



1304 Vermillion Street • Hastings, MN 55033
 Ph 800-482-3518 • Fax 651-389-9152

**IOWA MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKIA1
ELECTRONIC REGISTRATIONS Agreements Required	<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 EDS when approved. Providers should complete the EDS Dental Provider Enrollment Form and submit to EDS 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 WebMD 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.
SEND REGISTRATION FORMS TO	<p align="center">Electronic Dental Services Fax to: 860-289-0055</p>
ENROLLMENT CONFIRMATION	<p>Providers are responsible for following up with EDISS on the status of their enrollment and for notifying EDS when approved. Providers should complete the EDS Dental Provider Enrollment Form and submit to EDS when they are advised by EDISS that their enrollment request has been approved.</p>
CHANGING ELECTRONIC BILLING AGENTS	<p>If the Provider currently submits claims through another Billing Agent other than Electronic Dental Services each Provider must re-enroll following the procedures listed above.</p>



1304 Vermillion Street • Hastings, MN 55033
Ph 800-482-3518 • Fax 860-289-0055

CONTACT PHONE NUMBERS	EDI Support Services Electronic Dental Services	800-967-7902 800-482-3518
------------------------------	--	------------------------------



1304 Vermillion Street • South Windsor, CT 06074
Ph 800-482-3518 • Fax 651-389-9152

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.



21304 Vermillion Street • Hastings, MN 55033
Ph 800-482-3518 • Fax 651-389-9152

PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Iowa Medicaid - 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: _____

