



MEDICAID OKLAHOMA (MCDOK) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Oklahoma SoonerCare EDI/ERA Application for Providers

WHERE SHOULD I SEND THE FORM(S)?

- Email to okxixEDI@hp.com; OR
- Fax to (405) 416-1426; OR
- Mail to:

Attn: EDI Department
2401 NW 23rd Street, Ste. 11
Oklahoma City, OK 73107

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 15-30 business days

HOW DO I CHECK STATUS?

- To check the status of your enrollment, call the EDI Helpdesk at (800) 522-0114 option 2, 2 or email okxixEDI@hp.com.

Oklahoma SoonerCare EDI/ERA Application for Providers

New Application
Amended Application
Vendor Change

Section I – Provider Information

Business Name: _____ **Provider ID or NPI:** _____
Address: _____ **City** _____ **State** _____ **Zip** _____
1st Contact Name: _____ **Phone:** _____ **Fax:** _____ **Email:** _____
2nd Contact Name: _____ **Phone:** _____ **Fax:** _____ **Email:** _____

EDI Vendor: _____

Vendor Type (check one): Software Product Billing Agent Clearinghouse

Address: _____ **City** _____ **State** _____ **Zip** _____
Contact Name: _____ **Phone:** _____ **Email:** _____

Please indicate the EDI transactions being requested to send/receive:

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

Section II – complete only if requesting the Electronic Remittance Advice (ERA)

This request is to (check one): Enable 835 Remittance Advice and cease paper RA after two week overlap
 Disable 835 and resume paper RA effective immediately.

SoonerCare Provider ID/NPI Numbers(s) to be Enabled/Disabled:

1. ID _____ Name _____ 3. ID _____ Name _____
2. ID _____ Name _____ 4. ID _____ Name _____

Please use an attachment for additional providers as needed.

Elect a Designated Receiver for All ERA(s):

Receiver's ID _____ Name _____

Contact Person _____ Phone _____ Email _____

The 835 Electronic Remittance Advice (ERA) is an X12 transaction that may require special software to process. Paper remittances will cease once the 835 has been enabled. The 835 ERA may be switched back to paper with written notice, and paper copies of your remit may be requested at any time by submitting form HCA-18. As a courtesy, your paper remittances will continue for two weeks after the 835 is enabled. By signing this form you acknowledge that you have read and agree to these terms.

Section III – Signature and date

Authorized Signature: _____ **Date:** _____

Please submit form by mail, fax or email to HP Enterprise Services Attn: EDI Department / 2401 NW 23rd Street, Ste .11 /Oklahoma City, OK 73107
Fax: (405) 416-1426/ email to okxixEDI@hp.com

Questions about this form or EDI procedures call the EDI Helpdesk at (800)522-0114 option 2, 2 or email at okxixEDI@hp.com