

INDIAN HEALTH/VETERAN AFFAIRS – PART B (MR085) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment](#)

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (877) 439-5479; or
- Mail the form to:
Novitas Solutions, Inc. – EDI
P.O. Box 3093
Mechanicsburg, PA 17055-1811

HOW DO I CHECK STATUS?

- Call (855) 252-8782 and provide them with your Medicare Provider ID and ask if you have been linked to Office Ally's Submitter ID JBRR3426.
- Once approved to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5-10 business days

HOW DO I ENROLL TO RECEIVE ERA'S?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of this form you will automatically be enrolled to receive Electronic Remittance Advice; however you will continue to receive paper remittances for 45 days after the effective date of ERA transmission.
- Existing EDI providers enrolling for ERA's should complete the above EDI Enrollment Form as follows:
 - Complete Sections A through D with the appropriate information
 - Complete section F by clicking the block "ERA Change Only"
 - Note: The ERA receiver ID is EJ41294.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:
Providers Submitter Number**

REVISED 9/29/16