



# Electronic Data Interchange (EDI)

## **EDI Registration Information**

- ✓ Supported transactions and provider types
- ✓ Trading Partner Agreement
- ✓ Application for Authorization
- ✓ EDI Registration Form
- ✓ EDI Registration Change Form
- ✓ NPI Registration Fax Form

June 24, 2008



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**NOTE: Information and instructions contained in this booklet are provided as a supplement to the program policies found in the current Electronic Data Transaction (EDT) Administrative Rules. See current EDT Administrative Rules for official policies regarding registration, testing, and other conditions for EDI submitters and Trading Partners.**



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## Introduction

The Oregon Department of Human Service's (DHS) Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) Packet includes the registration information that providers must complete and return to DHS before beginning the testing process required for conducting electronic transactions with DHS.

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## When you need help

For assistance with EDI registration, testing, changes in information, or other concerns regarding electronic data interchange, contact DHS EDI Support Services. We will respond within 2 business days of receipt of your e-mail.

- Phone: 1-888-690-9888
- E-mail: [DHS.EDISupport@state.or.us](mailto:DHS.EDISupport@state.or.us)
- DHS HIPAA/EDI Web site: [www.oregon.gov/DHS/admin/hipaa/index.shtml](http://www.oregon.gov/DHS/admin/hipaa/index.shtml)

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## Terms to know

For a more comprehensive list of EDI terms, refer to the EDT Rules posted on the DHS Web site at [www.oregon.gov/DHS/admin/dwssrules/index.shtml](http://www.oregon.gov/DHS/admin/dwssrules/index.shtml).

1. **Authorized Agent** – An EDI Submitter given authorization by the Trading Partner (TP) to submit Registered Transactions and make designated changes on behalf of the TP as specified in Exhibit A.
2. **Electronic Data Interchange** - The exchange of business documents from application to application in a federally mandated format or (if no federal Standard has been promulgated) such other format as DHS shall designate.
3. **EDI Submitter** – The entity that establishes the electronic connection with DHS to submit or receive an electronic data transaction on behalf of a Trading Partner.
4. **EDI Submitter Number** – The number assigned to an EDI Submitter by DHS for EDI submission or a billing Provider Number.
5. **Federal Tax I.D. Number** – The number assigned to a business by the Internal Revenue Service.
6. **DHS Provider Number** – The six-digit number assigned to Medicaid providers by DHS.
7. **Registered Transaction** – Each type of transaction applicable to a TP that must be registered with DHS before it can be tested or approved for transmission.
8. **Trading Partner (TP)** – a Provider, Prepaid Health Plan, Clinic or Allied Agency that has entered into a Trading Partner Agreement with DHS to conduct electronic data transactions.

## Table of transactions

This table lists the type and version of the EDI transactions currently accepted by DHS. If you have questions about any of these transactions, contact DHS EDI Support Services (see page 1).

Transaction	Guide Name	Version
837 P (Professional)	837 – Health Care Claim – Professional	004010X098A1
837 I (Institutional)	837 – Health Care Claim – Institutional	004010X096A1
837 D (Dental)	837 – Health Care Claim – Dental	004010X097A1
835 Remittance Advice	835 – Health Care Claim Payment/Advice	004010X091A1
276 Claim Status Request	276/277 – Health Care Claim Status – Request and Response (Batch and Real-Time)	004010X093A
277 Claim Status Response		
270 Eligibility Request	270/271 – Health Care Eligibility Benefit – Inquiry and Response (Batch and Real-Time)	004010X092A
271 Eligibility Response		
837I 28-Line Roll-up/ Split Report	837I claims status report for claims with detail lines greater than 28.	TBD
<b>Prepaid Health Plans Only</b>		
834 Enrollment	834 – Benefit Enrollment and Maintenance	004010X095A1
820 Premium Payment	820 – Payroll Deducted & Other Group Premium Payment for Insurance Products	004010X061A1
Status File Report	Claims Status 1.0	TBD
NCPDP Pharmacy	NCPDP 1.1 Pharmacy Data 1.1	TBD
NCPDP Response Report	Encounter Pharmacy Status 1.0	TBD

## Supported provider types

This table was created to help each provider choose the appropriate transactions for submission based on how the claims are processed. For instance, FQHC dental services are processed and paid on the 837 Professional, not the 837 Dental.

✓ = MUST be selected if the current format is also electronic  
 O = Optional selection    X = Strongly encouraged

Provider Type	Transaction										
	270	271	276	277	820	834	835	837P	837I	837D	NCPDP
Air Ambulance	X	X	X	X			X	✓			
Ambulance	X	X	X	X			X				
Ambulatory Surgical Facility	X	X	X	X			X				
Audiology/Speech Therapist	X	X	X	X			X	✓			
Billing Provider	X	X	X	X			X	✓			
Birth Center	X	X	X	X			X				
Chemical Dependency	X	X	X	X			X	✓			
Chiropractor	X	X	X	X			X	✓			
Dentist	X	X	X	X			X			✓	
Direct Entry Midwives	X	X	X	X			X	✓			
Denturist	X	X	X	X			X	✓			
Family Planning Clinic	X	X	X	X			X	✓			
Freestanding Kidney Dialysis	X	X	X	X			X	✓			
Hearing Aid Dealer	X	X	X	X			X	✓			
Home Health	X	X	X	X			X	✓			
Hospital	X	X	X	X			X		✓		
Hospice	X	X	X	X			X	✓			
Indian Health	X	X	X	X			X	✓			
Independent Lab	X	X	X	X			X	✓			

Provider Type	Transaction										
	270	271	276	277	820	834	835	837P	837I	837D	NCPDP
MCO - CDO	X	X	X	X	✓	✓	X	✓			
MCO - DCO	X	X	X	X	✓	✓	X			✓	
MCO - FCHP	X	X	X	X	✓	✓	X	✓	✓		✓
MCO - MHO	X	X	X	X	✓	✓	X	✓	○		
MCO - PCO	X	X	X	X	✓	✓	X	✓	✓		✓
Mental Health Clinic	X	X	X	X			X	✓	○		
Miscellaneous Medical Services (DME)	X	X	X	X			X	✓			
Naturopath/Midwife	X	X	X	X			X	✓			
Nurse Anesthetist	X	X	X	X			X	✓			
Nurse Practitioner	X	X	X	X			X	✓			
Nursing Facility	X	X	X	X							
Occupational Therapist	X	X	X	X			X	✓			
Optician, Dispensing	X	X	X	X			X	✓			
Optometrist	X	X	X	X			X	✓			
Osteopath	X	X	X	X			X	✓			
Pharmacy	X	X	X	X			X	✓			
Physical Therapist	X	X	X	X			X	✓			
Physician	X	X	X	X			X	✓			
Podiatrist	X	X	X	X			X	✓			
Portable X-Ray Service	X	X	X	X			X	✓			
Psychologist	X	X	X	X			X	✓			
Public Health Clinic	X	X	X	X			X	✓			
Residential Treatment	X	X	X	X			X	✓			
RN - Personal Care	X	X	X	X			X	✓			
RN - Private Duty Nurse	X	X	X	X			X	✓			

