

## Medicare Part B Alabama 837 and 835

### EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- The billing provider must be credentialed with Medicare and have a group PTAN # assigned by Medicare. The group PTAN # will be needed to submit this EDI request.
- EDI enrollment processing timeframe is approximately 20 days.
- Support Vendors may contact the EDIinsight Enrollment Team or call Palmetto GBA at 855-696-0705 to follow up on the EDI setup request.

### 837 Claims Transactions and 835 Electronic Remittance Advice:

- Navigate to the EDI Online Enrollment tool at [https://www4.palmettogba.com/edi\\_online\\_enroll/initEDIEnrollment.do?lob=JJB](https://www4.palmettogba.com/edi_online_enroll/initEDIEnrollment.do?lob=JJB).
  - From the **'Select your State'** dropdown, choose **'Alabama.'**
  - From the **'Customer Type'** dropdown, choose **'New.'**
  - From the **'Action Type'** dropdown, choose **'Add provider to an existing Submitter ID'** then click **'Next.'**
- You will be directed to the **'JJ AL Part B New Customer Add provider to an existing Submitter ID'** page.
  - Choose **'Clearinghouse or Billing Service.'**
  - For the transactions, check the boxes next to **'Submit Claims'** and **'Receive Electronic Remittances.'**
  - Review the selected information, then click **'Next.'**
- Complete the Provider Information section on the **'JJ Part B Apply for EDI Access'** page.
- Under the Submitter Information section, complete the fields with the below information:
  - Submitter ID: **PRIN0001**
  - Receiver ID: **PRIN0001**
    - **If error message 'Receiver ID NOT is Required' populates, leave this field blank.**
  - Submitter Name: **Practice Insight**
  - Type of Submitter: **Clearinghouse**
- Under the Contact Information section, complete the fields with the below information:
  - First and Last Name: **Enrollment**
  - Email: **pi-enrollment@waystar.com**
  - Phone: **713-333-6000**
  - Address: **1 Greenway Plaza, Suite 350, Houston, TX 77046**
  - Name of Network Service Provider: **Provider Name**
  - Review the completed information, then click **'Next.'**

**NOTE:** Subsequent online pages will ask for Provider's Address. The previous address entered for the clearinghouse may display in that address field. Replace the previous address for clearinghouse (1 Greenway Plaza) with Provider's Address- the Provider's Address must be the exact address Medicare has on file for the billing provider.

- You will be directed to the **'EDI Agreement'** page.
  - Check the box to agree to the EDI Enrollment Agreement terms, then complete the required fields.
  - Review the completed information, then click **'Next.'**
- You will be directed to the **'Provider Authorization Form'** page.
  - Review the completed fields.
  - Check the box to authorize the enrollment.
  - Enter your name, then click **'Preview/Download Form(s)'** to receive a copy of the submitted enrollment.
  - Click **'Submit.'**

**Submit the payer enrollment record indicating the online enrollment has been completed with the payer.**

LOGON to EDInsight-Enrollment Manager

ADD or SELECT payer enrollment record.

CLICK [**SUBMIT Enrollment**] to submit and ENTER Note saying... *Online enrollment was completed with the payer on MM/DD/YYYY.*