Network Provider

Clinical Nurse Specialist

Contract

TABLE OF CONTENTS

I. RECITALS……..……..…… 1

II. DEFINITIONS……..……..…… 1

III. RELATIONSHIP BETWEEN EGID AND THE CLINICAL NURSE SPECIALIST.... 3

IV. CLINICAL NURSE SPECIALIST SERVICES AND RESPONSIBILITIES……..... 3

V. EGID SERVICES AND RESPONSIBILITIES……..……. 4

VI. COMPENSATION AND BILLING…...……. 4

VII. UTILIZATION REVIEW…… 6

VIII. LIABILITY AND INSURANCE…...……..... 7

IX. MARKETING, ADVERSTISING AND PUBLICITY……..……..... 7

X. DISPUTE RESOLUTION….…….. 8

XI. TERM AND TERMINATION.....…..…….…… 8

XII. GENERAL PROVISIONS…...……...…… 8

APPENDIX:

ELECTRONIC FUNDS TRANSFER FORM
SIGNATURE PAGE

Network Provider Clinical Nurse Specialist Contract

It is hereby agreed between the Office of Management and Enterprise Services Employees Group Insurance Department (EGID) and the Clinical Nurse Specialist named on the signature page, that the Clinical Nurse Specialist shall be a Provider in EGID's Network of Providers.

This Contract is entered into for the purpose of defining the conditions for reimbursement by EGID to the Clinical Nurse Specialist. It in no way is meant to impact the Clinical Nurse Specialist's decision as to what he or she considers appropriate medical treatment.

I. RECITALS

1.1 EGID (hereinafter, EGID) is a statutory body created by 74 O.S. 2012, §1301 et seq., as amended, to administer and manage certain insurance benefits for employees of the State of Oklahoma.

1.2 The Clinical Nurse Specialist is duly licensed by the state of practice as a practitioner of the healing arts. The Clinical Nurse Specialist must satisfy additional credentialing criteria as established by EGID.

1.3 The intent of this Contract is to provide access to enhanced quality health care, utilizing managed care components, at an affordable, competitive cost to EGID and its members.

1.4 Failure to abide by any of the following provisions may result in non-renewal of the Contract or may be cause for termination.

II. DEFINITIONS

2.1 "Allowable Fee" means the maximum charge payable to a Clinical Nurse Specialist for a specific procedure in accordance with the provisions in Article VI of this Contract. The Clinical Nurse Specialist shall charge the usual and customary fee unless the fee schedule limits otherwise.

2.2 "Concurrent Review" means a function performed by EGID or its designee that determines and updates medical necessity for continued inpatient hospitalization.

2.3 "Credentialing Plan" means a general guide and process for the acceptance, cooperation and termination of participating Clinical Nurse Specialists and other health care providers.

2.4 "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e)(1)(A) of the Social Security Act (42 U.S.C. 1395dd(e)(1)(A)). (In that provision of the Social Security Act, clause (i) refers to placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; clause (ii) refers to serious impairment to bodily functions; and clause (iii) refers to serious dysfunction of any bodily organ or part.

2.5 HELP/Wellness (Health Education Lifestyle Planning) means the program established to actively promote responsible behavior and the adoption of lifestyles that are in the best interest of the Plan member's good health.

2.6 "Hospital Services" means those acute care inpatient and outpatient hospital services that are covered by the State and Education Employees Health Insurance Plan.

2.7 "Medical" means belonging to the study and practice of medicine for the prevention, alleviation or management of a physical or mental defect, illness, or condition.

2.8 "Medically Necessary" means services or supplies that, under the provisions of this Contract, are determined to be:

a) appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition, and
b) provided for the diagnosis and treatment of the medical condition, and
c) within standards of acceptable, prudent medical practice within the community, and
d) not primarily for the convenience of the member, the member's Clinical Nurse Specialist or another provider, and
e) any condition which, if left untreated, could deteriorate into a life threatening situation, and
f) the most appropriate supply or level of service that can safely be provided. For hospital stays, this means that the acute care as an inpatient is necessary due to the kind of services the member is receiving or the severity of the member's condition, and that safe and adequate care cannot be received as an outpatient or in a less intensified medical setting.

