

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

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</div>	<div>Choose Transaction: 837P</div> <div>234567890</div> <div>Anyone</div>
<div>Choose Payer:</div>	<div>Choose Transaction:</div> <div>Provider/Group Name:</div>
<div>Choose Payer:</div>	<div>Choose Transaction:</div> <div>NPI #</div> <div>Provider/Group Name:</div>

[Add More Lines](#)

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

Enter NPI Numbers as required:

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.

Then "submit" the information.