

Ohio Medicare Part B

Complete the form, sign, and mail original to:

CGS
1 Cameron Hill Cir STE 0061
Chattanooga, TN 37402-0061

Blank forms may be copied.

Call Lindsay Technical Consultants, Inc. (888) 941-8967, if you have any questions.



MEDICARE

Part A Intermediary
Part B Carrier

Medicare OH/WV Part B EDI Enrollment Packet

**Attention:
Please Read Before Completing Paperwork**

Enrollment Submission Address

Send all paperwork to:

CGS
1 Cameron Hill Cir STE 0061
Chattanooga, TN 37402-0061

EDI Application Form

The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. You must submit an EDI Application Form when submitting the EDI Enrollment Agreement and Software Order Form.

Take Control of your Accounts Receivable and Become Compliant Now!

Sign up today to receive your remittances electronically and be ahead of the game. Download and print your remits more quickly. CMS is focused on increasing the number of providers who receive their remittances electronically and decreasing the printing and mailing costs associated with hardcopy remittances. Complete your forms today!

Thank you for your interest in Electronic Data Interchange!



Government Programs Electronic Data Interchange (EDI) Operations
Post Office Box 182934
Columbus – Ohio - 43218-2934
www.PalmettoGBA.com

A CMS Contracted Intermediary and Carrier

Using Electronic Data Interchange Services

Palmetto GBA has prepared this packet for Medicare Part B submitters of electronic claims. It contains forms and explanations for each of the services offered by our Electronic Data Interchange (EDI) department. For further information regarding any of this material, please call the Palmetto GBA EDI OH/WV Support Team toll-free at 1-866-308-5438.

If you are a provider waiting for a provider number, please wait before submitting any EDI forms! You must be assigned your provider number before completing any of the paperwork below. Call the Medicare OH/WV Part B Provider Enrollment Department at 1-866-308-5439 or visit the Provider Enrollment section of our web site for more information.

The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically, with limited exceptions.

For more information on Palmetto GBA EDI options, please visit the Palmetto GBA Web site at www.PalmettoGBA.com. The CMS EDI Web site (cms.hhs.gov/providers/edi) also includes detailed information on EDI and the Administrative Simplification provision.

You can check the status of Palmetto GBA's EDI Systems by visiting the Palmetto GBA Web site. Under Ohio or West Virginia Part B, select Electronic Data Interchange (EDI) and "EDI System Status." This pop-up window will display the current status of several systems, including GPNET, the EDI front-end. The pop-up window will automatically refresh every 60 seconds so you can keep it up during the day. We will update the EDI System Status window with information on any system-related issue. When a problem occurs, such as a delay with posting remittance files, a detailed informational message will appear below the system affected. This message will be updated until the problem has been corrected. Please visit this area on the Palmetto GBA Web site prior to calling the Palmetto GBA OH/WV Support Team with system status questions.

Please register on the Palmetto GBA Web site (www.PalmettoGBA.com) to receive EDI news electronically. By selecting "E-mail Updates" (which displays at the top of all pages) and completing a user profile, you will be notified via e-mail when new or important EDI information is added to our Web site. If you have already registered, please ensure your profile has been updated for all new applicable EDI categories, including the EDI topic located under the Ohio or West Virginia Part B category. Users of Palmetto GBA-provided PC-ACE Pro32 or Medicare Remittance Easy Print (MREP) software should select the Palmetto GBA Software Users topic located under the General category. This category also includes a special topic created for Vendors, Clearinghouses and Billing Services.

This packet contains the following forms, in this order, along with instructions on how to complete each form. Below is a brief overview of each form. Please allow a processing time of approximately 10 business days. Remember – Palmetto GBA cannot process incomplete applications or agreements! Please fill in all appropriate blanks.

1. OH/WV Part B EDI Application Form
2. EDI Enrollment Agreement
3. Software Order Form

1. OH/WV Part B EDI Application Form

PLEASE NOTE: The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the OH/WV Part B EDI Application Form for your records.** You must submit a completed EDI Application Form when submitting the EDI Enrollment Agreement or Software Order Form.

