

# EDI Enrollment Instructions

*All Providers, Vendors, Billing Services and Clearinghouses must enroll with Highmark Medicare Services Inc. for electronic billing. Determine if you are a first time EDI Customer, an Existing EDI Customer or a Vendor, Billing Service or Clearinghouse, and complete the appropriate forms using the respective instructions below.*

*Any Vendors, Billing Services and Clearinghouses not enrolled with Highmark Medicare Services Inc. will need to complete the 8275 and 8276 forms. EDI Enrollment forms from Providers will not be processed until their Vendor, Billing Service and/or Clearinghouse is enrolled.*

## First Time EDI Customers

If you are **not** currently an electronic biller with Highmark Medicare Services Inc. and want to enroll to become an electronic biller, you must complete the following forms:

- ▶ Electronic Data Interchange (EDI) Agreement Forms (8275)
- ▶ Electronic Data Interchange (EDI) Setup Requirements (8276)
- ▶ If you want to receive Electronic Remittance Advice (ERA), which is an electronic version of the Standard Paper Remittance (SPR), you also need to complete the Electronic Remittance Advice (ERA) Enrollment Form (8262).

## Existing EDI Customers

If you are currently an electronic biller with Highmark Medicare Services Inc. and want to change your EDI enrollment status (e.g., to change software vendors, use a billing service or clearinghouse, to obtain a new Submitter ID, etc.), you must complete the following forms:

- ▶ Electronic Data Interchange (EDI) Setup Requirements (8276)
- ▶ If you want to receive Electronic Remittance Advice (ERA), which is an electronic version of the Standard Paper Remittance (SPR), you also need to complete the Electronic Remittance Advice (ERA) Enrollment Form (8262).

## COMPLETION INSTRUCTIONS FOR VENDORS, BILLING SERVICES AND CLEARINGHOUSES

### (Companies Only):

When completing the 8275 and 8276, type or print the information for the Vendor, Billing Service or Clearinghouse whenever the form requests Group, Physician, Provider or Supplier Information. The 8275 should contain the company name, address, and authorized signature information. The 8276 should contain the company information in blocks A, B, C, D, E, F, and G. Block J should contain the type of company (Vendor, Billing Service or Clearinghouse) and should contain the Authorized Official information from the Vendor, Billing Service or Clearinghouse.

### COMPLETION INSTRUCTIONS FOR THE EDI AGREEMENT FORM (8275)

1. Read the contract.
2. Type or print the Medicare provider transaction access number (PTAN) of the group, physician, provider, or supplier enrolling for EDI. **If you are requesting approval for multiple Provider Transaction Access Numbers (PTAN), a separate EDI Form must be completed for each provider number/practice. If you are billing under a Group PTAN, only one EDI Form should be completed using the Group PTAN. The number reported must match the number on file at Medicare for the group, physician, provider, or supplier name listed on the form.**
3. Type or print the name of the group, physician, provider, or supplier enrolling for Electronic Data Interchange (EDI). **The name listed must match the name on file at Medicare for the provider number listed on the form.**
4. Type or print the National Provider Identifier (NPI) of the group, physician, provider, or supplier enrolling for EDI.
5. Type or print the address, including suite/building numbers/levels, of the group, physician, provider or supplier enrolling for EDI. This address must match the address on file at Medicare for the provider number listed on the form.
6. Sign the form. The signature must contain an original signature from the individual provider, or in the case of a group or other entity, an original signature from one of the providers in the group or an authorized official. An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare program, to make changes/and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the supplier (see Section 5 of the 855 Enrollment Form for a definition of "direct owner"), or must hold a position of similar status and authority within the supplier's organization. Signature stamps are not acceptable; blue ink is recommended.
7. Type or print the date the form was signed.
8. Type or print the name and title of the person who signed the form.

