15105

Electronic Data Interchange (EDI) Enrollment

All fields marked with * are required and must be completed. Reference Materials are available on the last page of this document.

General Information

R1-26

*Contract/State(required): Select one from dropdown	*Line of Business: Select one from dropdown

Provider Information *(Must match the name for the Group/Billing Provider on file with Medicare as reported on the CMS-855 Enrollment form)*

*Provider name:	*Contact name:
*Contact telephone number:	Contact fax number:
*Street address:	*City:
*State/Province:	*Zip code/Postal code:
*Contact email address:	

For group providers, the PTAN/NPI below MUST be the Group PTAN/NPI. PTANs may also be known as a CMS Certification Number.
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For Affiliated PTANs or National Provider Identifiers (NPIs), attach the EDI Enrollment Affiliated Provider List, if needed.

Provider Identification

*Provider Transaction Access Number (PTAN):	*National Provider Identifier (NPI):	*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Type of Request

***Required for new EDI Submitter ID or update to existing EDI Submitter ID requests**
Complete ONLY ONE: new submitter OR update an existing. Requests will be processed for the PTAN provided above in the most recent HIPAA-compliant format/version.
If only requesting to send dental claims (837D transactions), complete the dental claims block on page 2.

Reason for submission: New Enrollment ☐ Change Enrollment ☐

If you are requesting a new submitter ID: (Select at least one)	
☐	Assign this provider a new electronic submitter ID. Name of Network Service Vendor (NSV) (JH) (JL): Name of Billing Software Vendor (JH) (JL):
☐	Optional: Add Claim Status and Response (276/277 files) to new submitter ID.
☐	Direct Data Entry only (DDE) (Part A only) FISS Logon Request Form also Required: (JH) (JL)
If you are linking to or updating an existing submitter ID: (Select at least one)	
☐	Add to existing Submitter ID: Submitter ID Name:
☐	Add Claim Status and Response to my existing direct Submitter ID:
☐	Add PC-ACE to my existing direct Submitter ID *(complete PC-ACE box on page 2)*:
☐	Vendor change only Name of billing software vendor:
☐	ERA change only *(complete ERA box on page 2)*

If the same entity, other than the Provider, is both preparing and submitting the electronic claims, that entity must be reported on the CMS-855 form.

Dental Claims

Optional: Only complete this block if you are requesting 837D dental claim transactions

***Both vendor fields below are required for all 837D requests.**

Name of Network Service Vendor (NSV) (JH) (JL):

Name of Dental Billing Software Vendor (JH) (JL):

☐	Assign this provider a new/separate electronic submitter ID for 837D claim files
☐	Add 837D to existing direct submitter ID:
☐	Assign 837D to the new submitter ID being requested with this form

Electronic Remittance Advice (ERA)

***Required: Select ONLY ONE ERA option**

An ERA selection must be made below if you are currently receiving paper remittance or are a new EDI Enrollment. If nothing is selected for existing EDI providers, the existing ERA setup will be maintained.

ERA will be available on a daily basis, based on claim finalization, and is available for retrieval for 60 days. After 60 days from the ERA creation date, the ERA is no longer available on the telecommunications platform.

- Part A: Paper remittance will continue for thirty- one (31) days after initial enrollment for ERA.
- Part B: Paper remittance will continue for forty-five (45) days after initial enrollment for ERA.

Note: You will no longer receive paper remittances after these time-frames.

☐	Assign ERA to an existing submitter ID:
☐	Maintain existing ERA setup (This option cannot be selected if currently receiving paper remittance or if the PTAN is new to EDI.)
☐	Create a new and separate submitter ID for ERA purposes only
☐	Assign ERA to the new submitter ID being requested - This option may change your existing ERA setup.

Maintain Existing Submitter/Receiver ID

***Required for existing EDI providers only**

Providers are required to notify Novitas Solutions of all changes to their electronic billing, including billing agents or clearinghouses used by the provider. If the PTAN listed on page one is associated to any other non-Novitasphere Portal submitter or receiver ID(s), Novitas Solutions will remove the other submitter/receiver ID(s) immediately, unless indicated below.

Type the name(s) or submitter/receiver ID(s) to be maintained. All other submitter/receiver IDs will be removed.
Do not enter PTAN/NPIs in this box.

