



JURISDICTION 6 MEDICARE CONTRACT INSTRUCTIONS (SMIL0 – SMMN0 – SMWI0)

**Please carefully read all instructions before beginning.
Please FAX or Email all pages of your completed and signed forms to:
MD On-Line
ATTN: Enrollment
888-837-2232
setup@mdol.com**

**Do not fax your forms directly to NGS.
Submit enrollment forms to MDOL Enrollment only.**

Please read the following NGS Medicare instructions carefully in order to properly complete the enrollment forms.

Incorrect or incomplete provider or submitter information will cause delays in processing and claims submission.

This agreement must be completed on the NGS Website.

These forms are time-sensitive. All forms must be submitted on the NGS Website on the same day and must be sent to MDOL within 5 business days of electronic submission.

Please call Enrollment at 888-499-5465 x3506 to confirm that we received your fax to avoid time-out rejections.

PRINT these instructions. Refer to them as you complete the online registration process.
Please return the Contact Information Sheet with your agreement for Enrollment's reference.

IMPORTANT:

If you want to receive paper EOBs from Medicare, complete:

Form 1: EDI ENROLLMENT AGREEMENT FORM

Form 2: EDI THIRD-PARTY PROVIDER AUTHORIZATION FORM

Do NOT mark the box next to ASC X12 835 Remittance

If you want to receive 835 Electronic Remittance Advice, complete:

Form 1: EDI ENROLLMENT AGREEMENT FORM

Form 2: EDI THIRD-PARTY PROVIDER AUTHORIZATION FORM

ALSO mark the box next to ASC X12 835 Remittance

Form 3: ERA ENROLLMENT FORM

MDOL submitter information for all Jurisdiction 6 payers is listed below.

This submitter information is state-specific.

Refer to the information below when completing enrollment forms for your state.

SMIL0 / Illinois Medicare:

Submitter Status	Existing Submitter
Submitter ID	23730
Submitter/Provider Agent/Vendor Name	MD On-Line Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B IL 06102
Street	6 Century Dr 2 nd Fl
City/State/Zip	Parsippany NJ 07054 US
Contact Name/Title	Kimberly Scro, Enrollment Manager
Phone Number/Ext	888-499-5465
Fax	888-837-2232
Email Address	setup@mdol.com

SMMN0 / Minnesota Medicare:

Submitter Status	Existing Submitter
Submitter ID	23730
Submitter/Provider Agent/Vendor Name	MD On-Line Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B MN 06202
Street	6 Century Dr 2 nd Fl
City/State/Zip	Parsippany NJ 07054 US
Contact Name/Title	Kimberly Scro, Enrollment Manager
Phone Number/Ext	888-499-5465
Fax	888-837-2232
Email Address	setup@mdol.com

SMWI0 / Wisconsin Medicare:

Submitter Status	Existing Submitter
Submitter ID	23730
Submitter/Provider Agent/Vendor Name	MD On-Line Inc
Submitter Type/Operating as a/Method of Retrieval	Clearinghouse
Contractor Code	Part B WI 06302
Street	6 Century Dr 2 nd Fl
City/State/Zip	Parsippany NJ 07054 US
Contact Name/Title	Kimberly Scro, Enrollment Manager
Phone Number/Ext	888-499-5465
Fax	888-837-2232
Email Address	setup@mdol.com