A Submitter ID number is a unique identifier for electronic submitters. You must request a Submitter ID if you will be submitting claims directly to Palmetto GBA. However, if you are a provider and will be using a billing service or clearinghouse to submit your claims, do not complete this form. Billing services, not their customers, need electronic submitter numbers.

Providers are not permitted to share their personal EDI access number (Submitter ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- Anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

GPNet is the HIPAA-compliant EDI gateway used by Palmetto GBA. The GPNet communication platform supports asynchronous telecommunications up to 56K bps. It will support numerous asynchronous telecommunication protocols, including Kermit, Xmodem (Check Sum), Ymodem (Batch) and Zmodem. Most "off-the-shelf" communication software will support one or all of these protocols. You may select any of the protocols indicated; however, **Zmodem is recommended** based on its speed and reliability. The asynchronous user's modem should be compatible with 56K, V.34 - 28.8 bps or V.42 - 14.4 bps.

In addition, we encourage the use of PKZIP compatible compression software. GPNet is defaulted to send uncompressed files; therefore, if you wish to receive all of your files in a compressed format, select the appropriate option on the form.

Note: In addition to modem file transfers, GPNet also supports file transfers via dial-up File Transfer Protocol (FTP) and CONNECT:Direct (also known as Network Data Mover or NDM).

The GPNet platform is available 24 hours a day, seven days a week. The real time editing system is down from 11:30 p.m. to 5:00 a.m. EST. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within 24 hours.

A GPNet Communications Manual is available for download from the www.PalmettoGBA.com Web site. Under Quick Links on our home page, choose "[OH Part B Carrier](#)" or "[WV Part B Carrier](#)." Scroll down to "[Electronic Data Interchange \(EDI\)](#)" and select "[Software & Manuals](#)." From the list of documents, select "[GPNet Communications Manual](#)." Click "[View Attachments](#)." From the pop-up window, choose "[Palm GPNet Comm Man.pdf](#)." The file will open in a new browser window using Adobe Acrobat. To print or save the file, use the Acrobat toolbar in the browser window.

The *GPNet Edit Manual* includes a list of GPNet Edit codes and descriptions that may appear on the GPNet Response Report. The *GPNet Edit Manual* is also available for download from the Web site. Follow the steps above and then from the list under “[Software & Manuals](#),” choose “[GPNet Edit Manual](#)” Click “[View Attachments](#).” From the pop-up window, choose “[GPNet Edit Man.pdf](#).” The file will open in a new browser window using Adobe Acrobat. To print or save the file, use the Acrobat toolbar in the browser window. Please contact the Palmetto GBA EDI OH/WV Support Team toll-free at 1-866-308-5438 with questions regarding GPNet edits.

The following asynchronous communication packages are currently successfully transmitting to GPNet:

- ProComm Plus; Release 2.03 (DOS)
- ProComm Plus; Release 2.11 (Windows)
- Crosstalk; Release 2.2 (Windows)
- QuickLink2; Release 1.4.3 (Windows)
- PC Anywhere; Release 5.0 (DOS)
- PC Anywhere; Release 2.0 (Windows)
- Term; Release 6.1, 6.2, and 6.3
- Mlink; Release 6.07
- HyperTerminal; Windows '95 and better

The settings you should verify are:

- Terminal Emulation - VT100
- Parity - NONE
- Data Bits – 8
- Stop Bits - 1

2. EDI Enrollment Agreement

Every provider who submits electronic claims to Palmetto GBA, whether directly or through a billing service/clearinghouse must complete this agreement. Please indicate your Medicare provider or group number and your National Provider Identifier [NPI] so the contract may be logged correctly. Billing services should not complete the EDI Enrollment Agreement unless they are a Medicare Part B provider as well as a billing agency. Only one agreement per group is required.

