



Oklahoma MMIS Electronic Data Interchange Application

Disclaimer: If you are ONLY submitting paper claims or other paper forms, please disregard this application.

1. Select one of the following:

New EDI Submitter

Existing EDS Submitter (Change/Add/Delete)

Current Submitter ID _____

2. Complete this section:

2a) Submitter/Billing Name: _____ Medicaid ID Number: _____

Address: _____

Contact Person: _____ Contact Telephone: _____

2b) Receiver/Pay-to Name: _____ Medicaid ID Number: _____

Address: _____

Contact Person: _____ Contact Telephone: _____

2c) EDI/Software Vendor: _____

Address: _____

Contact Person: _____ Contact Telephone: _____

3. Please select one submission method:

Dial-up/RAS
(Trade Files-Batch)

CD-ROM

Tape/Cartridge

Website
(Trade Files-Batch)

Diskette (3.5 inch)

3480

3490

4. Select ALL electronic transaction types you wish to test using media type selected in section 3:

837 Professional 276 Claim Inquiry 270 Eligibility Request NCPDP 5.1 – Interactive

837 Institutional 277 Claim Response 271 Eligibility Response NCPDP 1.1 – Batch

837 Dental 277 Unsolicited 834 Benefit Enrollment

835 Remittance 278 Prior Auth. 820 Capitation Payments

5. Complete this form and return it:

By Fax:

405-947-3394

By Mail:

**EDS – EDI Department
2401 NW 23rd ST Suite 11
Oklahoma City, OK, 73107**

For EDS Use Only:

Date:

Control Num:

Sender ID:

Logon ID:

Password:

System Name:

Testing Start Date:

Approved for Production:

Signature

Title

Date

Printed Name

For assistance with this form please call the EDI Help Desk at 405-416-6801.



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INSTRUCTIONS FOR EDI APPLICATION

For questions or assistance in completing the EDI application contact the EDI HelpDesk at 405-416-6801.

If you are the person or entity who submits claims directly to OHCA, read this section and complete the application. If a billing vendor submits claims for you, make sure your vendor completes and forwards this application to EDS. The processing of **PAPER** claims does **NOT** require the use of this application. The EDI application is required **ONLY** for the processing of **ELECTRONIC** transactions and electronic eligibility verification. If paper claims is your sole method of claim submission, you do not need this form.

Section 1

Check the box that defines your current relationship with EDS. If you have not submitted claims with EDS check the box next to “New EDI Submitter”. If you are currently submitting claims with EDS check the “Existing EDS Submitter” box and write your current submitter ID on the line provided.

Section 2

If you are a billing service or clearinghouse skip sections 2a and 2b and complete section 2c. 2a—Identifies the provider’s information and a contact person for the provider. Section 2a is a required section. 2b—if your payments will be sent to a medical group or a separate entity. 2c—Only billing services, clearinghouses, and EDI/software vendors need to complete this section.

Section 3

Select only one submission method choice per form. This is the method by which you intend to deliver your electronic information to EDS. If you intend to utilize various submission methods complete a separate form for each submission method.

Section 4

Select all of the transaction types you wish to submit utilizing the submission method selected in Section 3. Select any transactions that you may be interested in, as well as all transactions you are certain you will want to use for claim submission. For example, if you intend to submit your eligibility verification on CD ROM, be sure you selected CD ROM in section 3 and 270 in the section 4. NOTE: Upon authorization, by selecting the 835 transaction you will receive an electronic remittance advice and a paper remittance advice will no longer be issued.

Section 5

This section contains information on to how to return your completed EDI Application to EDS.

All applications must include, name, signature, title, and date of completion.

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