ELECTRONIC DATA INTERCHANGE (EDI)
TRADING PARTNER PROFILE
CLEARINGHOUSE/SOFTWARE VENDOR
State Form 51441 (R4 / 12-23) / Part of State Publication 286
INDIANA DEPARTMENT OF HEALTH

Remittance Address:
Indiana Department of Health
Attn: OTC/EDI Department
2 N Meridian St, 3K
Indianapolis, IN 46204
Telephone: 317- 233-9803
Fax: 317-233-8199

Provider of service, _____ has informed us that they would like to begin doing Electronic Data Interchange (*EDI*) transactions with the Indiana Department of Health (*IDOH*). They have informed us that you are their Business Associate for their EDI transactions. Therefore, in order to begin the process, please complete this document and sign the EDI Trading Partner Agreement. Please return these documents to the address above. Upon receipt of the Trading Partner Profile and Trading Partner Agreement, a member of the IDOH EDI staff will contact you concerning your EDI setup and testing. If you have already submitted a profile and an agreement to the IDOH, please notify us; you will not need to complete these forms again.

Clearinghouse:

Name: _____

Address (*include suite*) _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail: _____

Indicate below which EDI transactions you will be submitting

☐ X12   ☐ NCPDP

Inbound (*sent from you to IDOH*):
☐ Health Care Claim (*837*)
☐ Prior Authorization (*278*)
☐ Eligibility Request (*270*)
☐ Claim Status Request (*276*)
☐ Prior Authorization (*NCPDP P1-P4*)
☐ Billing / Reversal (*NCPDP B1, B2*)
☐ Re-bill (*NCPDP B3*)
☐ Eligibility Verification (*NCPDP E1*)

Outbound (*sent from IDOH to you*):
☐ Payment Advice (*835*)
☐ Prior Authorization (*278*)
☐ Eligibility Response (*271*)
☐ Claim Status Request (*277*)
☐ Response (*NCPDP B1, B2*)

Remittance Advices are provided twice weekly and include claims submitted electronically and on paper. Outbound transmissions will only be available with prior authorization from the billing provider.

Data Transmission / Retrieval Method

☐ Secure FTP
☐ Side by Side VPN connection

This Agreement may be executed simultaneously or in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. The parties agree that this Agreement may be transmitted between them electronically or digitally. The parties intend that electronically or digitally transmitted signatures constitute original signatures and are binding on the parties. The original document shall be promptly delivered, if requested.

Authorized Signature _____

Title of Authorized Signatory _____

Date (*mm/dd/yyyy*) _____