

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

Section I

If you are a Medicaid Provider who has never designated a trading partner to receive an ANSI ASC X12-5010 835 Electronic Remittance Advice on your behalf, select 'Establishing electronic Trading Partner relationship'.

If you are changing your designated 835 trading partner, select 'Changing Trading Partners'. Include the name of the trading partner from whom you are changing in Section II and the name of the new trading partner whom you are designating in Section III.

If you wish to discontinue receiving the 835 remittance advice, choose 'Canceling Connection with Trading Partner'. You do not need to complete Section II or Section III.

The Effective Date is the date you wish the connection or cancellation between yourself and your chosen Trading Partner to begin.

Signature authority for the Medicaid Provider information can be completed by the Medicaid Provider or by the designated trading partner. In lieu of obtaining the provider's authorized signature, the trading partner may maintain a record (in electronic form or hard copy) of the provider's authorization, and must make a copy of the record available to Medicaid upon request. For group members and hospitals, an officer of the establishment must authorize the signature for the form. Signature authority should not be delegated to other employees, such as billing clerks or accounts receivable personnel.

Section II

Declaration of an 835 Trading Partner must be completed by the Medicaid Provider to verify the trading partner who will be receiving the 835 on your behalf. **ONLY ONE (1) TRADING PARTNER CAN BE DESIGNATED TO RECEIVE THE 835.**

The form must then be sent to your Trading Partner.

Section III

The Trading Partner must complete the Trading Partner Information. The completed form must be mailed, faxed, or sent as an attachment to an e-mail to the DAS-EDI-Support Unit of Medicaid (address, fax number and e-mail are listed at the bottom of the form).

NOTE: Forms cannot be processed without a signature in Section III.