NCPDP 5.1 HIPAA CERTIFICATION REGISTRATION FORM

Certification Plans:

Please select the type of software that you intend to use to submit and receive HIPAA transactions: (Required)

- ☐ PES (Provider Electronic Solutions)
- ☐ In House developed software
- ☐ Purchased Software (Vendor Supplied)

What is your preferred Certification Begin Date?: (Require date starting 04/01/03)

MM/DD/CCYY _____

Select all transaction types for which you need to be certified. Please, read the certification documents carefully before selecting:(Required)

- ☐ NCPDP 5.1: Interactive
- ☐ NCPDP 1.1:
- ☐ Batch 835 for NCPDP 5.1: Interactive.

Will you be ready to send NCPDP 5.1 transactions to EDS beginning on July 1, 2003?:

☐ YES ☐ NO

Organization or Submitter Information:

- ☐ Business Name or Submitter Last Name: (Required)
- ☐ Business Name 2 or Submitter
- ☐ First Name: Organization Type: (Required)
- ☐ Individual Provider
- ☐ Group Provider
- ☐ Software Vendor / Developer
- ☐ Billing Service / Clearinghouse
- ☐ Service Bureau

If you selected Individual Provider or Group Provider for the organization type above, will your HIPAA transactions be submitted through a billing service/clearinghouse to EDS?

☐ YES ☐ NO

MA Provider # _____

Tax ID # _____

SSN # _____

What is your current Login ID? _____

(This is your Bulletin Board System (BBS) (ID that is 7 digits followed by a letter, e.g. 1234567P)

For Software Vendors only:

For Rhode Island Medical Assistance, and/or Processor Control Number (NCPDP).

_____

This is the value sent in the Processor Control Number field for all NCPDP transactions).

Organization or Submitter Addresses:

Primary Address

Address (Required) _____

Address 2 _____

Mail Stop: _____

City (Required): _____

State (Required): _____ Zip Code (Required):_____

Secondary Address

Address _____

Address 2 _____

Mail Stop: _____

City _____

State _____ Zip Code (Required):_____

Contact Information:

Primary Contact

First Name: (Required) _____

Last Name: (Required) _____

Phone Number (Required) _____

Fax Number (Required) _____

E-Mail Address: _____

Secondary Contact

First Name: (Required) _____

Last Name: (Required) _____

Phone Number (Required) _____

Fax Number (Required) _____

E-Mail Address: _____

Transaction Transmission Information:

Transmission Software

Rhode Island DHS and EDS provide Provider Electronic Solutions (PES) software at no cost to the user. Check here if you will be interested in using the PES software. Selecting **"Yes"** will ensure that you are notified when PES is available to the provider community.

☐ YES ☐ NO

If you will be using transmission software other than PES to submit and receive MA transactions please provide the following information regarding the software and the software vendor:

(Required if you are not using the PES software)

Software Name: _____

Software Vendor Name _____

Address _____

Address 2 _____

Mail Stop: _____

City (Required): _____

State (Required): _____ Zip Code (Required):_____

Vendor Contact Information:

First Name: (Required) _____

Last Name: (Required) _____

Phone Number (Required) _____

Fax Number (Required) _____

E-Mail Address: _____

Please provide the production Software Vendor/Certification ID supplied to you by the software vendor if this software product will be used transmit NCPDP 5.1 interactive or 1.1 batch transactions:_____

Transmissions and Communications

What is your anticipated estimated monthly transaction volume (number of transactions) for DHS Medical Assistance Program?: (Required) _____

Which medium will be used to submit test and production transactions to Rhode Island Medical Assistance?: (Required)

- ☐ Interactive
- ☐ Bulletin board system (BBS)
- ☐ Disk

Which medium will be used to receive test and production transaction results and error reports from Rhode Island Medical Assistance: (Required)

Note: Transactions sent via BBS can only receive results and error reports via BBS.

- ☐ Interactive
- ☐ Bulletin board system (BBS)
- ☐ Disk

Select a method in which to receive the certification transaction status results:

- ☐ E-Mail – Include Address _____
- ☐ Fax – Include number _____
- ☐ Phone – Include number _____