

---

**Submit the completed Payer Request Form to:**

Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

## INSTRUCTIONS

- Complete all sections of the **Payer Request Form**
- Complete this form using group or individual provider information as listed on file with the payer you wish to set up

**Note:** Some payers require additional documentation to be completed and signed by the provider in order to complete enrollment. If additional forms are required, the required forms will be sent to you for completion.

**IMPORTANT: You must specify the payer(s) with which you wish to enroll. If no payers are specified, enrollment forms WILL BE RETURNED.**

If you have more than ten payers to enroll, please make additional copies of this form.

---

**Questions or need assistance?**

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

Submit the completed Payer Request Form to:  
 Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

**INSTRUCTIONS**

Complete one form per TAX ID.

**PROVIDER BILLING INFORMATION**

Please type your responses directly into the form.

Please check:  New Request  Change Request

Billing Service Name (if applicable)

TIN or INOVALON ID:

Contact Name:

Phone: (  )  Fax: (  )  Email:

Group/Provider Name:

Please check for designation:  Professional  Institutional

Billing Tax ID:  Indicate  TIN/EIN  SSN Billing NPI:

Street Address:

City:  State:  Zip:

Name of Authorized Signee:

Title of Authorized Signee:

**PAYER INFORMATION**

List payers with which you wish to enroll below. Please refer to the Inovalon Payer List for enrollment requirements. Check the transaction(s) you want to enroll for each payer.

Payer ID	Payer Name	PTAN, Medicaid ID or Provider ID	Claims	ERA

Inovalon Enrollment  
[enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

## INSTRUCTIONS

- Please FAX BOTH pages of your completed and signed Medicare forms to EDISS AT THE NUMBER ON THE BOTTOM OF THE FORM that is generated when you complete your electronic enrollment. You must fax BOTH PAGES of the agreement to the payer, or the form will be rejected.
- Print these instructions. Keep them with you for reference as you complete the registration process.
- Complete and return the Contract Set Up Form to Inovalon’s Enrollment department.
- While you complete these enrollment steps, you should have on hand:
  - The billing NPI and Tax ID or SSN you use when you submit claims
  - The provider name and address listed on file with Medicare
    - If you do not know the billing NPI/Tax ID or provider name/address, you must contact Medicare for this information. Inovalon is unable to obtain this information for you.
  - The contact information for your provider’s office
  - The transactions you wish to set up (claims, ERA, etc)
- Be prepared to select, and answer, five password security identification verification questions for your account.
- These security questions and responses are mandatory for identification purposes.
- You may wish to record the answers in your files in the event that you lose your EDISS password.
- Access the EDI Support Services (EDISS) Web site at <https://connect.edissweb.com/>
  - If you do not have an account with EDISS, choose the green “Register Now” button to the left of the screen.
  - If you have already created an account with EDISS, enter your username and password to the right.
  - If you are creating a new account, go to the instructions on page 3.
  - If you are updating a current account, go to the instructions on page 4.
- Step 1: Create Account with EDISS
  - Choose the Provider button
  - Enter your 10-digit billing NPI – if you submit claims as a group, use the group NPI.
  - Click Continue
  - Enter Provider/Company Information
    - Enter your provider name as listed on file with Medicare
    - Enter a valid phone number
    - Enter a valid fax number
    - Enter the address
  - Enter Contact Information
    - Enter the provider/company contact first name
    - Enter the provider/company contact last name

### Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

- 
- Enter a valid E-mail address
  - Re-enter the Email address
  - Click Continue
  - Step 2: Account Security
    - Create your EDISS username – your username must be between 8-20 characters and contain no spaces or underscore
    - Create your EDISS password – your password must be between 8-20 characters and must contain no spaces but:
      - One capital letter (A,B,C, etc)
      - 1 numeral (1,2,3, etc)
      - One special of these special characters: # \_ \$ - \* &
    - You must agree to both the EDISS and HIPAA Terms & Conditions before continuing with registration
  - Step 3: Account Settings
    - Underneath “Who will manage your account and transactions?” click “I will”
    - Underneath “What software will you use for transactions?” choose “Other”
  - Step 4: Finish
    - Your account should be successfully created.
    - You should now be ready to choose your transactions and select MD Online as your clearinghouse
  - Link your account to Inovalon for claims submission:
    - You should now be logged in to EDISS and viewing your Provider Dashboard
    - Click either the grey Add Transaction button on the top menu or the green Add Transaction button on the right
    - Enter the 10-digit billing NPI and the Tax ID used when submitting claims to Medicare. You will most likely only be adding one NPI/TIN combination.
    - Click Continue
    - Choose your state, and either drag and drop or click Add
    - Click Continue
    - Choose Professional (1500 form)
    - Choose the line of business to which you will submit (Medicare or BCBS depending on the state)
    - Click Continue
    - Click the check box under Enroll next to 837P (5010X222) Health Care Claim: Professional
    - Click Add Vendor
    - In the Select a Vendor window in the Search for Vendor bar, type CH00066
    - Choose MD Online (CH00066) from the Select Vendor from Search Results list
    - Click Add

---

### Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)

- **Optional: If you want to receive your EOBs electronically in your Inovalon messages, click the check box under Enroll next to 835 (5010X221) and repeat steps beginning at “Add Vendor”**
- Click Continue at the bottom of the page to finish adding your transactions.
- You will be presented with a summary page indicating the NPI and Tax ID you’ve enrolled and the payers and transactions with which you elected to participate for this information
- At the bottom of the SUMMARY page, you will notice a section indicating that there are **Required Forms**
- Medicare requires a signed EDI enrollment agreement to be completed and returned by the provider office before granting EDI approval.
- You can access the form:
  - by clicking the MEDB link
  - by clicking the Download all forms button
  - once you click Complete after adding your desired transaction.
  - The form is also available at any time from your Provider Dashboard
- You must complete the form with your BILLING PROVIDER INFORMATION. This should be the same information that you entered when you generated your EDISS account.
- You must contact the payer if you are unsure how to complete this form – Inovalon cannot obtain this information for you.
- You can see the status of your form submission by logging in to your EDISS account and viewing your Provider Dashboard.
- Your Manage Transactions page should at least state some of the following information:
  - 837P (5010X222) Health Care Claim: Professional MD Online/CH00066 Pending Testing Approval
  - (Similar information would apply if you were enrolling in ERA receipt)
- You are advised to monitor the status of your Enrollment by frequently logging in to your EDISS Provider Dashboard. Inovalon will not be notified by EDISS of your enrollment status.
- When the Status states **Complete – Approved** Please contact Inovalon’s enrollment team to notify us. Do not submit claims until you notify Inovalon Enrollment.
- If the Status states **Forms Complete | Testing Required** Please contact Inovalon’s enrollment team to notify us. Do not submit claims until you notify Inovalon Enrollment.

---

### Questions or need assistance?

Contact Inovalon Enrollment Department at 888.499.5465 or [enrollmentsupport@inovalon.com](mailto:enrollmentsupport@inovalon.com)