

MEDICAID DISTRICT OF COLUMBIA (77033) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Xerox EDI Provider Enrollment Form

WHERE SHOULD I SEND THE FORM(S)?

- Fax to: (202) 906-8399; or
- Mail form to:
Xerox State Healthcare, LLC
Technical Support/Enrollment
PO Box 34734
Washington DC 20043-4761

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 2 weeks.

HOW DO I CHECK STATUS?

- Call Xerox at (866) 407-2005 and ask if you are enrolled and linked to Office Ally's Submitter ID 91168.
- Once enrollment has been approved, to complete your enrollment follow instructions on the "Note to My Clients Plus" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

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 Noridian Pre-Enrollments Please Also Include: Submitter number**

Revised 10/1/2012



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Xerox EDI Provider Enrollment Form

Please print or type. Complete all areas of the Xerox Provider Enrollment Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification.
<input type="checkbox"/> Individual <input type="checkbox"/> Group

Section 2. Submission Method. Please indicate how you plan to submit your electronic transactions.
<input type="checkbox"/> WINASAP5010 <input type="checkbox"/> Vendor Software <input checked="" type="checkbox"/> Billing Agent Clearinghouse

Section 3. Provider Information.	
<i>Business Name (If applicable)</i>	
<i>Provider Name (Last, First, MI, and Suffix)</i>	
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Provider Number (Required for Individuals)</i>	<i>Group Provider Number (Required for Groups)</i>
<i>Email Address (If applicable)</i>	

Section 4. Submitter/Trading Partner ID Number.							
If you are currently submitting electronic transactions directly to Xerox EDI Gateway, please indicate your Xerox EDI Gateway 5-digit Submitter ID or 6-digit Trading Partner ID:	<table border="1"> <tr> <td>9</td> <td>1</td> <td>1</td> <td>6</td> <td>8</td> <td> </td> </tr> </table>	9	1	1	6	8	
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Section 5. Contact Information. Please indicate contact information.	
<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	
Additional Contact Information. Please indicate additional contact information.	
<i>Contact Person</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Please attach additional sheets if necessary



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Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse. If you have indicated that you plan to use Vendor Software, a Billing Agent, or a Clearinghouse to submit your transactions electronically to Xerox EDI Gateway, please provide the following information. **(If you plan on using WINASAP5010, you do not need to complete this section.)**

Sub-section 6a. Type of Service that you use. Please indicate the type of service that you use to submit electronic transactions.

Software Vendor (SV) Clearinghouse (CH) Billing Agent (BA)

SV/CH/BA Name			
Contact Person		Contact Title	
Business Address			
City, State, and Zip Code			
Telephone Number		Fax Number	
Email Address			

Sub-section 6b. Provider Using a Software Vendor. If you plan to use Vendor Software, please complete the following information related to your software.

Software Name:		Software Version:		Protocol:	
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Sub-section 6c. Software Vendor, Billing Agent or Clearinghouse Submitter ID or Trading Partner ID.

Note: Your Billing Agent or Clearinghouse must be equipped with their own uniquely assigned Xerox EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with Xerox EDI.

Please indicate your Software Vendor/Clearinghouse/Billing Agent's 5-digit Submitter ID or 6-digit Trading Partner ID:

9	1	1	6	8	
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Section 7. Transactions Available for Transmission.	
Sub-Section 7a. WINASAP5010 (replacing WINASAP2003 software).	
Request for free WINASAP5010 Software:	
<input type="checkbox"/> I will download a copy from the Xerox website at www.acs-gcro.com .	
<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 837D (Dental Claim)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N Nursing Facility Claim (X12N 837I)
Sub-Section 7b. Standard Transactions (Submissions other than WINASAP5010.)	
<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 278 (Prior Authorization)
<input type="checkbox"/> X12N 837D (Dental Claim)	<input type="checkbox"/> X12N 270 (Eligibility Inquiry)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N 276 (Claim Status Inquiry)

Section 8. Delimiter Information. If you are submitting X12N transactions directly to Xerox EDI Gateway, please provide please provide an alternate delimiter if you are not using the default. (This information is not required if you are using WINASAP5010).		
Element Delimiter to be used:	<input type="text"/>	Segment Delimiter to be used:
	<input type="text"/>	
Default Delimiter (asterisk) *		Default Delimiter (tilde) ~
		Element Delimiter to be used:
		<input type="text"/>
		Default Delimiter (colon) :

Section 9. Electronic Response Retrieval.	
Washington, DC Medicaid providers can retrieve their electronic responses from the Xerox EDI Gateway Internet Data Exchange (iDEX). If you would like to participate in this service, please complete the section below.	
Responses available for X12N Transactions.	
<input type="checkbox"/> X12N 277CA (Claim Acknowledgement)	<input type="checkbox"/> X12N 999 (Functional Acknowledgement)
<input type="checkbox"/> X12N 271 (Eligibility Response)	<input type="checkbox"/> X12N 835 (Healthcare Claim Payment/Advice)
<input type="checkbox"/> X12N 277 (Claims Status Response)	<input type="checkbox"/> X12N 278 (Prior Authorization)