2.9 "Medical Services" means the professional services provided by a Network Clinical Nurse Specialist and covered by the Employees Health Insurance Plan.

2.10 "Members" means all persons covered by the Group Insurance Plans, including active, retired, or vested employees, survivors and others on approved leave or disability and their covered dependents eligible at the time of service.

2.11 "Network Provider" means a licensed practitioner of the healing arts who has entered into this Contract with EGID to accept scheduled reimbursement for covered medical services provided to members.

2.12 "Precertification" means a function performed by EGID, or its designee to review and certify medical necessity prior to the receipt of service for hospital admissions and all outpatient surgical procedures.

2.13 "Prior Authorization" means a function performed by EGID, or its designee, to review for medical necessity in identified areas of practice as defined at 7.11 of this Contract, prior to services being rendered.

2.14 "Employees Health Insurance Plan" means the HealthChoice benefit plan designed to enhance the quality of care, and to financially incentivize members to use Network Providers.

2.15 "Third Party Payer" means an insurance company or other entity making payment directly to the Clinical Nurse Specialist on behalf of EGID.

2.16 “Certification” means a function performed by EGID or its designee to review and certify medical necessity for emergency, holiday or weekend surgeries and observation stays with duration of more than 24 hours within one working day after services are incurred.

III. RELATIONSHIP BETWEEN EGID AND THE CLINICAL NURSE SPECIALIST

3.1 EGID has negotiated and entered into this Contract with the Clinical Nurse Specialist on behalf of the individuals who are members of the Employees Health Insurance Plan. The Clinical Nurse Specialist is an independent contractor who has entered into this Contract to become a Network Clinical Nurse Specialist and is not, nor is intended to be, the employee, agent or other legal representative of EGID in the performance of the provisions of this Contract. Nothing in this Contract shall be construed or be deemed to create a relationship contrary to that of independent contractor for the purposes of this Contract.

3.2 EGID and the Clinical Nurse Specialist agree that all of the parties hereto shall respect and observe the provider/patient relationship that will be established and maintained by the Clinical Nurse Specialist. The Clinical Nurse Specialist may choose not to establish a provider/patient relationship if the Clinical Nurse Specialist would have otherwise made the decision not to establish a provider/patient relationship had the patient not been a member. The Clinical Nurse Specialist reserves the right to refuse to furnish services to a member in the same manner as he would any other patient.

3.3 Nothing in this Contract is intended to be construed, or be deemed to create any rights or remedies in any third party, including but not limited to, a member or a Network Clinical Nurse Specialist other than the Clinical Nurse Specialist named in this Contract.

IV. CLINICAL NURSE SPECIALIST SERVICES AND RESPONSIBILITIES

4.1 The Clinical Nurse Specialist agrees to provide quality health care in a cost efficient manner at the direction and under the supervision of a licensed physician and within the scope of the physician’s routine services.

4.2 For the purpose of reimbursement, the Clinical Nurse Specialist shall provide services to members that are medically necessary and covered under the Health Insurance Plan.

4.3 The Clinical Nurse Specialist agrees to make reasonable effort to refer covered members to those Network Hospitals, with which EGID contracts, for medically necessary services that the Clinical Nurse Specialist cannot or chooses not to provide. Failure of the Clinical Nurse Specialist to use Network Providers will result in a review pursuant to the credentialing plan.

4.4 The Clinical Nurse Specialist must adhere to all statutory guidelines regarding prescription medications and supplies.

4.5 The Clinical Nurse Specialist shall participate in the preadmission certification, concurrent review, and prior authorization procedures provided in Article VII and for purposes of reimbursement to abide by decisions resulting from those reviews subject to rights of reconsideration, review and appeal.

4.6 The provider shall submit a current, complete and accurate Oklahoma Uniform Credentialing Application (ODH From 606) and EGID OUCA Supplement as allowed under OK §63-1-106.2 and Laws 1998, c. 210, § 1which are incorporated herein by reference. The provider shall notify EGID's Network Manager of any change in the information contained in the Application within 15 days of such change.

