



ERA Enrollment Instructions

Medicaid of Indiana

Attention Providers:

In order to start receiving your ERAs Medicaid of Indiana through EDS, you will need to follow the process below to complete the online ERA Application. Once you have completed the online application, please complete the attached EDS ERA Application.

Payer:	Medicaid of Indiana
Payer ID:	CKIN1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 Contact Portal Help Desk 800-457-4584 option 3 and then option 3
Online Enrollment Process:	<p>Please log on to https://portal.indianamedicaid.com</p> <ol style="list-style-type: none"> 1. Log on the Portal under the Provider User Name, or User ID with access to the Provider Maintenance screens. 2. Under the Provider Section click on Provider Maintenance 3. On the Maintenance screen, click ERA Changes 4. On the ERA Information Screen <ul style="list-style-type: none"> o Fill out the appropriate fields <ul style="list-style-type: none"> ▪ New Trading Partner ID (DentalXChange TPID R300) ▪ If updated, then fill in the Trading Partner ID in correct location (middle of page) (DentalXChange TPID R300) ▪ Reason for Submission <ul style="list-style-type: none"> • New enrollment • Updated enrollment • Cancel enrollment ▪ Authorized Signature of person making changes. 5. Click Submit <p>The 835 set up takes effect immediately after submission. The next financial cycle will send your ERA to the trading partner you indicated.</p>
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframes:	Please contact EDS once online enrollment has been completed.

01/08/2021



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)

* Payer Name			
A. Provider Information			
*Provider Name			
*Provider Address			
Street:			
City:	State/Province:	Zip Code/Postal Code:	
B. Provider Identifiers Information			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
C. Provider Contact Name			
*Contact			
*Telephone Number			
*Email Address			
D. 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