



15204



Electronic Data Interchange (EDI) Novitasphere Third Party Portal Enrollment



This option is for Billing Services or Clearinghouses that would like to have access to Medicare data via the internet. Please complete this form for enrollment to Novitasphere, Novitas Solutions' internet portal. Providers should not complete this form. Providers should complete the [Novitasphere Enrollment Form \(8292P\)](#).

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

*General Information		R1-26
*Jurisdiction:		

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

The Tax ID must match the Tax ID entered when creating the organization in the Identity Management (IDM) system.

*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 or 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, if requested below.

Add to the approved vendor list on EDI's website: Yes No

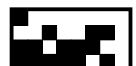
If nothing is selected, you will NOT be added to the list.

Novitasphere Portal Information

This option is not available to vendors. This option is for Billing Services or Clearinghouses that wish to have access to Medicare data via the Internet. Users are encouraged to attach the [Migration List Template](#) with this form to request the conversion of multiple Provider Transaction Access Numbers (PTANs) from their current submitter ID to their Novitasphere submitter ID, rather than requiring each provider to complete a Novitasphere Portal Enrollment form. You will be unable to log into Novitasphere until at least one provider is linked to your new submitter ID.

All Novitasphere Billing Service/Clearinghouse Portal submitter ID's will be set up with the ability to submit 837 claim files and receive 837 Electronic Remittance Advice through the portal.

By enrolling for Novitasphere, users agree to use an approved software, vendor ([JH](#)) ([JL](#)) for sending batch files.



Type of Request

***Please choose your request type. Click only one:**

If only requesting to send dental claims (837D transactions), complete the dental claim block below.

Assign a new Novitasphere portal submitter ID.

I am a Billing Service or Clearinghouse

If nothing or both are selected, submitter will be setup as a billing service.

A billing service collects the provider's claim information and creates the electronic claim files. A clearinghouse transfers EDI transactions for the provider.

I am currently using the existing Novitasphere portal submitter ID:

Other feature or contract additions only - indicate details in appropriate box below.

Features

What features do you support? Click all that apply:

Enroll for batch claim status (276/277 files).

Dental Claims

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

Assign this third party a new/separate electronic Novitasphere portal submitter ID for 837D claim files.

Add 837D to existing Novitasphere portal submitter ID:

Assign 837D to the new submitter ID being requested with this form.

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 both Part B options are selected.*

Assign **separate** submitter IDs per contract:

AR CO LA MS NM OK TX

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 both Part B options are selected.*

Assign **separate** submitter IDs per contract:

DC DE MD NJ PA

Approver Designation

Please designate the member(s) of your staff who should be the Billing Office Approver and Billing Office Back-Up Approver for your organization. We encourage you to select members of your staff who are knowledgeable and have tenure with the organization. **Do not complete this section with End User information.** End Users will request access through Identity Management (IDM).

I acknowledge that registration to the IDM system is required. Instructions for IDM registration will be included in your enrollment letter received upon completion of this enrollment request. Sharing of your IDM user ID will result in deactivation.

* Approver Designation Contact Information (required for new submitter IDs)		
*Billing Office Approver First Name:	*Billing Office Approver Last Name:	*Billing Office Approver Email Address:
Billing Office Back-Up Approver First Name:	Billing Office Back-Up Approver Last Name:	Billing Office Back-Up Approver Email Address:

The first and last names provided above must match the user's first and last names in the IDM registration for the corresponding roles. All email addresses on this form may be used for enrollment processing response.

PC-ACE

***Required: Select one** 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 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.

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 Signature	
*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.