



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

Participation in Dental Electronic Remittance Advice (ERA) is limited to those provider's whose practice management software vendor is participating in ERA with Emdeon or to those provider's who have a Dental Provider Services (DPS) account. Please contact your software vendor to verify participation or register for a DPS account at www.emdeondental.com

IOWA MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKIA1
<p>ELECTRONIC REGISTRATIONS</p> <p>Agreements Required</p>	<p>Per the email excerpt on the following page all enrollments for IA Medicaid must be completed online at www.edissweb.com .</p> <p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying Emdeon when approved. Providers should complete the Emdeon Dental Provider Enrollment Form and submit to Emdeon when they are advised by EDISS that their enrollment request has been approved.</p> <p>Information needed for completion of the online enrollments</p> <ul style="list-style-type: none"> • IA Medicaid is known as MCD IA or Medicaid Iowa • Emdeon Business Services (EBS) is known as Emdeon Dental. • EBS is referred to as a Network Service Vendor and a Clearinghouse. • EBS address is: 220 Burnham Street South Windsor, CT 06074 • EBS contact is: Customer Support Phone: 888-255-7293 Fax: 860-289-0055 • EBS method of electronic access is Dial Up. • EBS protocol is Zmodem.
SPECIAL NOTES	<ul style="list-style-type: none"> • Beginning March 1, 2010, the RA information will only be available through the IME provider portal and/or the EDISS HIPAA 835. • 835s are sent from EDISS to Emdeon each week and available to our submitters. • Paper RA's will no longer be mailed.
SEND REGISTRATION FORMS TO	<p>Emdeon Business Services Fax to: 860-289-0055</p>



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ENROLLMENT CONFIRMATION	Providers are responsible for following up with EDISS on the status of their enrollment and for notifying Emdeon when approved. Providers should complete the Emdeon Dental Provider Enrollment Form and submit to Emdeon when they are advised by EDISS that their enrollment request has been approved.				
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives ERAs through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.				
DISCONTINUING ERA	<p>Discontinuing ERA is a 2 step process.</p> <ol style="list-style-type: none"> 1. Deactivation <ol style="list-style-type: none"> a. Providers receiving ERAs via their Practice Management Software need to request deactivation from their software Vendors. Please call your PMS directly. b. Providers receiving their ERAs via an Emdeon DPS account need only ignore the ERA option when logging into the DPS. 2. Payer Un-enrollment <ol style="list-style-type: none"> a. Each payer has their own unique process to discontinue ERAs and return to paper Remittance Advice. Please follow the below steps for this payer. <p>If a provider wishes to stop receiving ERAs than a Termination form is required to be submitted to the Iowa Medicaid. Please call EDI Support Services for the form and instructions.</p>				
CONTACT PHONE NUMBERS	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">EDI Support Services</td> <td style="text-align: right;">800-967-7902</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td style="text-align: right;">888-255-7293</td> </tr> </table>	EDI Support Services	800-967-7902	Emdeon Business Services Provider Enrollment	888-255-7293
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From: EDISS Email Distribution [mailto:HIPAAlist@noridian.com]
Sent: Tuesday, November 11, 2008 11:50 AM
To: HIPAA E-mail List Subscriber
Subject: [hipaasubmitter] EDISS E-mail Distribution -- November 11, 2008

Registration Form Update

For All Trading Partners

To better serve our Provider Community, EDI Support Services (EDISS) has simplified our form completion process!

As stated in our October 22, 2008 Email Distribution, EDISS is removing several Exhibit A registration forms from our website and will combine them into one EDISS Registration form. The advantage of this simplification is any providers new to EDISS, or any existing providers updating their electronic transactions, are only required to complete one EDISS Registration Form rather than multiple Exhibit A's.

The new form includes:

- Options to sign up for any electronic transaction available from EDISS.
- Options to add or terminate transactions to an existing setup.

Note: The form still must be accompanied by the appropriate enrollment forms and a Software License Agreement (SLA) if PC-ACE Pro 32 will be used.

The new forms are interactive and must be completed electronically. Forms completed by hand will be rejected.

EDISS requires that the most up to date forms, posted on the website, be used to register for EDISS transactions. Outdated versions of our Exhibit A Registration forms will not be processed after December 31, 2008.



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: Iowa Medicaid – ERA Payer ID CKIA1

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: _____

I have received confirmation from EDISS that my enrollment request has been approved.

Signed: _____ Date: _____