4.7 The Clinical Nurse Specialist shall reimburse EGID for any overpayments made to the Clinical Nurse Specialist within 30 days of the Clinical Nurse Specialist's receipt of the overpayment notification.

4.8 The Clinical Nurse Specialist shall submit to a patient record audit upon 48 hours advance notice.

4.9 The Clinical Nurse Specialist shall participate in HELP/Wellness promotions sponsored by EGID, at EGID's allowable under the terms of the promotion.

V. EGID SERVICES AND RESPONSIBILITIES

5.1 EGID agrees to pay the Clinical Nurse Specialist compensation pursuant to the provisions of Article VI, subject to appropriate application of procedural coding recommendations.

5.2 EGID agrees to grant the Clinical Nurse Specialist the status of "Network Provider" and to identify the Clinical Nurse Specialist as a Network Provider on informational materials disseminated to members.

5.3 EGID agrees to continue listing the Clinical Nurse Specialist as a Network Provider until this Contract terminates.

5.4 EGID agrees to periodically provide the Clinical Nurse Specialist access to a list of all Network Providers.

5.5 EGID agrees to provide appropriate identification cards for members.

5.6 EGID agrees to adhere to confidentiality of patient's records and to only release pertinent clinical information in accordance with state and federal guidelines.

5.7 EGID shall give a 48 hour notice prior to an audit.

5.8 EGID shall maintain prior authorization; precertification and concurrent review programs in order to aid its members in making decisions that will maximize medical benefits and reduce their financial risk.

VI. COMPENSATION AND BILLING

6.1 The Clinical Nurse Specialist shall seek payment only from EGID for the provision of medical services except as provided in paragraphs 6.3, 6.4 and 6.9. The payment from the Employees Health Insurance Plan shall be limited to the amounts referred to in paragraph 6.2.

6.2 EGID shall allow benefits for Clinical Nurse Specialist services at 85% of the prescribed fee schedule amounts designated for services rendered by a licensed physician.

a) EGID may reduce the payment by any deductibles, coinsurance and copayments.
b) EGID shall have the right to categorize what shall constitute a procedure. EGID and the member's financial liability shall be limited to the procedures allowable as determined by EGID, paid by applying appropriate coding methodology, whether the Clinical Nurse Specialist has billed appropriately or not.
c) The Clinical Nurse Specialist agrees not to charge more for medical services to members than the amount normally charged (excluding Medicare) by the Clinical Nurse Specialist to other patients for similar services. The Clinical Nurse Specialist may, however, contract with other third party payers for services. The Clinical Nurse Specialist's usual and customary charges may be requested by EGID and verified through an audit.

6.3 The Clinical Nurse Specialist agrees that the only charges for which a member may be liable and be billed by the Clinical Nurse Specialist shall be for medical services not covered by Employees Health Insurance Plan, or as provided in paragraphs 6.4 and 6.9. The Clinical Nurse Specialist shall not waive any deductibles, copayments and coinsurance required by EGID, except during times of HELP/Wellness promotions, when the copayment/ coinsurance are waived by EGID.

6.4 The Clinical Nurse Specialist shall not collect amounts in excess of the Plan limits unless the member has exceeded his/her annual or lifetime maximum.

6.5 The Clinical Nurse Specialist shall refund within 30 days of discovery to the member any overpayments made by the member.

6.6 In a case in which EGID is primary under applicable coordination of benefit rules, EGID shall pay the amounts due under this Contract. In a case in which EGID is other than primary under the coordination of benefit rules, EGID shall pay only those amounts not payable from other sources pursuant to the applicable coordination of benefit rules, up to EGID's maximum liability under the terms of this Contract.

6.7 The Clinical Nurse Specialist shall bill EGID on forms acceptable to EGID within 60 days of providing the medical services. The Clinical Nurse Specialist shall use the current CPT codes with appropriate modifiers, HCPCS codes, and ICD or DSM diagnostic codes, when applicable. The Clinical Nurse Specialist shall furnish, upon request at no cost, all information, including medical records, reasonably required by EGID to verify and substantiate the provision of medical services and the charges for such services if the member and the Clinical Nurse Specialist are seeking reimbursement through EGID.