Provider Type	Transaction										
	270	271	276	277	820	834	835	837P	837I	837D	NCPDP
Rural Health Clinic	X	X	X	X			X	✓			
School-Based Medical	X	X	X	X			X	✓			
Special Transportation Contract	X	X	X	X			X	✓			
Targeted Case Management	X	X	X	X			X	✓			
Wheelchair Coach/ Servicar	X	X	X	X			X	✓			

### Provider types with limited support

DHS/DMAP is not ready to support the following provider types in the 837 transaction. However, these providers may be able to request the 270/271 and/or the 276/277 transactions. If you are one of the following provider types and you are interested in electronic billing, contact DHS EDI Support Services (see page 1).

<b>AD</b>	Adult Day Health
<b>AF</b>	Adult Foster Care
<b>BR</b>	Transportation Broker
<b>DP</b>	Developmental Disability
<b>EC</b>	Extended Care Facility
<b>GH</b>	Group Care Home
<b>HA</b>	Home for the Aged - ICF
<b>HK</b>	Home Care
<b>HM</b>	Home Delivered Meals
<b>IA</b>	In Home Agency Provider
<b>IC</b>	In Home Capitation
<b>JD</b>	Other Transportation
<b>LF</b>	Assisted Living Facility
<b>MH</b>	Mental - State Institute
<b>MS</b>	ICF/MR
<b>PA</b>	Personal Care Assistant
<b>PP</b>	Sex Offender Polygrapher
<b>RF</b>	Residential Care
<b>SL</b>	Specialized Living Facility
<b>VT</b>	Vision 2000



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## Web Resources

### **Introduction to Electronic Business Practices**

[www.oregon.gov/DHS/admin/hipaa/edi.shtml](http://www.oregon.gov/DHS/admin/hipaa/edi.shtml)

### **EDI Administrative Rules**

[www.dhs.state.or.us/policy/healthplan/guides/procedural/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/procedural/main.html)

### **EDI Testing and Registration**

[www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml)

### **HIPAA Companion Guides and Manuals**

[www.oregon.gov/DHS/admin/hipaa/guides\\_man.shtml](http://www.oregon.gov/DHS/admin/hipaa/guides_man.shtml)

### **HIPAA Reports, Publications and News (including EDI Bulletins)**

[www.oregon.gov/DHS/admin/hipaa/publications.shtml](http://www.oregon.gov/DHS/admin/hipaa/publications.shtml)

### **National Provider Identifier (NPI)**

[www.oregon.gov/DHS/admin/hipaa/np/main.shtml](http://www.oregon.gov/DHS/admin/hipaa/np/main.shtml)

# **EDI Registration Packet**

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## How to Complete the DHS EDI Registration Packet

The EDI Registration Packet is a 10-page document. It includes three important documents that need to be returned with original signatures in blue ink to DHS as a complete package of information.

For initial registration, you need to sign and return these three forms:

1. Trading Partner Agreement – Pages 1-5
2. Application for Authorization Form (Exhibit A) – Pages 6-8
3. EDI Registration Form (Exhibit B) – Pages 9-10

These forms are also available on the DHS HIPAA/EDI Web site at [www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml) (click on “EDI Packet”). This is where you can also access a self-help tutorial for completing the DHS Trading Partner Agreement and Exhibits.

If you need further information or assistance on how to complete the DHS EDI Registration forms, or have additional questions about the registration or testing process, contact DHS EDI Support Services (see page 1).

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### Registration for clinics/group practices

DMAP-enrolled clinics only need to submit one EDI Registration Packet that:

1. Lists the clinic (including the clinic’s DHS Provider Number) as the Trading Partner
2. Includes a list on clinic letterhead of all providers (*i.e.*, physicians) the clinic bills for. Include all six-digit DHS Provider Number(s) used to bill DMAP, and all National Provider Identifiers (NPIs) and taxonomy codes. The authorized signer must sign this list.
3. Include a copy of the National Plan and Provider Enumeration System (NPPES) confirmation letter(s) or e-mail received for all NPIs listed for the clinic.

DHS must be notified if a provider leaves or joins a clinic. Timely claims payment may be impacted without this information (see the TPA, Section A.6).

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### Changes in information

If any of the submitted information changes from your original registration submission, you may need to complete and submit a new Exhibit or possibly all three registration documents again.

- If changes are needed for either Exhibit A or B, be sure to check the appropriate box indicating the type of change and submit the exhibit to DHS.
- You may also be able to submit the changes using Exhibit C (EDI Registration Change Form). See page 26 for more information.

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## Instructions for completing the DHS EDI packet

1. Complete the Trading Partner Agreement (pages 1-5 of 10). You will find the Agreement on page 11 of this handbook.
2. Complete Exhibit A (Application for Authorization Form, pages 6-8 of 10) for each EDI submitter associated with the Trading Partner Agreement. You will find a copy of this Exhibit on page 17 of this handbook.
3. Complete Exhibit B (EDI Registration Form, pages 9-10 of 10). You will find a copy of this Exhibit on page 23 of this handbook.
4. Make copies, if you have not already done so, of the complete EDI packet (the Trading Partner Agreement, the Application for Authorization, and the EDI Registration Form[s]). Retain these copies for your records.
5. If you have designated an authorized EDI Submitter other than yourself:
  - Send the original Trading Partner Agreement, Application for Authorization (Exhibit A) and the EDI Registration Form (Exhibit B) to your EDI Submitter for completion of Exhibit A.
  - Include a cover letter asking your Authorized EDI Submitter to complete all applicable information in Exhibit A, Section B, sign where indicated and to send the entire packet on to the Department of Human Services as indicated below.

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## Where to send the completed DHS EDI packet

Send the original copies of the completed Trading Partner Agreement, Application for Authorization, and the EDI Registration Form with original signatures to:

DHS EDI Support Services  
DMAP Operations  
500 Summer St. NE, E44  
Salem, OR 97301-1079

Include ENTIRE address above when mailing. **Only send the completed forms; do not send the instructions for how to complete the forms.**

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## Trading Partner Agreement

The Trading Partner Agreement (TPA) is a binding agreement between DHS and a Provider or Trading Partner (OAR 407-120-0300.) DHS requires all of those planning to do electronic business with DHS to sign a TPA before testing. DHS must have this form on file with original signatures.

