

New York Medicaid 837 and 835

EDI Enrollment Instructions:

- Access the **enrollment forms using the links** given below.
- Complete the forms using the provider's information as credentialed with this payer.
- EFT enrollment is required to receive ERAs.
- **A separate form must be completed for each rendering provider, billing provider and group provider. This includes completing forms for every provider who is a member of a group as well as the group itself within the practice.**
- Once completed, save, print and obtain appropriate signature(s).
- **Please Note: Certificate Statement must be signed in the presence of a Notary Public.**
- EDI enrollment processing timeframe is approximately **10 business days**.
- To confirm linkage of the provider number to the clearinghouse ETIN of OSN, contact **Medicaid at emedny_enrollment@csra.com** .

837 Claim Transactions:

[Certification Statement/Instructions for Existing ETINs](#)

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

ETIN = Enter **OSN** (zero, S, N)

835 Electronic Remittance Advice:

[Electronic or PDF Remittance Advice Request](#)

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

Trading Partner ID ETIN = Enter **OSN** (zero, S, N)

Method of Retrieval = Check **835/820 Electronic Remittance**

Remittance Delivery Method = Check **Core WEB Services**

Exchange, Core WEB Services or FTP User ID = **KERIC1**

[Electronic Funds Transfer Authorization Form](#)

Complete the form as appropriate. An original voided check must be returned with this form.

[Default ETIN Selection Form](#)

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

Default ETIN = Enter **OSN** (zero, S, N)

Submit Completed Documents:

Mail original signed and notarized forms to

Waystar Enrollment Dept.

888 W. Market St.

Suite 400

Louisville, KY 40202