6.8 EGID shall reimburse the Clinical Nurse Specialist within 30 days of receipt of billings that are accurate, complete and otherwise in accordance with Article VI of this Contract. EGID will not be responsible for delay of reimbursement due to circumstances beyond EGID's control.

6.9 The Clinical Nurse Specialist shall not charge the member for medical services denied during pre-admission certification, concurrent review or the prior authorization procedures described in Article VII, unless the Clinical Nurse Specialist has obtained a written waiver from that member. Such a waiver shall be obtained only upon the denial of admission, concurrent review or prior authorization and prior to the provision of those medical services. The waiver shall clearly state that the member shall be responsible for payment of medical services denied by EGID.

6.10 EGID shall have the right at all reasonable times and, to the extent permitted by law, to inspect and duplicate all medical and billing records relating to medical services rendered to covered members at no cost to EGID or the member.

VII. UTILIZATION REVIEW

7.1 The Clinical Nurse Specialist shall adhere to and cooperate with EGID's precertification, concurrent review and prior authorization procedures. These procedures do not guarantee a member's eligibility or that benefits are payable, but assure the Clinical Nurse Specialist that the medical services to be provided are covered under the Plan.

7.2 The Clinical Nurse Specialist, or his/her representative, shall notify EGID, or its designee, of any admission. The Clinical Nurse Specialist shall request precertification at least three days prior to the scheduled admission. A request for certification shall be made within one working day after an emergency admission or observation stay with duration greater than 24 hours. Such notification shall be at no charge to EGID or the member. Failure to comply with the precertification, concurrent review or prior authorization requirements shall result in the Clinical Nurse Specialist's reimbursement being penalized by 10% if medical necessity is confirmed retrospectively and, if not confirmed, there shall be no reimbursement.

7.3 The Clinical Nurse Specialist or his/her representative shall notify EGID or its designee of any outpatient surgical procedure which is to be accomplished outside the Clinical Nurse Specialist's office.

7.4 The precertification, prior authorization and concurrent review requirements are intended to maximize insurance benefits assuring that hospital and medical services are provided to the member at the appropriate level of care. In no event is it intended that the procedures interfere with the Clinical Nurse Specialist's decision to order admission or discharge of the patient to or from the hospital.

7.5 EGID shall maintain review procedures and screening criteria that take into account professionally acceptable standards for quality medical care in the community. EGID or its designee shall consider all relevant information concerning the member before medical necessity is approved or denied.

7.6 EGID, or its designee, shall respond to requests for precertification by immediately assigning a code number to each request.

7.7 At the time of the precertification request the Clinical Nurse Specialist should be prepared to give the following information:

a) member's name and social security number,
b) age and sex,

c) diagnosis,
d) reason for admission,
e) scheduled date of admission,
f) planned procedure or surgery,
g) scheduled date of surgery,
h) name of hospital,
i) name of Clinical Nurse Specialist, and
j) member status (i.e.: employee, dependent).

7.8 EGID shall not retrospectively deny any previously approved care. The Clinical Nurse Specialist and/or his/her designee shall update EGID, or its designee, as the member's condition or diagnosis changes. Updated information may result in a change of the originally approved length of stay.

7.9 Upon the member's request, EGID shall reconsider any non- approved services. The Clinical Nurse Specialist may submit a formal written appeal to EGID.

7.10 The Clinical Nurse Specialist shall request precertification before the admission or referral of members to non-network hospitals. EGID shall review emergency referrals to non-network hospitals to determine whether the admission was medically necessary and an emergency as defined in this Contract.

7.11 The Clinical Nurse Specialist shall request prior authorization from EGID or its designee for the following:

a) solid organ transplantation, including ABNT/HDCT/peripheral stem cell recovery,
b) home health care,
c) durable medical equipment,
d) home infusion therapies,
e) mental health/substance abuse (day and residential treatment),
f) bone growth stimulators, and
g) breast surgeries, implants, reductions and reconstruction.