You can download additional copies of this form on the EDI Testing and Registration Web page at [www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml).

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### How to complete the Trading Partner Agreement

Read and complete all the information requested. If each provider receives their own check they each have to fill out a TPA. If a clinic or group of providers receives the payment then only one TPA is required.

1. Enter your provider number and name on page 1.
2. Sign and date page 5 of the TPA. **Original signature in blue ink is required.**
3. Retain a copy of the TPA for your records and return original to DHS with Exhibits A and B (see page 7 of this handbook for address information).



**TRADING PARTNER AGREEMENT  
OREGON DEPARTMENT OF HUMAN SERVICES**

This Electronic Trading Partner Agreement (TPA) between the Oregon Department of Human Services (OR-DHS) and (name of Provider, Prepaid Health Plan, Clinic or Allied Agency) govern the registration and conduct of Electronic Data Interchange (EDI) Transactions, in the performance of obligations under a contract with OR-DHS.

For purposes of this TPA, a Contract means a specific written agreement between OR-DHS and said Provider, Prepaid Health Plan, Clinic or Allied Agency that provides, or manages the provision of, services, goods or supplies to Covered Individuals and in the provision of which OR-DHS and the Provider, Prepaid Health Plan, Clinic or Allied Agency may exchange Data (as defined herein). A Contract specifically includes, without limitation, an OR-DHS Provider Enrollment Agreement, a Fully Capitated Health Plan Managed Care Contract, a Dental Care Organization Managed Care Contract, a Mental Health Organization Managed Care Contract, a Chemical Dependency Organization Managed Care Contract, a County Financial Assistance Agreement, or any other applicable written agreement, interagency agreement, intergovernmental agreement, or grant agreement between OR-DHS and Provider, Prepaid Health Plan, Clinic or Allied Agency.

Capitalized terms used but not defined herein shall have the same meaning as those terms in the DHS Electronic Data Transmission (EDT) rules, OAR 407-120-0100.

For mutual consideration, the parties agree as follows.

**A. Provider, Prepaid Health Plan, Clinic or Allied Agency Obligations as a Trading Partner.** Providers, Prepaid Health Plans, Clinics or Allied Agencies that wish to register to conduct EDI Transactions with OR-DHS must execute this TPA. A Provider, Prepaid Health Plan, Clinic or Allied Agency that has a TPA with OR-DHS shall be referred to as a Trading Partner when functioning in that capacity. In addition to the obligations of OR-DHS and the Provider, Prepaid Health Plan, Clinic or Allied Agency which are set forth in the Contract, the Provider, Prepaid Health Plan, Clinic or Allied Agency when functioning as a Trading Partner shall comply with DHS Electronic Data Transmission (EDT) rules in OAR 407-120-0100 through 407-120-0200, and other OR-DHS, state and federal rules, policies and procedures applicable to Electronic Data Interchange Transactions.

1. Valid Contract with OR-DHS Required as a Mandatory Condition of Registration. Only Providers, Prepaid Health Plans, Clinics or Allied Agencies with a currently valid Contract with OR-DHS may register as a Trading Partner.
2. Trading Partner as an EDI Submitter. If the Trading Partner wishes to register and conduct its own EDI Transactions directly to OR-DHS, the Trading Partner will be referred to as an EDI Submitter when functioning in that capacity. An EDI Submitter is the entity that establishes the electronic connection with OR-DHS to conduct an EDI Transaction on behalf of a Trading Partner.
3. Trading Partner Agent as an EDI Submitter. A Trading Partner may use, in the performance of this TPA, one or more Agents as the Trading Partner's EDI Submitter. An EDI Submitter is the entity that establishes the electronic connection with OR-DHS to conduct an EDI Transaction on behalf of the Trading Partner. The Trading Partner's authorization and registration of its EDI Submitter(s) for purposes

## Oregon DHS Trading Partner Agreement

of this TPA is expressly subject to acceptance by OR-DHS, based on criteria established in the DHS Electronic Data Transmission (EDT) rules, OAR 407-120-0100 through 407-120-0200.

4. Application for Authorization. A Trading Partner must submit an Application for Authorization (Exhibit A) for Trading Partner to register for EDI Transactions with OR-DHS, and to identify and authorize the EDI Submitter. If Trading Partner will be using an Agent as the EDI Submitter, the Application for Authorization (Exhibit A) shall include a signed EDI Submitter Certification before OR-DHS may accept an electronic transmission from such Agent. The Application for Authorization, when fully executed, shall be incorporated into this TPA by reference and shall be effective on the date of its execution, unless specified otherwise.
5. EDI Registration Information. Trading Partner shall provide, or authorize EDI Submitter to provide, to OR-DHS all the information requested in the EDI Registration Form (Exhibit B). Trading Partner or authorized EDI Submitter must register the name and type of EDI Transactions they are prepared to send or to receive, subject to applicable testing requirements. The Registration Form must be fully completed and signed by Trading Partner or authorized EDI Submitter as a condition of OR-DHS registering and accepting an electronic Data Transmission. The EDI Registration Form, when fully executed, shall be incorporated into this TPA by reference and shall be effective on the date of its execution, unless specified otherwise.
6. Changes in any Material Information. Trading Partner shall submit an updated TPA, Application for Authorization or EDI Registration Form to OR-DHS within ten (10) business days of any material changes in the information. Material changes include but are not limited to changes of address or e-mail address, Contract number or Contract status, identification of authorized individuals of the Trading Partner or EDI Submitter, the addition or deletion of authorized transactions, or any other change that may affect the accuracy of or authority for an EDI Transaction. Only the forms that contain the material change in information must be updated. Trading Partner's signature or the signature of an authorized EDI Submitter is required to ensure that an updated TPA, Application for Authorization or EDI Registration form is valid and authorized. OR-DHS is authorized to act on Data Transmissions submitted by authorized EDI Submitter(s) based on information on file with OR-DHS until an updated form has been received and approved by OR-DHS. Failure to submit an updated form may impact the ability of a Transaction to be processed without errors. Failure to timely submit a signed updated form may result in a rejection of a Data Transmission.
7. Accuracy and Security of Transmissions. Trading Partner and OR-DHS shall take reasonable care to ensure that Data and Data Transmissions are timely, complete, truthful, accurate and secure, and shall take reasonable precautions to prevent unauthorized access to the Information System, the Data Transmission itself or the contents of an Envelope which is transmitted either to or from OR-DHS pursuant to this TPA, and in compliance with 45 CFR Parts 160 and 162, if applicable.
8. Express Warranties Regarding Agents. Trading Partner expressly warrants that its EDI Submitter(s) will take all appropriate measures to maintain the timeliness, accuracy, truthfulness, confidentiality, security and completeness of each Data Transmission. Furthermore, Trading Partner further expressly warrants that its EDI Submitter(s) will be specifically advised of, and will be directed to comply in all respects with, the terms of this TPA.

