



DIVISION OF MEDICAL ASSISTANCE PROGRAMS  
 EDI Support Services

Health Insurance Portability and Accountability Act  
 Request to exchange 4010 transactions during  
 the HIPAA 5010 non-enforcement period

(Jan. 1, 2012 through Mar. 31, 2012)

**To: EDI Support Services 500 Summer St NE, E44 Salem, Oregon 97301**  
 503-945-6898 (fax): 888-690-9888 (phone)

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**Instructions:** Complete and fax this form to DMAP if you wish to request to submit or receive specific HIPAA X12 or NCPDP 1.2 batch transactions in the pre Jan. 1, 2012 formats while you complete 5010 testing with DMAP. Please type or print clearly. All fields are required. Please keep a copy for your records.

**Good faith efforts required for 4010 support:** Good faith efforts are all steps leading to 5010 production status, including:

- Submit a new EDI Registration Change form ([Exhibit C](#)) by Mar. 1, 2012; and
- Begin third-party testing (TPT) for all registered transactions by Mar. 1, 2012.

**All trading partners must pass 5010 business to business (B2B) testing with DMAP for all registered transactions by Mar. 30, 2012.** After that, 4010 mailbox access will end and only 5010 transactions will be accepted.

<b>ONE</b>	<b>Provider/Plan information</b> <i>(complete a separate form for each provider number)</i>	
	Enter your Oregon Medicaid ID or National Provider Identifier:	<input type="text"/>
	Enter your 4010 mailbox number (i.e., TPXXXXXX):	<input type="text"/>

<b>TWO</b>	<b>Authorized signer information</b> <i>(not a billing service or clearinghouse unless authorized using Exhibit A. Enter address information for the specific provider/plan location affected.)</i>	
	Authorized person at Provider's/Plan's location:	
	Location's address:	City State ZIP
	Phone number:	E-mail address:

<b>THREE</b>	<b>Requested transactions and mailbox access</b>			
	<b>Mark each transaction you need to exchange in 4010 or NCPDP 1.1 format.</b> For all transactions listed, you must begin TPT testing with DMAP by Mar. 1, 2012 to retain 4010 support.		Where do you want to pick up your 4010 transactions?	
	Providers and plans	<input type="checkbox"/> <b>270 and 271</b> Health Care Eligibility Benefits Inquiry and Response		
		<input type="checkbox"/> <b>276 and 277</b> Health Care Claims Status Request and Response		
		<input type="checkbox"/> <b>835</b> Health Care Claim Payment/Advice (RA)		Select one:
		<input type="checkbox"/> <b>837D</b> Dental Claim Submission		
		<input type="checkbox"/> <b>837I</b> Institutional Claim Submission		
	<input type="checkbox"/> <b>837P</b> Professional Claim Submission			
	Plans only	<input type="checkbox"/> <b>820</b> Group Premium Payments	Select one:	
		<input type="checkbox"/> <b>834</b> Benefit Enrollment and Maintenance	Select one:	
<input type="checkbox"/> <b>NCPDP</b> Batch Submission and Response				

<b>FOUR</b>	<b>Signature</b>	
	Provider, prepaid health plan, clinic or allied agency name:	Phone:
	Original signature <i>(of authorized signer only, as listed in Section Two):</i>	Date:
Please print name:		