Payer ID: Per the payer list

Delta Dental of Minnesota

Includes all payers listed below

835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save, print and obtain appropriate signature.
- EDI enrollment processing timeframe is approximately **10 business days**.

837 Claim Transactions:

Enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Delta Dental of Minnesota Electronic Remittance Advice (ERA) Enrollment Form

Complete all applicable fields.

Submit Completed Document:

Email to Tesia

registrations@tesiasupport.com

Payer Name	Payer ID
BENEFITS INC.	07000
DELTA DENTAL INSURANCE OF MN	CDMN1
DELTA DENTAL INSURANCE OF NE	07027
FLEX COMPENSATION	R7004
MEDICA OF MINNESOTA	CX026
WILSON-MCSHANE	R7002
ZENITH ADMINISTRATORS	TLY21

Tesia Clearinghouse
1540 West Edgewood Avenue
Indianapolis, IN 46217
Phone: (866)712-9584

Electronic Remittance Advice Information – Delta Dental of Minnesota

(Includes Delta Dental of Minnesota, Delta Dental of Nebraska, Benefit Inc, Flex Compensation, Medica, Wilson McShane, and Zenith Administrators – MN)

In order to receive Electronic Remittance Advice (ERA) reports or ASC X12 835 files for **Delta Dental of Minnesota** through Tesia Clearinghouse, please complete the following form as per the instructions provided and then **email** the form to **registrations@tesiasupport.com**

Upon receipt of the paperwork, your office will be set up as an ERA recipient for **Delta Dental of Minnesota** on our system and the enrollment materials will be forwarded onto the payer for processing. It will take approximately **2 weeks** for the entire enrollment process to be completed.

IMPORTANT ERA ELIGIBILITY NOTICE: Please be aware that ERAs are not available for all payers and that enrollment is limited to providers that submit their claims directly to Tesia Clearinghouse or through a vendor that is set up to receive ERA reports and/or ASC X12 835 files. If you are uncertain about your eligibility to receive ERA reports or ASC X12 835 files, please contact Tesia or your software vendor before completing this paperwork.

Requesting CCD+ Reassociation Data Elements from your Financial Institution

The data included in the Minimum CCD+ Reassociation Data Elements simplifies the EFT and ERA reassociation process. As required by the Affordable Care Act CAQH CORE Rulte #370, Tesia Clearinghouse encourages you to contact your financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements listed below. Additional information about the CAQH CORE Operating Rules can be found at www.caqh.org/.

CCD+ Record #	Field #	Field Name
5	9	Effective Entry Date
6	6	Amount
7	3	Payment Related Information

Dual Delivery of ERAs and Paper Remittances

Once your request for electronic remittances has been processed by **Delta Dental of Minnesota** you will no longer receive paper remittances. They will, however, continue to make them available via their web portal**.**

Determining the Status of your ERA Enrollment Request

Questions regarding the status of your ERA Enrollment Request may be directed to our Support Department at (866)712-9584 or by sending an email to registrations@tesiasupport.com.

Late or Missing ERAs

Questions regarding late or missing remittances may be directed to our Support Department at 1-800-(866)712-9584. Please be sure to have the EFT Transfer or Check Number, Payment Date, and Payment Amount available when contacting us.

Discontinuing ERAs

1. To discontinue ERAs for **Delta Dental of Minnesota**, please submit a new **DELTA MN ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM** with **Cancel Enrollment** selected.
2. If you wish to discontinue **ALL** ERAs, please also contact our Support Department at (866)712-9584 so we may turn off ERA delivery for your account.

Tesia Clearinghouse
1540 West Edgewood Avenue
Indianapolis, IN 46217
Phone: (866)712-9584

Fields Marked with an * are Required

Delta Dental of Minnesota Electronic Remittance Advice (ERA) Enrollment Form

PROVIDER INFORMATION

*Provider Name: _____
(Complete legal name of institution, corporate entity, practice, or individual provider.)

Doing Business as Name (DBA): _____

Provider Address: _____
*Street (The number and street name where a person or organization can be found.)

_____ _____ _____ _____
*City *State/Province *Zip Code/Postal Code Country Code

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

_____

*National Provider Identifier (NPI): _____

*Contact Name: _____ Title: _____

*Telephone Number: _____ Telephone Number Extension: _____

*Email Address: _____ Fax Number: _____

ERA INFORMATION

*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)
(Provider preference for grouping (bulking) claim payment remittance advice – MUST match preference for EFT Payment)

☐Provider Tax Identification Number (TIN)

☐National Provider Identifier (NPI)

Method of Retrieval: Clearinghouse

Clearinghouse Name: Tesia Clearinghouse

Vendor Name: eSolutions, Inc.

SUBMISSION INFORMATION

*Reason for Submission: ☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

*Authorized Signature: _____
Written Signature of Person Submitting Enrollment

_____
Printed Name of Person Submitting Enrollment

_____
Printed Title of Person Submitting Enrollment

Submission Date: _____

Requested ERA Effective Date: _____