## Oregon DHS Trading Partner Agreement

### B. Provider, Prepaid Health Plan, Clinic or Allied Agency Certification.

As a condition for receiving payment from Medicaid and programs for which OR-DHS makes payment, and as a condition of registration of EDI Transactions with OR-DHS, I certify and agree to all the Certifications herein. My signature below signifies agreement to these Certifications.

1. To the best of my knowledge all Data prepared, processed and submitted as claims or encounter data at my direction are true and valid claims or encounter data for healthcare goods or services provided to a Covered Individual under the applicable Contract, and the rules, regulations and policies of OR-DHS.
2. I will maintain Data Transaction information and Source Document information for seven (7) years from the date of the service and be able to reproduce claims or encounters for resubmission or audit upon request by OR-DHS.
3. I will only take such actions that are authorized in the Application or Registration with respect to Registered EDI Transactions, and I will provide updated information within ten (10) business days of a material change in that information.
4. I will allow, upon request and at a reasonable time and place, authorized federal or state government agents to inspect and copy any records I maintain on the services provided or billed under the Contract.
5. I am responsible for the accuracy, truthfulness and completeness of all Data submitted by my Agent(s) to the extent provided by the law.
6. I acknowledge that my Agent will sign Data Transmissions, or may submit Data Transmissions without signature, on my behalf for the purpose of reimbursement from OR-DHS. I acknowledge that I may be liable based on such actions for my participation in the Medicaid or other program to the extent applicable federal or state criminal or civil laws so provide.
7. In conducting EDI Transactions, I will adhere to all DHS Electronic Data Transmission (EDT) rules, OAR 407-120-0100 through 407-120-0200, and other applicable OR-DHS rules, policies and procedures in effect on the date the service or good was provided.
8. If the EDI Transaction relates to payment for Medicaid services or supplies (including Oregon Health Plan and waived services) by OR-DHS to a Provider, Prepaid Health Plan, Clinic or Allied Agency on a fee-for-service basis, the following rule applies to any claim for payment - 42 CFR 447.10:
  - (a) *Who may receive payment.* Payment may be made only -
    - (1) To the provider: or...
    - (2) In accordance with paragraphs ...(b) and (c) of this section.
  - (b) *Business agents.* Payment may be made to a business agent, such as a billing service or an accounting firm that furnishes statements and receives payments in the name of the provider, if the agent's compensation for this service is -
    - (1) Related to the cost of processing the billing;
    - (2) Not related on a percentage or other basis to the amount that is billed or collected; and
    - (3) Not dependent upon the collection of the payment.
  - (c) *Individual practitioners.* Payment may be made to -
    - (1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;



## Oregon DHS Trading Partner Agreement

- (2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or
  - (3) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.
9. I understand that a) payments in relation to my EDI Transactions will be from federal and state funds and b) I may be prosecuted under applicable federal or state criminal or civil laws if I or my Agent submits false claims or documents or if I or my Agent makes misrepresentations, conceals material facts, or conspires to engage in any of the above actions.

### C. General Provisions.

1. Federal Tax Certifications. The individual signing below on behalf of Provider, Prepaid Health Plan, Clinic or Allied Agency hereby certifies and swears under penalty of perjury that s/he is authorized to act on behalf of Provider, Prepaid Health Plan, Clinic or Allied Agency, s/he has authority and knowledge regarding Provider's, Prepaid Health Plan's, Clinic's or Allied Agency's payment of taxes, and to the best of her/his knowledge, Provider, Prepaid Health Plan, Clinic or Allied Agency is not in violation of any Oregon tax laws. For purposes of this certification, "Oregon tax laws" means those programs listed in ORS 305.380(4), including without limitation, the state inheritance tax, personal income tax, withholding tax, corporation income and excise taxes, amusement device tax, timber taxes, cigarette tax, other tobacco tax, 9-1-1 emergency communications tax, the elderly rental assistance program, and local taxes administered by the Department of Revenue (Lane Transit District Self-Employment Tax, Lane Transit District Employer Payroll Tax, Tri-Metropolitan Transit District Employer Payroll Tax, and Tri-Metropolitan Transit District Self-Employment Tax).
2. Compliance with Applicable Law. OR-DHS' performance under this Trading Partner Agreement is conditioned upon Trading Partner's compliance with the provisions of ORS 279.312, 279.314, 279.316 and 279.320 which are incorporated by reference herein. In the performance of EDI Transactions under this Agreement, Trading Partner shall use recycled and recyclable products to the maximum extent which is economically feasible in compliance with ORS 279.555.
3. Interpretations; Order of Precedence. Whenever possible, all terms and conditions in this Trading Partner Registration Agreement and any Contract are to be harmonized. Any ambiguity in this TPA shall be resolved to permit the Parties to comply with the HIPAA Transaction Rules, if those rules apply to the EDI transaction. For EDI Transactions governed by the HIPAA Transaction Rules, this TPA should not be interpreted in any manner that would do any of the following:
  - (a) Change the definition, data condition, or use of a data element or segment in a Standard Transaction;
  - (b) Add any data elements or segments to the maximum defined data set;
  - (c) Use any code or data elements that are either marked "not used" in the Standard Transaction' implementation specification or are not in the Standard Transaction's implementation specification(s);  
or
  - (d) Change the meaning or intent of the Standard Transaction's implementation specification(s).
4. Term and Termination.
  - (a) Effective Date; Term. This Trading Partner Agreement shall be effective on the date OR-DHS notifies the Trading Partner of the OR-DHS acceptance of the TPA. This TPA shall terminate on the earlier of (i) the date of termination of a Contract that forms the basis for Trading Partner submission of EDI Transactions to OR-DHS, unless said Contract is timely renewed or extended with no lapse of time between Contracts and OR-DHS receives a timely update of EDI Registration, or (ii) the date on which termination of the TPA is effective under section C(4)(b); except that the TPA shall remain in

Oregon DHS Trading Partner Agreement

effect to the extent necessary for Trading Partner or OR-DHS to complete obligations involving EDI under the Contract for dates of service when the contract was in effect.

