

## ASK EDI ENROLMENT INFORMATION

### ASK payers

Emdeon submitter id 6000727  
55204 Healthnow NY  
SB800 New York BCBS Northeast  
SB801 New York BCBS Northwest

Emdeon submitter id 6000745  
12B68 New York BC Northeast  
12B39 New York BC Northwest

Emdeon submitter id 0000313  
57325 Kansas BC  
12B66 Kansas BC

Emdeon submitter id 0001269  
SB650-SB651-SB652-SB653 Kansas BS  
SB740 Kansas City BS

Access ASK EDI website at the following link:

[http://clyde.bcbsks.com/WebCom/Public/forms/ask\\_change\\_form.htm](http://clyde.bcbsks.com/WebCom/Public/forms/ask_change_form.htm)

The screenshot shows the 'ASK-EDI Forms' header with the 'ASK Change of Information form' title. Below the title is a description: 'This form may be used to change Trading Partner demographic information, enroll additional NPI Numbers, or to change vendor information.' A legend indicates that '\*' denotes required fields and '\*\*' denotes fields where a fax number or e-mail address is required. The form is divided into 'Step 1: Trading Partner Information' and contains the following fields:

- Trading Partner Number: A text box with a tooltip that says 'Enter Emdeon's associated submitter id'.
- Organization (Legal) Name: 'Emdeon' with an asterisk.
- Mailing Address: '3055 Lebanon Pike Ste 1000' with an asterisk.
- City: 'Nashville' with an asterisk.
- State: 'TN' with an asterisk.
- Zip: '37214' with an asterisk.
- Contact Name(s): 'Enrollment Help Desk' with an asterisk.
- Phone #: '( 866 ) 924.4634' with an asterisk.
- Fax #: '( 615 ) 231.4843' with two asterisks.
- E-mail Address: 'payerregistration@emdeon.com' with two asterisks.
- Comments: A large text area with a scroll bar.

Choose Payer and transaction type:

**Step 2 : Identify Changes**  
What do you need changed?  Add New Vendor  
 Add Additional NPI Numbers  
 Change to Trading Partner information

**NPI Numbers**  
\* New York customers must submit a valid 10 character NPI for both group and individuals. Please choose only one payer per NPI.  
\*Kansas and Kansas City customers - only billing NPI Numbers are required. Individual NPI Numbers are not needed unless they are used as the billing NPI Number.

<div>Choose Payer: Kansas Blue Shield Kansas City Blue Shield HealthNow NY BCBSWNY BSNENY PHP Kansas Blue Cross Kansas City Blue Cross Provider/Group Name:</div>	<div>Choose Transaction: 837P 234567890 Anyone</div>
<div>Choose Payer: Kansas Blue Cross Kansas City Blue Cross Provider/Group Name:</div>	<div>Choose Transaction:</div>
<div>Choose Payer:</div>	<div>Choose Transaction:</div>
<div>NPI #</div>	<div>Provider/Group Name:</div>

[Add More Lines](#)

Transaction: 837P  
837P  
837D  
270/271  
276/277  
278

Enter NPI Numbers as required:

**NPI Numbers**

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Then "submit" the information.