

CGS Medicare Part A, B and HHH 837 and 835

EDI Enrollment Instructions:

- To link with your clearinghouse for claims and ERA, **the provider is to access the payer's website** and complete the **enrollment on-line**. Please use the link provided below to access the CGS web site.
- **Complete the forms based on each group/billing provider number, PTAN/NPI pair.**
- Once completed, save, print and obtain appropriate signature(s).
- **Signed Provider Authorization form must be received by CGS within 7 days of completing online.**
- EDI enrollment processing can then take up to an additional **7 business days**.
- To check status of EDI enrollment, please contact the **CGS EDI Help Desk: Part A 866-590-6703, Part B 866-276-9558 or HHH 877-299-4500, Option 2 for all.**

837 Claim Transactions and 835 Electronic Remittance Advice:

Go to: [CGS On-line EDI Enrollment](#)

J15 EDI A/B MAC EDI Enrollment

Read and accept the terms and conditions for the Medicare EDI Enrollment Agreement.

Click **Accept** at the bottom.

Review the instructions and click **Continue to EDI Application**.

Complete the form as appropriate, using the information provided below.

Reason for Submission – **Change/Update Submitter Information**

Line of Business – **Select Appropriate Line of Business**

Submitter Information

Input Submitter ID:	Select from the table below.
(Both the 837 Submitter and 835 Receiver ID will be the same)	
Type of Submitter:	Clearinghouse
Submitter ID Entity Name:	eSolutions, Inc.
EDI Contact Person:	Enrollment Department
Submitter Phone Number:	866-633-4726
Submitter E-mail Address:	Enrollment@claimremedi.com
Submitter Fax Number:	913-273-2455
Submitter Address 1:	8215 W. 108th Terrace
Submitter City:	Overland Park
Submitter State:	KS
Submitter Zip:	66210

Software Vendor & Network Service Vendor

Name of Software Vendor: Leave Blank

Network Service Vendor: Leave Blank

Provider Information

Complete this section as appropriate.

Group Provider Number field = group level (PTAN).**Group NPI field** = enter corresponding NPI.Click **Submit** to create the Provider Authorization Form.**J15 EDI Provider Authorization Form**

Complete, print, enter the Tax ID and obtain the providers signature as appropriate.

Kentucky Part A (15101)	Submitter/Receiver ID	CHAO75019
Kentucky Part B (15102)	Submitter/Receiver ID	ZEJP
Ohio Part A (15201)	Submitter/Receiver ID	CHAO75019
Ohio Part B (15202)	Submitter/Receiver ID	N09410
HHH (15004)	Submitter/Receiver ID	CHAO75019

Submit All Pages of Completed Documents:

1. Fax to the appropriate CGS Department:
615-664-5943 Kentucky Part A
615-664-5917 Kentucky Part B
615-664-5945 Ohio Part A
615-664-5927 Ohio Part B
615-664-5947 Home Health & Hospice