Medicare Part B Claims and ERAs Enrollment
AR, CO, LA, MS, NM, OK, TX, DC, MD, NJ, DE, PA
(Novitas JH & JL)

Submit the completed Payer Request Form to:
Inovalon Enrollment
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.

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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

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INSTRUCTIONS

Click on the link below for the Novitas Medicare EDI/ERA Enrollment form. Follow the instructions on how to complete the form and send the completed signed form to INOVALON via email.

Novitas Medicare EDI/ERA Enrollment

Section A:

Select State

Select Line of Business

Section B:

Enter Provider Information

- Use the Billing/Group PTAN and NPI if one exists

Section C:

Select Reason for Submission Request Type

- **Do not select any box in New Submitter ID requests area**
- In Existing Submitter ID requests area:
  - In Add to Existing Submitter ID area – choose Submitter information from grid below
- If already enrolled for ERAs via another source – select ERA change

Section D:

- If enrolling for ERAs: Select Assign ERA to an existing Submitter/receiver ID - choose Submitter information from grid below

Section E:

- If you want to maintain an existing set up – enter existing set up information in this section

Section F:

Skip

Section G:

- Select any aggregation choices

Sign/date where indicated at bottom of page 3

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State	LOB	Submitter Name	Submitter ID	ERA Submitter ID	MAC
DCMA	Part B	Medical Claim Corp	1926778	1926778	JL
DE	Part B	MD On-Line	1930128	1930128	JL
MD	Part B	Medical Claim Corp	1928961	1928961	JL
NJ	Part B	MD On-Line	1920465	1920465	JL
PA	Part B	Medical Claim Corp	0915162	0915162	JL
DC	Part B	Medical Claim Corp	1926778	1926778	JL
State	LOB	Submitter Name	Submitter ID	ERA Submitter ID	MAC
AR	Part B	MD On-Line	1940822	1940822	JH
CO	Part B	MD On-Line	S02481	E13008	JH
LA	Part B	MD On-Line	L1323	L1323	JH
MS	Part B	Medical Claim Corp	07020539	07020539	JH
NM	Part B	Medical Claim Corp	S02481	E13008	JH
OK	Part B	MD On-Line	O0277	E13008	JH
TX	Part B	MD On-Line	S02481	E13008	JH