



**County of Sacramento
DHHS EDI Trading Partner Information**



**County Medically Indigent Services Program
(CMISP), Physicians Emergency Medical
Services (PEMS), and Non-contracted
Hospital ER Services Policy (NHERSP)**

**EDI - Trading Partner
Registration Form**

**Version 5.0
Revision Date: March, 2012**



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EDI Transaction Registration Form

Transactions accepted by DHHS

Please mark the 'Sending' column to indicate the transactions that you will be sending.

| Sending | Transaction | Version |
|--------------------------|--|--------------|
| <input type="checkbox"/> | 837P: Health Care Claim: Professional | 005010X222A1 |
| <input type="checkbox"/> | 837P: Health Care Claim: Institutional | 005010X223A2 |

Submitter's Remittance Advice (835 / EOB)

Please mark the 'Request' column if you plan to receive an 835 transaction.

| Request | Transaction | Version |
|--------------------------|--|--------------|
| <input type="checkbox"/> | 835 – Health Care Claim Payment/Advice | 005010X221A1 |
| <input type="checkbox"/> | EOB – Explanation of Benefits | |

Acknowledgement Request

Please mark the 'Request' column to indicate which Acknowledgement Request document(s) you plan to receive.

| Request | Type |
|--------------------------|---|
| <input type="checkbox"/> | TA1 - The TA1 may provide a positive acknowledgement of the transmission or a negative acknowledgement that includes a report of Implementation Guide errors within an Interchange Control (ISA/IEA). |
| <input type="checkbox"/> | 999 - The 999 transaction is used to acknowledge the acceptance or rejection of 837 transaction sets (ST-SE) after they are validated for HIPAA compliance. |



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EDI Provider Contact Information

EDI Provider Information

| | |
|---|--|
| Submitter Name (1000A - NM103): | |
| Sacramento County Issued Vendor ID # | |
| NPI # | |
| Federal Tax Payer ID (EIN or SSN) | |

Business Contact

| | |
|--|--|
| Name: | |
| Title: | |
| Address: | |
| City/State: | |
| Phone (include area code) | |
| Fax (include area code): | |
| E-mail: | |
| Will this person be using our system: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Technical / EDI Contact

| | |
|--|--|
| Name: | |
| Title: | |
| Address: | |
| City/State: | |
| Phone (include area code): | |
| Fax (include area code): | |
| E-mail: | |
| Will this person be using our system: | Yes <input type="checkbox"/> No <input type="checkbox"/> |



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Return this Registration Form to **Attention: SEDI Business Analyst** by one of the following methods:

1. **Mail to: DHHS - 7001A East Parkway, ITS Suite 200, Sacramento, CA 95823**
2. **Fax to: (916) 391 - 0762**
3. **Scan and Email to: EDI-Dropbox@SacCounty.net**