

Medicare Massachusetts Part A 837 and 835 Institutional

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 10 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the EDI setup request.

837 Claims Transactions:

- Navigate to the payer's website at www.ngsmedicare.com.
- If you already have a login, enter your User ID and Password to continue.
- If you do not have a login, go to the left side of the screen under **"Access NGS Medicare,"** select **"Part A"** then **"Massachusetts."**
- Under the **"Resources"** tab, select **"EDI Enrollment"** and then click **"Start Enrollment Process."** Accept the Attestation.
- Under the **"Entry Process Questions,"** choose **"I need to complete a Registration Form"** then click **"Next."**
 - Choose **"Clearinghouse"** as **"Method of Electronic Submission"** and then choose **"ZirMed, Inc."** from the **"Approved Entities list."**
- Under the **"Clearinghouse Contact Information,"** enter the following information:
 - Contact First Name: Tori
 - Contact Last Name: Hall
 - Email: enrollment@zirmed.com
- Under the **"General Information"** section, enter the provider's information and the contact information for an individual who is authorized to receive EDI information from this payer.
 - Select **"14211 – JK Part A MA"** as the Contractor Code.
- Under the **"PTAN/NPI Information"** section, enter the provider's NPI and PTAN. If the provider/facility physical name and address is different than the information entered in the previous step, also enter the provider's physical address information, and click **"Next."**
- Choose **"Setup or change your setup for sending claims electronically"** and click **"Submit."**
- If prompted with an EDI Enrollment Agreement Form page, read and check the boxes under the **"Terms and Conditions"** and enter the provider's or authorized official's name and title, then click **"Electronically Sign."**

- Complete all sections of the EDI Registration Form.
 - Under **“Section 1: Action,”** choose **“Link to Third Party”** and enter Trading Partner ID **CHA075045**. Check the box for **“ASC X12 837 Claim”** if not already checked.
 - Confirm the information pre-populated under Sections II, III, and IV.
 - If the information is correct, read and check the boxes under the **“Terms and Conditions”** and enter the provider’s or authorized official’s name and title and click **“Electronically Sign.”**
- After the enrollment has been submitted, a confirmation message will appear that includes an assigned Packet ID (PID). You can print the packet or click **“Finish and Exit.”** Please make note of your assigned PID.

835 Electronic Remittance Advice:

Follow the same steps as outlined for Claims with the following exceptions:

- After the **“PTAN/NPI Information”** section, choose **“Setup or change your setup for electronic remits”** and click **“Submit.”**
- Complete all sections of the EDI ERA Registration Form.
 - Choose **“Provider Federal Tax Identification Number”** as the **“Provider Identifiers.”**
 - Enter Trading Partner number - **CHA075045**.
 - Under the **“Electronic Remittance Advice Information”** section, choose **“Clearinghouse”** as **“Method of Retrieval.”**
 - Under the **“Electronic Remittance Vendor Information”** section, enter your software vendor information. **PLEASE NOTE:** This will **NOT** be the clearinghouse’s information. This will be the information for the billing software used.
 - The person submitting the enrollment must enter their name and title in the **“Authorized Signature”** section.
 - Read and check the boxes under **“Terms and Conditions”** and enter the provider’s or authorized official’s name and title and click **“Electronically Sign.”**

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 on MM/DD/YYYY.*

Please include your PTAN or Packet ID numbers so that the EDInsight Enrollment Team can follow up on the status of your enrollment.