



Ohio Medicaid Enterprise System (OMES)

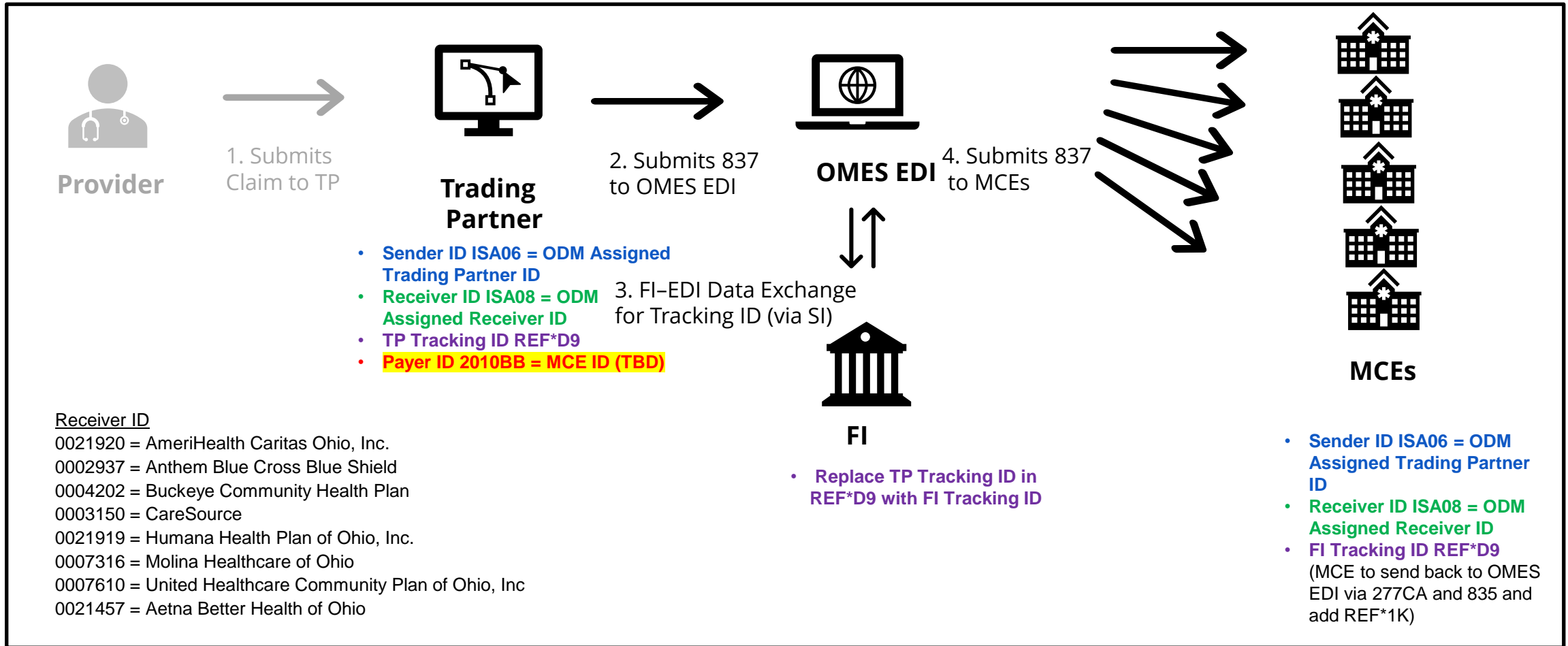
Electronic Data Interchange (EDI) 837/277CA/835 Processing for MCEs



