

**NEW HAMPSHIRE MEDICAID
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKNH1
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Business Services Provider Enrollment Forms</p> <ul style="list-style-type: none"> Please complete all requested information. For group practices you must list the rendering provider names and individual Medicaid provider numbers. <p>NH Title XIX EDI Registration</p> <ul style="list-style-type: none"> Part 2: List the Billing Provider ID Number(s) and Billing Provider name(s). Signature of the Billing Provider or the authorized representative, if group practice. At the bottom of the form check whichever is applicable; adding new provider or updating an existing provider's listing.
SEND REGISTRATION FORMS TO:	<p>Please mail completed forms to:</p> <p>Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p>
ENROLLMENT CONFIRMATION	<ul style="list-style-type: none"> Enrollment will be coordinated between Emdeon Business Services and New Hampshire Medicaid. Once approval has been received Emdeon will notify the provider or their software vendor.
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.</p>
CONTACT PHONE NUMBERS	<p>New Hampshire Medicaid Customer Service: 603-225-4899 Emdeon Business Services : 888-255-7293</p>



PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **New Hampshire Medicaid – payer ID CKNH1**

Provider/Organization Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Number: _____
(if applicable)

Group NPI: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____

NH Title XIX EDI Registration

Purpose: Registration of NH Title XIX Trading Partners to allow access to the NH Medicaid Web Portal for Test and Production Claim transaction uploads, and downloads of Functional Acknowledgements, Submitted Claim Reports, Claim Status Reports and Remittance files.

Who must register: Any entity who will utilize the NH Medicaid Web Portal.

Requirements:

A completed Trading Partner Agreement with NH Title XIX .

Identification of the Entity or Process utilized to certify that the Trading Partner is producing standard X12N transactions.

Utilization of the New Hampshire Medicaid Companion Guide to ensure that the transactions will meet the Specialty Line of Business requirements of New Hampshire Medicaid.

Accurate identification of all of the NH Medicaid Providers, by Provider ID, served by the Trading Partner, and identification of transactions used by each. Timely notification of changes to the Provider and transaction lists.

Instructions:

Part 1.a. Provide the name, address, and contact information for the entity who will utilize the New Hampshire Medicaid Web Portal to send or receive electronic transactions. This entity may or may not be a New Hampshire Medicaid service provider, but will be required to complete a Trading Partner Agreement with NH Title XIX.

Part 1.b. Identify the method of certification that transactions meet X12N standards, and indicate all of the electronic transactions that the Trading Partner will utilize, either now or in the future when they are implemented.

Part 2. Complete the Medicaid Provider list to identify each New Hampshire Medicaid Provider that has authorized the Trading Partner to send or receive its transactions. Identify all of the transactions that are authorized for each provider. List only the Providers who will be identified in the claims as the “Billing Provider” or the “Pay-To Provider”. Make additional copies if needed. Completion is required even if the Trading Partner and Provider are the same entity.

Mark only the transactions that this Trading Partner will process for the NH Medicaid Provider. This information will be used to route transactions to the Claims Processing System and back to Trading Partner directories. Remittance files (835) and Pended Claim Reports (277 Unsolicited) will be available only to one (1) Trading Partner that a Provider has authorized. Providers are able to authorize one Trading Partner to submit their claims, and a different Trading Partner to download the 835 and 277 Unsolicited, by indicating the transactions and authorizations on each Trading Partner’s EDI registration form.

Note: The 997 Functional Acknowledgement and the Submission Accept/Reject Report will automatically be available for download by the Trading Partner identified as the Submitter. The 277 and 835 transactions will be sorted by the Pay-to Provider, and will require specific instruction as to the identity of the Trading Partner who will be authorized to download them.

