

# 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** \_\_\_\_\_  
**1<sup>st</sup> Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**2<sup>nd</sup> 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 23<sup>rd</sup> Street, Ste .11 /Oklahoma City, OK 73107  
Fax: (405) 416-1426/ email to [okxixEDI@hp.com](mailto: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](mailto:okxixEDI@hp.com)