



ERA Enrollment Instructions

Delta Dental of CT and NJ

Attention Providers:

You have submitted the **Electronic Remittance Advice (ERA) Authorization Form** for Delta Dental of Connecticut.

Payer:	Delta Dental of Connecticut and New Jersey
Payer ID:	22189
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	Electronic Remittance Advice (ERA) Authorization Agreement
Approval Process and Timeframes:	Payer estimates 3-4 business days for approval. EDS will automatically deliver the ERAs to the EDS Portal upon receipt.
Special Instructions:	Paper remittance will be automatically discontinued after 31 days or 3 payment cycles. Providers can contact Delta Dental of New Jersey to request an extension or early termination of paper EOBs at (800) 452-9310. All providers and all locations associated with the submitted TIN will receive ERAs.

Delta Dental of New Jersey

Electronic Remittance Advice (ERA): Enrollment Instructions and Guidance

As a HIPAA Covered Entity, Delta Dental of New Jersey (DDNJ) is required to comply with the CAQH Phase III CORE EFT and ERA Operating Rule Set. The following instructions address aspects of the Phase III CORE 382 ERA Enrollment Data Rule and Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule.

To view the complete Phase III rule set, please visit

http://www.caqh.org/Host/CORE/EFT-ERA/EFTERA_CompleteRuleSet.pdf

- 1) Each week, DDNJ transmits ERA data to the clearinghouses from which it receives electronic claims. You must first enroll with your clearinghouse(s) before you can begin receiving ERA.
- 2) A business that submits electronic claims through two or more clearinghouses will need to enroll separately with each clearinghouse to ensure uninterrupted receipt of ERAs. DDNJ transmits the ERA to the clearinghouse that submitted the most recent claim (as determined by receipt date) processed in the current payment.
- 3) Enrollment for DDNJ ERA is implemented at the TIN/business level. As such, an enrollment submitted from any business location is, in effect, requesting ERA for all its business locations that submit claims through clearinghouses.
- 4) A business that currently receives DDNJ paper Explanation of Benefits (EOB) by mail will continue to receive those EOB mailings for a minimum of 31 calendar days after ERA enrollment. If the 31 day period does not encompass at least three payments to the associated TIN/business, DDNJ will continue to issue the paper EOB until three payments have been processed. A business can request either an extension or early termination of the paper EOB by calling DDNJ's Customer Service at 1-800-452-9310.
 - a. All businesses enrolled prior to January 1, 2014 will have the 31-day/three-payment rule applied with an enrollment date of January 1, 2014
- 5) A business wishing to discontinue receipt of the ERA must complete a new enrollment form and select "Cancel Enrollment" as the "Reason for Submission."
 - a. As with enrollment, a business opting to cancel their ERA enrollment is doing so for the entirety of that business
 - b. Cancelled ERA enrollments will automatically result in the resumption of the DDNJ EOB by mail.
 - i. Note: A business may choose to view their EOBs electronically on the secured section of the DDNJ website by registering at www.deltadentalnj.com. They may also choose to "Go Paperless" and not receive paper EOBs by mail.
 - ii. A business electing electronic EOB will not receive a paper EOB by mail
- 6) A business that prefers to have their claim payments directly deposited to their bank account may also enroll for Electronic Funds Transfer (EFT) by visiting www.deltadentalnj.com and clicking on the Forms link to enroll for EFT.
 - a. You should receive ERA files within three business days of each corresponding EFT. Please report missing or late ERA files by calling DDNJ's Customer Service at 1-800-452-9310



Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (* indicates required field)

A. Provider Information					
*Provider Name					
*Provider Address					
Street					
City	State/Province	Zip Code/Postal Code			
B. Provider Identifiers Information					
*Provider Identifier(s)					
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)					
National Provider Identifier (NPI)					
C. Electronic Remittance Advice Information					
*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)					
<input type="checkbox"/> Provider Tax Identification Number (TIN)					
<input type="checkbox"/> National Provider Identifier (NPI)					
D. Submission Information					
*Reason for Submission					
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment			

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment