



OHIO MEDICAID HOSPITAL ERA

***** **ATTENTION** *****

THIS PAYER ERA AGREEMENT MUST BE PROCESSED THROUGH EMDEON'S PAYER ENROLLMENT DEPARTMENT.

THIS IS DUE TO PAYER SPECIFIC ENROLLMENT REQUIREMENTS. DO NOT SEND THIS PAYER ERA AGREEMENT DIRECT TO THE PAYER.

THIS APPLIES TO ALL PROVIDERS ENROLLING FOR ERA NOTIFICATION FOR THIS PAYER THROUGH EMDEON.

**OHIO MEDICAID OHIO MEDICAID HOSPITAL ERA****For Initial Enrollment with this payer:**

- If you have NOT submitted claims electronically to this payer, the Payer requires Payer Registration forms.
- Please complete all fields on the following page(s) as well as the attached Payer Registration forms and return to Emdeon for processing.
- Registration with Emdeon takes 14 business days.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid Provider ID will delay the process.
- This payer accepts group agreements.
- You may obtain the form from our enrollment web site <http://www.emdeon.com> or by calling our Fax on Demand service at 800-760-2804 (doc# 1351).

For Re-Enrollment (COS Change of Service) with this payer:

- If you have submitted claims electronically to this payer in the past, either directly or through another clearinghouse, and would like to submit through Emdeon, the Payer requires payer registration forms.
- Registration with Emdeon takes 14 business days.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid Provider ID will delay the process.
- This payer accepts group agreements.
- You may obtain the form from our enrollment web site <http://www.emdeon.com> or by calling our Fax on Demand service at 800-760-2804 (doc# 1351).

Payer Registration Reminders:

- Please keep a copy of all forms for your records.
- Please verify that all pages in the agreement are included when mailing.
- Please ensure that all required fields are completed and legible.
- Please provide a physical address below in case we need to Fed-Ex your agreement back to you.
- Please remember to sign and date all documents. Your software vendor must be certified to send All-Payer claims to Emdeon. Please contact your vendor if you have questions regarding certification.
- To obtain forms or additional payer information, visit our website: <http://www.emdeon.com>.



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Instructions for submitting Payer Registration Forms:

- You must include this page when submitting Payer Registration forms to Emdeon
- Registration forms must be submitted to the address below
- To obtain forms or additional payer information, visit our website: <http://www.emdeon.com>.

This Registration form is for a:			
		<input type="checkbox"/> Provider	<input type="checkbox"/> Group
Name*			
Physical Address*			
City, State, Zip*			
Contact Name*			
Contact Phone			
Contact Fax			
Contact Email Address [§]			
<input type="checkbox"/> NPI ID*	<input type="checkbox"/> Group ID*		
	<input type="checkbox"/> Provider ID*		
<input type="checkbox"/> Tax ID* <input type="checkbox"/> SSN	Site ID*		
Vendor Submitter ID*	Division ID*		
Vendor Name*			
Additional Info			

* Required Information if applicable.

[§] All Approval Notifications will be sent to this address**Submit Original Payer Registration forms that require original signatures to:**

Emdeon Business Services
 Attn: Enrollment Dept
 Donelson Corporate Ctr Bldg 3
 3055 Lebanon Pike Ste 2000
 Nashville, TN 37214

Fax: (615) 231-4843

Email: batchenrollment@emdeon.com

To avoid claim rejection, please do not submit electronic claims before receiving [Emdeon](#) Approval Notification.



Ohio Department of Job and Family Services
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.
Please print or type all of the information on this form.

SECTION I: MEDICAID PROVIDER INFORMATION (To be completed by the ODJFS Medicaid Provider)

Reason for Notification: (Check one)

- Establishing electronic Trading Partner relationship Effective Date _____
(I do not currently have a Trading Partner relationship)
- Changing Trading Partners Effective Date _____

Provider Name _____ NPI number _____
Provider Street Address _____ Ohio Medicaid Provider ID _____
City _____ State _____ Zip Code _____ Tax ID _____
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 Section I.

- Yes
- 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 be able to 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 EMDEON 7-digit Trading Partner Number 0002777
Contact Person ENROLLMENT HELP DESK Phone Number 800-845-6592
Email Address payerregistration@emdeon.com Tax ID 58-2573488
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. - 1st Floor, Section E01
Columbus, Ohio 43219-1851 or Fax: (614) 644-8989