



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

MICHIGAN MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

<p>PAYER ID NUMBER</p>	<p>CKMI1</p>
<p>ELECTRONIC REGISTRATIONS</p> <p>Agreements Required</p>	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>835/277U – Electronic Remittance Advice Request</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>CHAMPS</p> <ul style="list-style-type: none"> • All providers must apply for 835 transactions within the Michigan Medicaid online system know as CHAMPS. Instructions for connecting to CHAMPS are below in the special notes section of this instruction sheet.
<p>SPECIAL NOTES</p>	<p>As of March 31, 2008 all Provider Enrollment Applications and updates must be completed through the CHAMPS system.</p> <p>To access the CHAMPS system you must log onto https://sso.state.mi.us to register for your Single Sign On (SSO) user ID and password. For instructions on how to obtain a user ID/password and to subscribe to CHAMPS please see the resources grid on the last page of this document and click on SSO Instructions.</p> <p><u>New Providers</u></p> <p>Beginning March 31, 2008 all new providers will need to complete an enrollment through the online CHAMPS. All new providers must have their SSN or EIN/TIN enrolled with Vendor Registration prior to enrolling within the PE subsystem. To register your SSN or EIN/TIN visit http://www.mi.gov/cpexpress.</p> <p><u>Revalidating Providers</u></p> <p>To revalidate your existing provider file you must access the CHAMPS Provider Enrollment System by using your 14 digit Application ID sent to you on green paper by MDCH. Once you enter your 14 digit Application ID please verify that all your enrollment information is correct and up to date.</p>



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	<p><u>Emdeon Business Services – Dental is known in the CHAMPS system as:</u></p> <p>CHAMPS Provider ID 1200027 CHAMPS Provider Name CLAIMS PROCESSING SERVICE</p>				
SEND REGISTRATION FORMS TO	<p>Emdeon Business Services 220 Burnham Street South Windsor, CT 06074 Attn: Provider Enrollment OR Fax to: 860-289-0055</p>				
ENROLLMENT CONFIRMATION	<p>ERA enrollments take approximately 7-14 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Michigan Medicaid.</p>				
CHANGING ELECTRONIC BILLING AGENTS	<p>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.</p>				
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>Michigan Medicaid will continue to send paper remittance advice statements indefinitely and has therefore not developed a process for the discontinuance of ERAs.</p>				
CONTACT PHONE NUMBERS	<table> <tr> <td>Michigan Medicaid</td> <td>517-335-5492</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Michigan Medicaid	517-335-5492	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Michigan Medicaid - ERA payer ID CKMI1**

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 Number: _____
(if applicable)

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

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date: _____



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

835/277U - Electronic Remittance Advice Request

The 835 is a HIPAA compliant Electronic Remittance Advice (ERA) file, which will show all paid and rejected claims that appear per pay cycle. The 277U is a HIPAA compliant ERA file, which will show all pended claims that appear per pay cycle. Providers that wish to designate a Billing Agent to receive the ERA files must choose **one** Billing Agent per Tax Identification Number (TIN). Please be aware that every Medicaid Provider ID within that Tax Id will be affected by requesting the 835.

Providers will still continue to receive the paper RA's in addition to the ERA.

The Billing Agent ID designated below will receive the 835/277U files electronically within their mailbox posted on the State of Michigan Data Exchange Gateway (DEG). Please let your Billing Agent know that the file name for the 835 will be 4987 and are usually posted on Wednesdays, and the file name for the 277U will be 4986 and are usually posted on the Fridays prior to the 835. Providers must work with the designated billing agent for information on how the 835 will be posted from the billing agent to the provider.

To request the 835/277U, please fill out the information below. When this form is completed, please fax or email the request to (517) 335-5570, Attention: 835 Request or automatedbilling@michigan.gov. Within 7-14 days the billing agent can expect to receive your 835/277U files through the DEG. Confirmation will not be submitted.

If you are changing a billing agent already on file, you will need to submit the request form in addition to a letter, on company letterhead, stating the reason for the change.

Provider Tax ID Number: _____ -- _____

Billing Agent ID Number: **D C H 0 0** E N

Contact Title & Name: _____

Contact Email: _____

Contact Fax Number: (_____) _____ -- _____

Contact Signature: _____



By signing this request, I am authorizing MDCH to set up an 835/277U account for the tax ID listed above. I authorize the 835/277U files for the tax ID, to be electronically submitted to the Billing Agent indicated. If you have any questions of what information is required, please email AutomatedBilling@michigan.gov.

RESOURCES

Clicking on the hyperlinks below will direct you to the appropriate document on the CHAMPS website.

User Guides	Billing Agent	Group	FAO	Individual Rendering/ Servicing	Individual/ Sole Proprietor
Revalidation Quick Reference Guides	Billing Agent	Group	FAO	Individual Rendering/ Servicing	Individual/ Sole Proprietor
New Enrollment Quick Reference Guides	Billing Agent	Group	FAO	Individual Rendering/ Servicing	Individual/ Sole Proprietor
Webinars	Revalidation	New Enrollment	SSO/ Domain		
CHAMPS Preparation Checklist	Group	Individual	FAO		
Contact Information	CHAMPS Hotline 1.888.643.2408	CHAMPS E-mail CHAMPS@michigan.gov			
Single Sign On (SSO)	https://sso.state.mi.us	SSO Instructions			
Manage Provider Quick Reference Guide	All Enrollment Types				
Additional Resources	System Settings and Configurations	CHAMPS Provider Types and Specialties	Electronic Signature (DCH-1401)	MDCH Training Sessions	Common Questions