



400 Vermillion Street • Hastings, MN 55033

Ph 800-482-3518 • Fax 651-389-9152

[www.edsedi.com](http://www.edsedi.com)

**NEW HAMPSHIRE MEDICAID  
DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

<b>PAYER ID NUMBER</b>	<b>CKNH1</b>
<b>ELECTRONIC REGISTRATIONS</b>  Agreements Required	<b>Electronic Dental Services Provider Enrollment Forms</b> <ul style="list-style-type: none"><li>• Please complete all requested information. For group practices you must list the rendering provider names and individual Medicaid provider numbers.</li></ul> <b>NH Title XIX EDI Registration</b> <ul style="list-style-type: none"><li>• Please complete all requested information.</li></ul>
<b>SPECIAL NOTES</b>	Effective with the Remittance Advice dated April 2, 2010, download in PDF format will become mandatory. Paper Remittance Advices will no longer be supplied and providers will need to download their Remittance Advices from the provider website <a href="http://www.nhmedicaid.com">www.nhmedicaid.com</a> under the transaction services page.
<b>SEND REGISTRATION FORMS TO:</b>	Please mail completed ORIGINAL forms to:  Electronic Dental Services 1304 Vermillion Street Hastings, MN 55033 Attn: Provider Enrollment
<b>ENROLLMENT CONFIRMATION</b>	Enrollment confirmation is not required prior to submitting claims electronically. Please begin submitting claims at your convenience.
<b>CHANGING ELECTRONIC BILLING AGENTS</b>	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.
<b>CONTACT PHONE NUMBERS</b>	New Hampshire Medicaid Customer Service: 603-225-4899 Electronic Dental Services: 651-389-9152



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### PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **New Hampshire Medicaid – payer ID CKNH1**

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)

Rendering		
Name	Number	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

## NH Title XIX EDI Registration

EDS INTERNAL USE			
DATE	APPROVED BY	TRADING PARTNER ID	WEB LOGON

### Part 1.a. NH Title XIX EDI Registration

Trading Partner Name Claims Processing Service, Inc. dba Emdeon Dental

Street Address 220 Burnham Street

Address 2  

City South Windsor State CT Zip 06074

Customer Service                      888-255-7293                      dentalsupport@emdeon.com  
 Contact Name                              Contact Phone #                      Contact Email Address

### Part 1.b. PreCertification: Please check one

**Method of certification that transactions meet X12N standards & agency/product name:**

Method of Certification	Agency/Product Name
Using Provider Electronic Solutions Software	Distributed by EDS, an HP company
Certified by Independent Agency (Provide name)	
Translator Compliance Check (Name product)	
Utilizing a Certified Vendor/Clearinghouse (Provide name)	Claims Processing Service, Inc. dba Emdeon Dental
Other (Describe)	

**Transactions:** Check all that apply

837 Institutional Inpatient & Outpatient 997 Functional Acknowledgement Claim Accept/Reject Report	837 Professional 997 Functional Acknowledgement Claim Accept/Reject Report
837 Institutional Nursing Home 997 Functional Acknowledgement Claim Accept/Reject Report	837 Dental 997 Functional Acknowledgement Claim Accept/Reject Report
270/271 Eligibility Request/Response	835 Remittance 277 Unsolicited Claim Status
276/277 Claim Status Inquiry	PDF Remittance Advice

837 Dental is the equivalent of 2006 ADA Dental claim form

837 Professional is the equivalent of CMS 1500 claim form

837 Institutional is the equivalent of UB-04 claim form

837 Institutional Nursing Home includes Swing Beds

<b>TRADING PARTNER ID</b>	810000002
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**Part 2. NH Title XIX EDI Registration –Provider Listing**

Check each transaction that is authorized by the Provider for this Trading Partner. Only include the “Billing Provider” information. If provider is only a “Rendering Provider”, they do not need to be linked to the Trading Partner.

Remittance files (835) and Pended Claim Reports (277 Unsolicited) will be available only to one (1) Trading Partner that a Provider has authorized. If the provider is already receiving 835’s through another Trading Partner ID, the provider also needs to send a request on Provider Letterhead to move 835/277 to the new Trading Partner ID.

NH Medicaid Provider ID	Provider Name	837 Dental 997/Claim Acc/Rej	837 Institutional 997/Claim Acc/Rej	837 Professional 997/Claim Acc/Rej	835 RA/277	270/ 271 Eligibility	276/ 277 Claim Status	PDF Remittance Advice	Authorized signature of NH Medicaid Provider, to indicate consent for the described access.

**Please check applicable comment:**

	Add new provider
	Update existing provider’s transactions