Palmetto GBA EDI cannot process any of the enclosed forms for a provider without a completed EDI Enrollment Agreement on file.

Providers who have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the provider.

Providers are obligated to notify Medicare by hardcopy of:

- Any changes in their billing agent or clearinghouse
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse
- If the provider wants to begin to use additional types of EDI transactions
- Other changes that might impact their use of EDI

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Agreement does not expire if the person who signed the form for a provider is no longer employed by the provider.

3. Software Order Form

Palmetto GBA offers PC-ACE Pro32, a claims-entry software that allows providers to enter their claims and certificates of medical necessity. Pro32 does *not* integrate into office systems such as accounts receivable, inventory or billing. Use the software order form to order software from Palmetto GBA.

This software is **not** supported when installed on a network. The software should only be installed on a stand-alone PC.

Minimum system requirements for Pro32 include:

- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
 - 64 MB system memory (128 MB recommended)
 - CD-ROM drive
 - SVGA monitor resolution (800 x 600)
 - Windows 2000 or better operating system
 - Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)
- This free software can be downloaded from the Adobe Web site (www.adobe.com)

Electronic Remittance

Electronic Remittances, downloaded from GPNet, duplicate the information contained on paper remittances. The current format for electronic remittances is the ANSI 835 v4010A1.

Electronic Remittance can be requested by marking the appropriate box on the OH/WV Part B EDI Application.

Medicare Remittance Easy Print (MREP) Software

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Remittance Easy Print (MREP) software to enable Medicare providers to view and print ANSI 835 Electronic Remittance Advice. Using the HIPAA 835 files, MREP enables providers to view and print ANSI 835 in the current Standard Paper Remittance (SPR) format Medicare uses. MREP provides the ability to view, search and print the 835 in a format providers are familiar with, as well as view and print special reports.

Providers who use MREP can print reports to reconcile accounts receivable as well as create documents that can be included with claim submission to Coordination of Benefits (COB) payers. MREP is available free to Medicare providers, and it can be installed on a personal computer (PC) or network. MREP information is located on our Web site, www.PalmettoGBA.com. Under the Quick Links option, select OH Part B Carrier or WV Part B Carrier, Electronic Data Interchange and then Software & Manuals.

Testing

Submitter testing is required to ensure that the flow of data from the submitter to Palmetto GBA works properly. Testing also ensures the data submitted is valid and formatted correctly. New submitters are required to test prior to sending their first production dataset. New submitters are also required to have completed the Palmetto GBA enrollment process prior to testing.

Begin testing once you have software and a Submitter ID. You must submit a minimum of 25 claims that are representative of your practice (they do not have to be “real” or current claims) and you must score 95% or better to get certified for “live” claims production. You should submit test claim files using your Medicare provider number. Do not notify Palmetto GBA before you test – just start!

Response reports are available within 24 hours of transmission. Submitters should retrieve their reports, correct any errors, and re-submit the claims until a single file of at least 25 claims is 95% error free. You must contact the Palmetto GBA EDI OH/WV Support Team toll-free at 1-866-308-5438 once you have successfully passed testing.

Notice to Billing Services

If you will be submitting claims for more than one provider and you do not have a financial relationship with those providers (other than a billing relationship), you will be classified as a billing service. Each provider must complete an EDI Enrollment Agreement. Palmetto GBA EDI Operations will verify claims submission and provider authorization. Please keep a blank copy of these forms in the event that you secure new clients:

1. EDI Enrollment Agreement (required)
2. EDI Application Form

Notice to Clearinghouses and Network Service Vendors

Clearinghouses and Network Service Vendors (NSVs) must use their own EDI Submitter ID /Receiver ID Number and password to submit and receive EDI transactions on behalf of providers. You may not use a number or password that has been assigned to a provider. If you currently use or have knowledge of an EDI Submitter ID or Receiver ID number and password issued to a provider by Palmetto GBA, you must disclose that information to the EDI Operations Department.