- (b) Termination for Cause. Upon OR-DHS knowledge of a material breach by Trading Partner, or any EDI Submitter or other Agent, OR-DHS shall either:
  - (1) Notify Trading Partner of the breach and specify a reasonable opportunity in the notice for Trading Partner to cure the breach, and terminate the TPA if Trading Partner does not cure the breach of the terms of the TPA or end the violation within the time specified by OR-DHS; or
  - (2) Immediately terminate this TPA if Trading Partner has breached a material term of this TPA and cure is not possible in OR-DHS' reasonable judgment.
  - (3) The rights and remedies provided in this TPA are in addition to any rights and remedies provided in a Contract.

Provider/Prepaid Health Plan/Clinic/Allied Agency Name and Title:

(name of Provider, Prepaid Health Plan, Clinic or Allied Agency)

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Phone number:

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Authorized Signature:

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Type or Print Name:

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Date:

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## Exhibit A: Application for Authorization Form

The EDI Registration Packet is designed to identify the two relationships DHS must understand. The TPA identifies who the provider or Trading Partner is, and Exhibit A of the TPA identifies who will be submitting the compliant transaction to DHS for payment or adjudication.

- The Application provides specific identification of and legal authorization from the Trading Partner for the EDI Submitter to conduct EDI Transactions on behalf of the Trading Partner. DHS must have this form on file with original signatures. Each electronic submitter will need to complete, sign, and return it before testing can begin.
- If the relationship between the Trading Partner and EDI Submitter changes, you must notify DHS using Exhibit C (EDI Registration Change Form, page 26).

You can download additional copies of this form on the EDI Testing and Registration Web page at [www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml).

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### How to complete the Application for Authorization Form

1. Indicate whether the Authorization Form is a new application or an Updated application and indicate the date that the revisions are effective.
2. Read Section A.
3. Read and complete Section B unless you are acting as your own submitter. If you submit your own electronic billings, then you are the EDI Submitter. If so, complete Section C and go to step 6 to finish Exhibit A. If a clearinghouse or billing service submits your electronic claims on your behalf, then the clearinghouse or billing service is the EDI Submitter; continue to step 4
4. Read and complete Section B, especially the section on EDI Submitter Certification Conditions. Please use the Federal Taxpayer ID or Social Security Number already on file with DMAP.
5. Read, complete, and sign the EDI Submitter Certification section.
6. Retain a copy of this application for your records and return original to DHS with the TPA and Exhibit B (see page 7 for address information).



### APPLICATION FOR AUTHORIZATION

New Application       Updated Application  
Effective date: MM/DD/YYYY

**INSTRUCTIONS: If the Trading Partner will be acting as its own EDI Submitter, stop here and only complete Section B.** If the Trading Partner will be using an Authorized Agent as its EDI Submitter, the Trading Partner must complete Section A, and each authorized EDI Submitter must sign the following Certification on pages 2 and 3. Failure to include this Certification will result in non-approval of the authorized EDI Submitter’s registration.

---

**A. Trading Partner Application for Authorization of EDI Submitter:**

I, the Trading Partner (Provider/Prepaid Health Plan/Clinic/Allied Agency) signing this Application For Authorization, by identifying my EDI Submitter in this Section as the EDI Submitter, hereby request OR-DHS’ approval to register my EDI Submitter to prepare, process, submit, and receive my EDI Transactions with OR-DHS. I authorize my EDI Submitter to take the following actions on my behalf (mark those that apply):

- Request and participate in business-to-business testing with OR-DHS for my Registered Transactions.
- Submit a request for approval to conduct my Registered Transactions.
- Submit updates of the EDI Submitter information on this Application for Authorization Form.
- Submit updates of the EDI Registration Form.
- Request password and log-on information for my Registered Transactions.
- Conduct my Registered Transactions.

I understand that authorization to act as an EDI Submitter and to register EDI transactions will not be effective until approved by OR-DHS.

Trading Partner Name (print): \_\_\_\_\_

Trading Partner Phone Number: \_\_\_\_\_

OR-DHS Contract or Provider Identification Number(s): \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Taxonomy Code(s): \_\_\_\_\_

Date: \_\_\_\_\_

Trading Partner Signature: \_\_\_\_\_

## EDI Submitter Certification Conditions

I, the authorized EDI Submitter, agree to and certify as follows:

1. All data I submit to OR-DHS on behalf of the Trading Partner is a true and correct representation of the source data I received from the Trading Partner.
2. I understand that I may be prosecuted under applicable federal and state criminal and civil laws for submitting false claims, concealing material facts, misrepresentation, falsifying data system input, other acts of misrepresentation, or conspiracy to engage therein.
3. I will maintain data transaction information for seven years from the date of the service and be able to reproduce claims for resubmission or audit upon request by OR-DHS.
4. I will only take such actions that are authorized in the Application or by change request by the Trading Partner with respect to the Trading Partner's registered EDI transactions.
5. Before billing for any services or conducting a transaction, I will review and fully comply with the DHS Electronic Data Transmission (EDT) rules, OAR 407-120-0100 through 407-120-0200, and other federal and state laws and regulations applicable to the services and to the Registered Transactions.
6. I will allow, upon request, and at a reasonable time and place, authorized federal or state government agents to inspect and copy any records I maintain on the services provided and billed on behalf of Trading Partner, or otherwise related to an EDI Transaction.
7. If the EDI transaction relates to payment for Medicaid services or supplies (including Oregon Health Plan and waived services) by OR-DHS to a Provider, Prepaid Health Plan, Clinic or Allied Agency on a fee-for-service basis, the following rule applies to any claim for payment – 42 CFR 447.10:

(d) *Who may receive payment?* Payment may be made only –

- (1) To the provider; or
- (3) In accordance with paragraphs (f) and (g) of this section.

(f) *Business agents.* Payment may be made to a business agent, such as a billing service or an accounting firm that furnishes statements and receives payments in the name of the provider, if the agent's compensation for this service is –

- (1) Related to the cost of processing the billing;
- (2) Not related on a percentage or other basis to the amount that is billed or collected; and
- (3) Not dependent upon the collection of the payment.

(g) *Individual practitioners.* Payment may be made to –

- (1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;
- (2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or
- (3) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.

**Authorized EDI Submitter Certification:**

I certify that I am authorized by the Trading Partner identified herein to submit Registered EDI Transactions to OR-DHS. Failure of the authorized EDI Submitter to agree to or to comply with these Certification Conditions shall result in denial or termination of the authorized EDI Submitter's registration by OR-DHS. My signature below signifies agreement to these EDI Submitter Certification Conditions.