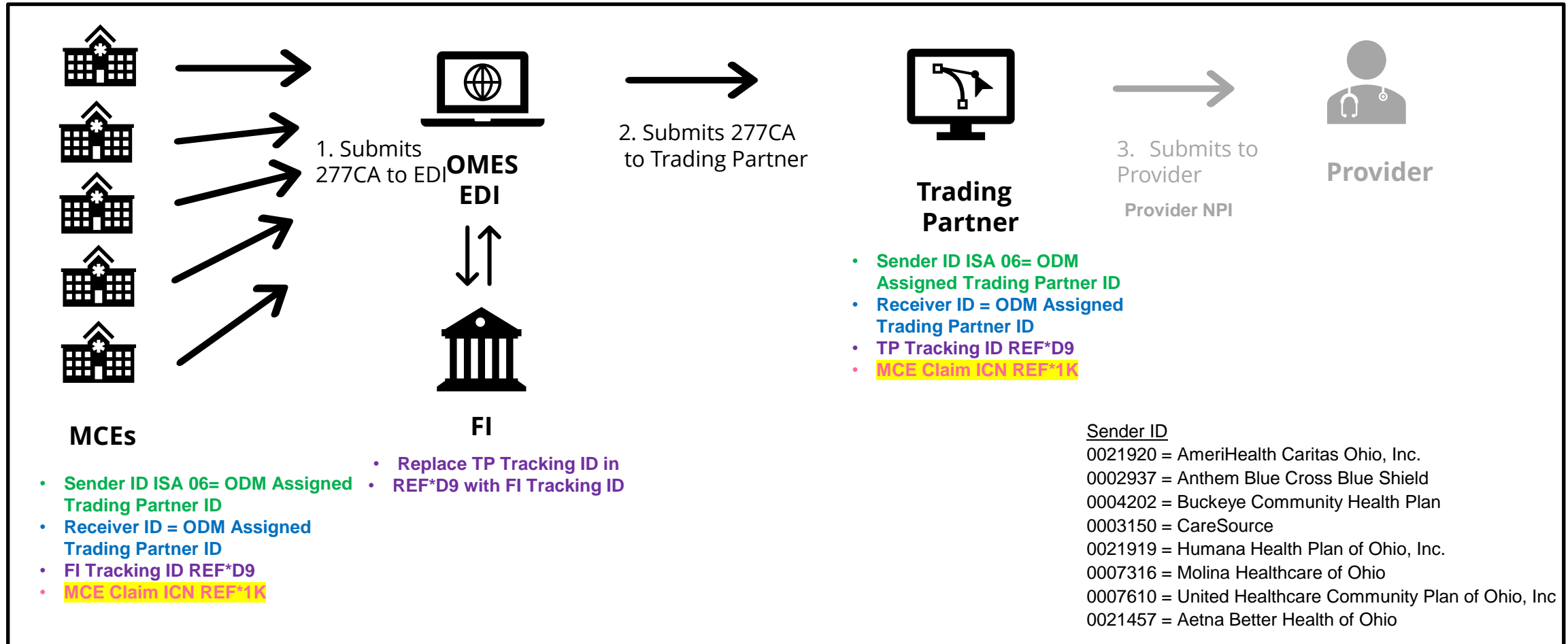
X12 837/277CA Trading Partner to/from MCE Workflow

https://ohiodas.sharepoint.com/:b:/r/sites/ODM/OMES/SI/MVCS/EDI/Module%20Documents/EDI%20Documents/Transaction%20Flows%20%26%20SNIP%20Edits/837-277CA_MCE_EDI_Transaction_Workflow_120921.pdf?csf=1&web=1&e=KoEkQv

837 from Provider to Trading Partner to OMES EDI to MCE Ohio | Department of Medicaid



