
National Government Services (NGS) Medicare 837 and 835

EDI Enrollment Instructions:

- **Provider must access** the NGS Medicare Website to locate and complete the appropriate forms.
- Complete the forms using the provider's **billing/group level information** as credentialed with this payer.
- Refer to the attached Contractor Code Table for the eSolutions Submitter ID and Contractor Code.
- NGS now accepts enrollment documents with an Electronic Signature. **These must be completed by the provider.**
- See the instructions below on how to submit this enrollment packet.
- Enrollment processing timeframe is 10 business days.
- For assistance with this enrollment, see the NGS: **Guided Enrollment Instructions** under the **EDI Enrollment section, or by selecting the Help button** (top right of page). Please read all instructions prior to completing this enrollment. If additional information is needed, please contact NGS at: Jurisdiction 6: 877-273-4334, Jurisdiction K: 888-379-9132

837 Claim Transactions and 835 Electronic Remittance Advice:

Follow the instructions below to generate the appropriate forms:

Go to NGS website at: www.NGSMedicare.com

Sign in if you have a NGS account or select **"Continue as a Guest"**.

Complete the **"About Me"** dropdown box:

I am a Part A or Part B Provider.

Please select ... Appropriate state.

Select **Next - Accept** Attestation.

Select **Enrollment** tab, located in the top left of the page.

Select **EDI Enrollment**, located on the right side of the page.

Select **Start Enrollment Process (Guided Enrollment Instructions** are

located under this section and should be referenced on how to complete all EDI enrollment forms in this process.)

Attestation – Select **Accept**

Entry Process Questions

Select **I need to complete a Registration Form**

Method of Electronic Submission – Select **Clearinghouse**

Approved Entities List – Select **eSolutions, Inc.**

Clearinghouse Contact Information - complete with the following:

Contact First Name = **Enrollment**

Contact Last Name = **Department**

Email Address = enrollment@claimremedi.com

Select **Next**

Payer ID: See attached table

General Information

Complete all fields as appropriate

Select **Contractor Code and Clearinghouse Submitter ID** from the attached list.

PTAN/NPI Information

Complete all fields as appropriate

Choose Transaction Status

Claims (837)

Remittances (835)

Claims Status and Response (276/277)

Submitting the Packet

Once the General Enrollment Information section is complete and submitted, the necessary enrollment forms will be presented. All information previously entered will be auto-populated on each individual EDI form.

You will need to complete the following on each form to submit the enrollment packet:

- Verify all fields display the correct information on each form.
- Complete all remaining fields (see Individual form instructions, **Guided Enrollment Instructions via the Help Button**).
- Read the Terms and Conditions on each form, check each box if you agree.
- Have the authorized or delegated official on file with PECOS enter their name in the Authorized Official Name field and their employment title in the Authorized Official Title field on each form. The authorized or delegated official's name entered will be verified against the PECOS system by EDI Enrollment. These are the only Signatures that will be accepted on the EDI forms.
- Select the Electronically Sign button on each form.

After the enrollment packet is submitted, a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. This has completed the submission process. You will be given the options to Print this Packet, Finish and Exit, or Start New Packet.

Print this Packet: This will be for your records and the only opportunity to print the packet.

The packet is not faxed to EDI for processing.

Finish and Exit – This will return you to the EDI home page.

275 Electronic Claims Attachments

NGS Medicare now offers the 275 Electronic Attachments transaction. The enrollment for these transactions will be completed by your eSolutions enrollment specialist. **Please note there is an additional cost in order to leverage the NGS Medicare Claims Attachments with eSolutions.** To request this service, please email your Practice Name, requestor name, requestor phone number, address, NPI, Tax ID and a note to request the NGS 275 Attachments to: crsales@claimremedi.com. A Sales Representative will contact you to go over the details.

CLAIMREMEID ID	STATE	PART	SUBMITTER ID	CONTRACTOR CODE
JURISDICTION K				
CTMCR	Connecticut	A	CHAN75109	Part A CT 13101
CTMCR	Connecticut	B	CHBC01854	Part B CT 13102
MAMCR	Massachusetts	A	CHA075023	JK Part A MA 14211
MAMCR	Massachusetts	B	3021	Part B MA 14212
MEMCR	Maine	A	CHA075048	JK Part A ME 14011
MEMCR	Maine	B	3021	Part B ME 14112
NHMCR	New Hampshire	B	3021	Part B NH 14312
NYMCR	New York	A	CHAN75109	Part A NY 13201
NYMRE	New York - Downstate	B	CHBN01664	Part B NY (Downstate) 13202
NYMCQ	New York - Queens	B	CHBQ75022	Part B NY (Queens) 13292
NYMRU	New York - Upstate	B	CHBU01655	Part B NY (Upstate) 13282
RIMCR	Rhode Island	B	CVB140032	Part B RI 14412
VTMCR	Vermont	A	CHA075138	JK Part A VT 14013
VTMCR	Vermont	B	3021	Part B VT 14512
MEMCR	Home Health Hospice	A	CHA075048	JK Part A HH&H 14011
06014	Home Health Hospice	A	CHA075401	HH&H California 06014
JURISDICTION 6				
ILMCR	Illinois	A	ZHPY0000	Part A IL 06101
ILMCR	Illinois	B	99102	Part B IL 06102
MNMCR	Minnesota	A	CHA075092	Part A MN 06201
MNMCR	Minnesota	B	99102	Part B MN 06202
WIMCR	Wisconsin	A	HM54887	Part A WI 06001
WIMCR	Wisconsin	B	99102	Part B WI 06302
JURISDICTION M				
VAMCR	Virginia	A	CHA075255	JM WV/VA Part A 11003
WVMCR	West Virginia	A	CHA075255	JM WV/VA Part A 11003