FIELD	COMPLETION INSTRUCTIONS FOR THE EDI SETUP REQUIREMENTS FORM (8276)
Check Box	✓ Check one box to indicate Part A or Part B and check one box to indicate the <b>State</b> contract.
Ⓐ	Type or print the name of the group, physician, provider, or supplier enrolling for Electronic Data Interchange (EDI). <b>The name listed must match the name on file at Medicare for the Provider Transaction Access # (PTAN) listed in Block G.</b>
Ⓑ	Type or print the address, including suite/building numbers/levels, of the group, physician, provider, or supplier enrolling for EDI. The address must match the address on file at Medicare for the PTAN listed in Block G.
Ⓒ	Type or print a contact person in your office that has the knowledge and authority to answer questions regarding your enrollment.
Ⓓ	Type or print the telephone number (including area code) of the contact person listed in Block C.
Ⓔ	Type or print the FAX number (including area code) for the group, physician, provider, or supplier enrolling for EDI.
Ⓕ	Type or print the office internet e-mail address for the group, physician, provider, or supplier enrolling for EDI. This will be used to enroll in the EDI ListServ.
Ⓖ	<ul style="list-style-type: none"> <li>▶ Type or print the National Provider Identifier (NPI) of the group, physician, provider, or supplier enrolling in EDI. The Medicare PTAN and the NPI are required and must match the number on file at Medicare.</li> <li>▶ Type or print the Medicare Provider Transaction Access Number (PTAN) of the group, physician, provider, or supplier enrolling for EDI. <b>If you are requesting approval for multiple PTANs, a separate EDI Form must be completed for each provider number/practice. If you are billing under a Group PTAN, only one EDI Form should be completed using the Group PTAN. The number reported must match the number on file at Medicare for the group, physician, provider, or supplier name listed in Block A.</b></li> <li>▶ Part A only - Type or print the Affiliated Provider numbers.</li> </ul>
Ⓗ	<p>Check the appropriate box based on your enrollment needs.</p> <ul style="list-style-type: none"> <li>✓ Check the "Assign this provider..." option if you are requesting a new electronic billing submitter number.</li> <li>✓ Check the "Add this provider..." box if you want to add a provider to an already existing submitter number and login ID, and type or print the submitter number and login ID on the corresponding line.</li> </ul> <p><b>NOTE:</b> If you are updating your electronic billing profile (i.e., changing software vendors, etc.), check this box and type or print the existing submitter number and login ID on the corresponding line.</p> <ul style="list-style-type: none"> <li>✓ Check the "Direct Data Entry" box if you are a Part A customer and not sending the X12N 837 file.</li> </ul>
Ⓘ	Check the appropriate box to indicate the correct modem protocol. If you are not sure, contact your vendor for verification. (MCE customers must use Hayes/Z-Modem.) If neither box is checked, the protocol will be defaulted to Hayes/Z-Modem.
Ⓙ	Type or print the name and complete address of your vendor and/or billing service, and/or clearinghouse. If you are using (or enrolling to use) either of the free Medicare software packages, Medicare Claims Express (MCE) or PC-ACE PRO32, check the appropriate box for the vendor and list the billing service name/address, if applicable. To enroll for PC-ACE, you must also complete and return the PC-ACE Agreement Form (8287) and/or the EDI Setup Requirements Form (8276). To enroll for MCE, you must also complete and return the MCE Agreement Form (8726) along with the EDI Agreement Form (8275) and/or the EDI Setup Requirements Form(8276).
Ⓚ	<p>Read the contract, then complete and sign.</p> <ul style="list-style-type: none"> <li>▶ Sign the form. The signature must contain an original signature from the individual provider, or in the case of a group or other entity, an original signature from one of the providers in the group or an authorized official. An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare program, to make changes/and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the supplier (see Section 5 of the 855 Enrollment Form for a definition of "direct owner"), or must hold a position of similar status and authority within the supplier's organization. Signature stamps are not acceptable; blue ink is recommended.</li> <li>▶ Type or print the name and title of the person who signed the form.</li> <li>▶ Type or print the date the form was signed.</li> </ul>
Ⓛ	<p>Unless a written request is provided asking to maintain an existing submitter number, Medicare will remove the old submitter number before assigning a new submitter number.</p> <p>Caution: Multiple submitter numbers may cause posting problems with your ERA for Part B customers. Multiple submitter numbers are not permitted for Part A customers and are strongly discouraged for Part B customers.</p>

**Note:** To enroll for Electronic Remittance Advice (ERA), which is the electronic version of the Standard Paper Remittance (SPR), complete the ERA Enrollment Form (# 8262) and mail it to Medicare EDI Services with the 8275 and/or 8276 application(s).

If you have any questions or require assistance with the enrollment process, please contact an EDI Analyst at (866) 488-0546, option 2 for Part A customers and option 1 for Part B customers.

**Mail the Completed EDI Enrollment Form(s) and any additional, applicable forms to:**

Highmark Medicare Services Inc. - EDI  
P.O. Box 890011  
Camp Hill, PA 17089-0011