Form 1: EDI ENROLLMENT AGREEMENT FORM

1. Click, type or copy this link into your browser: <http://www.ngsmedicare.com/ngs/portal/ngsmedicare>
2. In the red box, choose *I am a Part B Provider*
3. Select the state in which you practice – **Illinois, Minnesota, or Wisconsin**
4. “Remember my choice” is optional
5. Read the **ATTESTATION** and click **Accept**
6. Click on the Enrollment tab.
7. On the far right-hand side, choose **Enrollment Forms**.
8. Click on the Electronic Data Interchange tab.
9. Choose **EDI Enrollment Agreement Form** – A pop-up window will appear
10. On the **left** side of the form, enter the provider name and address **exactly as listed on file with Medicare**. If you are unsure what Medicare has on file, contact Medicare. MDOL cannot obtain this information. If you submit claims as a group, use group provider information here
11. On the **right** side of the form, enter the **Submitter Information listed above specific to your state**
12. Enter provider PTAN and NPI. If you use a group NPI to submit your claims, **complete this form using the group NPI and group PTAN**.
13. Under the attestation box, click “**I have read and accept the terms of the above agreement.**”
14. Type the name of the person authorized by Medicare to sign forms.
Note: this form cannot be signed by a third-party biller. This form must be signed by a provider or authorized representative.
15. Click the “Submit” button. **Note: this form is NOT completed until you click “Submit”**. The form should change.
If the form does not change, scroll down to the “Submit” button and see what is missing or incorrect. The missing or incorrect information will be shown in red print next to the “Submit” button.
16. Click “OK” on the pop-up that states that “All forms must be submitted under the same cover letter.”
17. The CMS logo will appear on the top left of the screen, and all of the information you entered will be presented on the form.
Do not make any changes to this form after you successfully submit it electronically.
If you notice any errors, **resubmit the form electronically** as listed in the steps above.
Do not hand-write corrections on the form after submitting electronically - Medicare will not accept any handwritten corrections or additions to these forms. Do not hand-write your title on this form.
18. Print the **EDI ENROLLMENT AGREEMENT FORM**. Sign, date and title where indicated. Put the form aside – **DO NOT FAX THIS FORM TO MD ON-LINE YET. DO NOT FAX TO NGS.**

You must complete Form 2: EDI THIRD-PARTY PROVIDER AUTHORIZATION FORM before faxing to MD On-Line.

****If you wish to receive ERA, you must also complete Form 3: ERA ENROLLMENT FORM before faxing.**

Form 2: EDI THIRD-PARTY AUTHORIZATION FORM

1. Choose **EDI Third Party Authorization Form**
2. Select the box next to ASC X12 837 Claim
3. ASC X12 276/277 Claims Status & Response is optional
4. Select the box next to ASC X12 835 Remittance if you want electronic remittance advice (ERA) from this payer in your MDOL messages.
Only select this box if you wish to receive electronic EOBs in your MDOL messages.
If you wish to receive your EOBs in the mail on paper, **do not select this box**
If you wish to receive ERA, **also complete the ERA Enrollment Form.**
See instructions below for **FORM 3: ERA ENROLLMENT FORM.**
Do not complete Form 3 if you do not want ERA.
5. Complete the **Submitter and/or Receiver Information** on the **left** using the information from the table specific to your state
6. Using the **same provider name, address, billing NPI, and PTAN** you used to complete the EDI Enrollment Agreement Form, complete the provider information on the **right** side of this form.
The contact First and Last name must be someone in the provider's office- it cannot be the name of a billing company representative.
If you are not sure what address, PTAN, or NPI you should use on this form, *contact Medicare*. MDOL cannot obtain this information for you.
7. Type the name of the person authorized to sign forms. **Note: this form cannot be signed by a third-party biller. This form must be signed by an authorized provider representative.**
The name in this box should be the same person as the name entered on the EDI Enrollment Agreement Form.
Click the "Submit" button. **Note: this form is NOT completed until you click "Submit".** The form should change.
If the form does not change, scroll down to the "Submit" button and see what is missing or incorrect. The missing or incorrect information will be shown in red print next to the "Submit" button.
8. Click "OK" on the pop-up that states that "All forms must be submitted under the same cover letter."
9. The CMS logo will appear on the top left of the screen, and all of the information you entered will be presented on the form.
You cannot make any changes to this form after you successfully submit it electronically.
If you notice any errors, you must **resubmit the form electronically.**
You cannot hand-write your corrections on the form once you submit the form electronically - Medicare will not accept any handwritten corrections or additions to these forms.
10. Print the **EDI THIRD-PARTY PROVIDER AUTHORIZATION FORM.** **Sign, date and title** where indicated.

