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**Medicaid Connecticut (MCDCT)  
Enrollment Instructions  
Professional / Institutional / Dental  
ERA Only**

- ✓ **BEFORE enrolling, the billing provider must be setup as a Practice Insight EDI Customer.**

Contact your EDI solutions vendor to confirm your EDI customer record has been setup.

This payer accepts dual clearinghouse claim submission. **YES**  
This payer notifies the provider when EDI Enrollment is completed. **NO**

**CHOOSE ONE METHOD- to submit to Practice Insight**

- A. **paperless** PRACTICE INSIGHT ENROLLMENT MANAGER.  
PI Support Vendors can submit using paperless method.
- B. Email: [pi-enrollment@waystar.com](mailto:pi-enrollment@waystar.com)

**ERAs (835) New or Change of Service**

**ENROLLMENT MANAGER**

**Step 1. Paperless Method (No Form Required)**

Within EDIInsight→Enrollment Manager, [**ADD Payer Enrollment**] for this payer.

**Step 2. SELECT** Enrollment Record, Click [**SUBMIT Enrollment**].

**COMPLETE ONLINE FORM** by entering the billing provider's group information.  
**ENTER** Provider ID – AVRS ID (Assigned to the provider by MCD CT)

Once submitted, the enrollment will be Assigned to PI Enrollment to be processed.

-Or-

**EMAIL TO [enrollment@practiceinsight.net](mailto:enrollment@practiceinsight.net)**

**Practice Insight 835-ERA Enrollment Form (1 page)**

Complete this form by entering the billing provider information to include: Provider Name,  
Tax ID #, NPI # and Provider ID (AVRS # assigned by MCD CT).

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**ALLOW 2-4 WEEKS FOR PROCESSING**

*If you do not begin receiving ERAs within 20 business days, contact your  
Practice Insight Support Vendor for assistance,  
or call Medicaid Connecticut EDI Dept. at 1-800-688-0503.*



Send completed forms to Practice Insight  
 Email: [enrollment@practiceinsight.net](mailto:enrollment@practiceinsight.net)

### 835-ERA Provider Enrollment Form

Payer Information		
Payer Name:		Payer ID#:
		<b>Preference for Aggregation of Remittance Data</b> SELECT ONLY ONE:
		Tax Identification Number (TIN)
<b>New Request</b>	<b>Change Request</b>	National Provider Identifier (NPI)
Provider Information		
Billing Provider Name:		
Billing NPI:		Tax ID:
Provider ID # MCD CT AVRS Number		Taxonomy Number:
Telephone Number:		Fax Number:
Primary Address:		
City:	State:	Zip:
Contact Information		
Contact Name:		
Telephone Number:		Email:
EDI Information		
Support Vendor / Reseller:		EDI Cust #:
Receiver Name:	Practice Insight	

Please Allow 4-6 Weeks For Processing