EDI Submitter Name and Title: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
EDI Submitter Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
OR-DHS EDI Submitter Number (if available): \_\_\_\_\_  
EDI Submitter Federal Tax ID Number: \_\_\_\_\_

**B. Trading Partner Application for Authorization to Submit EDI Transactions:**

I, the Trading Partner (Provider/Prepaid Health Plan/Clinic/Allied Agency) signing this Application, by identifying myself below as the EDI Submitter, hereby request OR-DHS' approval to register my EDI transactions with OR-DHS.

EDI Submitter Legal Entity Name: \_\_\_\_\_  
EDI Submitter Contact Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
EDI Submitter Federal Tax ID Number: \_\_\_\_\_  
OR-DHS EDI Submitter Number (if available): \_\_\_\_\_  
Trading Partner Signature: \_\_\_\_\_

## Exhibit B: EDI Registration Form

This form provides vital information about the electronic submitter(s) you have authorized to have access to your records for testing and submitting claims for payment. DHS must have this form on file with original signatures. Exhibit B also allows the Trading Partner to list two individuals each as contacts for EDI submission, claims and contact/authorized signer.

You can download additional copies of this form on the EDI Testing and Registration Web page at [www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml).

### How to complete the EDI Registration Form

Use the following checklist to assist with completion of Exhibit B beginning on page 23.

\* = indicates required fields. **All sections require some identifying information.**

Section	Title	Action
1	Trading Partner Information	<ul style="list-style-type: none"><li><input type="checkbox"/> Indicate whether this is a NEW or UPDATED EDI Registration form.</li><li><input type="checkbox"/> <b>Date:</b> Enter the date you completed this form.</li></ul>
2	Oregon DHS Provider Number	<ul style="list-style-type: none"><li><input type="checkbox"/> List the DHS Provider Number assigned to the provider or the number your EDI Submitter is authorized to submit for.<ul style="list-style-type: none"><li>■ Complete a separate Registration form if you have more than one DHS Provider Number or EDI Submitter to authorize.</li></ul></li><li><input type="checkbox"/> Include the NPI and taxonomy code(s) for each DHS Provider Number you authorize.<ul style="list-style-type: none"><li>■ If you do not have an NPI and taxonomy code(s) for your provider number at the time of registration, you need to register them (once you obtain them) using the NPI Registration Fax Form (see page 30).</li></ul></li></ul>
3	Authorized Signer Details	<ul style="list-style-type: none"><li><input type="checkbox"/> Indicate who in your organization is authorized to make changes to the TPA and Exhibit information on your behalf.<ul style="list-style-type: none"><li>■ <b>Primary Contact Title:</b> Include the term ‘authorized signer’. If there is no other authorized signer include the contact’s usual title.</li><li>■ <b>Secondary Contact:</b> Provide, if available. These contacts are allowed to authorize changes on behalf of the provider.</li></ul></li></ul>
4	Claims Contact Information	<ul style="list-style-type: none"><li><input type="checkbox"/> Indicate whom in your organization DHS can contact regarding billing or claim inquiries related to the data submitted.</li></ul>

Section	Title	Action
5	EDI Submitter Information	<input type="checkbox"/> Enter your EDI Submitter’s information (including yourself if you plan to submit transactions directly to DHS). <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Submitter ID:</b> Enter the Submitter’s DHS Provider ID. If you do not know this number or none exists, leave blank.</li> </ul>
6	EDI Submitter Contact Information	<input type="checkbox"/> Enter your EDI Submitter’s contact information. You will need to identify both a business contact and a technical contact. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Technical Contact:</b> If you have more then one technical contact, list them separately on provider letterhead and have the authorized signer sign the list.</li> </ul>
7	Authorized Transactions	<input type="checkbox"/> Select the transactions that you or your EDI Submitter, will conduct electronically with DHS, based on your DHS Provider Number or contract number listed in Exhibit A (Application for Authorization). <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>837 Claim Submission:</b> If you select one of these transactions, you must also select the 835 Remittance Advice transaction.</li> <li><input type="checkbox"/> <b>835 Remittance Advice:</b> Indicate the entity that will receive this transaction (Trading Partner or Submitter).</li> <li><input type="checkbox"/> See Table of Transactions (page 5 of this handbook) for additional information on transaction numbers and versions.</li> </ul>
8	Signature	<input type="checkbox"/> If you have designated an authorized signer in Section 3 of this form, that person must sign in this section. An original signature is required.





**DHS EDI Support Services**  
**DMAP Operations**  
**500 Summer St NE, E44**  
**Salem, OR 97301-1079**  
**503-947-5347**  
 (include ENTIRE address above)

**Health Insurance  
 Portability and  
 Accountability Act  
 EDI Registration**

You are required to sign a Trading Partner Agreement before completing this registration form. Please be sure to type or print clearly, and fill in **all required fields designated with an asterisk (\*)**. Incomplete forms will NOT be processed. Once completed, send this form with the Trading Partner Agreement and the Application for Authorization Form to the address listed above. Please maintain a copy for your records.

<b>ONE</b>	<b>Trading Partner Information</b>			
	THIS REGISTRATION IS: <input type="checkbox"/> <b>A NEW REGISTRATION</b> <input type="checkbox"/> <b>A REVISED REGISTRATION</b> <b>DATE:</b>			
	<b>*Name of Provider. Prepaid Health Plan. Clinic or Allied Agency</b> (name of Provider, Prepaid Health Plan, Clinic or Allied Agency)			
	*Physical Address:			
	Secondary Address:			
	*City, State & ZIP:			
	*Phone Number:		Fax Number:	
<b>TWO</b>	<b>OR-DHS Provider Number:</b>			
	*Provider/Contract # for which the submitter has authorization (see Exhibit A):			<b>#</b>
	*National Provider Identifier (NPI):			
	*Taxonomy Code(s):			
<b>THREE</b>	<b>Authorized Signer Information (legally authorized signer):</b>			
	*Authorized Signer:		*Title:	
	*Phone Number:		*Fax Number:	
	*E-mail Address:			
	Secondary Contact:		Title:	
	Phone Number:		Fax Number:	
	E-mail Address:			
<b>FOUR</b>	<b>Claims Contact Information</b>			
	*Primary Contact:		*Title:	
	*Phone Number:		*Fax Number:	
	*E-mail Address:			
	Secondary Contact:		Title:	
	Phone Number:		Fax Number:	
	E-mail Address:			

Exhibit B – EDI Registration Form

Complete this page with EDI Submitter information. **You must also include EDI Submitter information for yourself if your company intends to submit its own transactions.**

