

NGS Medicare States- Part A and B 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- The signer of the electronic form must be authorized to sign on behalf of the provider, as reported to the Provider Enrollment, Chain, and Ownership System (PECOS). If you are unsure who your authorized official is, please contact PECOS. Visit [PECOS.cms.hhs.gov](https://pecos.cms.hhs.gov) for PECOS access.
- This payer requires the enrollment to be completed online.
- For assistance with this enrollment, refer to the [User Guide](#). Please read all instructions prior to completing this enrollment. If additional information is needed, please contact NGS at: Jurisdiction 6: 877-273-4334, Jurisdiction K: 888-379-9132
- Enrollment processing timeframe is approximately 10 days.

837 Claims Transactions and 835 Electronic Remittance Advice:

- 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 your provider type then select the state.
- Under the "Resources" tab, select "EDI Enrollment" and then click "Start Enrollment Process." Accept the Attestation.
- The "EDI Enrollment Form" screen will appear. Choose "Provider" then click "Next."
- Select "I want to complete an EDI Registration Form" then click "Next."
- Select the Contractor Code from the attached list, then click "Next."
- Complete all sections of the EDI Registration Form.
 - Select the applicable transaction types.
 - Under "PTAN/NPI Information," 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.
- Under "Trading Partner Information," select/enter the following:
 - Action – Link to Third Party
 - Submitter Type – Clearinghouse
 - Enter the Trading Partner ID from the attached list
 - Contact First Name- EDI
 - Contact Last Name- Enrollment
 - Email- pi-enrollment@waystar.com
- Once all required sections have been completed, check the box to agree to the terms and conditions. Then, enter your name and title and click "Submit."

- 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.”

Within EDInsight- Enrollment Manager-

Take Action on the enrollment record and add note with details of submission.

LOGON to EDInsight- Enrollment Manager

ADD or SELECT payer enrollment record for the payer.

CLICK [**ADD Action Taken**], Select **WEBENROLL "Enrolled on Payer website"**

ENTER Note to indicate...*Online enrollment submitted on MM/DD/YYYY with Packet ID # _____.*

(Please be sure to include the Packet ID (PID) received after submitting the online enrollment. The PID will be needed in order for PI Enrollment to follow up or make inquires regarding the status of the EDI enrollment request.)

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Table- Listing of Medicare States with Payer ID, Contractor Code and Trading Partner ID

	PI List Payer ID	Medicare Contractor# (Entry for Web Enroll)	Practice Insight Trading Partner ID#
Connecticut Part B (JK)	MBCT2	13102	CHBC00653
FQHC / Rural Health (JK) (SEE also Wisconsin Part A)	MAWI1	06001	CHA075103
Illinois Part A (J6)	MAIL1	06101	Z6F8 (Zirmed/Waystar)
Illinois Part B (J6)	MBIL2	06102	67904
Maine Part B (JK)	MBME2	14112	7085
Massachusetts Part B (JK)	MBMA2	14212	7085
Minnesota Part B (J6)	MBMN2	06202	67904
New Hampshire Part B (JK)	MBNH2	14312	7085
New York Part B Downstate (JK)	MBNY2	13202	CH0000471
New York Part B Queens (JK)	MBNY4	13292	NYBQ11638
New York Part B Upstate (JK)	MBNY3	13282	CHBU01636
Rhode Island Part B (JK)	MBRI2	14412	7085
Vermont Part B (JK)	MBVT2	14512	7085
Wisconsin Part A (J6)	MAWI1	06001	CHA075103
Wisconsin Part B (J6)	MBWI2	06302	67904