

RAILROAD MEDICARE (MR018) PRE-ENROLLMENT INSTRUCTIONS



TO COMPLETE THE ENROLLMENT FORMS YOU WILL NEED:

- ✓ Railroad Medicare Provider Number (PTAN)
- ✓ Billing NPI on file with Palmetto for the Railroad Medicare PTAN
- ✓ Name and Address on file with Palmetto for the PTAN and Billing NPI

To verify this information, please contact Palmetto at (888) 355-9165.

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to **803-382-2416**; or
- Email the form to RREDI.ENROLL@PalmettoGBA.com

WHAT FORM(S) SHOULD I DO?

- [Complete EDI Enrollment Packet](#)
 - Includes **ALL** forms and instructions necessary to enroll with Railroad Medicare.
 - Should be used by all new providers or those not sure of what individual forms to complete.
- [Railroad Medicare EDI Application](#)
 - Anytime a provider switches from one clearinghouse to another, a new Railroad Medicare EDI Application must be completed to link the provider to the new clearinghouse's Submitter ID
- [Medicare EDI Enrollment Agreement](#)
 - For each unique Billing NPI (33A), there must be at least **ONE** EDI Enrollment Agreement form on file at Palmetto. When switching to a new clearinghouse, this form does not need to be completed again.
 - The form must be signed by the provider (if the form is for a solo doctor) or the president, CEO, or owner of the group (if the form is for a group).
- [Railroad Medicare Provider Authorization Form](#)
 - Every provider who authorizes a billing service and/or clearinghouse to act on their behalf must complete the Provider Authorization form. The form must be completed by the provider and submitted with the Railroad Medicare EDI Application.
 - The form must be signed by the provider (if the form is for a solo doctor) or the president, CEO, or owner of the group (if the form is for a group).

ELECTRONIC REMITTANCE ADVICE (ERA/835)

- In order to receive ERA's from Palmetto through Office Ally, make sure to check the "Electronic Remittance" box on the **Railroad Medicare EDI Application** and **Railroad Medicare Provider Authorization Form**. If you do not wish to receive ERAs through Office Ally, do not check this box.

WHAT PROVIDER NUMBER (PTAN) DO I USE ON THE FORM?

- Use one (1) provider number (PTAN) per form.
- If you are a group, list only your group name, group NPI and group provider number (PTAN)
 - Never list the rendering provider information whenever this is being completed for a group.
- If you are an incorporated solo provider, list your corporation name, corporation NPI and corporation provider number.
- If you are a solo provider (not incorporated), list your provider name, solo NPI and solo provider number.

DO I NEED TO COMPLETE ALL FORMS?

- If you have NEVER submitted your Railroad Medicare claims through Palmetto electronically (through any clearinghouse), you must complete all forms:
 - Medicare EDI Enrollment Agreement
 - Railroad Medicare EDI Application
 - Railroad Medicare Provider Authorization Form
- If you have submitted your Railroad Medicare claims through Palmetto electronically through another clearinghouse, you will only need to complete the below forms as the EDI Enrollment Agreement should already be on file.
 - Railroad Medicare EDI Application
 - Railroad Medicare Provider Authorization Form

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is approximately 4-6 weeks.

HOW DO I CHECK STATUS?

- Call Palmetto at (888) 355-9165 and ask if your PTAN and NPI have been linked to Office Ally's Submitter ID **RR3426**.
- Once notified of approval 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.

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