MEDICAID OKLAHOMA (MCDOK) ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Oklahoma SoonerCare EDI Application – Providers

WHERE SHOULD I SEND THE FORM(S)?

- Fax to (405) 416-1426; or

- Mail form to:

  Hewlett Packard Enterprise Attn: EDI Department
  2401 NW 23rd St., Suite 11
  Oklahoma City, OK 73102

WHAT IS THE TURNAROUND TIME FOR ERA ENROLLMENT?

- Standard turnaround time frame would be 15-30 business days.

HOW DO I CHECK STATUS?

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

Oklahoma SoonerCare EDI Application – Providers

Hewlett Packard Enterprise

(Please type or print)

Section I – Provider Information

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

Business/Provider Name: _____ NPI: _____

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

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

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

Please list all Provider ID #(s) to be Enabled/Disabled:

Note: All files are elected by and generated for the billing provider.

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

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

Please place additional providers (as needed) on separate page & include as attachment.

Section II – Transaction Type

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 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 **(Complete section below)*

This request is to: *(Check One)*

☐ **Enable 835 Remittance Advice**   ☐ **Disable 835**

☐ **Enable 820 & 834**   ☐ **Disable 820 & 834**

EDI Software Vendor: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Section III – Receiver

☐ **Elect a Designated Receiver for All ERA(s):**

Receiver's ID: _____ Name: _____ Contact Person: _____

Address: _____ Phone: _____ Email: _____

Section IV – Signature & Date

*** Authorized Signature: _____ **Date:** _____

Please submit form by mail or fax to:
Hewlett Packard Enterprise Attn: EDI Department | 2401 NW 23rd St., Suite 11 | Oklahoma City, OK 73107
Fax: 405.416.1426
Questions about this form or EDI procedures, please call the EDI Helpdesk at 1-800-522-0114 *option 2, 2* or email: okxixEDI@hpe.com

EDI Application – Provider   Revised: 03/02/2015