

Oklahoma Medicaid 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- **All Provider ID's must be registered** by the provider in the [Oklahoma HealthCare Authority portal](#) prior to completing this 835 ERA enrollment.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- EDI enrollment processing timeframe is approximately **5 business days**.
- To check status of EDI enrollment, please contact **Medicaid at 800-522-0114, Option 2, Option 2**.

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Oklahoma SoonerCare EDI/ERA Application for Providers

Complete **Section I – Provider Information**.

Complete **Section IV** – Save, print and obtain the appropriate signature.

Submit Completed Document:

Email to Medicaid

Oklahomaediapps@dx.com

Oklahoma SoonerCare EDI Application – Providers

(Please type or print)

Section I – Provider Information

Select One: New App Amended App Vendor Change Other: _____

Billing Group Name: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

EDI Batch Contact: _____ Phone: _____ Fax: _____ Email: _____

General App Contact: _____ Phone: _____ Fax: _____ Email: _____

Please list all Billing Provider ID #(s) to be Enabled/Disabled: (Note: Only Providers with billing contracts should be listed below)

1. _____ 3. _____ 5. _____ 7. _____

2. _____ 4. _____ 6. _____ 8. _____

Please place additional billing providers on separate page & include as attachment (if applicable)

Section II – Transaction Type

Note: ALL transaction types listed below require an X12 format software, along with zip extraction software to open and read these files. Please verify with your software vendor that the software utilized meets these requirements.

Please indicate EDI transaction type(s) being requested to send/receive:

- | | | |
|--|--|--|
| <input type="checkbox"/> 837 Professional Claim | <input type="checkbox"/> 278 Prior Authorization Request | <input type="checkbox"/> 270/271 Eligibility Request/Response |
| <input type="checkbox"/> 837 Institutional Claim | <input type="checkbox"/> 820 Capitation Payments | <input type="checkbox"/> 276/277 Claim Status Request/Response |
| <input type="checkbox"/> 837 Dental Claim | <input type="checkbox"/> 834 PMP Roster | <input type="checkbox"/> 835 Remittance Advice |

This request is to: Enable 835 Remittance Advice Disable 835 Set up to test for transaction type(s) selected above
(select one) Enable 820 & 834 Disable 820 & 834

Section III – Software Vendor/Receiver

REQUIRED: Select one of the two following sections and complete the corresponding fields A. Software Vendor B. Receiver/Clearinghouse

A. Software Vendor Note: If using your own software, please list it below

X-12 Software Name/Vendor: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

B. Receiver/Clearinghouse Elect a Designated Receiver/Clearinghouse for All ERA(s)

Submitter/Receiver ID: _____ Name: _____

Address: _____ Phone: _____

Contact Person: _____ Email: _____

Section IV – Signature & Date

*** Authorized Signature: _____ Date: _____

Once completed, please email or mail the EDI application to: Oklahomaediapps@dxc.com

Gainwell Technologies, Attn: EDI Department | 2401 NW 23rd Street, Suite 11 | Oklahoma City, OK 73107

Questions about this form or EDI procedures? Please call the EDI Helpdesk at 1-800-522-0114 option 2, 2 or email: Oklahomaediapps@dxc.com