MEDICAID OKLAHOMA (MCDOK) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Oklahoma SoonerCare EDI Application – Providers**

WHERE SHOULD I SEND THE FORM(S)?

- Email to Oklahomaediapps@dxc.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 Oklahomaediapps@dxc.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 <u>X12 format software</u>, along with <u>zip extraction software</u> 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:

☐ 837 Professional Claim   ☐ 278 Prior Authorization Request   ☐ 270/271 Eligibility Request/Response

☐ 837 Institutional Claim   ☐ 820 Capitation Payments   ☐ 276/277 Claim Status Request/Response

☐ 837 Dental Claim   ☐ 834 PMP Roster   ☐ 835 Remittance Advice

This request is to: *(select one)*

☐ **Enable 835 Remittance Advice**   ☐ **Disable 835**   ☐ **Set up to test for transaction type(s) selected above**

☐ **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**

<u>**A. Software Vendor**</u> *Note: If using your own software, please list it below*

X-12 Software Name/Vendor: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

<u>**B. Receiver/Clearinghouse**</u>   ☐ **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 the EDI application to: <u>Oklahomaediapps@dxc.com</u>
DXC Technology, 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: <u>Oklahomaediapps@dxc.com</u>