VIII. LIABILITY AND INSURANCE

8.1 Neither party to this Contract, EGID nor the Clinical Nurse Specialist, nor any agent, employee or other representative of a party, shall be liable to third parties for any negligent act by commission or omission of the other party in performance of this Contract and the terms and provisions herein.

8.2 The Clinical Nurse Specialist at his/her sole expense shall maintain a minimum of $1,000,000 per occurrence and $1,000,000 aggregate of insurance coverage for professional liability.

IX. MARKETING, ADVERTISING AND PUBLICITY

9.1 EGID shall encourage its members to use the services of the Network Clinical Nurse Specialist.

9.2 EGID shall have the right to use the name, office address, telephone number and specialty of the Clinical Nurse Specialist for purposes of informing its members and prospective members of the identity of the Network Providers.

9.3 The Clinical Nurse Specialist, upon prior approval of EGID, shall have the right to publicize the Clinical Nurse Specialist status in EGID's Network of Providers.

X. DISPUTE RESOLUTION

10.1 EGID and the Clinical Nurse Specialist agree that their authorized representatives will meet in a timely manner and negotiate in good faith to resolve any problems or disputes that may arise in performance of the terms and provisions of this Contract. Nothing in this Article shall interfere with either party's rights under Article XI.

XI. TERM AND TERMINATION

11.1 It is agreed by the parties that no changes to the Contract, which include coverages or fee reimbursements, shall be made with less than 60 days' notice to all affected parties, but for in the instance of revisions to injectable medications, in which case EGID shall implement the revisions as soon as possible with proper and timely notification to the providers.

11.2 Either party may terminate this Contract with or without cause, upon giving 30 day notice pursuant to 12.2.

11.3 Nothing in this Contract shall be construed to limit either party's remedies at law or in equity in the event of a material breach of this Contract.

11.4 This Contract shall terminate with respect to a Clinical Nurse Specialist upon:

a) the loss or suspension of the Clinical Nurse Specialist's license or certification respectively, in the state of practice; or
b) failure to maintain Clinical Nurse Specialist's professional liability insurance in accordance with this Contract.

11.5 Following the effective date of termination, this Contract shall be of no further force or effect, except that each party shall remain liable for any obligations or liabilities arising from activities carried on by it hereunder prior to the effective date of termination of this Contract.

11.6 Following termination of this Contract, EGID shall continue to have access to the Clinical Nurse Specialist's records of care and services provided to members for five years from the date of provision of the services to which the records refer as set forth in paragraph 6.10.

XII. GENERAL PROVISIONS

12.1 This Contract or any of the rights, duties, or obligations of the parties hereunder, shall not be assigned by either party without the express written consent and approval of the other party.

12.2 At any place within this Contract that notice is required, it is the intention of the parties that only those with regard to termination by either party of participation in the Contract must be sent by certified mail, a return receipt requested, at no other time when notice is required by this Contract is there an obligation by either party to use certified mail. The Network Newsletter serves as the primary method by which providers receive all other notifications mandated by the terms of the provider contracts. These notices from EGID may be sent via electronic newsletters distributed electronically to each Network Provider's correspondence email address. Printed newsletters are sent via the postal service to the mailing address on record for providers without internet access or those who have undeliverable email addresses.

12.3 Notwithstanding the provisions of paragraph 12.1of this Contract, EGID may appoint an Administrator to administer any of the terms of the Network Contract referenced herein, and any and all duties or acts required of EGID under this Contract and to receive any notices required by this Contract.

12.4 This Contract, together with its exhibits, contains the entire agreement between EGID and the Clinical Nurse Specialist relating to the rights granted and the obligations assumed by the parties concerning the provision of medical services to members. Any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Contract not expressly set forth in this Contract are of no force or effect.

12.5 This Contract, or any part, section or exhibit of, or attached to it, may be amended at any time during the term of the Contract by mutual written consent of duly authorized representatives of EGID and the Clinical Nurse Specialist.

12.6 This Contract is subject to all applicable Oklahoma State Statutes and Rules and Regulations. Any provision of this Contract that is not in conformity with existing or future legislation shall be considered amended to comply with such legislation. Any interpretations or disputes with respect to contract provisions shall be resolved in accordance with the laws of the State of Oklahoma.

