

MEDICARE NORTHERN VIRGINIA PRE-ENROLLMENT INSTRUCTIONS - 12202



Highmark Medicare Services has recently revised their enrollment process. They previously required 3 separate forms for enrollment, and those forms have now been combined into one form. There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of this form you will automatically be enrolled to receive Electronic Remittance Advice; however you will continue to receive paper remittances for 45 days after the effective date of ERA transmission. To request an ERA exception, complete the [Electronic Remittance Advice \(ERA\) Exception Request](#) form. If you do not want Office Ally to receive your ERAs you may elect to have them sent to a separate ERA receive ID that was assigned to you by Highmark Medicare Services (see section H of the Electronic Data Interchange (EDI) Enrollment form).

HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 5-10 business days

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (717) 302-4252, or;
- Mail the form to:
Highmark Medicare Services, Inc – EDI
PO Box 890011
Camp Hill, PA 17089-0011

WHAT FORMS ARE REQUIRED?

- [Electronic Data Interchange \(EDI\) Enrollment](#)

WHO CAN SIGN THE FORM?

- The Provider or Authorized official

HOW DO I CHECK STATUS?

- Call 866-488-0546 and provide them with your Medicare Provider ID and ask if you have been linked to Office Ally's Submitter ID 1926517.
- Once approved you MUST contact Office Ally at 866-575-4120, option 1 and inform us of the approval BEFORE submitting any claims for electronic transmission.

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **Provider/Practice Name as pre-enrolled with the insurance payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payor”.**
- **Provider email address where you can be notified of setup completion.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**