277CA from MCE to OMES EDI to Trading Partner to Provider

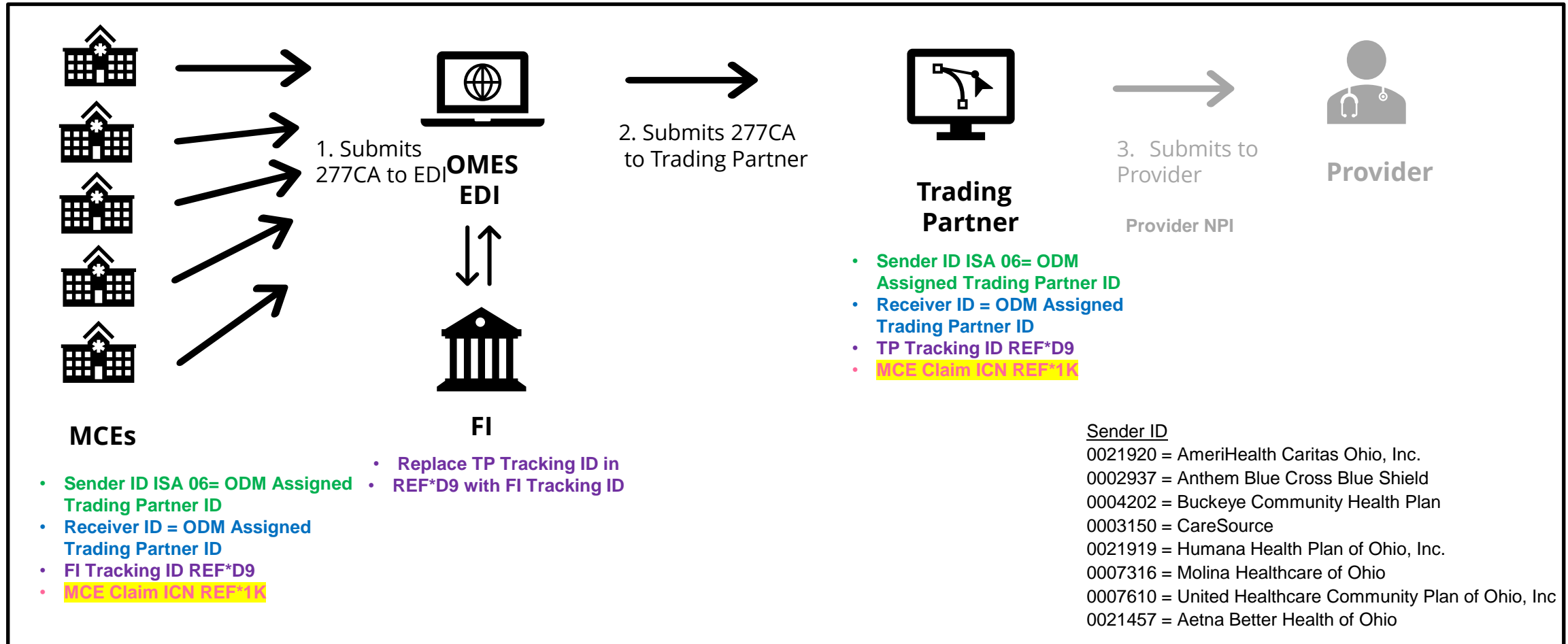


- https://ohiodas.sharepoint.com/:w:/r/sites/ODM/OMES/SI/MVCS/EDI/Deliverables/In-Progress%20Deliverables/Companion%20Guides/837P/Review%2002%20Submission/ODM_Companion_Guide_%20837_Professional_Health_Care_Claim_DRAFT_11122021_v1.1.docx?d=w45e34e211aaa455ca9319af1b8a72bac&csf=1&web=1&e=66xrvm
- https://ohiodas.sharepoint.com/:w:/r/sites/ODM/OMES/SI/MVCS/EDI/Deliverables/In-Progress%20Deliverables/Companion%20Guides/277CA/Review%2001%20Submission/ODM_Companion_Guide_%20277CA_Claims_Acknowledgement_DRAFT_20211115_v1.0.docx?d=w4635b50ecd7948e69ac771141442ea6e&csf=1&web=1&e=0ZHAaD

X12 835 MCE to Trading Partner Visio Workflow

https://ohiodas.sharepoint.com/:b:/r/sites/ODM/OMES/SI/MVCS/EDI/Module%20Documents/EDI%20Documents/Transaction%20Flows%20%26%20SNIP%20Edits/835_MCE_EDI_Transaction_Workflow_120921.pdf?csf=1&web=1&e=3o2J0b

MCE Submitting 835 to Trading Partner to Provider



- https://ohiodas.sharepoint.com/:w:/r/sites/ODM/OMES/SI/MVCS/EDI/Deliverables/In-Progress%20Deliverables/Companion%20Guides/835/Review%2001%20Submission/ODM_Companion_Guide_%20835%20Health%20Care%20Claim%20Payment_Advice_DRAFT_2021115_v1.0.docx?d=wff645498240e4619807ef328d145ff07&csf=1&web=1&e=AdD2LQ

Ohio Department of Medicaid

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 X12-5010 format through the EDI Trading Partner listed in Section II of this form. *All fields with an (*) are required. Forms missing required information will not be processed. Please include information in other fields if it is available. Current date will be used if the Effective Date is not included.*

SECTION I: PROVIDER INFORMATION

Provider Name:*		Doing Business As Name (DBA):	
Street:*			
City:*		State/Province:*	ZIP Code/Postal Code:*

SECTION II: PROVIDER IDENTIFIERS INFORMATION

Provider Identifiers	Provider Federal Tax Identification Number (TIN)	National Provider Identifier (NPI):
	or Employer Identification Number (EIN):*	Medicaid Provider ID:*
Other Identifiers	Assigning Authority: Ohio Department of Medicaid	Trading Partner ID:*

SECTION III: PROVIDER CONTACT INFORMATION

Provider Contact Name:*		Title:	
Telephone Number:*	Extension	Email Address:*	Fax Number:

SECTION IV: ELECTRONIC REMITTANCE ADVICE INFORMATION

PREFERENCE FOR AGGREGATION OF REMITTANCE DATA

Provider Preference for grouping (bulking) claim payment remittance advice.

Provider Tax Identification Number (TIN): *Required if NPI is not applicable**

National Provider Identifier (NPI): *Required if TIN is not applicable**

SECTION V: ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

Clearinghouse Name:*

Clearinghouse Contact Name:*

Telephone Number:

Email Address:

SECTION VI: SUBMISSION INFORMATION

Reason for Submission:*

New Enrollment Change Enrollment Cancel Enrollment

Requested ERA Effective Date:

AUTHORIZED SIGNATURE

The signature of an individual authorized by the provider or its agent to initiate, modify, or terminate an enrollment.

Written Signature of Person Submitting Enrollment:*

Printed Name of Person Submitting Enrollment:*

Printed Title of Person Submitting Enrollment:

Send the completed form to

Ohio Department of Medicaid

MCD-EDI Support

P.O. Box 182709

Columbus, Ohio 43218-2709

or eMail: ohiomcd-edi-support@gainwelltechnologies.com, or Fax: (866) 203-0018

- TPData file
- CoveredProviderData file

- On Collaboration site:

<https://ohiodas.sharepoint.com/:u:/r/sites/ODM/OMES/SI/MVCS/EDI/Module%20Documents/EDI%20Documents/EDI%20Conversion%20Data.zip?csf=1&web=1&e=Te37Ah>