Clearinghouses and NSVs can submit or receive EDI Medicare transactions for providers who have filed an EDI Enrollment Agreement and EDI forms which authorizes the Clearinghouse or NSV to conduct specified transactions on their behalf. A Clearinghouse or NSV will be in violation of CMS and HIPAA privacy and security requirements for the following actions:

- Attempting to conduct EDI transactions for a provider that has not authorized it to perform such actions on their behalf
- Conducts an authorized transaction for a provider who did not request the specific transaction (such as submission of a request for eligibility data when that request was not originated by the provider identified as the source of the request)

Violators may be subject to penalties established by HIPAA and could lose all access rights to Medicare contractor systems nationally.

Clearinghouses and NSVs who do not translate non-HIPAA transactions or prepare claims are not permitted to read the content of data transmitted between a provider and Medicare, beyond accessing basic fields needed to determine inbound or outbound routing.

Change of Ownership, Address or Phone Number

When you have a change of ownership, you must notify Palmetto GBA by calling the Palmetto GBA EDI OH/WV Support Team toll-free at 1-866-308-5438. If the change of ownership results in different provider numbers(s), please inform the EDI Support Team when you call.

You must also notify Palmetto GBA when you have a change of address or phone number. Please send this information to us on your company letterhead and include your Submitter ID and Provider Number (and NPI), if applicable, to: CGS 1 Cameron Hill Cir STE 0061 Chattanooga, TN 37402-0061

EDI Application Form Instructions

The purpose of the **Ohio & West Virginia Part B EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information for the services you are requesting is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

Please retain a copy of this completed form for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

Providers are not permitted to share their personal EDI access number (Submitter ID) or their password to:

- Any billing agent, clearinghouse/network service vendor
- To anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature, therefore the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

The field descriptions listed below will aid in completing the form properly. There are two (2) pages to the application form. The first page is required and the second page should be used only if additional providers need to be listed.

Form Field Name	Instructions for Field Completion
Action Requested: Add New EDI Provider(s) Change/Update Delete Apply for New Submitter ID	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> • If you need to add additional providers to an existing Submitter ID, check Add New EDI Provider(s). • If you request to change/ update information about the Submitter, check Change/Update and be sure to include your current Submitter ID. • If you request to delete a provider(s), check Delete and be sure to include your submitter ID. • If you are a new applicant, check Apply for New Submitter ID.
Submitter ID	The submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the Submitter ID to which the change/additions should be applied.
Date	Please enter the date the application is completed.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Type of Submitter	Check the appropriate box.
Contact Person	The name of the submitter's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.
Fax	The Fax number of the Contact Person listed.
Address	The mailing address of the submitter.
City, State, Zip	The city, state, and zip code of the submitter.

Form Field Name	Instructions for Field Completion
E-mail Address	The Contact Person's e-mail address. Note: This will be the primary method of communication.
Claim Submission Mode of Communication	There are three available modes of communication that can be used for claim submission: Check only one. <ul style="list-style-type: none"> • GPNet: Asynchronous communication with the Gateway • Connect Direct – NDM: Network Data Mover • Dial-up FTP: File transfer protocol transmission via GPNet-not Internet
Report/Electronic Remittance Retrieval Mode of Communication	Check only one mode of communication that will be used. <ul style="list-style-type: none"> • GPNet Asynchronous should be checked for asynchronous communication with Palmetto GBA's GPNet. • CONNECT:Direct (NDM) should be checked for report retrieval via GPNet. • Dial-up FTP should be checked for file transfer protocol report retrieval via GPNet.
Request Response Format	Check the format in which you will receive GPNet Claim Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using. If applicable.
Providers For Whom Submitter Will Be Communicating Electronically:	
Provider Name	List each provider whose bills will be submitted by the submitter named above. (If additional providers need to be listed, indicate each one separately on the <i>Multiple Providers List</i> form.)
Provider Number	Indicate the 7-character Group Medicare Provider Number or 7-character Solo Practice Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Enrollment Attached?	Indicate "Y" for Yes or "N" for No. A properly executed 3-page EDI Enrollment Agreement must be attached for <i>each</i> provider listed. Palmetto GBA will not activate a submitter ID for any provider without a properly executed EDI Enrollment Agreement.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Electronic Remittances	Check this box if the submitter wishes to receive Electronic Remittances for the provider indicated. If this box is unchecked, the provider will be mailed hardcopy remittances.
Receive Reports:	Check this box if the submitter wants to receive response reports electronically for the provider indicated.

