APPLICATION FOR AUTHORIZATION

☐ **New Application** ☐ **Updated Application**
Effective date: / /

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 , signing this Application For Authorization, by identifying my EDI Submitter in this Section as the EDISubmitter, 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 waivered 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: ____________________________