MEDICAID OREGON (ORDHS) EDI-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- **Oregon Heath Authority Trading Partner Agreement for Electronic Health Care Transactions**
  - Form must be signed by provider's authorized signing authority.

WHERE SHOULD I SEND THE FORM(S)?

- Email to OHA.TPAgreements@odhsoha.oregon.gov
  - Only send one TPA per email, if you have more than one enrollment request.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 6-8 weeks.

HOW DO I CHECK STATUS?

- Approximately 6-8 weeks after Medicaid receives your form, they will email/mail you an approval letter.
- If you have not received your approval letter, please contact the payer at 888-690-9888 and ask if your registration has been approved.

WHEN CAN I SUBMIT MY CLAIMS ELECTRONICALLY?

Once you receive confirmation that you've been linked to Office Ally, you **MUST** email payerenrollment@officeally.com PRIOR to submitting claims electronically.

- **Email Subject:** Medicaid Oregon (ORDHS) – EDI Approval
- **Body of Email:** Please log my EDI approval for Medicare Oregon.
  - Provider Name:
  - Provider NPI:
  - Provider TIN:

Trading Partner Agreement (TPA) for Electronic Health Care Transactions

For form instructions, click here.

If you have further questions, email OHA.TPAgreements@odhsoha.oregon.gov

Please make sure all sections marked with an asterisk (*) have been completed to avoid automatic denial.

☐ Check this box if you are **only updating contacts.** Please leave section 5, 7 and 8 blank and complete the rest of the form.

National provider identifier (NPI)***:**

Medicaid ID*:

Taxonomy codes*:

Section 1: Medicaid provider information

Business name (as enrolled with OHA)***:**

Physical address (as enrolled with OHA)***:**

City, state, and zip*:

Phone number with extension*:

Section 2: Trading partner authorized signer information

Primary authorized signer's name*:

Title*:

Individual email address (**not** group email)***:**

Phone number with extension*:

Secondary authorized signer's name:

Title:

Individual email address (**not** group email):

Phone number with extension:

Section 3: Trading partner claims contact information

Primary claims contact name*:

Individual email address (**not** group email)*:

Phone number with extension*:

Secondary claims contact name:

Individual email address (**not** group email):

Phone number with extension:

Section 4: Electronic data interchange (EDI) Submitter Information

- If your company intends to exchange transactions directly with OHA, enter the name (as listed in Section 1) as this will become the submitter name; or
- If you intend to use a submitter or clearinghouse, complete this part with their information.

Submitter or clearinghouse name*: Office Ally

Address*: PO BOX 872020

City, state, and zip*: Vancouver, WA 98687

Submitter EDI mailbox number*: MB000 329

Section 5: Authorized transactions

Check all transactions that OHA should authorize for your EDI submitter.

HIPAA 5010A1 transactions*:

☑ 005010X222A1 837P	Professional claim submission
☑ 005010X223A2 837I	Institutional claim submission
☐ 005010X224A2 837D	Dental claim submission
☑ 005010X221A1 835	Electronic remittance advice
☐ 005010X279A1 270 and 271	Eligibility benefits inquiry and response
☐ 005010X212 276 and 277	Claims status request and response
☐ 005010X218 820	Group premium payments (not available to all provider types)
☐ 005010X220A1 834	Benefit Enrollment/Maintenance (not available to all provider types)
☐ Pharmacy 340B file	Pharmacy 340B file

Section 6: Trading Partner Signature

I understand by submitting healthcare claims for payment through this electronic portal, which may include receiving subsequent payment(s) of those healthcare claim(s), the claim(s) will be paid by Federal and State funds. I certify that the foregoing information is true, accurate, and complete. I further understand that any falsification, or concealment of a material fact regarding this claim(s) may be prosecuted under Federal and State laws.

By signing below, the Trading Partner certifies the following:

- I have read the Electronic Data Transmission Oregon Administrative Rules (OAR) (Chapter 943, Division 120) at Secretary of State OAR rules website, and understand my responsibilities as stated in these rules.
- I authorize OHA to transmit to the EDI Submitter listed in Section four (4) of this form the return computer file electronic vouchers of all transactions I have marked in Section five (5) of this form.

Primary authorized signer's printed name*:

Authorized signer's signature*:

Date*:

Section 7: EDI submitter information

Sections 7 and 8 are to be completed and signed by the submitter or Clearinghouse that is chosen by the Medicaid provider.

Submitter business contact name*: Alejandra Salazar

Individual email address (**not** group email)**:** alejandra.salazar@officeally.com

Phone number with extension*: 360-975-7000

Submitter technical contact name*: Cara Trahey

Individual email address (**not** group email)**:** cara.trahey@officeally.com

Phone number with extension*: 726-201-4362

Section 8: EDI submitter required signature

By signing below, the EDI submitter certifies the following:

- I have read the Electronic Data Transmission Oregon Administrative Rules (OAR) (Chapter 943, Division 120) at Secretary of State OAR rules website, and understand my responsibilities as stated in these rules.
- I agree to protect the confidentiality of the data as required by law.

Primary authorized signer's printed name*: Alejandra Salazar

Authorized signer's signature*:  Alejandra Salazar

Date*: 08/01/2026

How to submit this form

Email the completed form as a PDF document to:
OHA.TPAgreements@odhsoha.oregon.gov

Fax forms to (503) 945-5972.

If you cannot submit by email or fax, you can **mail forms to**:

EDI Support Services
ATTN: TPA Requests
500 Summer St NE E44
Salem, OR 97301

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact TPA Team at OHA.TPAgreements@odhsoha.oregon.gov or 503-378-3503. We accept all relay calls.

General questions

General questions may be sent by email to OHA.TPAgreements@odhsoha.oregon.gov. General questions are not answered via phone.

Medicaid Division
EDI Support Services
500 Summer St NE E44
Salem, OR 97301

OHA.TPAgreements@odhsoha.oregon.gov

OREGON HEALTH AUTHORITY