

Railroad Medicare 837 and 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- The billing provider must be credentialed with Railroad Medicare and have an assigned Railroad Medicare Provider ID #. This is NOT the same as the provider's Medicare PTAN.
- EDI enrollment processing timeframe is approximately 20 days.
- Support Vendors may contact the EDIinsight Enrollment Team or call Railroad Medicare at 888-355-9165, option 2 to follow up on the EDI setup request. The Enrollment Team will need the Railroad Medicare PTAN # to assist with follow up. Please see instructions to "Take Action on the Enrollment record" (bottom of page 2), which includes entering the PTAN # to the note on the enrollment record.

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=RRB.
 - From the **'Customer Type'** dropdown, choose **'New.'**
 - From the **'Action Type'** dropdown, choose **'Add Provider to an existing Submitter ID and Receiver ID'** then click **'Next.'**
- You will be directed to the **'Railroad Medicare New Customer Add Provider to an existing Submitter ID and Receiver 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 **'Railroad Medicare Apply for EDI Access'** page.
- Under the Submitter Information section, complete the fields with the below information:
 - Submitter ID: **RR1796**
 - Receiver ID: **ER1796**
 - 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 Representative**
 - 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 exact address Railroad 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.'**

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, Railroad Medicare (00882).

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

ENTER Note to indicate...*Online enrollment submitted on MM/DD/YYYY for PTAN # _____.*

(Please be sure to include the Railroad Medicare Provider # (aka PTAN #) entered on the online request for the billing provider. The unique Railroad Medicare Provider # will be needed in order for PI Enrollment to follow up or make inquiries regarding the status of the EDI enrollment request.)