



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.  
6/21/2011 (IE, FE)

[http://jfs.ohio.gov/ohp/tradingpartners/forms\\_letters.stm](http://jfs.ohio.gov/ohp/tradingpartners/forms_letters.stm)

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## Medicaid OHIO

### Ohio Department of Jobs and Family Services (ODJFS)

#### Enrollment Instructions – Professional ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Be sure provider IDs are valid. Incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the request handy, in case you need to follow up with the payer.

**FAX COMPLETED FORM TO-**  
Practice Insight, Enrollment Department  
713-333-0138

#### 837- CLAIMS Provider Enrollment (New) or (Change of Service)

This payer does **NOT** require provider enrollment for electronic claims' submission through a clearinghouse.

#### 835- ERAs Electronic Remittance Request (New)

If this is the **FIRST** time the provider is enrollment to receive 835 ERAs, the provider must complete this form.

1. ODJFS Designation of an 835 or 834-820 Trading Partner (1-page)

SEE Section I- Put ✓ for "Establishing **Electronic Trading Partner Relationship**" ... ENTER: "**Effective Date**"  
ENTER: Billing Provider's information, e.g, NPI #, Medicaid Provider ID #, etc.

SEE Section II - Put ✓ for "**No**" (There is no other trading partner designated to receive ERAs for this provider.)

#### 835- ERAs Electronic Remittance Request (Change of Service)

If the provider currently receives 835 ERA files and wishes to make a change to authorize Practice Insight to retrieve their 835 ERA files, the provider must complete this form.

1. ODJFS Designation of an 835 or 834-820 Trading Partner (1-page)

SEE Section I- Put ✓ for "**Changing Trading Partners**" ... ENTER: "**Effective Date**"  
ENTER: Billing Provider's information, e.g, NPI #, Medicaid Provider ID #, etc.

SEE Section II- Put ✓ for "**Yes**" (There is currently another trading partner receiving ERAs for this provider.)  
ENTER: **Current TP Name** ... ENTER: **Current TP Number**

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### ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation within 20 days, contact your reseller or support vendor for assistance or call Medicaid OH EDI at EDI at 614-387-1212.*

**DESIGNATION OF AN 835 OR 834-820 TRADING PARTNER**

By completing and signing this form the provider authorizes the department to transmit member enrollment and remittance advice data in an X12-4010A1 format through the EDI Trading Partner listed in Section III of this form. *All fields with an (\*) are required. Forms missing required information will not be processed. Please include information in other fields if it is available. Current date will be used if the Effective Date is not included.*

**SECTION I: MEDICAID PROVIDER INFORMATION** (In lieu of obtaining the provider's authorized signature, the trading partner may maintain a record (in electronic form or hard copy) of the provider's authorization, and must make a copy of that record available to ODJFS upon request)

**Reason for Notification: (Check one)**

- Establishing** electronic Trading Partner relationship      Effective Date \_\_\_\_\_
- Changing** Trading Partners      Effective Date \_\_\_\_\_
- Canceling** connection with Trading Partner      Effective Date \_\_\_\_\_

Provider Name*		NPI number	
Provider Street Address*		Ohio Medicaid Provider ID*	
City*	State*	Zip Code	
Contact Person		Phone Number*	
Email Address		Fax Number	
Authorized Signature	Title	Date*	

**SECTION II: DESIGNATION OF A TRADING PARTNER**

I understand that each Medicaid provider may designate only **one** EDI trading partner (TP) to receive the 835 or the 834-820 transaction(s). The trading partner listed in **Section III** is being designated as our organization's/practice's trading partner to receive the following transaction(s).

Choose all that apply:  835 (Fee for Service)     835 (Point of Sale)     834-820 (HMO or ECM)

ODJFS currently has another trading partner designated to receive the 835 or 834-820 on behalf of the provider listed in <b>Section I</b> .	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the name of your current TP and their Medicaid trading partner number:	
Current TP name	Current TP number

This TP will no longer receive your transaction(s). Your transaction(s) will go to the TP designated in Section III. Please enter the name of your new trading partner in Section III.

**Send the form to the Trading Partner designated in Section III for completion and signature.**

**SECTION III: TRADING PARTNER INFORMATION (To be completed by the Trading Partner)**

Trading Partner Name*		7-digit Trading Partner Number*
Contact Person*		Phone Number*
Email Address		
Authorized Signature*	Title	Date*

**Instructions intended for the Trading Partner listed in Section III**

*The trading partner must make sure all sections of the form have been completed. The trading partner must maintain a copy of this completed form in their files and must forward a copy to ODJFS.*

**Trading partners must send the completed JFS 06306 form to:**

Ohio Department of Job and Family Services  
MMIS-EDI-Support - TPMF Updates  
4200 E. Fifth Ave. - 1<sup>st</sup> Floor, Section E01  
Columbus, Ohio 43219-1851

or Fax: (614) 644-8989 or E-Mail: [MMIS-EDI-Support@jfs.ohio.gov](mailto:MMIS-EDI-Support@jfs.ohio.gov)