Electronic Data Interchange (EDI)
Third Party Enrollment
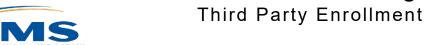
Complete the form, print, sign and send to EDI. This option is for Billing Services, Clearinghouses, or Vendors. Providers should not complete this form. Providers should complete the EDI Enrollment Form (8292).

All fields marked with * are required and must be completed or the request will be rejected.

*General Information	R01-22
*Jurisdiction:	

*Third-Party Information

*Legal business name:	*Nine-digit Tax ID or EIN:
*Street address:	*City:
*State:	*Zip Code:
*Website Address:	Fax Number:

*Third-Party Contact Information

*Technical Contact Name/Department:	*Telephone:	*Email Address:
*Marketing Contact:	*Telephone:	*Email Address:

Note: An email may be sent to the Technical Contact's email address when the form is processed. The email address of the Technical Contact may be added to the EDI mail list to receive important email publications from Novitas Solutions EDI. The Technical Contact email may be used for enrollment processing responses for any forms needing returned. The company name, marketing contact phone number, and marketing contact email address will be used for publication on the Approved Vendor List on the Novitas Solutions website.

Approved vendor list on EDI's website:

Type of Request

*Please choose your request type. Click only one:	
	I am a Software Vendor. Please assign a submitter ID for testing purposes only.
	I am a ☐ Billing Service or ☐ Clearinghouse that will be submitting claims directly to Medicare *If nothing is selected, submitter will be setup as a Billing Service.* Name of electronic billing software vendor:
	I am currently using submitter ID: ☐ ERA Change Only ☐ Other Feature Change or Contract Only - indicate on page 2 ☐ Vendor Change Only. Name of electronic billing software vendor:
	Assign a new ERA Receiver ID only for: ☐ Billing Service ☐ Clearinghouse

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Features

What features do you support? Click all that apply:

	Create ANSI ASC X12N 837 claim files. *Unless otherwise requested, one ID for 837 and 835 will be assigned.*
	Retrieve ANSI ASC X12N 835 remittance files.
	Create ANSI ASC X12N 270 beneficiary eligibility files and receive ANSI ASC X12N 271 beneficiary eligibility files. (This feature is supported by CMS).
	Create ANSI ASC X12N 276 claim status files and receive ANSI ASC X12N 277 claim status files.
	Enroll for PC-ACE (JH)(JL), the free Medicare software.

Contracts

What contracts do you support? Click only those that currently apply:

JH - Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and J04911	
Part A	Assign separate submitter IDs per contract: *Separate submitter IDs are required for Part A.* AR CO LA MS NM OK TX J04911
Part B	Assign *one* submitter ID for all JH contracts. *This is the JH default if nothing is selected.*
	Assign *separate* submitter IDs per contract: AR CO LA MS NM OK TX J04911
JL - Delaware, Maryland, New Jersey, Pennsylvania, Washington D.C. Metro Area, and J12901	
Part A	Assign separate submitter IDs per contract: *Separate submitter IDs are required for Part A.* DC/MD DE NJ PA J12901
Part B	Assign *one* submitter ID for all JL contracts. *This is the JL default if nothing is selected.*
	Assign *separate* submitter IDs per contract: DC/MD DE NJ PA J12901

New EDI submitters must connect to Novitas Solutions within 90 days of receiving the logon ID by using the Secure File Transfer Protocol (SFTP) software provided by your Network Service Vendor (JH) (JL).

PC-ACE

When selecting to enroll, you are agreeing to the software terms listed below.

- Novitas Solutions is authorized to distribute PC-ACE/PRINTLINK/ETRA (herein referred to as the "Program") to authorized users. PC-ACE and PRINTLINK software programs are copyrights of ABILITY. The Program is distributed for the purpose of creating electronic Medicare claim files only. Any use not authorized herein is strictly prohibited, including but not limited to, making copies of any part of the Program, reselling, or transferring copies to any party, or creating any modified or derivative work.
- The Program is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability or fitness for particular purpose.
- In no event will Novitas Solutions be liable for any loss or damage, including but not limited to incidental or consequential damages, arising out of the use or inability to use the Program even if Novitas Solutions has been advised of the possibility of such damages, or for any claim by any other party.
- The authorized user will upgrade this Program within 90 days of uade availability. This is a CMS requirement.
- The authorized user will provide the necessary office space, all electrical and telephone connections, hardware, telecommunication software and equipment that adhere to the technical requirements located on our website (JH) (JL).
- Internet download is the preferred method of software installation. Internet download instructions will be provided upon processing of this enrollment. There is no fee for software installation via Internet download. To receive the Program in CD-ROM format, contact the EDI Help Desk to request the PC-ACE CD-ROM request form. A non-refundable $100 annual service fee is required. This service fee covers four quarterly PC-ACE releases.

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 third party agent. The responsibilities and obligations contained in this document will remain in effect as long as electronic data interchange is being conducted with an A/B MAC, DME MAC or CEDI. Either party may terminate this arrangement by giving the other party (30) days notice of its intent to terminate. In the event that the notice is mailed, 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.

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Signature: The signatory hereto represents and warrants that he/she is duly authorized to sign, execute, and deliver this Agreement on behalf of the party it represents for the Medicare Program and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with Novitas Solutions on my behalf.

*Required Signatures	
*Written Signature of Person Submitting Enrollment (add after you print the form)	*Date:
*Printed Name of Person Submitting Enrollment	*Printed Title of Person Submitting Enrollment:

Complete form, print, sign, date, and fax (recommended), OR mail all pages to:

JL: Novitas Solutions, Inc. - EDI - PO Box 3011, Mechanicsburg, PA 17055-1801

JH: Novitas Solutions, Inc. - EDI - PO Box 3093, Mechanicsburg, PA 17055-1811

OR Fax: 1 (877) 439-5479

Allow 10 business days for processing. Please do not send duplicate forms.

Novitasphere Portal

Get instant access to the world of online Medicare transactions with Novitasphere!

Novitasphere is a FREE, secure internet portal for Part A and B customers to easily connect directly to Novitas Solutions. Novitasphere provides quick access to beneficiary eligibility, claim submission, claim corrections (Part B), electronic remittance advice, appeals requests, and many other time-saving features. It's free, easy, and secure to perform transactions online, saving your office valuable time. We encourage everyone to explore and discover the online world of Novitasphere!

To find out more, including how to enroll for Novitasphere, visit the Novitasphere Center (JH) (JL).

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