Once you have completed the application form, **please retain a copy for your records** and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be mailed within 20 business days of receipt of completed forms.

Submit completed form to: CGS 1 Cameron Hill Cir STE 0061 Chattanooga, TN 37402-0061



Ohio & West Virginia Part B
Electronic Data Interchange Application

Action Requested: Add New EDI Provider(s) Change/Update Delete
 Apply for New Submitter ID

Submitter ID: _____ Date: _____

Submitter Name: _____

Type of Submitter: Software Vendor Billing Service Provider Clearinghouse

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address*: _____

*Note: E-mail will be the primary method of communication.

Claim Submission Mode of Communication:	<input type="checkbox"/> GPNet Asynchronous <input type="checkbox"/> Connect Direct: (NDM)	<input type="checkbox"/> Dial-up FTP
Report/Electronic Remittance Mode of Communication:	<input type="checkbox"/> GPNet Asynchronous <input type="checkbox"/> Connect Direct: (NDM)	<input type="checkbox"/> Dial-up FTP
Request Response Format:	<input type="checkbox"/> File <input type="checkbox"/> Report	
Data Compression	<input type="checkbox"/> PKZIP <input type="checkbox"/> UNIX-Compress	
Name of Software Vendor: _____		

Providers For Whom Submitter Will Be Transmitting:

Provider Name: _____

Provider Number: _____ NPI: _____

Enrollment Attached? Submit Claims Receive Electronic Remittances Receive Reports
 Yes No

Provider Name: _____

Provider Number: _____ NPI: _____

Enrollment Attached? Submit Claims Receive Electronic Remittances Receive Reports
 Yes No

Completed forms must be mailed to us at the following address:

CGS
 1 Cameron Hill Cir STE 0061
 Chattanooga, TN 37402-006

Please retain a copy for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.



Ohio & West Virginia Part B
Electronic Data Interchange Application

Multiple Providers List

Date: _____

PROVIDERS FOR WHOM SUBMITTER WILL BE TRANSMITTING:

Action Requested: <input type="checkbox"/> Add Provider <input type="checkbox"/> Change <input type="checkbox"/> Delete Provider			
Provider Name: _____			
Provider Number: _____		NPI: _____	
Enrollment Attached? <input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Action Requested: <input type="checkbox"/> Add Provider <input type="checkbox"/> Change <input type="checkbox"/> Delete Provider			
Provider Name: _____			
Provider Number: _____		NPI: _____	
Enrollment Attached? <input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Action Requested: <input type="checkbox"/> Add Provider <input type="checkbox"/> Change <input type="checkbox"/> Delete Provider			
Provider Name: _____			
Provider Number: _____		NPI: _____	
Enrollment Attached? <input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Action Requested: <input type="checkbox"/> Add Provider <input type="checkbox"/> Change <input type="checkbox"/> Delete Provider			
Provider Name: _____			
Provider Number: _____		NPI: _____	
Enrollment Attached? <input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Action Requested: <input type="checkbox"/> Add Provider <input type="checkbox"/> Change <input type="checkbox"/> Delete Provider			
Provider Name: _____			
Provider Number: _____		NPI: _____	
Enrollment Attached? <input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

EDI Enrollment Agreement Instructions

The following EDI Enrollment Agreement should be submitted when enrolling for electronic billing. It should be reviewed and signed only by the providers to ensure each provider is knowledgeable of the enrollment request and the associated requirements.

Providers that have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers.

