Alabama Department of Mental Health
Community Service Provider (CSP) Electronic Data Interchange

Introduction

This document provides basic information to enable an ADMH contracting Community Service Provider (CSP) to register and gain access to the department's secure web site to send/receive files to/from the ADMH.

CSPs gain access to the ADMH secure website by completing and submitting the enclosed **Electronic Data Interchange (EDI) Registration Form.** Once the EDI Registration Form is processed by the ADMH the primary and alternate contacts will be notified via email to verify their new accounts.

Who must register?

All contracting CSPs must complete an EDI Registration Form. In accordance with State policy, each individual who performs the upload or download function must be assigned unique user identification so that all activity on the network is traceable to a specific user.

Why must CSPs register to use the secure web site?

The files transmitted to and from the secure web site may contain confidential information. This information may be protected by one or more Federal and/or State laws, including HIPAA regulations. CSP registration allows the ADMH to verify that access to the secure web site is restricted to active contractors and to establish unique server folders for each CSP. Each CSP is granted access to only its respective server folder. These steps help the ADMH comply with requirements to protect the confidentiality of patient/client information.

When must registration be completed?

Registration must be completed prior to using the secure web site. Registrations for a new fiscal year should be submitted prior to September 15th to assure that the user accounts are activated prior to October 1st. This will assure that the accounts are ready for use with the beginning of the new fiscal year.

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Instructions

Please print and fax or email the completed EDI Registration Form to your Central Office contact. If email or fax capability is unavailable, please send via postal mail:

MI Providers	Early Intervention Providers
Email: **shawn.stinson@mh.alabama.gov** Fax: **334-242-3025** (Attn: Shawn Stinson) Postal Mail: Shawn Stinson MI Community Programs P. O. Box 301410 Montgomery, AL 36130-1410	Email: **debra.florea@mh.alabama.gov** Fax: **334-242-0542** (Attn: Debra Florea) Postal Mail: Debra Florea Division of Developmental Disabilities P. O. Box 301410 Montgomery, AL 36130-1410
SA Transportation	
Email: **yolanda.ballentine@mh.alabama.gov** Fax: **334-242-0613** (Attn: Yolanda Ballentine) Postal Mail: Yolanda Ballentine Bureau of Information Technology Services P. O. Box 301410 Montgomery, AL 36130-1410	

Form Field Descriptions

CSP Name — The official name of the service provider organization.

Center Number (ORGID) — The ADMH-assigned three (3) digit organization code used to identify this organization in various ADMH systems.

Center NPI Number — The ten (10) digit National Provider Identifier code for the service provider organization. This is the center's NPI number used for Medicaid Claims Submission, not an individual provider's NPI number.

Name,
Telephone #,
E-mail Address — Contact information that identifies the individuals who will perform uploads or downloads using the ADMH secure website. **Users may not share logon credentials. Consequently, a primary and an alternate should be named. All users must have their own unique email address.**

Approved — Signature of the service provider's Executive Director

Date — The date the form is signed by the Executive Director

Reserved for ADMH use — This section of the form is to be used by the ADMH to track the registration and notification of the service provider. **Leave this section blank.**

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Registration Form

CSP Name: _____

Center Number: _____ (ADMH-assigned 3-digit ORGID)

Center NPI Number: _____(10 digits)

File transfer operations performed by your agency:

    Please provide the information for the primary and alternate **members of your staff who will perform the data access operations** between the ADMH and your agency. All relevant fields are required.

Upload from CSP to the ADMH (required by contract for MI providers – ACSIS uploads)

	Name	Telephone #	E-mail Address
Primary	_____	_____	_____
Alternate	_____	_____	_____

Download from the ADMH to CSP (required for Medicaid-related downloads)

	Name	Telephone #	E-mail Address
Primary	_____	_____	_____
Alternate	_____	_____	_____

Approved: _____
                              Executive Director

Date: _____

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Reserved for ADMH use

Processed by: _____

Date: _____