Medicaid of Minnesota

Attention Providers:

To start receiving ERAs electronically from Medicaid of Minnesota, you will need to print and review the enrollment form. Please sign the form and submit to Electronic Dental Services using one of the methods below.

Payer:	Medicaid of Minnesota
Payer ID:	CKMN1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Payer Enrollment Applications:	**Electronic Remittance Advice (RA) Form**
Upload, Email or Fax Application to:	Fax the completed form to: 651-431-7462 **Minnesota Medicaid will mail the approval letter to the office. Once received, the office must email this letter to enrollment@edsedi.com**
Approval Process and Timeframes:	EDS will deliver ERAs to the EDS Portal and Bridge once we receive them.
Special Instructions:	The State of Minnesota has mandated that **ALL** transactions be electronic. All EOBs will be sent back to the provider electronically.

DEPARTMENT OF HUMAN SERVICES

DHS-4087-ENG 10-19

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Provider Setup and Electronic Remit Advice (RA) Form

For use by Clearinghouses, Billing Organizations and providers

Complete this form to request the addition or removal of electronic Remittance Advice (RA) for a provider, clearinghouse or billing intermediary. Providers may not choose to receive paper RAs; Minnesota Statutes, 62J.536 requires only electronic RAs. **The MHCP provider must authorize, sign and date all changes.**

Notify MHCP whenever providers or billing organizations are **added or removed** from your list.

Clearinghouse and Billing Organization Information

CLEARINGHOUSE OR BILLING ORGANIZATION UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)	CLEARINGHOUSE OR BILLING ORGANIZATION NAME		
A334726500	G&C Claims Processing		
NAME OF PERSON COMPLETING THIS FORM	ADDRESS		
Terri	1807 Market Blvd		
PHONE NUMBER	CITY	STATE	ZIP CODE
651-480-8090	Hastings	MN	55033

MHCP Pay-To Provider Information

PROVIDER NAME	NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)		
AFFILIATE TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE		REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE	
CONTACT NAME	PHONE NUMBER	SELECT THE TYPE OF ACCESS FOR ◯ Claim ◯ ERA ◯ Both	
ADD REMITTANCE MEDIA TYPE ◯ 835 x12 ◯ 835 PDF	REQUESTED START DATE	REMOVE REMITTANCE MEDIA TYPE (if applicable) ◯ 835 x12 ◯ 835 PDF	REQUESTED END DATE
PAY-TO PROVIDER PRINTED NAME	PAY-TO PROVIDER SIGNATURE		DATE

Fax this form to MHCP Provider Eligibility and Compliance: 651-431-7462

MHCP Pay-To Provider Information

PROVIDER NAME	NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)		
AFFILIATE TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE	REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE		
CONTACT NAME	PHONE NUMBER	SELECT THE TYPE OF ACCESS FOR ○ Claim ○ ERA ○ Both	
ADD REMITTANCE MEDIA TYPE ○ 835 x12 ○ 835 PDF	REQUESTED START DATE 9/1/2023	REMOVE REMITTANCE MEDIA TYPE (if applicable) ○ 835 x12 ○ 835 PDF	REQUESTED END DATE
PAY-TO PROVIDER PRINTED NAME	PAY-TO PROVIDER SIGNATURE	DATE	

PROVIDER NAME	NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI)		
AFFILIATE TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE	REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE		
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