MEDICARE ARKANSAS PRE-ENROLLMENT INSTRUCTIONS - 00520

How long does pre-enrollment take?

- 7-10 Business Days

Where should I send the forms?

- Fax the forms to 501-378-2265

What forms are required?

- Complete the Clearinghouse Enrollment Packet – below are helpful form instructions:
  - Provider completes EDI Enrollee Information section
  - 837 Claims transmission Information has been pre-filled – no additional information required
  - 835 Electronic Remittance Advice Request – If you choose to receive Electronic Remittance, check the following boxes:
    - Yes (Requesting ERA)
    - Medicare B Professional 835
    - Clearinghouse (to receive Electronic Remittance)
    - Enter submitter ID: E3472
  - Leave the next two sections blank:
    - 270/271 Health Care Eligibility Benefit Inquiry & Response
    - 276/277 Health Care Claim Status Request & Response
  - Complete and sign Letter of Authorization with Provider Information
  - Complete and sign EDI Agreement

Who can sign the forms?

- Provider or authorized corporate officer

How does user check status or pre-enrollment?

- Call 866-582-3247 and provide Medicare Provider ID and ask if the Provider ID has been linked to Office Ally submitter ID # E3472.
- Medicare AR will notify provider’s office when enrollment is complete. Provider’s office must call Office Ally at 866-575-4120, opt. 1 and inform them enrollment has been approved before claims are submitted.

Important ERA Information:

- Effective immediately, all new EDI submitters will be set up with Electronic Remittance Advices (ERA) automatically. Once a provider has been receiving ERA for 45 days, CMS will no longer issue standard paper remittance advices. Should the provider wish to pick up their own ERA directly and not through Office Ally they will need to contact EDI services at edi_enrollment@arkbluecross.com and they will issue a submitter number to that provider.
Attached is the **Clearinghouse Enrollment Packet**. This packet authorizes someone other than the provider to electronically transmit 837 claims, 270/271, 276/277 and receive 835 remittance advice transactions. (i.e. clearinghouse, billing agent or third-party biller). **EDI Services requires only one enrollment packet per provider Group / Pay-to NPI \{National Provider Identifier\} Number.** Failure to include all necessary information will result in the rejection of this packet. Upon completion, you may return your packet via fax or mail to EDI Services for processing. **Paperwork with a stamped signature will be returned unprocessed.** The processing time is approximately 5-7 business days from the date of receipt. EDI will send a confirmation notice to the clearinghouse and provider once enrollment is complete via e-mail and standard postal mail. Any questions/status inquiries should be directed to the EDI mailbox ed@arkbluecross.com.

Upon approval and receipt of electronic transaction(s), EDI will forward all reports explaining whether or not your transaction(s) were accepted or rejected to your clearinghouse within one business day of receipt. Please contact your clearinghouse for your reports and status of your submitted transaction(s).

**RETURN TO:**
EDI-4BCS
PO Box 2181
Little Rock, AR  72203-2181
FedEx or UPS: 601 S. Gaines St. Little Rock, AR 72201
Fax (501) 378-2265
EDI Service Line (866) 582-3247
edi@arkbluecross.com

**Note:** To avoid a misunderstanding, please **Do Not** select transactions or transmissions you don’t have any intention nor the capability to execute.
EDI Enrollee Information

Submitter plans to transmit / download electronic transaction(s) in:

- [ ] Arkansas
- [ ] Louisiana
- [ ] Rhode Island

Provider’s Submitter ID Number: ________________ (write “New” if new enrollee)

Provider’s Clinic or Association Name: ______________________________________________________________________

Provider’s Address: _______________________________________________________________________________________

City ___________________________ State __________ Zip Code ___________

Contact Person in Provider’s Office: 1. ___________________________ 2. ___________________________

Telephone # ___________________ Fax # ___________________ E-mail Address ________________________

837 Claims Transmission Information

Requesting to transmit electronic claim transaction(s):

- [x] YES (Requesting 837) Indicate line of business:
  - [x] Medicare Part B Professional 837
  - [ ] Medicare Part A Institutional 837
  - [ ] Private Business Professional-1500 (AR Only)
  - [ ] Private Business Institutional-UB92 (AR Only)

835 Electronic Remittance Advice Request

Due to system limitations, we can only establish one (1) Submitter ID per Group/Pay-to NPI for retrieval of the ERA (835).

