

WHAT FORM(S) SHOULD I DO?

- Oregon Medicaid Electronic Data Interchange Trading Partner Agreement
 - o If additional assistance is needed, click here for complete enrollment instructions

WHERE SHOULD I SEND THE FORM(S)?

- Oregon DHS requires original signatures for both the Trading Partner (provider) and the EDI Submitter (Office Ally).
- Mail the forms to Office Ally with the original signatures in <u>blue ink</u> to:

Office Ally Attn: Anita PO Box 872020 Vancouver, WA 98687

The form must be signed in blue ink. Forms with signatures not in blue ink will be rejected.

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

• Standard processing time is approximately 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 a letter within 6-8 weeks, please email support@officeally.com and request a status update (include your NPI/Tax ID when requesting an update).
- You may also call (888) 690-9888 and ask if your registration packet has been received and if you've been approved.
- Once you receive confirmation that you've been linked to Office Ally, you must email <u>support@officeally.com</u> with the below information prior to submitting claims electronically.

Email Subject: Medicaid Oregon (ORDHS) - EDI Approval

Body of Email:

Please log my EDI approval for Medicaid Oregon.

- o Provider Name
- o NPI
- o Tax ID

HEALTH SYSTEMS DIVISION EDI Support Services

*Trading Partner's National Provider Identifier (NPI):

List all taxonomy code(s) registered to this NPI:

List the Oregon Medicaid ID(s) associated with this NPI:

Trading Partner Agreement for Electronic Health Care Transactions

When to complete this form: Trading partners must complete and submit this form to:

- Sign up to exchange transactions with the Oregon Health Authority (OHA).
- Authorize who will exchange these transactions for you.
- Make any changes to trading partner or submitter information on file with OHA.

How to complete this form:

- If you need to exchange transactions for more than one NPI, complete a TPA for each NPI.
- If you need to exchange transactions for multiple Oregon Medicaid ID numbers, you can use one TPA but only if all locations need the same transactions.
- If you need to authorize more than one clearinghouse/submitter, complete a TPA for each one.
- Please type or print clearly. Fill in all required fields designated with an asterisk (*). Incomplete forms will NOT be processed.
- Please maintain a copy for your records.
- Mail the completed form to: EDI Support Services, 500 Summer St NE, E44, Salem, OR 97301.

Questions? Email <u>DHS.EDISupport@state.or.us</u>.

This TPA (select one): Fully replaces the current TPA on file. This TPA will end all previous provider/submitter combinations registered under your Oregon Medicaid ID. Adds information to the current TPA(s). 				
ONE	Trading partner information –. This cannot be a billing service. *Type (select one): Provider Clinic Coordinated Care or Managed Care Organization *Business name (as enrolled with OHA):			
	*Physical address: *City, state and ZIP: *Phone number/extension:			
TWO	Trading partner authorized signer information – The primary signer signs Part 7 of this form.			
	*Primary signer's name:			
	*Phone number/extension: *Title:			
	*Email address (direct, not group, email):			
	Secondary signer's name:			
	Phone number/extension: Title:			
	Email address (<i>direct, not group, email</i>):			
	Claims contact information – This contact must be a person, not a group.			
Ш	*Primary contact's name:			
THREE	*Phone number/extension: *Email address:			
F	Secondary contact's name:			
	Phone number/extension: *Email address:			
~	EDI submitter information – If your company intends to exchange transactions directly with OHA, enter "Self" as the submitter name, and enter your company's EDI contact information. If your company intends to use a submitter/clearinghouse, complete this section for the submitter/clearinghouse.			
FOUR	*Submitter name: Office Ally			
Ĕ	*Address: PO Box 872020			
	*City, state and ZIP: Vancouver, WA 98687			
	Submitter mailbox # : MB000329			

Oregon Medicaid Electronic Data Interchange Trading Partner Agreement

	EDI submitter's contact information – The Business Contact signs Part 8 of this form. OHA will the Technical Contact when transaction testing is needed. Do not enter a billing service contact a Technical Contact.				
	*Business contact's name: M	olly Eggleston			
FIVE	*Phone number/extension: (360)975-7000 x6324				
Ē	*Email address (direct, not group, email): molly.eggleston@officeally.com				
	*Technical contact's name: Will Morrow				
	*Phone number/extension: (3	360) 975-7000 x6284	Third contact on reverse (if needed)		
	*Email address (<i>direct, not group, email</i>): will.morrow@officeally.com				
	Authorized transactions – Check all transactions that OHA should authorize for your EDI submitter.				
		or: FFS provider or CCO/N	ИСО		
		Professional Claim Submission			
		Dental Claim Submission			
		Institutional Claim Submission			
×		Electronic Remittance Advice			
SIX	005010X279A1 270 and 2		Eligibility Benefits Inquiry and Response		
	005010X212 276 and 277:		Claims Status Request and Response		
		Group Premium Payments			
		Benefit Enrollment and Maintenar	· · · · · ·		
	NCPDP 1.2/D.0 Request and Response (B1, B2, B3) (CCO/MCO only)				
	Pharmacy Rx Carve-Out File (CCO/MCO only)				
	Status file (CCO Status File (CCO/MCO only	()		
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-	 Trading Partner signature – I I have read the Electron Division 120) at <u>http://a</u> understand my respons I authorize OHA to tran 	By signing below, the Trading nic Data Transmission Oregon Ad arcweb.sos.state.or.us/pages/rule sibilities as stated in these rules.	Partner certifies the following: dministrative Rules (Chapter 943, <u>s/oars_900/oar_943/943_120.html</u> , and n Part 4 of this form the return computer		
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