	<b>EDI Submitter Information</b>				
FIVE	*Company Name:		OR-DHS Submitter ID:		
	*Address Line 1:				
	Address Line 2:				
	*City, State & ZIP:				
	*Submitter Type:	<input type="checkbox"/> Billing Provider <input type="checkbox"/> Self <input type="checkbox"/> Clearinghouse/Billing Service Check <b>ALL</b> that apply <input type="checkbox"/> Managed Care <input type="checkbox"/> TPA <input type="checkbox"/> Other: _____			
				<i>Please Specify</i>	
<b>EDI Submitter's Contact Information</b> <input type="checkbox"/> <b>Third Contact on reverse (if needed)</b>					
SIX	*Business Contact:		*Title:		
	*Phone Number:		*Fax Number:		
	*E-mail Address:				
	*Technical Contact:		Title:		
	*Phone Number:		Fax Number:		
	*E-mail Address:				
<b>Authorized Transactions for:</b> <input type="checkbox"/> <b>FFS Provider or</b> <input type="checkbox"/> <b>Prepaid Health Plan</b>					
*Check all transactions for which authorization should be registered.					
SEVEN	<input type="checkbox"/> <b>837</b> Professional Claim Submission	<input type="checkbox"/> <b>276</b> Health Care Claims Status Request			
	<input type="checkbox"/> <b>837</b> Dental Claim Submission	<input type="checkbox"/> <b>277</b> Health Care Claims Status Response			
	<input type="checkbox"/> <b>837</b> Institutional Claim Submission	<input type="checkbox"/> <b>Status File</b> Health Care Claim Status (PHP only)			
	<input type="checkbox"/> <b>835</b> Health Care Claim Payment/Advice (RA)	<input type="checkbox"/> <b>820</b> Group Premium Payments			
	<input type="checkbox"/> <b>270</b> Health Care Eligibility Benefits Inquiry	<input type="checkbox"/> <b>834</b> Benefit Enrollment/Maintenance			
	<input type="checkbox"/> <b>271</b> Health Care Eligibility Benefits Response	<input type="checkbox"/> <b>NCPDP</b> Submission (PHP only)			
	<input type="checkbox"/> <b>278</b> Health Care Services Review Request (Prior Authorization [PA]) – <i>Available September 2008</i>	<input type="checkbox"/> <b>NCPDP</b> Response Report (PHP only)			
	<input type="checkbox"/> <b>278</b> Health Care Services Review Response (Prior Authorization [PA]) – <i>Available September 2008</i>	<input type="checkbox"/> <b>NCPDP</b> Point of Sale Submission/Response – <i>Available September 2008</i>			
	<b>NOTE: OR-DHS is currently only accepting ANSI 4010A1 Formats.</b>				
	<b>Signature</b>				
EIGHT	*Provider, Prepaid Health Plan, Clinic or Allied Agency Name:		*Phone:		
	_____		_____		
	*Signature (original only):		*Date:		
	_____		_____		
Please Print Name:					
_____					

# Appendix

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## Exhibit C: EDI Registration Change Form

Within 10 days of any material change, Trading Partners must notify DHS of the change. You can submit most changes on the EDI Registration Change Form (Exhibit C).

Material changes include, but are not limited to:

- Changes of address or e-mail address
- Contract number or Contract status
- Identification of authorized individuals or EDI Submitter
- Upgrades to newer transaction versions (when released)
- The addition or deletion of authorized transactions, or
- Any other change that may affect the accuracy of, or authority for, an EDI Transaction.

Some changes require a new EDI Packet or new enrollment with DMAP. DHS requires the signature of the Trading Partner or Authorized Signer to validate the change.

You can download additional copies of this form on the EDI Testing and Registration Web page at [www.oregon.gov/DHS/admin/hipaa/testing\\_reg.shtml](http://www.oregon.gov/DHS/admin/hipaa/testing_reg.shtml).



**DHS EDI Support Services**  
**DMAP Operations**  
**500 Summer St NE, E44**  
**Salem, OR 97301-1079**  
**503-947-5347**  
 (include ENTIRE address above)

**Health Insurance  
 Portability &  
 Accountability Act  
 EDI Registration  
 Change Form**

Only enter the new information that needs to be updated on your original Trading Partner Agreement and Exhibits. Once completed, send this form to the address listed above. **Change forms must include the signature of the Trading Partner or an authorized EDI Submitter.**

**Trading Partner Information**

ONE

<b>1. EFFECTIVE DATE:</b>		<b>Tax ID #:</b>	
<b>2. Name of Provider, Prepaid Health Plan, Clinic or Allied Agency</b>			
<b>3. Physical Address:</b>			
<b>4. Secondary Address:</b>			
<b>5. City, State &amp; ZIP:</b>			
<b>6. Phone Number:</b>		<b>7. Fax #:</b>	

TWO

<b>OR-DHS Provider Number</b>			
<b>8. Provider/Contract # for which the submitter has authorization (see Exhibit A):</b>			#
Submitter Name			
<b>9. National Provider Identifier (NPI):</b>			
<b>10. Taxonomy Code(s):</b>			

THREE

<b>Authorized Signer Information (legally authorized signer, Exhibit B)</b>			
<b>11. Authorized Signer</b>		<b>12. Title:</b>	
<b>13. Phone #:</b>		<b>14. Fax #:</b>	
<b>15. E-mail Address:</b>			
<b>16. Secondary Authorized Signer:</b>		<b>17. Title:</b>	
<b>18. Phone Number:</b>		<b>19. Fax #:</b>	
<b>20. E-mail Address:</b>			

FOUR

<b>Claims Contact Information</b>			
<b>21. Primary Contact:</b>		<b>22. Title:</b>	
<b>23. Phone Number:</b>		<b>24. Fax #:</b>	
<b>25. E-mail Address:</b>			
<b>26. Secondary Contact:</b>		<b>27. Title:</b>	
<b>28. Phone Number:</b>		<b>29. Fax #:</b>	
<b>30. E-mail Address:</b>			

Continued on next page

<b>FIVE</b>	<b>31. Company Name:</b>				<b>32. OR-DHS Submitter ID:</b>	
	<b>33. Address Line 1:</b>					
	<b>34. Address Line 2:</b>					
	<b>35. City, State &amp; ZIP:</b>					
	<b>36. Submitter Type:</b> <i>Check ALL that apply</i>	Billing Provider Prepaid Health Plan	Self TPA	Clearinghouse/Billing Service Other:		