Requesting ANSI 835 4010A1 remit transaction(s):

- [ ] YES (Requesting ERA) Indicate line of business:
  - [ ] Medicare B Professional 835
  - [ ] Medicare A Institutional 835
  - [ ] Private Business (Arkansas Only)

  Indicate who will be retrieving your remits: [ ] Provider [ ] Clearinghouse

  Indicate Submitter ID Number picking up your remits: ________________

Once a provider has been receiving Medicare Part A electronic remittance advice (ERA) transactions for 30 days or Medicare Part B electronic remittance advice (ERA) transactions for 45 days, standard paper remittance advices (SPRs) will no longer be issued.
270 / 271 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY & RESPONSE

Medicare Contractors do not support this transaction nor provide free software. For more information, please visit the CMS website at [www.cms.hhs.gov/AccessToDataApplication](http://www.cms.hhs.gov/AccessToDataApplication)

The 270 is a request of coverage, eligibility, or benefit information. The 271 is the response sent by Arkansas Blue Cross with coverage, eligibility, or benefit information. Refer to the below web link to download the Private Business Transaction Companion Document.

http://www.arkansasblucross.com/providers/edi.aspx

- Requesting to transmit ABCBS 270/271 real-time transactions:

  - YES (Requesting 270/271)
  - Indicate line of business:
    - Private Business (Arkansas Only)

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276 / 277 HEALTH CARE CLAIM STATUS REQUEST & RESPONSE

Medicare Contractors do not support this transaction nor provide free software.

The 276 is a request of the status of a health care claim(s). The 277 is the response sent with the information regarding the specified claim(s). Questions regarding these transactions can be answered by downloading the [X12N Transaction User Guide](http://www.arkmedicare.com/provider/edi/default.htm) from the Medicare websites listed below.

- Requesting 276/277 transactions:

  - YES (Requesting 276/277)
  - Indicate line of business:
    - Medicare B Professional 276 Batch only
    - Medicare A Institutional 276 Batch only
    - Private Business Real time (Arkansas Only)

For questions/concerns or to obtain paperwork related to electronic Medicare transactions, please visit one of our websites as listed below:


**Note:** To avoid a misunderstanding, please Do Not select transactions or transmissions you do not intend nor have the capability to execute.
LETTER OF AUTHORIZATION

This document is for the purpose of authorizing someone other than the Provider to submit or receive electronic data interchange (EDI) transactions on behalf of the Provider. **An original signature is required from the Provider, or authorized person on the Provider’s behalf. An authorized signature is one who can sign legal documents on behalf of the Provider. Signatures from billing services or clearinghouses are not accepted.**

<table>
<thead>
<tr>
<th>Provider or Facility Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group PTAN/Pay-to Provider Number:</td>
<td></td>
</tr>
<tr>
<td>Group/Pay-to NPI Number:</td>
<td></td>
</tr>
<tr>
<td>Provider Submitter Number:</td>
<td></td>
</tr>
<tr>
<td>Tax ID Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clearinghouse Name:</th>
<th>OFFICE ALLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearinghouse Submitter Number:</td>
<td>E3472</td>
</tr>
<tr>
<td>Effective Date:</td>
<td></td>
</tr>
</tbody>
</table>

By my signature below, I authorize the above named Billing Agent or Clearinghouse to submit or receive electronic data interchange (EDI) transactions on behalf of the above named Provider.

____________________________________  ______________________________________
Signature                Printed Name

____________________________________  ______________________________________
Title            Date

RETURN TO:
EDI-4BCS
PO Box 2181
Little Rock, AR  72203-2181

FedEx or UPS: 601 S. Gaines St. Little Rock, AR 72201
Fax (501) 378-2265
EDI Service Line (866) 582-3247
edi@arkbluecross.com
EDI Agreement

Below is the EDI Agreement, which is a required component of the entire enrollment packet for a provider submitting claims electronically, as stipulated by the Centers for Medicare and Medicaid Services.

A. The Provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS’s carriers, MACs or FIs:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents.

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its carriers, MACs, FIs or another contractor if so designated by CMS, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law.

3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file.

4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:

<table>
<thead>
<tr>
<th>Beneficiary’s name</th>
<th>Diagnosis/nature of illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary’s health insurance claim number</td>
<td>Procedure/service</td>
</tr>
<tr>
<td>Date(s) of service</td>
<td>Performed</td>
</tr>
</tbody>
</table>

5. That the Secretary of Health and Human Services or his/her designee and/or the carrier, MAC, FI or other contractor if designated by CMS has the right to audit and confirm information submitted by the Provider and shall have access to all original source documents and medical records related to the Provider’s submissions, including the beneficiary’s authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines.

6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer.

7. That it will submit claims that are accurate, complete, and truthful.

8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid.
9. That it will affix the CMS-assigned unique identifier (submitter identifier) of the Provider on each claim electronically transmitted to the carrier, MAC, FI or other contractor if designated by CMS.

10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the Provider’s legal electronic signature and constitutes an assurance by the Provider that services were performed as billed.

11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.

12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.

13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its carrier, MAC, FI or other contractor if designated by CMS, shall not be used by agents, officers, or employees of the billing service except as provided by the carrier, MAC, or FI (in accordance with §1106(a) of the Social Security Act {the Act}).

14. That it will research and correct claim discrepancies.

15. That it will notify the carrier, MAC, FI or other contractor if designated by CMS within two business days if any transmitted data are received in an unintelligible or garbled form.

B. The Centers for Medicare and Medicaid Services (CMS) agrees to:

1. Transmit to the Provider an acknowledgement of claim receipt.

2. Affix the carrier, MAC, FI or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the Provider.

3. Ensure that payments to Providers are timely in accordance with CMS’ policies.

4. Ensure that no carrier, MAC, FI or other contractor if designated by CMS may require the Provider to purchase any or all electronic services from the carrier, MAC, or FI or from any subsidiary of the carrier, MAC, FI, or other contractor if designated by CMS or from any company for which the carrier, MAC, or FI has an interest. The carrier, MAC, FI or other contractor designated by CMS will make alternative means available to any electronic biller to obtain such services.

5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare carrier, MAC, FI or other contractor is designated by CMS to make available to Providers or their billing services, regardless of the electronic billing
technique or service they choose. Equal access will be granted to any services the carrier, MAC, FI or other contractor is designated by CMS sells directly, indirectly, or by arrangement.

6. Notify the Provider within two business days if any transmitted data are received in an unintelligible or garbled form.

NOTICE:
Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document. This document shall become effective when signed by the Provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to carrier, MAC, FI or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature:
I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider’s Name

Provider/Facility Name

Provider’s Pay-to NPI Number

Group PTAN/ Pay-to Provider Number

Provider’s Physical Address

City, State, Zip

Signature

Title

Printed Name of the Above Signer

Daytime Telephone Number

Check One:  □ New Submitter

□ Joining an Existing Submitter ID#  Submitter ID#  E3472

RETURN ADDRESS:
EDI Services 4-BC/S
PO Box 2181
Little Rock, AR  72203
FedEx or UPS: 601 S. Gaines St. Little Rock, AR. 72201
Fax (501) 378-2265
EDI Service Line (866) 582-3247
edi@arkbluecross.com

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