DAKOTACARE

Electronic Remittance Advice (ERA)   Authorization Agreement

2600 West 49th St.
PO Box 7406
Sioux Falls, SD 57117-7406
1-800-325-5598
www.dakotacare.com

DAKOTACARE ERA Enrollment Instructions

Instructions for completing the ERA enrollment form

- The ERA enrollment form begins on page 2, and ends on page 3.
- Please type or print legibly.
- Use only black or blue ink to complete paper form.
- An electronic enrollment form can be accessed at https://access.dakotacare.com.
- Please allow 4 weeks for completion of the enrollment process, which includes pre-note verification. If after 4 weeks, you do not start receiving ERA files, please contact provider relations at 1-800-325-5598.
- For questions regarding the paper or electronic enrollment process, please call Provider Relations at 1-800-325-5598.
- See Appendix A – Data Element Names and Descriptions on pages 3 and 4 for descriptions of each data element collected on the form.

Manual Submission

DAKOTACARE encourages electronic enrollment for more timely and accurate processing. If you are submitting a paper form, please send the form to the following address:

DAKOTACARE
Attn: Provider Relations
2600 W. 49th St.
PO BOX 7406
Sioux Falls, SD 57117-7406

Late/Missing Files

ERA files that have not been received after 4 business days of the corresponding EFT file can be researched by contacting provider relations at 1-800-325-5598.

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DAKOTACARE ERA Enrollment Form

Provider Information (DEG1)

Provider Name

Provider Address

Street

City   State/Province   Zip Code/Postal Code

Provider Identifiers Information (DEG2)

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

National Provider Identifier (NPI)   __ __ __ __ __ __ __ __

Assigning Authority

Trading Partner ID

Provider Contact Information (DEG3)

Provider Contact Name

Title

Telephone Number   (__ __ __) __ __ __ - __ __ __ __   Telephone Number Extension

Email Address

Fax Number   (__ __ __) __ __ __ - __ __ __ __

Electronic Remittance Advice Information (DEG7)

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)
 Attach additional sheets if necessary.

Provider Tax Identification Number (TIN)	National Provider Identifier (NPI)
__ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __
__ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __
__ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __
__ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __

Method of Retrieval (e.g. download from a health plan website, clearing house, etc.)

Electronic Remittance Advice Clearinghouse Information (DEG8)

Clearinghouse Name

Clearinghouse Contact Name

Telephone Number   (__ __ __) __ __ __ - __ __ __ __

Email Address

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Submission Information (DEG10)

Reason for Submission:

☐ New Enrollment
☐ Change Enrollment
☐ Cancel Enrollment

Authorized Signature: _____   Submission Date: _____

This agreement is to remain in full force and effect until DAKOTACARE has received written notification of its termination in such time and in such manner as to afford DAKOTACARE and the depository a reasonable time to act.

Please return this form to: DAKOTACARE
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Appendix A – Data Element Names and Descriptions

Data Element Name	Data Element Description
DEG1 – PROVIDER INFORMATION	
Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Provider Address – Street	The number and street name where a person or organization can be found
Provider Address – City	City associated with provider address field
Provider Address –State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
Provider Address – ZIP Code/Postal Code	System of postal - zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
DEG2 – PROVIDER IDENTIFIERS INFORMATION	
Provider Identifiers – Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
Provider Identifiers – National Provider Identifier	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions
Provider Identifiers – Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid
Provider Identifiers – Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor
DEG3 – PROVIDER CONTACT INFORMATION	
Provider Contact Name	Name of a contact in provider office for handling ERA issues
Provider Contact Name – Title	
Provider Contact Name – Telephone Number	Associated with contact person
Provider Contact Name – Telephone Number Extension	
Provider Contact Name – Email Address	An electronic mail address at which the health plan might contact the provider
Provider Contact Name – Fax Number	A number at which the provider can be sent facsimiles
DEG7 – ELECTRONIC REMITTANCE ADVICE 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

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Data Element Name	Data Element Description
DEG7 – ELECTRONIC REMITTANCE ADVICE INFORMATION (Continued)	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider Tax Identification Number (TIN)	Optional – required if NPI is not applicable
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - National Provider Identifier (NPI)	Optional – required if TIN is not applicable
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) – Method Of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)
DEG8 – ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Clearinghouse Name	Official name of the provider's clearinghouse
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Clearinghouse Contact Name – Telephone Number	Telephone number of contact
Clearinghouse Contact Name – Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse
DEG10 – SUBMISSION INFORMATION	
Reason for Submission – New Enrollment	
Reason for Submission – Change Enrollment	
Reason for Submission – Cancel Enrollment	
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper - based manual enrollment
Submission Date	The date on which the enrollment is submitted