



ODA Trading Partner Profile

Date: _____

The State of Ohio EDI gateway needs specific information in order to begin electronic trading. This information is recorded in the following form:

Trading Partner Company Information: As assigned by PASSPORT administrative Agency. A Trading Partner Profile (TPP) must be completed for each provider number. These are required fields.

I) Trading Partner Technical Contact Information

Company Name: _____

Provider Number: _____

Technical Contact's Name: _____

Title: _____

Address: _____

City/State: _____

Zip: _____ - _____

Telephone (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

Secondary Contact: _____

Title: _____

Address: _____

City/State: _____

Zip: _____ - _____

Telephone (_____) _____ - _____

Fax: (_____) _____ - _____

E-mail: _____

II) EDI Enveloping Information

The State of Ohio’s EDI qualifier is **ZZ**.

The State of Ohio’s EDI ID is **OHIOAGING**.

OHIOAGING is state’s ODA EDI Group Receiver ID and it cannot be used in your claim submission as Group Sender ID. If your provider number, provider location id or Medicaid number is preferred, you may use it. Refer to the ODA Companion Guide for additional information about the ISA and GS segments.

The State of Ohio’s Group ID for documents sent by ODA is OHIOAGING.

Your EDI qualifier would be ZZ

Your EDI ID is your Provider Number.

What is your EDI ID? _____

Your Group ID is your Provider Number.

What is your Group ID? _____

III) Check your appropriate PASSPORT Administrative Agency (PAA) ID :

- PAA 1 PAA 2 PAA 3 PAA 4 PAA 5 PAA 6
- PAA 7 PAA 8 PAA 9 PAA 10A PAA 10B PAA 11
- CSS

IV) Transaction Sets

Trading Partner will be sending the following document:

To State

837 Health Care Claim: Professional (version 005010X222A1)

From State

999 Functional Acknowledgment (version 005010X231A1)

V) Select the optional transaction sets that you want to receive from the State of Ohio.

- 277 Health Care Claim Acknowledgment (version 005010X213)
- 835 Health Care Claim Payment/Advice (version 005010X221A1)

VI) Third Party Service Providers

Please check here if you plan to use State of Ohio Direct Mailbox

If you do not plan to use State of Ohio Direct Mailbox, what Value-Added Network (VAN) or Health Care Clearinghouse will you use to connect with the State of Ohio’s VAN, AT&T Easylink?

VAN/Clearinghouse Name: _____

Address Line 1: _____

Address Line 2: _____

City/State: _____

Zip: _____ - _____

Telephone (_____) _____ - _____

VII) Submitter ID

This is the NM109 element of the NM1 segment in Loop ID 1000A - Submitter Name of Table 1 - Header section in the 837 Claim. Submitter may be a Provider, Health Care Clearinghouse, VAN, or a Third Party Billing Service.

Submitter ID value can be NPI (National Provider Identifier) or Federal Tax ID or Social Security Number or Provider Location ID assigned by PAA. This is a required field and the value of the Submitter ID qualifier (NM108) must be set to 46.

What is your Submitter ID? _____

VIII) Data Submission Criteria

The State of Ohio uses the following separators:

* (asterisk) for element separator

| (vertical bar) for sub-element separator

~ (tilde) for segment terminator

IX) National Provider Identifier

Provide a copy of the email or letter you received from the NPI enumerator.

Provider Location Number	NPI number

Once you have completed this form, print it and mail it to:

Ohio Department of Aging
ATTN: ISD EDI Coordinator
246 N. High St. / 1st Fl.
Columbus, OH 43215-2406 U.S.A.

Or fax completed form to:

(614) 466-3057, ATTN: ISD EDI Coordinator