12.7 The terms and provisions of this Contract shall be deemed to be severable one from the other, and the determination at law or in a court of equity that one term or provision is unenforceable, shall have no effect on the remaining terms and provisions of this entire Contract, or any one of them, in accordance with the intent and purpose of the parties hereto.

12.8 All Providers certify that neither they nor their principals are presently debarred or suspended or otherwise ineligible according to the Excluded Parties List System (EPLS)/Office of Inspector General (OIG) excluded provider lists.

12.9 As mandated by HB1086, the Transparency, Accountability, and Innovation in Oklahoma State Government 2.0 Act of 2011, all payments disbursed by the Office of the State Treasurer must be made solely through electronic funds transfer (EFT). Provider/facility hereby agrees to accept EFT payments by July 1, 2013. Provider acknowledges that all health and dental claims received after July 1, 2013, regardless of the date of service, will be denied pending receipt of additional information if EFT payment information is not on file as of July 1, 2013.

HealthChoice

IDRS Oklahoma Department of Rehabilitation Services

DOC Department of Corrections Oklahoma

Electronic Funds Transfer (EFT) Authorization Agreement

Provider Information

Provider Name: _____

Doing Business As Name (DBA): _____

Provider Address

Street: _____

City: _____ State/Province: _____ ZIP Code/Postal Code: _____

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or
Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____ Provider Type: _____

Financial Institution Information

A VOIDED CHECK OR A BANK LETTER VERIFYING THE ACCOUNT AND ROUTING NUMBERS IS REQUIRED.

Financial Institution Name: _____

Financial Institution Routing Number: _____

Type of Account at Financial Institution: _____

Provider's Account Number with Financial Institution: _____

Account Number Linkage to Provider Identifier: _____

☐ Provider Tax Identification Number (TIN) or ☐ National Provider Identifier (NPI)

You must contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. Online instructions on how you can determine the status of your EFT enrollment is available at http://www.ok.gov/sib/Providers/EFT/index.html

Submission Information

Reason for Submission

☐ New Enrollment ☐ Change Enrollment

Authorized Signature

I hereby authorize the Employees Group Insurance Department (EGID) to initiate credit entries in accordance with HB 1086 Transparency, Accountability and Innovation in Oklahoma State Government 2.0 Act of 2011 to the account indicated above. I hereby authorize the financial institution/bank named above to credit the same to such account.

Written Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____

Please mail, fax, or email the completed form or questions to:
Office of Management and Enterprise Services Employees Group Insurance Department
3545 N.W. 58th St., Ste. 110, Oklahoma City, OK 73112
Phone: 1-405-717-8790 or 1-800-543-6044 or Fax: 1-405-717-8977 or 1-405-717-8702
EGID.EFTEnroll@omes.ok.gov or EGID.NetworkManagement@omes.ok.gov

Revised 02/18/2016

EFT INSTRUCTIONS

Please complete this EFT form in its entirety. Leaving required fields blank or failing to attach a voided check or bank letter will result in an incomplete application and/or denied claims. If you have any questions regarding the use of this form or any of the information requirements, please contact us using the information listed at the bottom of page 1 of this form. To ensure the security of your information when submitting this form via email, please submit your form and any attachments in an encrypted WinZip file, then submit the password for the WinZip file in a separate email.

THE EFT FORM IS A **MANDATORY** PART OF YOUR ENROLLMENT APPLICATION

Provider Information

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	Required
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it	Optional

Provider Address

Street	The number and street name where a person or organization can be found	Required
City	City associated with provider address field	Required
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country	Required
ZIP Code/Postal Code	System of postal-zone codes (ZIP stands for zone improvement plan) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Required

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Required
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Required (when provider has been enumerated with an NPI)
Provider Type	A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)	Optional

Financial Institution Information

Financial Institution Name	Official name of the provider's financial institution	Required
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Required
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving	Required
Provider's Account Number with Financial Institution	Provider's account number at the financial institution to which EFT payments are to be deposited	Required
Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice	Required

Submission Information

Reason For Submission	Check appropriate box. Please note that EFT cannot be cancelled.	Optional

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity	Required
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment	Optional
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment	Optional
Submission Date	The date on which the enrollment is submitted	Optional

Network Provider Clinical Nurse Specialist Contract
Signature Page

The Office of Management and Enterprise Services Employees Group Insurance Department (EGID) and the Provider, incorporate by reference the terms and conditions of the Clinical Nurse Specialist Contract (Contract) into this Signature Page. EGID and Provider further agree that the effective date of the Contract is the effective date denoted on the copy of the executed Signature Page returned to the Provider. The original of the signed document will remain on file in the office of EGID.

