



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms
10/24/2011 (FE)
<http://www.nhmedicaid.com>

MEDICAID – NEW HAMPSHIRE Enrollment Instructions – Professional Claims and ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

MAIL COMPLETED FORMS TO-
EDS
Attn: EDI Coordinator
P O Box 2040
Concord, NH 03302-2040

837-CLAIMS Billing Provider Enrollment (New) or (Change of Service)

If the provider has NOT submitted electronic claims to this payer before, or if the provider wishes to request a CHANGE of SERVICE to authorize Practice Insight to submit claims and/or retrieve ERAs (electronic remits), the billing provider must complete and submit this form:

1. NH Title XIX EDI Registration (2 pages)

See Page 1- Part 1.b Transactions:

Optional for 835/ERAs: Put ✓ next to “835 Remittance” (ONLY if the provider wishes to authorize ERAs)

See Page 2- Part 2 NH Title XIX Registration NH Medicaid Provider List:

Enter information for each billing provider group or billing provider individual.

Note: There are lines to list several providers. If you are enrolling a billing provider group, enter only one Provider Name for the billing provider group with group NH Provider ID(s) and authorized signature from provider’s office. Do NOT list individual providers unless you are enrolling individual providers who are NOT part of a billing group, e.g, providers billing MCD NH as solo providers.

Optional for 835/ERAs: Put ✓ in box for- “835” (ONLY if the provider wishes to authorize ERAs)

835- ERAs Electronic Remittance Request (New) or (Change of Service)

If the provider wishes to authorize Practice Insight to retrieve 835 ERA files, the provider must complete the NH Title XIX EDI Registration form (see instructions for completing this form, described above).

On Page 1, Part 1.b - put ✓ next to “835 Remittance”

On Page 2, Part 2 - put ✓ check in box for “835” for each Provider Name listed.

ALLOW 2-4 WEEKS FOR PROCESSING

If it has been over 30 days since request was submitted and you have not yet received confirmation of enrollment, contact your reseller or software support vendor for assistance or call MCD NH at 1-800-423-8303 (NH & VT, only) or 603-224-1747 (Out of State).

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 _____

Street Address _____

Address 2 _____

City _____ State _____ Zip _____

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)	
	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