*Please Specify*

<b>SIX</b>	<b>EDI Submitter's Contact Information</b>					<input type="checkbox"/> <b>Third contact on reverse (if needed)</b>
	<b>37. Business Contact:</b>				<b>38. Title:</b>	
	<b>39. Phone Number:</b>				<b>40. Fax #:</b>	
	<b>41. E-mail Address:</b>					
	<b>42. Technical Contact:</b>				<b>43. Title:</b>	
	<b>44. Phone Number:</b>				<b>45. Fax #:</b>	
	<b>46. E-mail Address:</b>					

<b>SEVEN</b>	<b>Authorized Transactions for:</b> <input type="checkbox"/> <b>FFS Provider</b> <b>or</b> <input type="checkbox"/> <b>Prepaid Health Plan</b>					
	<b>47. Check all transactions for which authorization should be registered.</b>					
	<i>Transactions marked with an asterisk ( * ) will be available in September 2008.</i>					
					<b>Adding</b>	<b>Deleting</b>
	<input type="checkbox"/>	<b>837P</b>	Professional Claim Submission		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>837D</b>	Dental Claim Submission		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>837I</b>	Institutional Claim Submission		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>835</b>	Health Care Claim Payment/Advice (RA) (Only one created per TP)		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Status File</b>	Health Care Claim Status (PHP only)		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>820</b>	Group Premium Payments		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>834</b>	Benefit Enrollment and Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>270</b>	Health Care Eligibility Benefits Inquiry		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>271</b>	Health Care Eligibility Benefits Response		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>276</b>	Health Care Claims Status Request		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>277</b>	Health Care Claims Status Response		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>278</b>	Health Care Services Review Request (Prior Authorization [PA])*		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>278</b>	Health Care Services Review Response (Prior Authorization [PA])*		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>NCPDP</b>	Submission (PHP only)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>NCPDP</b>	Response Report (PHP only)		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<b>NCPDP</b>	Point of Sale Submission/Response*		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Added:</b>			<b>Deleted:</b> _____			
<b>NOTE: OR-DHS is currently only accepting ANSI 4010A1 Formats.</b>						

<b>EIGHT</b>	<b>Signature</b>				
	<b>48. Provider, Prepaid Health Plan, Clinic or Allied Agency Name:</b>				
	_____			<b>49. Phone:</b> _____	
	<b>50. Authorized Signature (original only as identified on TPA):</b>				
	_____			<b>51. Date:</b> _____	
<b>Signature</b>					
_____					
<b>Print Name</b>					

## How to complete the EDI Registration Change Form

Use the following table to determine what fields to complete on the EDI Registration Change Form (Exhibit C), or if you need to complete other documents instead.

- **Only submit information for the fields that are changing.** DHS will update your current EDI Registration Form accordingly.
- Do not submit this form with any other documents.

TPA CHANGE REQUIREMENTS	FORM/FIELD TO UPDATE (Exhibit C unless otherwise noted)													
<b>Adding and/or deleting Authorized Transactions.</b> Indicate which transactions to add and/or delete. <i>If authorized by Trading Partner on Exhibit B, Submitter can make this change.</i>	1	8	9	10	47	48	49	50	51					
<b>Adding or removing a Provider</b> (for clinics/group practices).	Mail the request on clinic letterhead; include identifying information.													
<b>Authorized Signer</b> (has signature authority on behalf of Trading Partner): Cannot be the billing service, clearinghouse or vendor. <i>Trading Partner must make this change.</i>	1	2	8	9	10	11	12	13	14	15	48	49	50	51
<b>EDI Submitter Address:</b> Physical or mailing	1	2	8	9	10	31	32	33	34	35	48	49	50	51
<b>EDI Submitter Business Contact</b>	1	8	9	10	37	38	39	40	41	48	49	50	51	
<b>EDI Submitter Change:</b> Add, replace or change EDI Submitter.	Submit an updated Exhibit A and B.													
<b>EDI Submitter Technical Contact</b>	1	8	9	10	37	38	39	40	48	49	50	51		
<b>Tax Identification (ID) Number Change</b> – As directed by DHS.	1	May require re-enrollment with DMAP. Call DMAP Provider Enrollment at 800-422-5047.												
<b>Technical Changes:</b> Software vendor, upgrade hardware, etc.	E-mail < <a href="mailto:DHS.EDIsupport@state.or.us">DHS.EDIsupport@state.or.us</a> > with the type of change, for further instructions.													
<b>Trading Partner Contact Information:</b> Address, telephone, and/or fax number.	1	2	3	4	5	6	7	8	9	10	48	49	50	51
<b>Trading Partner Name</b> (No change in Tax ID)	Submit new TPA													
<b>Trading Partner Primary Claims Contact</b>	1	2	8	9	10	21	22	23	24	25	48	49	50	51
<b>Trading Partner Provider Number</b>	Submit entire new EDI Packet.													

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## **DMAP 1038 - NPI Registration Fax Form**

Once you receive an National Provider Identifier from NPPES, notify DHS EDI Support Services using the following fax form (available on the NPI Web page at [www.oregon.gov/DHS/admin/hipaa/npi/main.shtml](http://www.oregon.gov/DHS/admin/hipaa/npi/main.shtml)).

- Include your DHS provider number, NPI and the taxonomy code(s) you selected when you registered for the NPI.
- You can return your completed form by mail, fax, or e-mail.

### **Mail**

DHS EDI Support Services  
DMAP Operations  
500 Summer St. NE, E-44  
Salem, OR 97301-1079

### **Fax**

Fax to 503-947-5359

### **E-mail**

Complete form, save, and e-mail to [DHS.EDIsupport@state.or.us](mailto:DHS.EDIsupport@state.or.us).





## Register your National Provider Identifier (NPI) with DMAP

Provider name	Address	City, State, Zip
Phone	Fax	E-mail
Tax ID	DMAP ID No. (required)	NPI (required)
Taxonomy code(s) (required)		
Do you submit claims electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like more information about DHS electronic claims processing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Return your completed form to:  
DHS EDI Support Services  
DMAP Operations  
500 Summer St. NE, E-44  
Salem, OR 97301-1079  
—or—  
Fax to 503-947-5359  
—or—  
Complete form, save, and E-mail  
to [DHS.EDIsupport@state.or.us](mailto:DHS.EDIsupport@state.or.us)

**Questions?** Contact DHS EDI  
Support Services at:  
[DHS.EDIsupport@state.or.us](mailto:DHS.EDIsupport@state.or.us)  
1-888-690-9888 (Option 2) or  
503-947-5347

If you have forgotten which taxonomy  
codes you chose, call the NPPES  
at 1-800-465-3203.