

Ohio Department of Medicaid
**INSTRUCTIONS FOR COMPLETING THE ODM 06306
DESIGNATION OF AN 835 or 834-820 TRADING PARTNER**

Section I

Enter the complete legal name of the organization or individual Medicaid Provider. Enter the DBA name if applicable. The address should be the physical location where the Medicaid Provider can be found.

Section II

Either the TIN or the EIN is required in addition to the NPI if the Medicaid Provider has an NPI. The seven (7) digit Ohio Medicaid Provider number is required for all providers and should also be associated with the reflected NPI (if applicable). **The Trading Partner ID is required. This should be the seven (7) digit number assigned to the Trading Partner who will be receiving the 835 (Electronic Remittance Advice, aka ERA) on behalf of the provider listed in Section I. Only one (1) Trading Partner can be designated to receive the 835.**

Section III

Supply the contact information of someone in the Medicaid Providers' office responsible for handling 835 (ERA) issues.

Section IV

If the Medicaid Provider in section I does not have an NPI, please provide the TIN. If the Medicaid Provider does have an NPI, supply this identifier.

Section V

Although this section is titled 'Clearinghouse', Ohio Medicaid is requesting information about the Trading Partner who the Medicaid Provider has chosen to receive their 835 (ERA). The contact information should be for a person within the Trading Partner organization responsible for handling 835 (ERA) issues.

Section VI

If you are a Medicaid Provider who has never designated a Trading Partner to receive the ANSI ASC X12 v5010 835 (ERA) on your behalf, select 'New Enrollment'. The name of the new Trading Partner should be reflected in Section V.

If you are changing your current designated 835 (ERA) Trading Partner, select 'Change Enrollment'. The name of the new Trading Partner should be reflected in Section V.

If you are the designated Trading Partner and wish to discontinue receiving the 835 (ERA) for a specific provider or you are the Medicaid Provider and wish to discontinue receiving the 835 (ERA) choose 'Cancel Enrollment'.

The Requested ERA Effective Date is the date you wish the connection (or cancellation) between yourself and the designated Trading Partner to begin (or end). **NOTE: the Requested ERA Effective Date cannot be back-dated in the system.**

Signature authority for this form may be completed by the Ohio Medicaid Provider or by the designated Trading Partner. In lieu of obtaining the Medicaid Provider's authorized signature, the Trading Partner should maintain a record (in electronic form or hard copy) of the provider's authorization, and must make a copy of the record available to the Ohio Department of Medicaid (ODM) upon request. **NOTE: forms will not be processed without a signature in Section VI.**

The completed ODM 06306 must be mailed, faxed, or returned as an eMail attachment. Refer to the address options listed at the bottom of the form. If you have additional questions, please contact EDI SUPPORT at 614-387-1212 opt 1/1.