



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 providers whose practice management software vendor is participating in ERA with Emdeon or to those providers 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

LOUISIANA MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBERS	CKLA1 and CKLA2
SPECIAL NOTES	All Providers are required to be sending their Louisiana Medicaid claims electronically through Emdeon prior to requesting enrollment for ERAs.
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>Provider Electronic Remittance Advice (835) Transaction Agreement</p> <ul style="list-style-type: none"> • Please complete all requested information • Original provider signature is required. • Attach a copy of the Louisiana Medicaid testing acceptance verification letter stating that testing has been completed and you are now authorized to submit claims electronically. Failure to submit this verification will result in rejection of this request.
SEND REGISTRATION FORMS TO	<p>Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment</p>
ENROLLMENT CONFIRMATION	ERA enrollments take approximately 15 business days for completion. Once complete, Emdeon will notify the provider or their software vendor.
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.



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<p>DISCONTINUING ERA</p>	<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>No un-enrollment is necessary as the provider will always continue to receive paper remittance advice statements.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Louisiana Medicaid Provider Enrollment Unit</td> <td>225-216-6370</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Louisiana Medicaid Provider Enrollment Unit	225-216-6370	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: Louisiana Medicaid -ERA Payer ID CKLA1 and CKLA2

Provider/Organization Name: _____

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

Software Vendor: _____

Group Number: _____
(If applicable)

Group NPI Number: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____

9.3 Provider Electronic Remittance Advice (835) Transaction Agreement with Instructions

PLEASE NOTE: This form is completed only if the submitter is currently receiving a Production 835 and is linking new provider IDs to their submitter ID.

INSTRUCTIONS FOR COMPLETION OF PROVIDER ELECTRONIC REMITTANCE ADVICE (835) TRANSACTION AGREEMENT

Completion of this form indicates that the provider requests that Louisiana Medicaid remittance advice data be returned electronically to the submitter indicated. Once approved, this agreement will remain in effect until further written notice.

1. Enter the 7-digit Medicaid Provider Number.
2. Enter the 7-digit Medicaid Submitter Number of the entity that will receive the electronic remittance advice (835) transaction.
3. Enter the name of the provider requesting the electronic remittance advice.
4. Enter the provider address.
5. Enter the name of the entity to receive the electronic remittance advice (835) transaction. This is the name associated with the submitter number entered above.
6. Attach a copy of the testing acceptance verification letter stating that testing has been completed and you are now authorized to submit claims electronically. Failure to submit this verification will result in rejection of request.

This form must be signed and dated by the provider after reading the authorization request. Only an original, handwritten signature is acceptable. Faxed forms, stamped signatures or initials are not acceptable.

Provider Electronic Remittance Advice (835) Transaction Agreement

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Provider Number (7 digits)

4	5	0	2	7	9	5
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Submitter Number (7 digits)
(Of entity to receive electronic RA)

Provider Name:

Provider Address:

Name of entity to receive
Electronic Remittance
Advice (835 transaction)

CPS - Louisiana dba Emdeon Dental

I authorize the Medicaid Fiscal Intermediary to send all HIPAA required data in the 835 transaction which includes claims information; payment information; and bank account information, provided by me and currently on file if enrolled in **Electronic Funds Transfer**, to the submitter identified above. This authorization will remain in effect until discontinued by written request or changed by a future request.

Provider Signature

Date