

# MEDICARE TEXAS – 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  
PO Box 3093  
Mechanicsburg, PA 17055-1811

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 5-10 business days.

## 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 you receive confirmation that you've been linked to Office Ally, you 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.

## HOW DO I ENROLL TO RECEIVE ERA'S?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon the completion of this form you will automatically be enrolled to receive Electronic Remittance Advice; however you will continue to receive paper remittance 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 E by clicking the block "ERA Change Only".
  - Complete section F by clicking the block "Assign ERAs to an existing submitter/receiver ID. To the right of this block add the Office Ally Submitter ID E16153.

## **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**