

# WELCOME TO OFFICE ALLY!



## MEDICARE TEXAS (TRAILBLAZERS)

### **HOW LONG DOES PRE-ENROLLMENT TAKE?**

- 10-14 business days

### **WHAT PROVIDER NUMBER DO I USE?**

- Six digit Medicare legacy provider ID

### **WHERE SHOULD I SEND THE FORMS?**

- You may fax originals to get the process of enrollment started but originals must be mailed to Trailblazers.

### **WHO CAN SIGN THE FORMS?**

- Provider or designated representative.

### **HOW DO I CHECK THE STATUS OF MY APPLICATION?**

- Call 866.749.4302 and have the six digit Medicare legacy provider ID ready.
- Ask if six digit Medicare legacy provider ID is linked to submitter ID RR3426 for Office Ally.
- If approved, you must contact My Clients Plus at 877-525-1169 to notify us of the approval before your claims will be sent electronically.

## TrailBlazer Health Enterprises, LLC Section 1 – General EDI Enrollment Documents

The following documents are required to enroll for Electronic Data Interchange (EDI):

- **Medicare Electronic Data Interchange Application**  
The purpose of the Medicare Electronic Data Interchange Application is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters. Please follow the instructions carefully when completing the application. Incomplete forms will be returned to the applicant, thus delaying processing.
- **Medicare Electronic Data Interchange Enrollment Agreement**  
The following EDI Enrollment Agreement should be submitted when enrolling for electronic billing. It should be reviewed and signed **only** by the providers to ensure that each is knowledgeable of the enrollment request and the associated requirements.
  - If the submitter will be submitting for multiple providers, each provider whose claim data will be submitted must complete this form.
  - The entire form must be read carefully and then dated with the day, month and year.
  - The name of the provider (an authorized officer’s name) must be printed in the space provided and that authorized officer’s title and signature must also be included.
  - When completed, all **three pages** of the properly executed **EDI Enrollment Agreement** must be returned **with** the EDI Application form.

Providers that have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers.

Providers are obligated to notify Medicare by fax or hard copy of:

- Any changes in their billing agent or clearinghouse.
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse.
- If the provider wants to begin to use additional types of EDI transactions.
- Other changes that might impact their use of EDI.

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Form does not expire if the person who signed the form for a provider is no longer employed by the provider.

### THE EDI APPLICATION PROCESS

**Step 1:** Complete the Electronic Data Interchange Application.

**Step 2:** Complete and sign the Medicare Electronic Data Interchange Enrollment Agreement. The Medicare provider must complete and sign this form.

**Step 3:** Complete documents and fax or mail to the following address:

Fax Number	MAILING ADDRESS	DELIVERY ADDRESS
(410) 410-683-2937	TrailBlazer Health Enterprises, LLC EDI Department P.O. Box 4898 Timonium, MD 21094-4898	TrailBlazer Health Enterprises, LLC EDI Department Timonium II – 6 <sup>th</sup> floor 1954 Greenspring Drive Timonium, MD 21093

**Step 4:** Retain the completed forms for your records.

Processing of an EDI application will take **15 business days** from the date of receipt. When processing is complete, you will receive a notification by fax or mail. New electronic submitters and software vendors will be informed of any testing requirements.

**ELECTRONIC DATA INTERCHANGE APPLICATION INSTRUCTIONS**

**Please retain a copy of this completed form for your records.** You must submit a completed EDI Application Form when submitting additional EDI forms.

The field descriptions listed below will aid in properly completing the application. Please follow these instructions closely. The Medicare Electronic Data Interchange Application is required. The Multiple Provider List should be used if you are listing additional providers on your application.

Providers are not permitted to share their personal EDI access number (Submitter ID) or their password to:

- Any billing agent, clearinghouse/network service vendor.
- To anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim.
- Any non-staff individual or entity.

The EDI Submitter ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider’s EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider’s operation. New owners must obtain their own EDI Submitter ID and password.

Form Field Name	Instructions for Field Completion
<b>1. Provider Data</b>	Complete the date, provider’s name, address, primary contact, phone, fax and e-mail address. <ul style="list-style-type: none"> <li>• Check the Part A or Part B Provider indicator box.</li> <li>• Indicate the NPI (National Provider Identifier).</li> </ul> Action Requested: Please indicate appropriate request below: <ul style="list-style-type: none"> <li>• Provider is Submitter – Provider submits claims directly from their office.</li> <li>• Provider is with billing service/clearinghouse.</li> <li>• Provider is with other Providers (list Provider numbers).</li> <li>• Remove provider from Submitter ID (provide Submitter ID).</li> </ul>
<b>2. EDI Software Vendor Data</b>	Indicate the name of the software vendor you will be using for electronic claim submission to TrailBlazer. If you will be using our free PC-ACE Pro32, write PC-ACE Pro32 in this field. If the vendor ID is known, enter the assigned ID; PC-ACE users may leave this field blank.
<b>3. EDI Billing Service/Clearinghouse Data</b>	Indicate the name, primary contact, phone, fax and submitter/password of the billing service or clearinghouse that will be communicating with TrailBlazer. <b>Do not forget to sign and date at the bottom of the form.</b>