11. If you **DO NOT WISH** to receive ERAs, fax your forms to Enrollment now. **Do not fax your forms directly to Medicare.**
 12. If you **DO WISH** to receive ERAs, you must complete Form 3 as instructed below.
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Form 3: ERA ENROLLMENT FORM

(optional – to be completed ONLY if you wish to receive ERA via MDOL – DO NOT COMPLETE THIS FORM IF YOU WANT TO RECEIVE PAPER EOB)

1. Choose **ERA Enrollment Form**
2. A window will pop up with the ERA Enrollment Form. **Note: All fields with a red asterisk (*) are REQUIRED and must have data entered in them for your forms to be properly submitted.**
3. **PROVIDER INFORMATION:**
Enter the group or sole practitioner name. Use the same provider name from the Enrollment Agreement Form and the Third-Party Provider Authorization Form
4. Enter the Street Address listed on file with Medicare. If you don't know what Medicare has on file, please contact Medicare to confirm. MDOL cannot obtain this information for you
5. **PROVIDER IDENTIFIERS INFORMATION:** Use the state-specific submitter information listed in the table above to complete this section
6. **PROVIDER CONTACT INFORMATION:**
Enter provider contact information. This should match the Third-Party Authorization Form you prepared previously. **NGS does NOT allow forms to be submitted with billing company contact information** Use the name, phone/fax number, and Email address of a contact in the provider's office. **Forms submitted with a billing company contact will reject. Use the same contact information submitted on all other EDI forms.**
7. **PROVIDER AGENT INFORMATION:** Use the state-specific submitter information listed in the table above to complete this section
8. **ELECTRONIC REMITTANCE ADVICE INFORMATION:** Method of Retrieval: **Clearinghouse**
9. **ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION:** Use the state-specific submitter information listed in the table above to complete this section
10. **ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION:**
Choose **MD On-Line** from the dropdown list. The Vendor information fields should auto-populate
11. **SUBMISSION INFORMATION:**
 - If you are enrolling in ERA for the first time, choose **New Enrollment**
 - If you are changing your ERA receiver to MD On-Line, choose **Change Enrollment** from the dropdown menu
12. **AUTHORIZED SIGNATURE:**
Enter the name and title of the authorized signee listed on file with Medicare.

Use the same name as the signature on the **EDI Enrollment Agreement Form** and the **EDI Third-Party Provider Authorization Form**. Both fields are required. **Two signatures are required**

13. Click the check box next to **I have read and agree with the above terms**
14. Enter the name of the group or sole practitioner that you are enrolling for ERA
15. Enter the street address as listed on file with Medicare
16. Enter the same authorized signature name and title from **Step 12** as listed on file with Medicare
17. Click “Submit” at the bottom of the forms. **Note: this form is NOT completed until you click “Submit”**. The form should change
If the form does not change, scroll down to the “Submit” button and see what is missing or incorrect
The missing or incorrect information will be shown in red print next to the “Submit” button
18. Click “OK” on the pop-up that states that “All forms must be submitted under the same cover letter.”
19. The CMS logo will appear on the top left of the screen, and all of the information you entered will be presented on the form
Do not make any changes to this form after you successfully submit it electronically
If you notice any errors, **resubmit the form electronically**
Do not hand-write corrections on the form once you submit electronically - Medicare will not accept any handwritten corrections or additions to these forms
20. Print the ERA Enrollment Authorization Form. Sign where indicated.
NOTE: TWO SIGNATURES ARE REQUIRED ON THIS FORM

*If you are only submitting claims, you should have completed two forms, totaling 5 pages.
If you wish to receive ERA, you should have completed three forms, totaling 8 pages.*

These forms are time-sensitive. All of the above forms must be submitted on the NGS Website on the same day and must be sent to MDOL within 5 business days of electronic submission.

Please call Enrollment at 888-499-5465 x3506 to confirm that we received your fax to avoid time-out rejections.

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Have questions or need assistance? Contact the MDOL Enrollment Department at 888-499-5465 or setup@mdol.com
