



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

MISSISSIPPI MEDICAID
 DENTAL ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKMS1
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>EDI Provider Agreement and Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all information requested in the Provider Information section. • Please sign the form, complete the signers name and date
SPECIAL NOTES	Effective January 1, 2007 paper remittance advice reports are no longer available from Mississippi Medicaid.
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	ERA enrollments take approximately 3-5 business days for completion. Once complete, Emdeon Dental will notify the provider or their software vendor to expect to begin receiving ERAs from Mississippi Medicaid.
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>Paper remittance advice statements are no longer available from Mississippi Medicaid. Should a provider wish to stop receiving ERAs from Emdeon the provider needs to re-enroll for ERA retrieval through the Mississippi Medicaid web portal or re-enroll electing another entity to retrieve their ERAs from Mississippi Medicaid.</p>				
<p>CONTACT PHONE NUMBERS</p>	<table> <tr> <td>Mississippi Medicaid EDI Tech Support</td> <td>800-884-3222</td> </tr> <tr> <td>Emdeon Business Services Provider Enrollment</td> <td>888-255-7293</td> </tr> </table>	Mississippi Medicaid EDI Tech Support	800-884-3222	Emdeon Business Services Provider Enrollment	888-255-7293
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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Mississippi Medicaid – ERA Payer ID CKMS1**

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: _____

Email: _____

Date: _____



EDI Provider Agreement and Enrollment Form

Please return to:
Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225



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Provider Information

Please print or type. Complete all areas of the Enrollment Form, unless otherwise indicated.

<i>Business Name</i>	
<i>Name (Last, First, MI and Suffix)</i>	
<i>Street Address</i>	
<i>City, State and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Provider Number (Required for Individuals)</i>	<i>Group Provider Number (Required for Groups)</i>
<i>Provider Specialty (Physicians and Dentist Only)</i>	<i>EIN (Required for Group)</i>
<i>Email Address</i>	

Section 13. Electronic Response AND REPORT Retrieval

Do you want a paper RA? Yes No (This is not an option if you choose to RECEIVE remits electronically)

Are you interested in retrieving your response and/or reports electronically? Yes No

If yes, please fill out the appropriate sections below. If no, do fill out anything further.

13a. Data Exchange (WINASAP2000 and Non Standard Transactions)

- I will retrieve my reports.
- I authorize my Billing Agent to retrieve reports on my behalf.
- I authorize my Clearinghouse to retrieve reports on my behalf.

Reports Available

	Currently	After Oct 2003
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Reject Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remittance Advice (as dataset)	<input checked="" type="checkbox"/>	N/A



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13b. X12N- Asynchronous Retrieval (available Oct 2003) (Note: You will not be able to receive an X12 response unless you submitted an X12 transaction)

- I will retrieve my reports.
- I authorize my Billing Agent to retrieve reports on my behalf.
- I authorize my Clearinghouse to retrieve reports on my behalf.

Reports/Responses Available

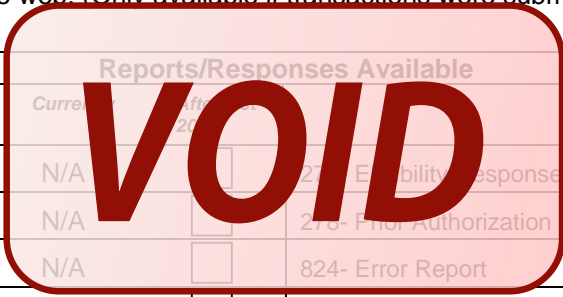
	Currently	After Oct 2003		Currently	After Oct 2003
997- Functional Acknowledgement	N/A	<input checked="" type="checkbox"/>	271- Eligibility Response	N/A	<input type="checkbox"/>
277- Claims Status Response	N/A	<input type="checkbox"/>	278- Prior Authorization Response	N/A	<input type="checkbox"/>
835- Healthcare Claim Payment Advice	N/A	<input checked="" type="checkbox"/>	824- Error Report	N/A	<input checked="" type="checkbox"/>
820- Premium Payment	N/A	<input type="checkbox"/>			

13c. Web Portal (available Oct 2003) (Note: You will not be able to receive an X12 response unless you submitted an X12 transaction)

- I will retrieve my reports from the web. (Only available if transactions were submitted through the web portal- see Section 8)

Reports/Responses Available

	Currently	After Oct 2003		Currently	After Oct 2003
997- Functional Acknowledgement	N/A	<input type="checkbox"/>	271- Eligibility Response	N/A	<input type="checkbox"/>
277- Claims Status Response	N/A	<input type="checkbox"/>	278- Prior Authorization Response	N/A	<input type="checkbox"/>
835- Healthcare Claim Payment Advice	N/A	<input type="checkbox"/>	824- Error Report	N/A	<input type="checkbox"/>
820- Premium Payment	N/A	<input type="checkbox"/>			



Authorized Signature _____



Printed Name _____

Date _____

This form can be faxed to 601.206.3015 or mailed to

Mississippi Medicaid Program, Provider Enrollment, P.O. Box 23078, Jackson, MS, 39225