective Date _____

Provider Name*		NPI number	
Provider Street Address*		Ohio Medicaid Provider ID*	
City*	State*	Zip Code	
Contact Person		Phone Number*	
Email Address		Fax Number	
Authorized Signature	Title	Date*	

SECTION II: DESIGNATION OF A TRADING PARTNER

I understand that each Medicaid provider may designate only **one** EDI trading partner (TP) to receive the 835 or the 834-820 transaction(s). The trading partner listed in **Section III** is being designated as our organization's/practice's trading partner to receive the following transaction(s).

Choose all that apply: 835 (Fee for Service) 835 (Point of Sale) 834-820 (HMO or ECM)

ODJFS currently has another trading partner designated to receive the 835 or 834-820 on behalf of the provider listed in Section I .	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of your current TP and their Medicaid trading partner number:	
Current TP name	Current TP number

This TP will no longer receive your transaction(s). Your transaction(s) will go to the TP designated in Section III. Please enter the name of your new trading partner in Section III.

Send the form to the Trading Partner designated in Section III for completion and signature.

SECTION III: TRADING PARTNER INFORMATION (To be completed by the Trading Partner)

Trading Partner Name*		7-digit Trading Partner Number*
Contact Person*		Phone Number*
Email Address		
Authorized Signature*	Title	Date*

Instructions intended for the Trading Partner listed in Section III

The trading partner must make sure all sections of the form have been completed. The trading partner must maintain a copy of this completed form in their files and must forward a copy to ODJFS.

Trading partners must send the completed JFS 06306 form to:

Ohio Department of Job and Family Services
MMIS-EDI-Support - TPMF Updates
4200 E. Fifth Ave. - 1st Floor, Section E01
Columbus, Ohio 43219-1851

or Fax: (614) 644-8989 or E-Mail: MMIS-EDI-Support@jfs.ohio.gov