PC-ACE

***Required: Select one PC-ACE enrollment option**

Yes, enroll for PC-ACE ☐ No, do not enroll for PC-ACE ☐ I already have PC-ACE ☐

PC-ACE Enrollment is only needed if your office will be using the PC-ACE software to create claim files.
When selecting to enroll, you are agreeing to the software terms listed below.

- Novitas Solution, Inc. (Novitas) 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 Inovalon. 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 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 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 upgrade 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, visit our website (JH)(JL) for ordering instructions. A non-refundable $100 annual service fee is required. This service fee covers four quarterly PC-ACE releases.

Additional Information

Additional Information: (Optional) Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

Provider Tax Identification Number (TIN) ☐ National Provider Identifier (NPI) ☐

Agreement

The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS A/B MACs or CEDI:

The Provider Agrees:

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 A/B MACs, DME MACs or CEDI 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 Medicare beneficiary identifier, date(s) of service, diagnosis/nature of illness, and procedure/service performed.
5. That the Secretary of Health and Human Services or his/her designee and/or the A/B MAC, DME MAC, CEDI 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 A/B MAC, CEDI, 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 A/B MAC, DME MAC, CEDI, 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 A/B MAC, DME MAC, or CEDI (in accordance with §1106(a) of the Social Security Act) (the Act).
14. That it will research and correct claim discrepancies.
15. That it will notify the A/B MAC, CEDI or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.

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

1. Transmit to the provider an acknowledgement of claim receipt.
2. Affix the A/B MAC, DME MAC, CEDI 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's policies.
4. Ensure that no A/B MAC, CEDI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the A/B MAC, CEDI or from any subsidiary of the A/B MAC, CEDI, other contractor if designated by CMS, or from any company for which the A/B MAC, CEDI has an interest. The A/B MAC, CEDI, 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 A/B MACs, CEDI, or other contractor 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 sold directly, indirectly, or by arrangement by the A/B MAC, CEDI, or other contractor if designated by CMS.
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTICE:

Federal law and applicable regulation and guidance, including IOM Pub. 100-04, Chapter 24, Section 30.2, 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/Section 1011 claims or any other EDI transactions are submitted to CMS or the CMS contractor. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate, except as noted in applicable regulation and guidance, including IOM Pub. 100-04, Chapter 24, Section 30.2. 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.

If Providers elect to submit/receive transactions electronically using a third party such as a billing agent or a clearinghouse, the A/B MACs or CEDI must notify these providers that they are required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. (These agreements are not to be submitted to Medicare but are to be retained by the providers.)

Attestation

Any provider who submits Medicare claims electronically to CMS or its contractors remains responsible for those claims as those responsibilities are outlined on the EDI Enrollment. In accepting claims submitted electronically to the Medicare Program from any billing service or through the use of a particular product which accomplishes this process, neither CMS, nor any other Medicare contractors are attesting to the appropriateness of the methods used by the billing service/clearinghouse or to the accuracy of a particular vendor's product used to facilitate such electronic submissions. The provider furnishing the item or service for whom payment is claimed under the Medicare Program retains the responsibility for any claim regardless of the format it chooses to use to submit the claim.

Prior to signing this agreement, please carefully review the technical requirements for electronic billing in Chapter 2 of the Electronic Billing Guide (JH) (JL). New EDI submitters must connect to Novitas 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).

I understand that any individual who knowingly and willfully makes or causes to be made any false claim or false statement of false representation of a material fact in any application to the federal government for benefits or payment with respect to the Medicare program may be subject to civil and/or criminal enforcement action which may result in fines, penalties, damages and/or imprisonment.

Authorized/Delegated Official Signature Requirements

I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), 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.

By signing below, the provider confirms they have read and agree to the Agreement, the Attestation, and the above signature requirements.

***The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855). Clearinghouse and Billing Service representatives are not permitted to sign for the provider.**

Required Signature

***Required: Complete ALL signature information**

*Written Signature of Person Submitting Enrollment	*Date (mm/dd/yyyy)
*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:

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

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

OR Fax: 1 (877) 439-5479

Allow two weeks for processing. Please do not send duplicate forms.

Print Form Clear Form

Reference Materials

Carefully follow the block-by-block instructions for completing this form (JH) (JL).

To request the status of your EDI enrollment form, complete the EDI Enrollment Status Inquiry Tool (JH) (JL).

For questions, please contact an EDI Analyst at 1-877-235-8073, Option 2 (JL) or 1-855-252-8782, Option 2 (JH).

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).

