



Medicaid of Minnesota

Attention Providers:

To start sending your Medicaid of Minnesota claims through DentalXChange you will need to follow the instructions below required by the payer.

Payer:	Medicaid of Minnesota
Payer ID:	CKMN1
For Enrollment Questions:	Contact the DentalXChange Enrollment Department at Enrollment@dentalxchange.com
Payer Enrollment Application:	Minnesota Health Care Program (MHCP) Provider Setup Form
Upload, Email or Fax Application to:	Enrollment@dentalxchange.com Fax (800) 866-0006
Approval Process and Timeframes:	Payer estimates 30 business days from the date of submission.

4/17/23



Minnesota Health Care Programs (MHCP) Provider Setup Form

For use by Clearinghouses, [Billing Organizations](#) and providers

Notify MHCP whenever providers/billing organizations are **added or removed** from your list. Copy as needed.

CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID		CLEARINGHOUSE/BILLING ORGANIZATION NAME	
NAME OF PERSON COMPLETING THIS FORM		ADDRESS	
PHONE NUMBER - -	CITY	STATE	ZIP CODE

MHCP Pay-To Provider

PAY-TO PROVIDER NAME	NPI/UMPI	LINK TO CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY)
PAY-TO PROVIDER CONTACT NAME	PHONE NUMBER - -	REMOVE LINK TO CLEARINGHOUSE/BILLING ORGANIZATION SUBMITTER ID – EFFECTIVE DATE (MM/DD/YYYY)
PAY-TO PROVIDER SIGNATURE	DATE (MM/DD/YYYY)	CHOOSE ONE <input type="checkbox"/> Claim <input type="checkbox"/> ERA <input type="checkbox"/> Both

MHCP Pay-To Provider

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Fax this form to MHCP Provider Enrollment at 651-431-7462

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