
Medicaid Massachusetts 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer record.
- See Steps 1-2 to create and submit provider authorization letter and submit enrollment.
- EDI enrollment processing timeframe is approximately 14 business days.
- Support Vendors may contact the EDIinsight Enrollment Team to request follow up on the EDI/ERA request.
Or, you may contact Mass Health at 1-800-841-2900 or email providersupport@mahealth.net

837 Claim Transactions and 835 Electronic Remittance Advice:

Step 1 Create a Provider Authorization letter. See Sample Letter on NEXT PAGE.

Print the letter on provider's letterhead. Obtain signature of provider, or person authorized to sign for provider.

Step 2 Submit to EDIinsight Enrollment Team

Within EDIinsight - Enrollment Manager:

GO TO or **[ADD Payer Enrollment]** record for this payer.

SELECT record, CLICK **[ATTACH File]** to attach the Provider Authorization Letter.

IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**

ENTER note indicating, "Enrolled on payer website"

CLICK to **"Save and Exit"** notes' window.

One-Page Fax To:
Fax # 617-988-8971

Mass Health
Medicaid Massachusetts

ATTN: EDI Dept. (1-800-841-2900 Press 1+8+3 for EDI Dept)

Please accept this, as authorization for - **Waystar Submitter #110076593A**
to submit 837-claims to Medicaid MA and retrieve 835-ERAS from Medicaid MA on behalf of these
providers, effective _____.

Thank you for processing this request. We also appreciate email confirmation (please send to pi-enrollment@waystar.com, advising once this EDI enrollment change has been completed.

Sincerely,

Signature _____ Date _____
(provider's signature or signature of authorized person in provider's office)

Name _____

Title _____