



New Hampshire Title XIX Medicaid Program

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT APPLICATION

Providers who receive Electronic Remittance Advice from the NH Department of Health and Human Services' (The Department) Title XIX Program must agree to the following terms and conditions:

1. **ERA Information.** Provider will complete ERA information on this form and send in the ERA Signature Page through mail.
2. **CCD+ Format.** Provider will contact its financial institution/bank to arrange for the delivery of the information from the CCD+ EFT that is necessary for successful re-association of the EFT payment with the ERA remittance advice. The information that the bank must return is as follows:

CORE-required Minimum CCD+ Re-association Data Elements		Corresponding v5010 X12 835 Data Elements	
CCD+ Record #	Field #	Field Name	Data Element Segment Position, Number & Name
5	9	Effective Entry Date	BPR16-373 Date (EFT Effective Date)
6	6	Amount	BPR02-782 Monetary Amount (Total Actual Provider Payment Amount)
7	3	Payment Related Information	TRN Re-association Trace Number Segment

TRN segment consists of Check or EFT trace number/Payer Identifier/optional supplemental code. These pieces of information will match what is received in the ERA (835) transaction for easy re-association. Providers must contact their financial institution to arrange for the delivery of the minimum required fields for re-association. The banks will not automatically supply this detail and it is required that the provider work out how this information will be obtained (email, e-statement, electronically, etc.).

3. **Late/Missing ERA.** In case of a late or missing ERA, the Provider will contact the Provider Relations call center at 866-291-1674. Late or missing is defined as a maximum elapsed time of four (4) business days following the receipt of EFT.
4. **Change/Cancel Enrollment.** If any changes are required to ERA enrollment information, the Provider will contact the Provider Relations call center at 866-291-1674.
5. **TIN/FEIN.** Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) field in the ERA section is equivalent to Social Security Number (SSN) for Individual Providers and Federal Employer Identification # (FEIN) for Group Providers.



1. Provider Information:

*Provider Name

Doing Business As Name (DBA)

Provider Address:

*Street

*City

*State/Province

*Zip Code/Postal Code

2. Provider Identifier Information:

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Provider License Number

License Issuer

Provider Type

Provider Taxonomy Code

3. Provider Contact Information:

*Provider Contact Name

Title

*Telephone Number

Telephone Number Extension

Email Address

Fax Number

4. Electronic Remittance Advice Information:

* Preference for Aggregation of Remittance Data

Provider Tax Identification Number (TIN)

5. Submission Information:

Reason for Submission

New Enrollment

Authorized Signature

Written Signature of Person Submitting Enrollment