SmartCareMCO Claims EDI Testing Request Form

Providers: Please verify the form is complete (i.e., all required fields are populated) and email SmartCareSupport@StarkMHAR.org after the test file has been uploaded to the appropriate Claims\Input subdirectory on https://www.heartlandeast.org/.

Test files should adhere to the following naming convention: SCT0xxxxx#.julyy.txt, where "xxxxx" is the five digit submitter ID (UPI), "#" is the sequential submission number, "jul" is the three digit Julian day of the year that the file was created, and "yy" is the two digit year. For example, the first test billing file created on January 2, 2017 by a provider with the submitter ID of 12345 would be named SCT0123451.00217.txt.

All fields marked by an asterisk (*) are required.

FILE SUBMISSION INFORMATION				
*Test File Name	*Date of File Upload	*UPI	*NPI #1	NPI #2
*Provider Name	*Board Name		*Provider Fax #	
*Provider Software Vendor			*Provider Software Product/Version	
*Provider Contact Name	*Provider Contact Email		*Provider Contact Phone #	
Provider Contact Name	Provider Contact Email		Provider Contact Phone #	
Provider Contact Name	Provider Contact Email		Provider Contact Phone #	
Comments				

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