

---

## Medicaid Oklahoma 835

### EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT, SIGN and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDInsight Enrollment Team using EDInsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDInsight Enrollment Team to follow up on the ERA setup request or contact the payer directly at [Oklahomaediapps@gainwelltechnologies.com](mailto:Oklahomaediapps@gainwelltechnologies.com).

### 835 Electronic Remittance Advice:

#### 1. Oklahoma SoonerCare EDI Application – Providers (1 page)

Under the 'Provider Information' section, complete the EDI Batch Contact fields.

Provider or Authorized Individual must print date and sign where indicated on Page 1.

### Submit to EDInsight Enrollment Team:

Within EDInsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER any notes (optional)

CLICK to "**Save and Exit**" notes' window.

# 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 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(s) being requested to send/receive:**

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

**This request is to:**  Enable 835 Remittance Advice  Disable 835  Set up to test for transaction type(s) selected above  
(select one)  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

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

X-12 Software Name/Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Receiver/Clearinghouse**  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: [Oklahomaediapps@gainwelltechnologies.com](mailto:Oklahomaediapps@gainwelltechnologies.com)

Questions about this form or EDI procedures? Please call the EDI Helpdesk at 1-800-522-0114 *option 2, 2* or email: