

- a) User Id: Enter User Login
- b) Password: Enter Password – Password changes every 30 days.
- A. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 16. MRBNJA – New Jersey Medicare ‘B’ High Mark

- A. Testing Required
- B. Enrollment and EDI Support call 866-488-0546.
- C. BBS Production Telephone Number 803-788-9860
- D. Vendor Code ‘V00267’
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBNJAP4.EXE.
- F. Additional information see [www.highmarkmedicareservices.com](http://www.highmarkmedicareservices.com).
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in New Jersey Medicare B:
  - 1) Go to [www.highmarkmedicareservices.com](http://www.highmarkmedicareservices.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘C00901’
    - d) Payer ID: ‘00901’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MRBNJA’ – New Jersey Medicare B (Ansi)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBNJAP4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter Vendor Code
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN)

## 17. MRBNMA - New Mexico Medicare ‘B’ Trailblazer

- A. Testing Required
- B. Enrollment call 866-749-4302
- C. EDI Support call 866-749-4302
- D. BBS Production Telephone Number 803-788-9860
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBNMCP4.EXE.
- F. Additional information see [www.oklamedicare.com](http://www.oklamedicare.com)
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in New Mexico Medicare B:
  - 1) Go to [www.trailblazerhealth.com](http://www.trailblazerhealth.com) > Provider Information > EDI > Download File Center > EDI Enrollment Form
- I. Insurance Record Setup
  - 1) License Tab

- a) Provider Code: Enter Provider Code
- b) Group Code: Enter Group Code, if applicable
- c) Receiver ID: '04202'
- d) Payer ID: '04202'
- 2) Set Up Tab
  - a) Ins. Source: 'C' – Medicare B
  - b) Ins. Type: 'MP' – MEDICARE PRIMARY
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MRBNMA' – New Mexico Medicare B (Ansi)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBNMCP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter ''
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Special Function #1
  - 3) 835 ERN's Download Files – Select Special Function #1
    - a) 835 files can be processed in MED2000 > Payments
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.

## **18. MRBNVA - Nevada Medicare 'B' Noridian**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. Service Center call 866-931-3901.
- D. BBS Production Telephone Number 701-277-2358
- E. Current Script File is C:\MED\_2000\SUPPORT\MRBNVAP4.EXE.
- F. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Nevada Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - a) License Tab
  - b) Provider Code: Enter Provider Code
  - c) Group Code: Enter Group Code, if applicable
  - d) Receiver ID: '0043'
  - e) Payer ID: '00834'
  - f) UPIN Code: '33477'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBNVA' – Nevada Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBNVAP4' – Script File
    - b) Bat File: 'Y'

- c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
- 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 19. MRBNVB – Nevada Medicare 'B' – PalmettoGBA

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4301, #4 #4 #3.
- C. Service Center call 866-931-3901.
- D. The MED\_2000 Vendor Software Security ID # is 1086JB.
- E. BBS Production Telephone Number 803-788-9860.
- F. Current Script File is C:\MED\_2000\SUPPORT\ MRBNVBP4.EXE.
- G. Additional information see [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
- H. File ID to send is C:\PCPLUS\MEDICARB
- I. All providers must enroll in Nevada Medicare B PalmettoGBA. To enroll
  - 1) Go to [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
    - a) Go to EDI > EDI Enrollment > J1 Enrollment Form > Download jiedienrollmentagreementform.pdf.
    - b) Go to EDI > EDI Enrollment > J1 Application Form > Download jiediapplicationform.pdf.
  - 2) Enrollment Agreements must be completed and mailed as instructed on form.
  - 3) Application Forms must be completed and mailed or faxed as instructed on form.
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '01302'
    - d) Payer ID: '01302'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBNVB' – Nevada Medicare B
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - b) Program: 'MRBNVBP4' – Script File
    - c) Bat File: 'Y'
    - d) Drive: 'C'
    - e) Directory: '\PCPLUS'
    - f) Telephone No: Enter BBS Telephone Number
    - g) User Id: Enter Submitter Code
    - h) Password: Enter Password
    - i) Special: '1086JB'
- K. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of '997'. Download Response Report will begin with 'RES'. To receive both reports, two download response accesses will be required.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Special Function #1
  - 3) 835 ERN's Download Files – Select Special Function #1
    - a) 835 files can be processed in MED2000 > Payments
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.

## 20. MR2NVB – Nevada Medicare ‘B’ – PalmettoGBA – 2<sup>nd</sup> Payer

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4301, #4 #4 #3.
- C. The MED\_2000 Vendor Software Security ID # is 1086JB.
- D. BBS Production Telephone Number 803-788-9860.
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBNVBP4.EXE.
- F. Additional information see [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. All providers must enroll in Nevada Medicare B PalmettoGBA. To enroll
  - 1) Go to [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
    - a) Go to EDI > EDI Enrollment > J1 Enrollment Form > Download jiedenrollmentagreementform.pdf.
    - b) Go to EDI > EDI Enrollment > J1 Application Form > Download jiediapplicationform.pdf.
  - 2) Enrollment Agreements must be completed and mailed as instructed on form.
  - 3) Application Forms must be completed and mailed or faxed as instructed on form.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘01302’
    - d) Payer ID: ‘01302’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MR2NVB’ – Nevada Medicare B
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBNVBP4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter Submitter Code
    - g) Password: Enter Password
    - h) Special: ‘1086JB’
- J. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of ‘997’. Download Response Report will begin with ‘RES’. To receive both reports, two download response accesses will be required.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Special Function #1
  - 3) 835 ERN’s Download Files – Select Special Function #1
    - a) 835 files can be processed in MED2000 > Payments
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.

## 21. MRBNY0 - New York Medicare ‘B’ Empire

- A. Testing Required
- B. Enrollment and EDI Support call 866-889-7322
- C. Claims submitted on internet via IVANs.
- D. Additional information see [www.empiremedicare.com](http://www.empiremedicare.com).
- E. File ID to send is C:\PCPLUS\MEDICARB.
- F. To enroll in New York Medicare
  - 1) Go to [www.empiremedicare.com](http://www.empiremedicare.com)
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable

- c) Receiver ID: '00803'
- d) Payer ID: '00803'
- 2) Set Up Tab
  - a) Ins. Source: 'C' – Medicare B
  - b) Ins. Type: 'MP' – MEDICARE PRIMARY
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MRBNY0' – New York Medicare (Ansi)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'BS0NY0P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- H. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 22. MRBOKA – Oklahoma Medicare 'B' Trailblazer

- A. Testing Required
- B. Enrollment call 866-539-5596
- C. EDI Support call 866-582-3247 or 866-726-1711
- D. BBS Production Telephone Number
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBOKAP4.EXE.
- F. Additional information see [www.oklamedicare.com](http://www.oklamedicare.com)
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Oklahoma Medicare B:
  - 1) Go to [www.oknmmedicare.com](http://www.oknmmedicare.com) > Provider Information > EDI > Download File Center > EDI Enrollment Form
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '04301'
    - d) Payer ID: '04301'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBOKA' – Oklahoma Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBOKP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Manual Download using Procomm

- 2) Claim Error Response Reports – Manual Download using Procomm
- 3) 835 ERN's Download Files – Manual Download using Procomm

### **23. MRBORA – Oregon Medicare 'B' Noridian**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. BBS Production Telephone Number 701-277-2358
- D. Current Script File is C:\MED\_2000\SUPPORT\MRBORAP4.EXE.
- E. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in Oregon Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: '0042'
    - d. Payer ID: '00835'
    - e. UPIN Code: '33477'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBORA' – Oregon Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBORAP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **24. MRBPAA – Pennsylvania Medicare 'B' High Mark**

- A. Testing Required
- B. Enrollment and EDI Support call 866-488-0546 #1 #1.
- C. BBS Production Telephone Number 717-214-7376
- D. Vendor Code ''
- E. Current Script File is C:\MED\_2000\SUPPORT\MRBPAAP4.EXE.
- F. Additional information see [www.highmarkmedicareservices.com](http://www.highmarkmedicareservices.com).
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Pennsylvania Medicare B:
  - 1) Go to [www.highmarkmedicareservices.com](http://www.highmarkmedicareservices.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00865'
    - d) Payer ID: '00865'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B

- b) Ins. Type: 'MP' – MEDICARE PRIMARY
- c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MRBPAA' – Pennsylvania Medicare B (Ansi)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBPAA4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter Vendor Code
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN)

## **25. MRBRIA – Road Island Medicare 'B' AR Blue Cross**

- A. Testing Required
- B. Enrollment call 866-582-3251
- C. EDI Support call 866-582-3247 or 866-726-1711
- D. BBS Production Telephone Number
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBRIAP4.EXE.
- F. Additional information see [www.rimedicare.com](http://www.rimedicare.com)
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Rhode Island Medicare B:
  - 1) Go to [www.rimedicare.com](http://www.rimedicare.com) > Provider Information > EDI > Download File Center > EDI Enrollment Form
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00524'
    - d) Payer ID: '00524'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBRIA' – Rhode Island Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBRIAP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Manual Download using Procomm
  - 2) Claim Error Response Reports – Manual Download using Procomm
  - 3) 835 ERN's Download Files – Manual Download using Procomm

## 26. MRBSDA – South Dakota Medicare ‘B’ Noridian

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. BBS Production Telephone Number 701-277-2358
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBSDAP4.EXE.
- E. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in South Dakota Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: ‘0039’
    - d. Payer ID: ‘03402’
    - e. UPIN Code: ‘33477’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MRBSDA’ – South Dakota Medicare B (Ansi)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBSDAP4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

## 27. MRBTNA - Tennessee Medicare ‘B’ Cigna

- A. Testing Required
- B. Enrollment and EDI Support call
- C. BBS Production Telephone Number
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBTNAP4.EXE.
- E. Additional information see [www.cignagovernmentservices.com](http://www.cignagovernmentservices.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in Tennessee Medicare B:
  - 1) Go to [www.cignagovernmentservices.com](http://www.cignagovernmentservices.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID:
    - d) Payer ID:
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code

- b) Ele. Type: 'E' – Electronic Carrier
- c) Ele. Code: 'MRBTNA' – Tennessee Medicare B (Ansi)
- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBTNAP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 28. MRBTXA - Texas Medicare 'B' Trailblazer

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4302 #4 #4 #3
- C. BBS Production Telephone Number 803-788-9860
- D. Vendor Code 'V00267'
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBTXAP4.EXE.
- F. Additional information see [www.trailblazerhealth.com](http://www.trailblazerhealth.com).
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Texas Medicare B:
  - 1) Go to [www.trailblazerhealth.com](http://www.trailblazerhealth.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '04402'
    - d) Payer ID: '04402'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBTXA' – Texas Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBTXBP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter Vendor Code
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Special Function #1
  - 3) 835 ERN's Download Files – Select Special Function #1
    - a) 835 files can be processed in MED2000 > Payments
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.

## 29. MRBUTA – Utah Medicare ‘B’ Noridian

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. BBS Production Telephone Number 701-277-2358
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBUTAP4.EXE.
- E. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in Utah Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: ‘0032’
    - d. Payer ID: ‘03502’
    - e. UPIN Code: ‘33477’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MRBUTA’ – Utah Medicare B (Ansi)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBUTAP4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

## 30. MRBVAA – Virginia Medicare ‘B’ Trailblazer

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4302
- C. BBS Production Telephone Number 803-788-9860
- D. Vendor Code ‘V00267’
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBVAAAP4.EXE.
- F. Additional information see [www.trailblazerhealth.com](http://www.trailblazerhealth.com).
- G. File ID to send is C:\PCPLUS\MEDICARB
- H. To enroll in Virginia Medicare B:
  - 1) Go to [www.trailblazerhealth.com](http://www.trailblazerhealth.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘C00904’
    - d) Payer ID: ‘00904’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code

- b) Ele. Type: 'E' – Electronic Carrier
- c) Ele. Code: 'MRBVAA' – Virginia Medicare B (Ansi)
- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBVAAAP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter Vendor Code
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN)

### **31. MRBVTA – Vermont Medicare 'B' NHIC**

- A. Testing Required
- B. Enrollment or Inquiries call 877-713-6389 or 877-528-4442
- C. EDI Support call 781-749-7745
- D. FAX 207-294-6153
- E. BBS Production Telephone Number
- F. Current Script File is C:\MED\_2000\SUPPORT\MRBVMAP4.EXE.
- G. Additional information see [www.medicarenhic.com](http://www.medicarenhic.com).
- H. File ID to send is C:\PCPLUS\MEDICARB
- I. To enroll in Vermont Medicare B:
  - 1) Go to [www.medicarenhic.com](http://www.medicarenhic.com)
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID:
    - d) Payer ID:
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBVMA' – Vermont Medicare (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBVMAP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password – Password changes every 30 days.
- K. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **32. MRBWAA – Washington Medicare 'B' Noridian**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094

- C. BBS Production Telephone Number 701-277-2358
- D. Current Script File is C:\MED\_2000\SUPPORT\MRBWAAP4.EXE.
- E. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in Washington Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '0041'
    - d) Payer ID: '00836'
    - e) UPIN Code: '33477'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBWAA' – Washington Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBWAAP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **33. MRBWIA – Wisconsin Medicare 'B' WPS**

- a. Testing Required
- b. Enrollment and EDI Support call 877-567-7261
- c. BBS Production Telephone Number
- d. Current Script File is C:\MED\_2000\SUPPORT\MRBWIAP4.EXE.
- e. Additional information
- f. File ID to send is C:\PCPLUS\MEDICARB
- g. To enroll in Wisconsin Medicare B:
  - 1) Go to
- h. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ''
    - d) Payer ID: ''
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBWIA' – Washington Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System

- 4) Modem Tab
  - a) Program: 'MRBWIAP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- i. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay

### **34. MRBWYA – Wyoming Medicare 'B' Noridian**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. BBS Production Telephone Number 701-277-2358
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBWYAP4.EXE.
- E. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- F. File ID to send is C:\PCPLUS\MEDICARB
- G. To enroll in Wyoming Medicare B:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '0040'
    - d) Payer ID: '03602'
    - e) UPIN Code: '33477'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBWYA' – Wyoming Medicare B (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBWYAP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## **IV. MEDICARE 'DME'**

### **1 MRBED1 – Common EDI – All Regions**

- A. Testing Required
- B. Enrollment see [www.ngscedi.com](http://www.ngscedi.com).
- C. EDI Support call 866-311-9184 #2

- D. BBS Production Telephone Number 888-293-7041
- E. Default Password 'Go2CEDi!'
- F. Current Script File is C:\MED\_2000\SUPPORT\ MRBED1P4.EXE.
- G. Additional information see [www.ngscedi.com](http://www.ngscedi.com).
- H. File ID to send is C:\PCPLUS\
- I. To enroll in Medicare B DME::
  - 1) Go to [www.ngscedi.com](http://www.ngscedi.com)
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '17003'
    - d) Payer ID: '17003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Number
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBED1' – DMERC Region A (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBED1P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter Submitter Number
    - g) Password: Enter Password
    - h) Special:
- K. Download Options – All download files are in one download mailbox.
  - 1) Download All Response Files – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN Download Files – Use Download Response File or Special Function #1

## 2 MR2ED1 – Common EDI – All Regions – 2<sup>nd</sup> Payer

- A. Testing Required
- B. Enrollment see [www.ngscedi.com](http://www.ngscedi.com).
- C. EDI Support call 866-311-9184 #2
- D. BBS Production Telephone Number
- E. Current Script File is C:\MED\_2000\SUPPORT\ MR1ED1P4.EXE.
- F. Additional information see [www.ngscedi.com](http://www.ngscedi.com).
- G. File ID to send is C:\PCPLUS\
- H. To enroll in Medicare B DME:
  - 1) Go to [www.ngscedi.com](http://www.ngscedi.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ''
    - d) Payer ID: ''
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier

- c) Ele. Code: 'MR2ED1' – DMERC Region A (ANSI)
- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MR2ED1P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter ERN Telephone Number
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 3 MRBDM1 – NHIC Medicare 'B' DME – Region 'A'

- A. Testing Required
- B. Enrollment and EDI Support call 866-563-0049, 866-419-9458 #0, 570-735-9429.
- C. EDI Support 866-311-9184
- D. BBS Production Telephone Number 781-741-6056
- E. BBS ERN Telephone Number 781-741-6057
- F. Current Script File is C:\MED\_2000\SUPPORT\MRBDM1P4.EXE.
- G. Additional information see [www.medicarenhic.com](http://www.medicarenhic.com).
- H. File ID to send is C:\PCPLUS\DMERC\_A
- I. To enroll in Medicare B DME – Region 'A':
  - 1) Go to [www.medicarenhic.com](http://www.medicarenhic.com)
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '16003'
    - d) Payer ID: '16003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBDM1' – DMERC Region A (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBDM1P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter ERN Telephone Number
- K. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

#### **4 MRBDM1 – NHIC Medicare 2<sup>nd</sup> Payer ‘B’ DME – Region ‘A’**

- A. Testing Required
- B. Enrollment and EDI Support call 866-563-0049, 866-419-9458 #0, 570-735-9429.
- C. BBS Production Telephone Number 781-741-6056
- D. BBS ERN Telephone Number 781-741-6057
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBMD1P4.EXE.
- F. Additional information see [www.medicarenhic.com](http://www.medicarenhic.com).
- G. File ID to send is C:\PCPLUS\ DMERC\_A
- H. To enroll in Medicare B DME – Region ‘A’:
  - 1) Go to [www.medicarenhic.com](http://www.medicarenhic.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘16003’
    - d) Payer ID: ‘16003’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘M2’ – MEDICARE 2<sup>nd</sup> PAYER
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MR2DM1’ – DMERC Region A (ANSI)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBDM1P4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter ERN Telephone Number
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

#### **5 MRBDM2 – AdminiStar Medicare ‘B’ DME – Region ‘B’**

- A. Testing Required
- B. Enrollment and EDI Support call 877-273-4334
- C. BBS Production Telephone Number 800-634-0116
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM2P4.EXE.
- E. Additional information see [www.administar.com](http://www.administar.com).
- F. File ID to send is C:\PCPLUS\ DMERC\_B
- G. To enroll in Medicare B DME – Region ‘B’:
  - 0) Go to [www.administar.com](http://www.administar.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘17003’
    - d) Payer ID: ‘17003’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code

- b) Ele. Type: 'E' – Electronic Carrier
- c) Ele. Code: 'MRBDM2' – DMERC Region B (ANSI)
- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBDM2P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox and system will download all reports at 1 time..
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## **6 MR2DM2 – AdminiStar Medicare 2<sup>nd</sup> Payer 'B' DME – Region 'B'**

- A. Testing Required
- B. Enrollment and EDI Support call 877-273-4908
- C. BBS Production Telephone Number 800-634-0116
- D. Current Script File is C:\MED\_2000\SUPPORT\MRBDM2P4.EXE.
- E. Additional information see [www.administar.com](http://www.administar.com).
- F. File ID to send is C:\PCPLUS\DMERC\_B
- G. To enroll in Medicare B DME – Region 'B':
  - 1) Go to [www.administar.com](http://www.administar.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '17003'
    - d) Payer ID: '17003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'M2' – MEDICARE 2<sup>nd</sup> PAYER
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MR2DM2' – DMERC Region B (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBDM2P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox and system will download all reports at 1 time..
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## **7 MRBDM3 – Cigna Medicare 'B' DME – Region 'C'**

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4301, #2 #4.

- C. The MED\_2000 Software Security ID # is 1106DM.
- D. BBS Production Telephone Number 803-788-9860
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM3P4.EXE.
- F. Additional information see [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com) or <http://www.cignagovernmentsservices.com/edi/dmerc/manuals/EDIManual0707.pdf>
- G. File ID to send is C:\PCPLUS\ DMERC\_C
- H. To enroll in Medicare B DME – Region ‘C’:
  - 1) Go to [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com)
- I. Insurance Record Setup
  - 2) License Tab
    - a) Provider Code: Enter Provider Code
    - a) Group Code: Enter Group Code, if applicable
    - b) Receiver ID: ‘C0885’
    - c) Payer ID: ‘18003’
  - 3) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
      - 1) Electronic Tab
    - f) Submit Code: Enter Submitter Code
    - g) Ele. Type: ‘E’ – Electronic Carrier
    - h) Ele. Code: ‘MRBDM3’ – DMERC Region C (ANSI)
    - i) Ele. Medium: ‘E’ – Electronic Format
    - j) System Type: ‘P’ – Production System
      - 2) Modem Tab
        - i) Program: ‘MRBDM3P4’ – Script File
        - j) Bat File: ‘Y’
        - k) Drive: ‘C’
        - l) Directory: ‘\PCPLUS’
        - m) Telephone No: Enter BBS Telephone Number
        - n) User Id: Enter User Login
        - o) Password: Enter Password
- J. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of ‘997’ and the Download Response Report will begin with ‘RES’. To receive both reports, two download response accesses will be required.
  - i. 997 Functional Acknowledgements – Select Download Response File
  - ii. Claim Error Response Reports – Select Download Response File
  - iii. 835 ERN’s Download Files – Select Download Pay (ERN) File

## **8 MR2DM3 – Cigna Medicare 2<sup>nd</sup> Payer ‘B’ DME – Region ‘C’**

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4301, #2 #3.
- C. The MED\_2000 Software Security ID # is 1106DM.
- D. BBS Production Telephone Number 803-788-9860
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM3P4.EXE.
- F. Additional information see [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com) or <http://www.cignagovernmentsservices.com/edi/dmerc/manuals/EDIManual0707.pdf>
- G. File ID to send is C:\PCPLUS\ DMERC\_C
- H. To enroll in Medicare B DME – Region ‘C’:
  - 1) Go to [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com)
- I. Insurance Record Setup
  - 1) License Tab
    - 4) Provider Code: Enter Provider Code
    - 5) Group Code: Enter Group Code, if applicable
    - 6) Receiver ID: ‘C0885’
    - 7) Payer ID: ‘18003’
      - 1) Set Up Tab
        - a) Ins. Source: ‘C’ – Medicare B
        - b) Ins. Type: ‘M2’ – MEDICARE 2<sup>nd</sup> PAYER
        - c) Default POS: Enter Default POS
      - 2) Electronic Tab

- a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MR2DM3' – DMERC Region C (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 3) Modem Tab
- a) Program: 'MRBDM3P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of '997' and the Download Response Report will begin with 'RES'. To receive both reports, two download response accesses will be required.
- 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## **9 MRBDM4 – Noridian Medicare 'B' DME – Region 'D'**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. Reset Passwords call 800-810-3388
- D. BBS Production Telephone Number 860-602-0000
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM4P4.EXE.
- F. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com) or <http://www.cignagovernmentservices.com/edi/dmerc/manuals/EDIManual0707.pdf>.
- G. File ID to send is C:\PCPLUS\DMERC\_D
- H. To enroll in Medicare B DME – Region 'D':
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '19003'
    - d) Payer ID: '19003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBDM4' – DMERC – Region D (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBDM4P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password – Passwords changed every 60 days.
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 10 MR2DM4 – Noridian Medicare 2<sup>nd</sup> PAYER ‘B’ DME – Region ‘D’

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. Reset Passwords call 800-810-3388
- D. BBS Production Telephone Number 860-602-0000
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM4P4.EXE.
- F. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com) or <http://www.cignagovernmentservices.com/edi/dmerc/manuals/EDIManual0707.pdf>
- G. File ID to send is C:\PCPLUS\DMERC\_D
- H. To enroll in Medicare B DME – Region ‘D’:
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘0047’
    - d) Payer ID: ‘19003’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MRBDM4’ – DMERC – Region D (ANSI)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBDM4P4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password – Passwords changed every 60 days.
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

## IV. MEDICARE – Drugs

### 1. MR1ED1 – Common EDI - DME NCPDP – All Regions

- A. Testing Required
- B. Enrollment see [www.ngscedi.com](http://www.ngscedi.com).
- C. EDI Support call 866-311-9184 #2
- D. BBS Production Telephone Number
- E. Current Script File is C:\MED\_2000\SUPPORT\ MR1ED1P4.EXE.
- F. Additional information see [www.ngscedi.com](http://www.ngscedi.com).
- G. File ID to send is C:\PCPLUS\
- H. To enroll in Medicare B DME - Drugs:
  - 1) Go to [www.ngscedi.com](http://www.ngscedi.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘’
    - d) Payer ID: ‘’
  - 2) Set Up Tab

- a) Ins. Source: 'C' – Medicare B
- b) Ins. Type: 'MP' – MEDICARE PRIMARY
- c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MR1ED1' – DMERC Drugs (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MR1ED1P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter ERN Telephone Number
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 2. MRBDR1 – NHIC Medicare 'B' DME NCPDP – Region 'A'

- A. Testing Required
- B. Enrollment and EDI Support call 866-419-9458, 570-735-9429, 866-861-7348
- C. BBS Production Telephone Number 781-741-6056
- D. BBS ERN Telephone Number 781-741-6057
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBMD1P4.EXE.
- F. Additional information see [www.medicarenhic.com](http://www.medicarenhic.com).
- G. File ID to send is C:\PCPLUS\ DMERC\_A
- H. To enroll in Medicare B DME – Region 'A':
  - 1) Go to [www.medicarenhic.com](http://www.medicarenhic.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '16003'
    - d) Payer ID: '16003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBDM1' – DMERC Region A (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBDM1P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter ERN Telephone Number
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File

3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **3. MRBDR2 – AdminiStar Medicare ‘B’ DME NCPDP – Region ‘B’**

- A. Testing Required
- B. Enrollment and EDI Support call 877-273-4908
- C. BBS Production Telephone Number 800-634-0116
- D. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM2P4.EXE.
- E. Additional information see [www.administar.com](http://www.administar.com).
- F. File ID to send is C:\PCPLUS\ DMERC\_B
- G. To enroll in Medicare B DME – Region ‘B’:
  - 1) Go to [www.administar.com](http://www.administar.com)
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘17003’
    - d) Payer ID: ‘17003’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MRBDM2’ – DMERC Region B (ANSI)
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MRBDM2P4’ – Script File
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox and system will download all reports at 1 time..
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **4. MRBDR3 – Cigna Medicare ‘B’ DME NCPDP – Region ‘C’**

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4301, #2 #3.
- C. The MED\_2000 Software Security ID # is 1106DM.
- D. BBS Production Telephone Number 803-788-9860
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM3P4.EXE.
- F. Additional information see [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com).
- G. File ID to send is C:\PCPLUS\ DMERC\_C
- H. To enroll in Medicare B DME – Region ‘C’:
  - VIII. Go to [www.cignagovernmentsservices.com](http://www.cignagovernmentsservices.com)
- I. Insurance Record Setup
  - 1) License Tab
    - 8) Provider Code: Enter Provider Code
    - 9) Group Code: Enter Group Code, if applicable
    - 10) Receiver ID: ‘C0885’
    - 11) Payer ID: ‘18003’
  - 2) Set Up Tab
    - a) Ins. Source: ‘C’ – Medicare B
    - b) Ins. Type: ‘MP’ – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS

- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MRBDM3' – DMERC Region C (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBDM3P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of '997' and the Download Response Report will begin with 'RES'. To receive both reports, two download response accesses will be required.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

**5. MRBDR4 – Noridian Medicare 'B' DME NCPDP – Region 'D'**

- A. Testing Required
- B. Enrollment and EDI Support call 866-224-3094
- C. Reset Passwords call 800-810-3388
- D. BBS Production Telephone Number 860-602-0000
- E. Current Script File is C:\MED\_2000\SUPPORT\ MRBDM4P4.EXE.
- F. Additional information see [www.noridianmedicare.com](http://www.noridianmedicare.com).
- G. File ID to send is C:\PCPLUS\DMERC\_D
- H. To enroll in Medicare B DME – Region 'D':
  - 1) Go to [www.noridianmedicare.com](http://www.noridianmedicare.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '19003'
    - d) Payer ID: '19003'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBDM4' – DMERC – Region D (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBDM4P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password – Passwords changed every 60 days.
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## V. MEDICARE – Other

### 1. MRBTC1 – Tri Care East – TriEast

### 2. MRBTC3 – Tri Care Central – TriCentral

### 3. MRBTC3 – Tri Care West – TriWest

- A. Testing Required
- B. Enrollment and EDI Support call 866-749-4302 or 608-223-5859
- C. Claims submitted on internet at <https://secure-edi.wpsic.com>.
- D. File ID to send is C:\PCPLUS\MEDICARB
- E. Additional information see [www.wpsic.com/edi](http://www.wpsic.com/edi)
- F. To enroll in Tri Care West:
  - 1) Go to [www.wpsic.com/edi](http://www.wpsic.com/edi)
- G. Provider Record Setup
  - 1) The Long Provider Number, greater than 15 characters, enter the number in the Default Provider Record > Work Address. Contact 4. Enter a 'TCC#' followed by the long number assigned by Tri Care
- H. Insurance Record Setup
  - 1) Licenses Tab
    - a) Receiver ID: 'WESTR'
    - b) Payer ID: 'WESTR'
  - 2) Set Up Tab
    - a) Ins. Source: 'H' – TriCare CHAMPUS
    - b) Ins Type: 'IP' – INDIVIDUAL POLICY
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Number
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRBTCC' – Tri Care West Medicare
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MRBTCCIE' – Direct Internet Access
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) User Id: Enter User Login
    - f) Password: Enter Password
- I. Download Options – All download files are available on the Internet
  - 1) 997 Functional Acknowledgements
  - 2) Claim Error Response Reports
  - 3) 835 ERN's Download Files

### 4. MRARRA – Railroad Medicare 'A' – PalmettoGBA/Trailblazer

- A. No Testing Required for MED2000 Providers
- B. Enrollment and EDI Support call 866-749-4301, #4 #4 #3.
- C. For RailRoad Medicare issues call 888-355-9165.
- D. The MED\_2000 Vendor Software Security ID # is 1144JA.
- E. BBS Production Telephone Number 803-788-9860.
- F. Current Script File is C:\MED\_2000\SUPPORT\MRBRR0P4.EXE.
- G. Additional information see [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
- H. File ID to send is C:\PCPLUS\MEDICARA
- I. All providers must enroll in Railroad Medicare A PalmettoGBA. To enroll
  - 1) Go to [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
    - a) Go to EDI > EDI Enrollment > J1 Enrollment Form > Download j1edirollmentagreementform.pdf.
    - b) Go to EDI > EDI Enrollment > J1 Application Form > Download j1ediapplicationform.pdf.
  - 2) Enrollment Agreements must be completed and mailed as instructed on form.
  - 3) Application Forms must be completed and mailed or faxed as instructed on form.
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00882'

- d) Payer ID: '00882'
- 2) Set Up Tab
  - a) Ins. Source: 'W' – Medicare A
  - b) Ins. Type: 'MP' – MEDICARE PRIMARY
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MRARRA' – Railroad Medicare A
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MRBRR0P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter Submitter Code
  - g) Password: Enter Password
  - h) Special: '1144JA'
- K. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of '997'. Download Response Report will begin with 'RES'. To receive both reports, two download response accesses will be required.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File
    - a) 835 files can be processed in MED2000 > Payment
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.
    - c) MED2000 recommends "Download All"

## 5. MRBRRB – Railroad Medicare 'B' – PalmettoGBA/Trailblazer

- A. No Testing Required for MED2000 Providers
- B. Enrollment and EDI Support call 866-749-4301, #4 #4 #2.
- C. For RailRoad Medicare issues call 888-355-9165.
- D. The MED\_2000 Vendor Software Security ID # is VR1440.
- E. BBS Production Telephone Number 803-788-9860.
- F. Current Script File is C:\MED\_2000\SUPPORT\ MRBRR0P4.EXE.
- G. Additional information see [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
- H. File ID to send is C:\PCPLUS\MEDICARB
- I. All providers must enroll in Railroad Medicare B PalmettoGBA. To enroll
  - 1) Go to [www.palmettogba.com/palmetto/j1.nsf/docscat/home](http://www.palmettogba.com/palmetto/j1.nsf/docscat/home)
    - a) Go to EDI > EDI Enrollment > J1 Enrollment Form > Download j1edirollmentagreementform.pdf.
    - b) Go to EDI > EDI Enrollment > J1 Application Form > Download j1ediapplicationform.pdf.
  - 2) Enrollment Agreements must be completed and mailed as instructed on form.
  - 3) Application Forms must be completed and mailed or faxed as instructed on form.
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00882'
    - d) Payer ID: '00882'
  - 2) Set Up Tab
    - a) Ins. Source: 'C' – Medicare B
    - b) Ins. Type: 'MP' – MEDICARE PRIMARY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MRARRB' – Railroad Medicare B
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System

- 4) Modem Tab
  - a) Program: 'MRBRR0P4' 'J01MRP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter Submitter Code
  - g) Password: Enter Password
  - h) //Special: '1144JA'
- K. Download Options – All download files are in one download mailbox. 997 Functional Acknowledgement will begin with the file name of '997'. Download Response Report will begin with 'RES'. To receive both reports, two download response accesses will be required.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File
    - a) 835 files can be processed in MED2000 > Payment
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.
  - 4) MED2000 recommends "Download All"

## VI. MEDICAIDS

### 1. MC0AL0 - Alabama Medicaid – EDS

- A. Enrollment or Inquiries call 800-456-1242 or 334-215-4133
- B. EDI Support call 800-456-1242
- C. FAX 334-215-4272
- D. Production Website <https://www.almedicalprogram.alabama-medicaid.com/secure/logon.do>
- E. Test Website <https://www.almedicalprogram.alabama-medicaid.com/mod/secure/logon.do>
- F. Additional information see <https://www.almedicalprogram.alabama-medicaid.com>.
- G. File ID to send is C:\PCPLUS\MEDICAAL
- H. To enroll in Alabama Medicaid:
  - 1) Go to <https://www.almedicalprogram.alabama-medicaid.com>.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID:
    - d) Payer ID:
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0AL0' – Alabama Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0AL0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- J. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 2. MC0CA1 - Medi-Cal California Medicaid – EDS – CHDP (N/A)

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Billing Procedures for CHDP found at C:\MED\_2000\SUPPORT\CHDP.doc.
- G. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>.
- H. Test requires 10 test claims.
- I. Send 1 Comment Record in test to insure Comment eligibility.
- J. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- K. File ID to send is C:\PCPLUS\MEDICACA
- L. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- M. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'
    - d) Payer ID: '610442'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0CA1' – Medi-Cal (Ansi) CHDP
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA1IE'
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- N. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 3. MC1CA1 - Medi-Cal California Medicaid – EDS – Pharmacy

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility.
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'

- d) Payer ID: '610442'
- 2) Set Up Tab
  - a) Ins. Source: 'D' – Medicaid
  - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MC1CA1' – Medi-Cal (Ansi) Pharmacy
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MC0CA1IE'
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter User Password
- M. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

#### 4. MC2CA1 - Medi-Cal California Medicaid – EDS – LTC

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'
    - d) Payer ID: '610442'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC2CA1' – Medi-Cal (Ansi) Long Term Care
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA1IE'
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password

- M. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 5. MC3CA1 - Medi-Cal California Medicaid – EDS – Inpatient

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'
    - d) Payer ID: '610442'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC3CA1' – Medi-Cal (Ansi) In-Patient
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA1IE'
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- M. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 6. MC4CA1 - Medi-Cal California Medicaid – EDS – Outpatient

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup

- 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'
    - d) Payer ID: '610442'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC4CA1' – Medi-Cal (Ansi) Out-Patient
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA1IE'
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- M. Download Options
- 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 7. MC5CA1 - Medi-Cal California Medicaid – EDS – Medical

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555 or 916-636-1100.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '610442'
    - d) Payer ID: '610442'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC5CA1' – Medi-Cal (Ansi) Medical
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA1IE'
    - b) Bat File: 'Y'
    - c) Drive: 'C'

- d) Directory: ‘\PCPLUS’
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter User Password
- M. Download Options
- 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

## 8. MC5CA3 - Medi-Cal California Medicaid 2<sup>nd</sup> Payer – EDS – Medical

- A. Testing Required
- B. Enrollment or Inquiries call 800-541-5555.
- C. Additional enrollment information found at C:\MED\_2000\SUPPORT\Medi-Cal Setup Procedures.doc.
- D. EDI Support call 800-541-5555 – 11 – 16 – 11.
- E. Production Website <https://www.medi-cal.ca.gov/Eligibility/Login.asp>
- F. Test Website <https://sysdev.medi-cal.ca.gov/Eligibility/Login.asp>
- G. Test requires 10 test claims.
- H. Send 1 Comment Record in test to insure Comment eligibility
- I. Additional information see [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll in Medi-Cal - California Medicaid:
  - 1) Go to [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).
- L. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ‘610442’
    - d) Payer ID: ‘610442’
  - 2) Set Up Tab
    - a) Ins. Source: ‘D’ – Medicaid
    - b) Ins. Type: ‘SP’ – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: ‘E’ – Electronic Carrier
    - c) Ele. Code: ‘MC5CA1’ – Medi-Cal (Ansi) Medical
    - d) Ele. Medium: ‘E’ – Electronic Format
    - e) System Type: ‘P’ – Production System
  - 4) Modem Tab
    - a) Program: ‘MC0CA1IE’
    - b) Bat File: ‘Y’
    - c) Drive: ‘C’
    - d) Directory: ‘\PCPLUS’
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- M. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN’s Download Files – Select Download Pay (ERN) File

## 9. MC7CA1 - Medi-Cal California Medicaid – EDS – Vision

- A. Enrollment and EDI Support call 800-541-5555 #11 #16 #11, for California Medi-Cal

## 10. MC8CA1 - Denti-Cal California Medicaid – Delta Dental

- A. Enrollment and EDI Support call 800-541-5555 #11 #16 #11, for California Denti-Cal

## 11. MC5CA2 - LA County Mental Health Medicaid – LADMH

- A. Testing Required
- B. Enrollment or Inquiries call 213-251-6616, 213-251-6612 or 213-216-9004.
- C. EDI Support call 213-251-6616
- D. Current Script File is C:\MED\_2000\SUPPORT\ MC0CA2P4.EXE.
- E. Claims sent via FTP with DMH provided Digital Certificate Security Key.
- F. Additional information see [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us).
- G. Provider service codes can be found at [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us) > integrated system > Procedure Codes Manual
- H. Also see [www.dmh.co.la.ca.us](http://www.dmh.co.la.ca.us) > integrated system > IS Codes Manual
- I. Some Service Codes are billed in minutes and some in units.
- J. File ID to send is C:\PCPLUS\MEDICACA
- K. To enroll at LA Mental Health
  - 1) L. System requires LA-DMH Rendering Number in Special Lic 1 in Provider Record.
- M. Patient Insurance ID must be LA County supplied and not the MC #.
- N. Medi-Cal must be second insurance and defined as S1 – Medicaid Primary, in Ins. Type in Insurance Record. Patient Insurance ID must be LA County supplied and not the MC #.
- O. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00000001'
    - d) Payer ID: '953893470'
    - e) UPIN Code: '102074'
  - 2) Set Up Tab
    - a) Ins. Source: 'Q' – Other Non-Federal Program
    - b) Ins. Type: 'S2' – MEDICAID 2<sup>nd</sup> PAYER
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC5CA2' – Medi-Cal ANSI LADMH (2<sup>nd</sup> Payer)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CA2P4'
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
    - h) Special: Call LA Mental Health for the file name to transmit. It will be like TJones\_FFS02\_YYYYMMDD. Enter the TJones portion in the Special Field in the Modem Tab of the insurance record. The script will automatically add the \_FFS02\_YYYYMMDD.
- P. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 12. MC0CO0 - Colorado Medicaid - ACS

- A. No Testing Required
- B. EDI Support 850-558-1630 #2 or 850-201-1171 #1 – for Colorado Medicaid Medicaid
- C. Enrollment and additional information call 850-201-1171 - #1
- D. Enrollment and EDI Support call 800-987-6721 or 800-237-0757.
- E. Production Website
- F. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com).
- K. BBS Production Telephone Number 800-334-2823
- G. Current Script File is C:\MED\_2000\SUPPORT\ MC0CO0P4.EXE.
- H. File ID to send is C:\PCPLUS\MEDICACO.
- I. To enroll in Colorado Medicaid

- 1) Go to [www.acs-gcro.com](http://www.acs-gcro.com)
- J. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: '1000000'
    - d. Payer ID: '77016'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0CO0' – Colorado Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0CO0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- K. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 13. MC0DC0 - Washington DC Medicaid – ACS

- A. Enrollment and EDI Support call 850-201-1171 - #1, for Washington DC Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

### 14. MC0FL0 - Florida Medicaid – ACS

- A. No Testing Required
- B. Enrollment and EDI Support 850-558-1630 #5, 850-201-1171 #1 or 800-829-0218
- C. Help Desk 850-201-1200.
- D. Website see <http://floridamedicaid.acs-inc.com/index.jsp>
- E. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com).
- F. BBS Production Telephone Number 800-334-2823.
- G. Providers should fill out Provider Authorization Form to allow MED\_2000 to access and review Provider's data in case of emergency.
- H. Current Script File is C:\MED\_2000\SUPPORT\MC0FL0P4.EXE.
- I. File ID to send is C:\PCPLUS\MEDICAFL.
- J. To enroll in Colorado Medicaid
  - 1) Go to [www.acs-gcro.com](http://www.acs-gcro.com)
- K. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: '1000000'
    - d. Payer ID: '77027'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier

- c) Ele. Code: 'MC0FL0' – Florida Medicaid (ANSI)
- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MC0FLOP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- L. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claims Rejection and Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 15. MC0GA0 - Georgia Medicaid – ACS

- A. Enrollment and EDI Support call 850-201-1171 - #2, for Georgia Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)
  - 1) EDI Support call 800-933-6590
  - 2) Production Website
    - 1) File ID to send is C:\PCPLUS\MEDICAGA
    - 2) To enroll in Georgia Medicaid:
      - 1) Go to
        - C. Insurance Record Setup
          - 1) License Tab
            - a) Provider Code: Enter Provider Code
            - b) Group Code: Enter Group Code, if applicable
            - c) Receiver ID: ''
            - d) Payer ID: ''
          - 2) Set Up Tab
            - a) Ins. Source: 'D' – Medicaid
            - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
            - c) Default POS: Enter Default POS
          - 3) Electronic Tab
            - a) Submit Code: Enter Submitter Code
            - b) Ele. Type: 'E' – Electronic Carrier
            - c) Ele. Code: 'MC0GA0' – Georgia Medicaid (Ansi)
            - d) Ele. Medium: 'E' – Electronic Format
            - e) System Type: 'P' – Production System
          - 4) Modem Tab
            - a) Program:
            - b) Bat File: 'Y'
            - c) Drive: 'C'
            - d) Directory: '\PCPLUS'
            - e) Telephone No:
            - f) User Id: Enter User Login
            - g) Password: Enter User Password
- D. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 16. MC0HI0 – Hawaii Medicaid – ACS

- A. Enrollment and EDI Support call 850-201-1171 - #2, for Hawaii
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

## 17. MC0ID0 – Idaho Medicaid – EDS

- A. No Testing Required.
- B. Enrollment or Inquiries call 866-301-7751
- C. EDI Support call 800-685-3757 or 208-395-2152.
- D. BBS Production Telephone Number 800-328-2427.
- E. Current Script File is C:\MED\_2000\SUPPORT\ MC0ID0P4.EXE.
- F. File ID to send is C:\PCPLUS\MEDICAID
- G. To enroll in Idaho Medicaid:
  - 1) Go to <https://www.healthhandwelfare.idaho.gov>.
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '745406153'
    - d) Payer ID: ''
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0ID0' – Idaho Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0ID0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- I. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 18. MC0IL0 – Illinois Medicaid

- A. EDI Support call 217-782-2570 (Medical Programs)
- B. Medical Programs Director - 217-524-7125 - Scott Mauck
- C. Additional Support – 877-782-5565 \*4555 – John Kennedy
- D. Additional information see <http://www.myhfs.illinois.gov> or [www.illinois.gov](http://www.illinois.gov)
- E. No Testing Required
- F. Enrollment or Inquiries call 217-782-1200
- G. Internet web portal: <https://w05.myhfs.illinois.gov/login/AuthenticateUserRoamingEPF.html>
- H. File ID to send is C:\PCPLUS\MEDICAIL
- I. To enroll in Illinois Medicaid
  - 1. Go to [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov) > Register and obtain a digital certificate
  - 2. After registering contact 217-524-3814 - Jan Rohde for submission instructions
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '37-1320188'
    - d) Payer ID: '37-1320188'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab

- a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MCOILO' – Illinois Medicaid (Ansi)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
- a) Program: 'MCOILOIE' – Internet Portal Address
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter User Password
- K. Download Options
- 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 19. MC0IN0 – Indiana Medicaid – EDS

- A. Enrollment or Inquiries call 877-877-5182
- B. EDI Support call 317-488-5153.
- C. Current Script File is C:\MED\_2000\SUPPORT\MCOIN0P4.EXE.
- D. File ID to send is C:\PCPLUS\MEDICAIN
- E. To enroll in Indiana Medicaid:
- F. Go to [www.indianamedicaid.com](http://www.indianamedicaid.com).
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'IHCP'
    - d) Payer ID: 'IHCP'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0IN0' – Indiana Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0IN0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- H. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 20. MC0IA0 - Iowa Medicaid – ACS

- A. Enrollment and EDI Support call 850-201-1171 - #2. for Iowa Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

## 21. MC0KS0 – Kansas Medicaid – EDS

- A. Enrollment or Inquiries call 800-933-6593
- B. EDI Support call 800-933-6590 #0 #3
- C. Current Script File is C:\MED\_2000\SUPPORT\ MC0KSOP4.EXE.
- D. Production Website <https://www.kmap-state-ks.us/>
- E. File ID to send is C:\PCPLUS\MEDICAKS
- F. To enroll in Kansas Medicaid:
- G. Go to <https://www.kmap-state-ks.us/>
- H. Download the EDI Application from the EDI tab, fill out and return
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00005'
    - d) Payer ID: '00005'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0KS0' – Kansas Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0KS0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- J. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 22. MC0LA0 – Louisiana Medicaid – UniSys

- A. Enrollment or Inquiries call 850-894-8270.
- B. EDI Support call 225-216-6000 x2.
- C. Current Script File for physicians is C:\MED\_2000\SUPPORT\ MC0LAPP4.EXE.
- D. Current Script File for DME is C:\MED\_2000\SUPPORT\ MC0LADP4.EXE.
- E. Testing Procedures
  - 1) Testing Web Site [www.hipaadesk.com](http://www.hipaadesk.com)
  - 2) For testing use 4509999 in Submitter Code of Electronic Tab
  - 3) Test with data less than 7 days old.
- F. Get Production Submitter Number starting with '450XXXX'
- G. BBS Production Test Telephone Number 225-927-4123.
- H. BBS Production Telephone Number 225-927-4326.
- I. Initial BBS setup. Log On and Password is the same on first entry. Then change password, lower case, minimum 6 characters (a/n).
- J. File ID to send for Physician is C:\PCPLUS\H4599999.PHY.
- K. File ID to send for DME is C:\PCPLUS\H4599999.DME.
- L. To enroll in Louisiana Medicaid:
  - 1) Go to [www.lamedicaid.com](http://www.lamedicaid.com)
- M. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'LA-DHH-MEDICAID'

- d) Payer ID: 'LA-DHH'
- 2) Set Up Tab
  - a) Ins. Source: 'D' – Medicaid
  - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MCOA0' – Louisiana Medicaid (Ansi)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MCOAPP4' – Script File for Physician
  - b) Program: 'MCOADP4' – Script File for DME
  - c) Bat File: 'Y'
  - d) Drive: 'C'
  - e) Directory: '\PCPLUS'
  - f) Telephone No: Enter BBS Telephone Number
  - g) User Id: Enter User Login
  - h) Password: Enter User Password
- N. Download Options
  - 1) 997 Functional Acknowledgements – Select Special 1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **23. MC0MA0 – MassHealth – Massachusetts Medicaid – UniSys**

- A. Enrollment or Inquiries call 617-576-4030 or 800-841-2900 #1 #8 #2.
- B. EDI Support call 617-576-4449 or 800-841-2900 #1 #8 #3.
- C. Current Script File is C:\MED\_2000\SUPPORT\MCOA0P4.EXE.
- D. Production Website <https://masshealth2.ehs.state.ma.us/transactions/logon.do>
- E. File ID to send is C:\PCPLUS\MEDICAMA
- F. To enroll in Massachusetts Medicaid:
  - 1) Go to [www.mahealthweb.com](http://www.mahealthweb.com) or [www.mass.gov/masshealth](http://www.mass.gov/masshealth).
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00005'
    - d) Payer ID: '00005'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MCOMA0' – Massachusetts Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCOMA0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- H. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 24. MC0MD0 - Maryland Medicaid

- A. Enrollment and EDI Support call 850-201-1171 - #2. or 866-752-9233 #2 for Maryland Medicaid Mental Health or Jackie Smick 410-767-6940.
- B. Additional information is found at [www.dhmh.state.md.us](http://www.dhmh.state.md.us).
- C. EDI Support
- D. Production Website
- E. File ID to send is C:\PCPLUS\MEDICAMD
- F. To enroll in Maryland Medicaid:
  - 1) Go to [hipaaeditest@dhmh.state.md.us](mailto:hipaaeditest@dhmh.state.md.us).
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: ''
    - d) Payer ID: ''
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0MD0' – Maryland Medicaid (Ansi)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0MD0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter User Password
- H. Download Options
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 25. MC0MO0 - Missouri Medicaid

- A. Testing Required
- B. EDI Support call 573-635-3559 for Missouri Medicaid
- C. Enrollment and Additional information see [www.emomed.com](http://www.emomed.com).
- D. File ID to send is C:\PCPLUS\MEDICAMO.
- E. To enroll in Missouri Medicaid
  - 1) Go to [www.emomed.com](http://www.emomed.com) > MO HealthNet Web Application
- F. Insurance Name must be 'MO HEALTHNET'
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '431754897'
    - d) Payer ID: '431754897'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0MO0' – Missouri Medicaid (ANSI)

- d) Ele. Medium: 'E' – Electronic Format
- e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MCOMO0IE' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- H. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 26. MC0MS0 - Mississippi Medicaid – ACS

- A. Enrollment and EDI Support call 850-201-1171 - #3. for Mississippi Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

## 27. MC0MT0 – Montana Medicaid – ACS

- A. No Testing Required
- B. Enrollment and EDI Support call 850-558-1630 #3 or 850-201-1171 - #3. for Montana Medicaid
- C. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com).
- D. BBS Production Telephone Number 800-334-2823
- E. Current Script File is C:\MED\_2000\SUPPORT\MCOMTOP4.EXE.
- F. File ID to send is C:\PCPLUS\MEDICAMT.
- G. To enroll in Montana Medicaid
  - 1) Go to [www.acs-gcro.com](http://www.acs-gcro.com)
- H. Insurance Name must be 'MONTANA DPHHS'
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '77039'
    - d) Payer ID: '77039'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MCOMT0' – Montana Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCOMTOP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 28. MC0NC0 – North Carolina Medicaid

- A. Enrollment and EDI Support call 800-688-6696 #1 #1, for North Carolina Medicaid
- B. Additional information melissa.martin@eds.com.
- C. File ID to send is C:\PCPLUS\MEDICANC.
- D. BBS Test Telephone Number 919-233-6858
- E. BBS Production Telephone Number 919-858-5091
- F. To enroll in North Carolina Medicaid
  - 1) Go to
- G. Insurance Name NCXIX
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'NCXIX'
    - d) Payer ID: 'DNC00'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0NC0' – North Carolina Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0NC0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) User Id: Enter User Login
    - f) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgement will begin with the file name of '997'.
  - 2) Response Reports will begin with 'RES'.
  - 3) 835 - ERN's Download Files
    - a) 835 – ERN files can be processed in MED2000 > Payments > AutoPost Electronic Remittance.
    - b) 835 – ERN files can be printed in Medicare EOB format in MED2000 > Payments > Easy Print. The downloaded ERN is required //

## 29. MC0NV0 – Nevada Medicaid First Health

- A. Testing Required
- B. Enrollment and EDI Support call 800-924-6741, or 877-638-3472 #2 #5. for Nevada Medicaid
- C. Additional information see <http://nevada.fhsc.com>.
- D. Production Claims Send with FTP.
- E. For FTP Setup see <http://nevada.fhsc.com> - Providers > Service Center User Manual > Companion Guides > ftp Client Software Packet
- F. Current Script File is C:\MED\_2000\SUPPORT\MC0NV0P4.EXE.
- G. File ID to send is C:\PCPLUS\MEDICANV.
- H. To enroll in Nevada Medicaid
  - 1) Go to <http://nevada.fhsc.com>.
- I. Insurance Record Setup
  - 1) License Tab
    - a. Provider Code: Enter Provider Code
    - b. Group Code: Enter Group Code, if applicable
    - c. Receiver ID: 'NVM FHSC FA'
    - d. Payer ID: 'DHCFP'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL

- c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MCNV0' – Nevada Medicaid (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MCNV0P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **30. MC2NV0 – Nevada Medicaid – Second Payer - First Health**

- A. Testing Required
- B. Enrollment and EDI Support call 800-924-6741, or 877-638-3472 #2 #5. for Nevada Medicaid
- C. Additional information see <http://nevada.fhsc.com>.
- D. Production Claims Send with FTP.
- E. For FTP Setup see <http://nevada.fhsc.com> - Providers > Service Center User Manual > Companion Guides > ftp Client Software Packet
- F. Current Script File is C:\MED\_2000\SUPPORT\MCONV0P4.EXE.
- G. File ID to send is C:\PCPLUS\MEDICANV.
- H. To enroll in Nevada Medicaid
  - 1) Go to <http://nevada.fhsc.com>.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'NVM FHSC FA'
    - d) Payer ID: 'DHCFP'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC2NV0' – Nevada Medicaid (ANSI 2<sup>nd</sup> Payer)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCNV0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 31. MC0NM0 – New Mexico Medicaid

- A. Testing Required
- B. Enrollment and EDI Support 505-424-5510
- C. Website see [www.state.nm.us/hsd/mad/hipaa.htm](http://www.state.nm.us/hsd/mad/hipaa.htm).
- D. BBS Production Telephone Number
- E. Current Script File is C:\MED\_2000\SUPPORT\ MC0NM0P4.EXE.
- F. File ID to send is C:\PCPLUS\MEDICANM.
- G. To enroll in New Mexico Medicaid
  - 1) Go to [www.state.nm.us/hsd/mad/hipaa.htm](http://www.state.nm.us/hsd/mad/hipaa.htm).
- H. Insurance Record Setup
  - 1) License Tab
    - e. Provider Code: Enter Provider Code
    - f. Group Code: Enter Group Code, if applicable
    - g. Receiver ID:
    - h. Payer ID:
  - 2) Set Up Tab
    - h) Ins. Source: 'D' – Medicaid
    - i) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - j) Default POS: Enter Default POS
  - 3) Electronic Tab
    - f) Submit Code: Enter Submitter Code
    - g) Ele. Type: 'E' – Electronic Carrier
    - h) Ele. Code: 'MC0NM0' – New Mexico (ANSI)
    - i) Ele. Medium: 'E' – Electronic Format
    - j) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0NM0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - k) Directory: '\PCPLUS'
    - l) Telephone No: Enter BBS Telephone Number
    - m) User Id: Enter User Login
    - n) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claims Rejection and Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 32. MC0NY0 – New York Medicaid – CSC

- A. No Testing Required. Call Electronic Billing Unit at 518-447-9256 to set billing indicator to MED\_2000 Software
- B. Enrollment and EDI Support call 866-840-3445 for New York Medicaid
- C. Additional information see <http://www.hipaadesk.com/?nymedicaid>
- D. BBS Production Telephone Number 518-463-5974
- E. Current Script File is C:\MED\_2000\SUPPORT\ MC0NY0P4.EXE.
- F. File ID to send is C:\PCPLUS\MEDICANY.
- G. Initial setup for NYMC is KERMIT / Send. This must be manually changed to ZMODEM / Send.
- H. To enroll in New York Medicaid
  - 1) Go to <http://www.hipaadesk.com/?nymedicaid>
  - 2) Requires a notarized Submitter Application.
  - 3) Initial setup will include a feelxxx user ID. Use this code manually for password also and change password that will then be setup in the Insurance Record Password.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '141797357'
    - d) Payer ID: '141797357'
    - e) Insurance UPIN # MMISNYDOH.
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL

- c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter 3 digit Submitter Number
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MCONY0' – New York Medicaid (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MCOMTOP4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
  - h) Special: Enter 2 digit Locator Code assigned to Provider
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **33. MC2NY0 – New York Medicaid – Second Payer - CSC**

- A. No Testing Required. Call Electronic Billing Unit at 518-447-9256 to set billing indicator to MED\_2000 Software
- B. Enrollment and EDI Support call 866-840-3445 for New York Medicaid
- C. Additional information see <http://www.hipaadesk.com/?nymedicaid>
- D. BBS Production Telephone Number 518-463-5974
- E. Current Script File is C:\MED\_2000\SUPPORT\MCONY0P4.EXE.
- F. File ID to send is C:\PCPLUS\MEDICANY.
- G. Initial setup for NYMC is KERMIT / Send. This must be manually changed to ZMODEM / Send.
- H. To enroll in New York Medicaid
  - 1) Go to <http://www.hipaadesk.com/?nymedicaid>
  - 2) Requires a notarized Submitter Application.
  - 3) Initial setup will include a feelxxx user ID. Use this code manually for password also and change password that will then be setup in the Insurance Record Password.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '141797357'
    - d) Payer ID: '141797357'
    - e) Insurance UPIN # MMISNYDOH.
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter 3 digit Submitter Number
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC2NY0' – New York Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCOMTOP4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
    - h) Special: Enter 2 digit Locator Code assigned to Provider
- J. Download Options – All download files are in one download mailbox.

- 1) 997 Functional Acknowledgements – Select Download Response File
- 2) Claim Error Response Reports – Select Download Response File
- 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 34. MC0OH0 – Ohio Medicaid

- A. Testing Required
- B. Enrollment and EDI Support call Support 888-487-8010, 614-387-1212, 614-885-1272 for Ohio Medicaid
- C. Additional information see <http://www.htp-inc.com> or <http://hipaa.oh.gov/odjfs>
- D. Test Website <https://jfs-cert.htpportal.com/jfs/login.asp>
- E. Production Website <https://jfs-cert.htpportal.com/jfs/login.asp>.
- F. File ID to send is C:\PCPLUS\MEDICAOH
- G. Current Script File is C:\MED\_2000\SUPPORT\MC0OH0P4.EXE.
- H. To enroll in Ohio Medicaid
  - 1) Go to <http://hipaa.oh.gov/>.
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'MMISODJFS'
    - d) Payer ID: 'MMISODJFS'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0OH0' – Ohio Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0OH0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 35. MC0OR0 – OMAP – Oregon Medicaid

- A. Testing Required
- B. Enrollment and EDI Support call Support 800-336-6015
- C. EDI Help 800-527-5772 – 503-947-5347 for Oregon Medicaid
- D. Additional information see [www.dhs.state.or.us/admin/hipaa](http://www.dhs.state.or.us/admin/hipaa)
- E. File ID to send is C:\PCPLUS\MEDICAOR.
- F. Current Script File is C:\MED\_2000\SUPPORT\MC0OR0P4.EXE.
- G. BBS Production Telephone Number
- H. To enroll in Oregon Medicaid
  - 1) Go to [www.dhs.state.or](http://www.dhs.state.or).
- I. Insurance Record Name and Address  
 OREGON DHS OMAP  
 500 SUMMER STREET NE  
 SALEM, OR 97301-0315
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code

- b) Group Code: Enter Group Code, if applicable
- c) Receiver ID: 'ORDHSOMAP'
- d) Payer ID: 'ORDHSOMAP'
- e) UPIN CODE: 'ORDHSOMAPFFS'
- 2) Set Up Tab
  - a) Ins. Source: 'D' – Medicaid
  - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'MC0OR0' – Oregon Medicaid (ANSI)
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'MC0OR0P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- K. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **36. MC0SC0 – South Carolina Medicaid**

I. Enrollment and EDI Support call 803-898-4577, for South Carolina Medicaid

### **37. MC0TN1 – TennCare Tennessee Medicaid –BCBS Tenn**

- A. Testing Required
- B. EDI Support call Support 615-782-2419
- C. Enrollment Help Desk 800-933-6869
- D. EDI Help 615-255-8313 x333 for Tennessee Medicaid
- E. Additional information see <http://www.state.tn.us/tenncare/HIPAA/HIPAA%20Home.htm>.
- F. File ID to send is C:\PCPLUS\MEDICATN.
- G. Current Script File is C:\MED\_2000\SUPPORT\ MC0TN0P4.EXE.
- H. BBS Production Telephone Number 423-763-7294
- I. BCBST - EDI Technical Support 423-755-5717
- J. To enroll in Tennessee Medicaid
  - 1) Go to [www.bcbst.com](http://www.bcbst.com).
- K. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '00390'
    - d) Payer ID: '00390'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0TN0' – Tennessee Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0TN0P4' – Script File

- b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No:
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- L. Download Options – All download files are in one download mailbox.
- 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **38. MC0TX0 – Texas Medicaid - TMHP**

- A. Testing Required
- a. Enrollment and EDI Support call Support 888-863-3638.
- B. Additional information see [www.tmhp.com](http://www.tmhp.com).
- C. File ID to send is C:\PCPLUS\MEDICATX.
- D. Current Script File is C:\MED\_2000\SUPPORT\ MC0TX0P4.EXE.
- E. BBS Production Telephone Number 866-627-0015 set up a Cisco VPN.
- F. TMHP - EDI - 800-727-5436
- G. To enroll in Texas Medicaid
  - 1) Go to [www.tmhp.com](http://www.tmhp.com).
- H. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '617591011C21'
    - d) Payer ID: '245391167'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0TX0' – Texas Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0TX1P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No:
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- I. Download Options – All download files are in one download mailbox.

  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### **39. MC0UT0 – Utah Medicaid**

- A. Testing Required
- B. Additional information for Utah Medicaid 801-538-6155 x3 x5
- C. Additional information for Utah Medicaid <http://health.utah.gov/medicaid>
- D. Production Website <https://www.uhinet.com/UHINet2/WebPortal/login.aspx>.
- E. Enrollment and EDI Support call UHIN 801-466-7705 x200 - x212 Jason
- F. Additional information [www.uhin.com](http://www.uhin.com) or customerservice@uhin.com
- G. File ID to send is C:\PCPLUS\MEDICAUT.
- H. To enroll in Utah Medicaid
  - 1) Go to [www.uhin.com](http://www.uhin.com)

- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'HT000004-001'
    - d) Payer ID: 'HT000004'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MCOUT0' – Utah Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCOUT0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) User Id: Enter User Login
    - f) Password: Enter Password
- J. Download Options – All download files are in one download mailbox on Internet.

#### **40. MC2UT0 – Utah Medicaid – Second Payer**

- A. Testing Required
- B. Enrollment and EDI Support call uhin 801-466-7705 x200
- C. Additional information for Utah Medicaid <http://health.utah.gov/medicaid>
- D. Production Website <https://www.uhinet.com/UHINet2/WebPortal/login.aspx>.
- E. Additional information for Utah Medicaid 801-538-6155 x3 x5
- F. Additional information [www.uhin.com](http://www.uhin.com) or customerservice@uhin.com
- G. File ID to send is C:\PCPLUS\MEDICAUT.
- H. To enroll in Utah Medicaid
  - 1) Go to [www.uhin.com](http://www.uhin.com)
- I. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'HT000004-001'.
    - d) Payer ID: 'HT000004-001'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC2UT0' – Utah Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MCOUT0IE' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) User Id: Enter User Login
    - f) Password: Enter Password
- J. Download Options – All download files are in one download mailbox on Internet.

#### **41. MC0WA0 – Washington Medicaid – ACS**

- A. No Testing Required
- B. Enrollment and EDI Support call 800-987-6721, 800-237-075 or 800-562-3022.
- C. EDI Testing Support 850-558-1630 #9 – for Washington Medicaid
- D. Washington DHS EDI 866-282-0659
- E. Additional information [www.acs-gcro.com](http://www.acs-gcro.com) or <http://maa.dshs.wa.gov/ProviderOne>.
- F. BBS Production Telephone Number 800-334-2832
- G. Current Script File is C:\MED\_2000\SUPPORT\ MC0WN0P4.EXE.
- H. File ID to send is C:\PCPLUS\MEDICAWN.
- I. To enroll in Washington Medicaid
  - 1) Go to <http://maa.dshs.wa.gov>
- J. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: '77045'
    - d) Payer ID: '77045'
  - 2) Set Up Tab
    - a) Ins. Source: 'D' – Medicaid
    - b) Ins. Type: 'SP' – MEDICAID SUPPLEMENTAL
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'MC0WN1' – Washington Medicaid (ANSI)
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'MC0WN0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- K. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

#### **42. MC0WV0 – West Virginia Medicaid – ACS**

- A. Enrollment and EDI Support call 850-201-1171 - #4. for West Virginia Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

#### **43. MC0WY0 – Wyoming Medicaid - ACS**

- A. Enrollment and EDI Support call 850-201-1171 - #4. for Wyoming Medicaid
- B. Additional information see [www.acs-gcro.com](http://www.acs-gcro.com)

### **IX. COMMERCIAL CARRIERS**

#### **1. ALLST0 – Allstate - No Fault Insurance – ACS**

- A. No testing Required
- B. Additional information see <http://edidirect.acs-inc.com>.
- C. Claims submitted on internet at <http://edidirect.acs-inc.com>
- D. Enrollment and EDI Support call 800-445-2510
- E. Claims submitted on internet at <http://edidirect.acs-inc.com>.
- F. File ID to send is C:\PCPLUS\ALLSTCLM
- G. To enroll in All State:

- 1) Go to <http://edidirect.acs-inc.com>
- H. Insurance Record Setup
  - 1) Licenses Tab
    - a) Receiver ID: '10000' - ACS
    - b) Payer ID: '77966' – Allstate - No Fault - ACS
  - 2) Set Up Tab
    - a) Ins. Source: 'F' – Commercial Insurance
    - b) Ins Type: '14' – Automobile – No Fault
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Number
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'ALLST0 – Allstate – No Fault - ACS
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'NOFLTOIE' – Direct Internet Access
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) User ID: Enter Submitter ID
    - f) Password: Enter Password
- I. Download Options – All download files are available on the Internet
  - 1) 997 Functional Acknowledgements
  - 2) Claim Error Response Reports
  - 3) 835 ERN's Download Files

## 2. BC0CA0 – Blue Cross of California

- A. EDI Support call 800-227-3983, testing ext. 44656 (John)
- B. BBS Production Telephone Number 800-528-4845
- C. Current Script File is C:\MED\_2000\SUPPORT\ BC0CA0P4.EXE.
- D. Additional information see [www.bluecrossca.com](http://www.bluecrossca.com).
- E. File ID to send is C:\PCPLUS\BLUECROX
- F. To sign up at Blue Cross of California:
  - 1) Go to [www.bluecrossca.com](http://www.bluecrossca.com) or call 800-227-3983
  - 2) Enrollment form at [www.bluecrossca.com](http://www.bluecrossca.com) > Physicians > EDI Services > Professional/Institutional EDI.
  - 3) Enrollment takes 3 to 4 weeks.
  - 4) Testing Required
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'BCC4010'
    - d) Payer ID: '47198'
    - e) UPIN Code: Enter Production Submitter ID
  - 2) Set Up Tab
    - a) Ins. Source: 'G' – Blue Cross / Blue Shield
    - b) Ins. Type: 'IP' – INDIVIDUAL POLICY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Trading Partner ID of 'MED2000'
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'BC0CA0' – Blue Cross of Calif
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'BC0CA0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login

- g) Password: Enter Password
  - h) Special: Enter 'PCBC41N' Do not include the following 'P' as this is automatically included, indicating 'P' – Production or 'T' - Test.
- H. Download Options – All download files are in one download mailbox.
- 1) 997 Functional Acknowledgements - Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

### 3. BC0CA2 – Anthem Blue Cross of California

- A. EDI Support call 800-991-7259 x2 x2.
- B. BBS Production Telephone Number 800-634-0116
- C. Current Script File is C:\MED\_2000\SUPPORT\ BC0CA2P4.EXE.
- D. Additional information see [www.anthem.com](http://www.anthem.com).
- E. File ID to send is C:\PCPLUS\BLUECROX
- F. To sign up at Blue Cross of California:
  - 1) Go to [www.anthem.com](http://www.anthem.com) or call 800-991-7259
  - 2) Enrollment form at [www.anthem.com](http://www.anthem.com)
  - 3) Enrollment takes 3 to 4 weeks.
  - 4) Testing Required
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Trading Partner ID
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'BCCA'
    - d) Payer ID: '47198'
  - 2) Set Up Tab
    - a) Ins. Source: 'G' – Blue Cross / Blue Shield
    - b) Ins. Type: 'IP' – INDIVIDUAL POLICY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Provider Trading Partner ID
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'BC0CA2' – Blue Cross of Calif
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'BC0CA2P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login (Lower Case)
    - g) Password: Enter Password (Lower Case)
- H. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Special Function #1
  - 2) Claim Error Response Reports – Select Special Function #1
  - 3) 835 ERN's Download Files – Select Special Function #1
    - a) 835 files can be processed in MED2000 > Payments
    - b) 835 files can be printed in Medicare format in MED2000 > Payments > Easy Print.

### 4. BS0CA0 – Blue Shield of California

- A. Testing Required
- B. Enrollment call 530-351-6047
- C. EDI Support call 800-480-1221 or 530-351-6053
- D. BBS Production Telephone Number 530-892-4848
- E. Current Script File is C:\MED\_2000\SUPPORT\ BS0CA0P4.EXE.
- F. Additional information see [www.blueshieldca.com](http://www.blueshieldca.com).
- G. File ID to send is C:\PCPLUS\BLUESHLD.
- H. To enroll in Blue Shield of California
  - 1) Go to [www.blueshieldca.com](http://www.blueshieldca.com)
- I. Insurance Record Setup

- 1) License Tab
  - a) Provider Code: Enter Provider Code
  - b) Group Code: Enter Group Code, if applicable
  - c) Receiver ID: '940360524'
  - d) Payer ID: '940360524'
- 2) Set Up Tab
  - a) Ins. Source: 'G' – Blue Cross / Blue Shield
  - b) Ins. Type: 'IP' – INDIVIDUAL POLICY
  - c) Default POS: Enter Default POS
- 3) Electronic Tab
  - a) Submit Code: Enter Submitter Code
  - b) Ele. Type: 'E' – Electronic Carrier
  - c) Ele. Code: 'BS0CA0' – Blue Shield of Calif
  - d) Ele. Medium: 'E' – Electronic Format
  - e) System Type: 'P' – Production System
- 4) Modem Tab
  - a) Program: 'BS0CA0P4' – Script File
  - b) Bat File: 'Y'
  - c) Drive: 'C'
  - d) Directory: '\PCPLUS'
  - e) Telephone No: Enter BBS Telephone Number
  - f) User Id: Enter User Login
  - g) Password: Enter Password
- J. Download Options – All download files are in one download mailbox.
  - 1) 997 Functional Acknowledgements – Select Download Response File
  - 2) Claim Error Response Reports – Select Download Response File
  - 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 5. BS0NY0 – Blue Shield of New York

- A. Testing Required
- B. Enrollment and EDI Support call 866-889-7322
- C. Claims submitted on internet via IVANs.
- D. Additional information see [www.empireblue.com](http://www.empireblue.com).
- E. File ID to send is C:\PCPLUS\BLUESHLD.
- F. To enroll in Empire Blue Shield of New York
  - 1) Go to [www.empireblue.com](http://www.empireblue.com)
- G. Insurance Record Setup
  - 1) License Tab
    - a) Provider Code: Enter Provider Code
    - b) Group Code: Enter Group Code, if applicable
    - c) Receiver ID: 'BS803'
    - d) Payer ID: '00803'
  - 2) Set Up Tab
    - a) Ins. Source: 'G' – Blue Cross / Blue Shield
    - b) Ins. Type: 'IP' – INDIVIDUAL POLICY
    - c) Default POS: Enter Default POS
  - 3) Electronic Tab
    - a) Submit Code: Enter Submitter Code
    - b) Ele. Type: 'E' – Electronic Carrier
    - c) Ele. Code: 'BS0NY0' – Blue Shield of New York
    - d) Ele. Medium: 'E' – Electronic Format
    - e) System Type: 'P' – Production System
  - 4) Modem Tab
    - a) Program: 'BS0NY0P4' – Script File
    - b) Bat File: 'Y'
    - c) Drive: 'C'
    - d) Directory: '\PCPLUS'
    - e) Telephone No: Enter BBS Telephone Number
    - f) User Id: Enter User Login
    - g) Password: Enter Password
- H. Download Options – All download files are in one download mailbox.

- 1) 997 Functional Acknowledgements – Select Download Response File
- 2) Claim Error Response Reports – Select Download Response File
- 3) 835 ERN's Download Files – Select Download Pay (ERN) File

## 6. ACS – Other Carriers

A. See - [https://edidirect.acs-inc.com/edidirect/info/claims\\_eob.jsp](https://edidirect.acs-inc.com/edidirect/info/claims_eob.jsp) Medical Card System (MCS)

B. Clearing House for:

- 1) Medical Card System (MCS)
- 2) Sentara Health Plan
- 3) Fidelis SecureCare
- 4) Upper Peninsula Health Care
- 5) Advantage
- 6) Advantage Preferred Plus
- 7) American Progressive
- 8) BCBS Michigan
- 9) BCBS Tennessee
- 10) Fidelis
- 11) Geisinger
- 12) HealthNet Oregon
- 13) HISC
- 14) Network Health Plan (NHP)
- 15) Pacificare
- 16) Pyramid
- 17) Sun Health
- 18) Unicare
- 19) Wisconsin Partnership (WPP)
- 20) XL Health (Care Improvement Plus)
- 21) American Heritage Life
- 22) BrickStreet Mutual
- 23) Cenpatico
- 24) Child Health Plus (NY)
- 25) Community Living Alliance
- 26) Connecticut WellCare
- 27) Deerbrook Insurance
- 28) Encompass Insurance
- 29) Family Health Plus (NY)
- 30) Fidelis SecureCare
- 31) Freedom Health
- 32) Harmony Health Plan (IL, IN, MO)
- 33) HealthEase (FL)
- 34) HealthEase Healthy Kids (FL)
- 35) Healthy Choice (NY)
- 36) Peach State Health Plan
- 37) PreferredOne HUSKY A (CT)
- 38) PreferredOne HUSKY B (CT)
- 39) Staywell (FL)
- 40) Staywell Healthy Kids (FL)
- 41) Sun Health MediSun
- 42) VNS CHOICE Select
- 43) Welcare (GA, OH)
- 44) WellCare PFFS
- 45) Wisconsin Partnership/Eldercare
- 46) XL Health/Care Improvements Plus