Providers are obligated to notify Medicare by letter of:

- Any changes in their billing agent or clearinghouse.
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse.
- If the provider wants to begin to use additional types of EDI transactions.
- Other changes that might impact their use of EDI.

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software, the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Agreement does not expire if the person who signed the form for a provider is no longer employed by the provider.

General Instructions

- Please ensure that you include your **Medicare Provider Number** (and National Provider Identifier [NPI]) where requested on the EDI Enrollment Agreement. **Do not** enter your TAX ID Number.
- If the submitter will be submitting for multiple providers, this form must be completed by *each* provider whose claim data will be submitted.
- The entire form must be read carefully, dated with day, month and year.
- The name of the provider must be printed in the space provided, an authorized officer's name (printed), authorized officer's title and signature.
- When completed, the properly executed **3-page EDI Enrollment Agreement** must be returned *with* the **EDI Application** form to the following address:

CGS

1 Cameron Hill Cir STE 0061 Chattanooga, TN 37402-0061

Note: If the submitter will be an entity other than the provider, the submitter must complete the OH/WV Part B EDI Application form and the provider must complete the EDI Enrollment Agreement. The EDI Application form must be returned with the EDI Enrollment Agreement enclosed for each applicable provider.

IMPORTANT NOTICE PLEASE READ

The address shown on the EDI Enrollment Agreement must match the address that was submitted to our Provider Enrollment Department when enrolling for a provider number. If the address on the completed EDI Enrollment Agreement *does not* match, your entire EDI Enrollment Packet will be returned.

The **National Provider Identifier (NPI)** must be printed in the space provided on the EDI Enrollment Agreement. If this information is missing, the **EDI Enrollment Agreement will not be processed.**

Medicare Electronic Data Interchange Enrollment Agreement

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' carriers, MACs, or FIs:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents.
2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its carriers, MACs, FIs, or another contractor if so designated by CMS without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law.
3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file.
4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - Beneficiary's name
 - Beneficiary's health insurance claim number
 - Date(s) of service
 - Diagnosis/nature of illness
 - Procedure/service performed
5. That the Secretary of Health and Human Services or his/her designee and/or the carrier, MAC, FI, or other contractor if designated by CMS has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines.
6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer.
7. That it will submit claims that are accurate, complete, and truthful.
8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid.
9. That it will affix the CMS-assigned unique identifier number (submitter identifier) of the provider on each claim electronically transmitted to the carrier, MAC, FI, or other contractor if designated by CMS.
10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed.

11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.
12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.
13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its carrier, MAC, FI, or other contractor if designated by CMS shall not be used by agents, officers, or employees of the billing service except as provided by the carrier, MAC, or FI (in accordance with §1106(a) of Social Security Act (the Act)).
14. That it will research and correct claim discrepancies.
15. That it will notify the carrier, MAC, FI, or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.

B. The Centers for Medicare & Medicaid Services (CMS) agrees to:

1. Transmit to the provider an acknowledgment of claim receipt.
2. Affix the FI/carrier/ MAC or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the provider.
3. Ensure that payments to providers are timely in accordance with CMS' policies.
4. Ensure that no carrier, MAC, FI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the carrier, MAC, or FI or from any subsidiary of the carrier, MAC, FI, other contractor if designated by CMS, or from any company for which the carrier, MAC, or FI has an interest. The carrier, MAC, FI, or other contractor if designated by CMS will make alternative means available to any electronic biller to obtain such services.
5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare carriers, MACs, FIs, or other contractors if designated by CMS to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the carrier, MAC, FI, or other contractor if designated by CMS sells directly, or indirectly, or by arrangement.
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTE: Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the carrier, MAC, FI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider/Supplier Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Authorized Signature: _____

By (Print Name): _____

Title: _____

Date: _____ Medicare Provider Number _____

National Provider Identifier (NPI) _____

Complete ALL fields above and mail entire agreement (three pages) with *original* signature to:

CGS
1 Cameron Hill Cir STE 0061
Chattanooga, TN 37402-0061