FOR THE PROVIDER:

_____
Name (Typed or Printed)

_____
Signature

_____
NPI

_____
Federal Tax ID Number

Primary Service Address:

_____

_____

_____

FOR EGID:

_____
Diana O'Neal
Deputy Administrator
Employees Group Insurance Department

Please return the completed Application, Signature Page, and required attachments to:

Office of Management Enterprise Services
Employees Group Insurance Department
ATTN: Network Management
3545 N.W. 58th St., Ste. 110
Oklahoma City, OK 73112
Phone: 1-405-717-8790 or 1-844-804-2642
Fax: 1-405-717-8977
EGID.NetworkManagement@omes.ok.gov

HealthChoice | DRS Oklahoma Department of Rehabilitation Services | DOC Department of Corrections Oklahoma

Electronic Remittance Advice (ERA) Authorization Agreement

Provider Information

Provider Name: _____

Doing Business As Name (DBA): _____

Provider Address

Street: _____

City: _____ State/Province:_____ ZIP Code/Postal Code: _____

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or
Employer Identification Number (EIN): _____

National Provider Identifier (NPI)_____ Provider Type:_____

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)

Provider Tax Identification Number (TIN): _____

National Provider Identifier (NPI):_____

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: _____

Clearinghouse Contact Name:_____ Telephone Number: _____

Submission Information

Reason for Submission

☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Authorized Signature

I hereby authorize the Office of Management and Enterprise Services Employees Group Insurance Department to send electronic remittance advice (ERA/835) as designated herein. I am authorized to elect Electronic Remittance Advice (ERA) transactions on behalf of the indicated party and I acknowledge the same by signing below.

Written Signature of Person Submitting Enrollment:_____

Printed Name of Person Submitting Enrollment:_____

Printed Title of Person Submitting Enrollment:_____

Submission Date:_____

Please mail, fax or email the completed form or questions to:
Office of Management and Enterprise Services Employees Group Insurance Department
3545 N.W. 58th St, Ste., 110, Oklahoma City, OK 73112
Phone: 405-717-8790 or 800-543-6044 or Fax: 405-717-8977 or 405-717-8702
EGID.EFTEnroll@omes.ok.gov or EGID.NetworkManagement@omes.ok.gov

ERA INSTRUCTIONS

Please complete this ERA Form in its entirety. Leaving any required fields blank will result in an incomplete process. If you have any questions regarding the use of this form, or any of the field requirements, please see our contact information listed at the bottom of page 1 of this form. Information about how to check the status of your ERA is available at www.ok.gov/sib/Providers/Provider_EFT/index.html

Provider Information

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider	Required
Doing Business As Name (DBA)	A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it	Optional

Provider Address

Street	The number and street name where a person or organization can be found	Required
City	City associated with provider address field	Required
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable country	Required
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Required

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Required
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Required (when provider has been enumerated with an NPI)
Provider Type	A proprietary health plan-specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)	Optional

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment	Required

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name	Official name of the provider's clearinghouse	Required; i.e., Emdeon This should be the clearinghouse who is currently handling your electronic claims for HealthChoice, Oklahoma Department of Corrections and/or Oklahoma Department of Rehabilitation Services Any request for routing of ERAs to another destination will require additional setup and testing.
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues	Optional
Telephone Number	Telephone number of contact	Optional

Submission Information

Reason For Submission	Check appropriate box.	Required

Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment	Required
Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity	Optional
Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment	Optional
Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment	
Submission Date	The date on which the enrollment is submitted	Optional