



ELECTRONIC DATA INTERCHANGE (EDI) SETUP REQUIREMENTS

**CHECK ONE:**  Part A (Institutions)  Part B (Professionals) **CHECK ONE STATE:**  DC  DCMA  DE  MD  NJ  PA

**A** NAME OF GROUP, PHYSICIAN, PROVIDER, OR SUPPLIER (Must match the name on file at Medicare for the Provider Number listed in Block G.) \_\_\_\_\_

**B** STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**C** CONTACT PERSON **D** TELEPHONE NUMBER **E** FAX NUMBER **F** E-MAIL ADDRESS FOR LISTSERV \_\_\_\_\_

**G** NPI # \_\_\_\_\_ **Provider Transaction Access Number (PTAN)** \_\_\_\_\_  
For Affiliated PTAN #'s, attach list on company letterhead, if needed (Part A only).

**H** **Please check one:** (Requests will be processed as ANSI ASC X12N Version 4010.A1, the HIPAA-compliant format/version.)  
 Assign this provider a new electronic billing Submitter ID.  
 Add this provider to existing Submitter ID \_\_\_\_\_ and PRJ \_\_\_\_\_  
 Direct Data Entry (Part A). I do not need a billing Submitter ID.

**I** **PLEASE CHECK MODEM PROTOCOL:**  HAYES/Z-Modem (Default option if PC-ACE/MCE or blank.)  MNP

**J** **COMPLETE THE VENDOR, BILLING SERVICE, AND/OR CLEARINGHOUSE INFORMATION:**  
 PC-ACE PRO-32 (Only check if enrolling for the Medicare-issued software. If enrolling for PC-ACE PRO-32, the PC-ACE PRO-32 Agreement form (8287) is required.)  
 MCE (Only check if enrolling for NJ and PA Part B Medicare-issued software. If enrolling for MCE, the MCE Agreement Form (8726) is required.)  
 Name of Software Vendor and phone number: \_\_\_\_\_  
 Vendor Street Address, City, State, and Zip: \_\_\_\_\_  
 Name of Billing Service and phone number: \_\_\_\_\_  
 Street Address, City, State, and Zip: \_\_\_\_\_  
 Name of Clearinghouse and phone number: \_\_\_\_\_  
 Street Address, City, State, and Zip: \_\_\_\_\_

To enroll for Electronic Remittance Advice (ERA), you must complete Form 8262. To disenroll for ERA, contact an EDI Analyst.

**K** **Read, Complete, and Sign:** (Please print or type in blue or black ink)

Any provider enrolling to submit Medicare claims, electronically to CMS or its contractors remains responsible for those claims as those responsibilities are outlined on the Electronic Data Interchange Agreement Form (8275). 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, Highmark Medicare Services Inc. nor any other Medicare contractor is attesting to the appropriateness of the methods used by the billing service/clearinghouse or to the accuracy of a particular vendor's product which purportedly facilitates 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 in which it chooses to submit the claim.

Any provider that contracts to submit/receive transactions electronically using a billing agent or a clearinghouse/network service vendor, carriers, DMERC's, FIs or any other contractors as designated by CMS must have an agreement signed by that third party indicating the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. Providers are not permitted to share their personal EDI access number and password with 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; and that no other non-staff individuals or entities may be permitted to use a provider's EDI number and password to access Medicare systems.

Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. Medicare reserves the right to terminate this arrangement if there is no EDI activity within a six (6) month period.

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions contained within the Electronic Data Interchange Agreement Form (8275) and acknowledge same by signing below. 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.**

<b>AUTHORIZED OFFICIAL:</b> Original Signature	Printed Name	Title	Date Signed
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**FOR OFFICE USE ONLY:  
DO NOT WRITE IN THIS SPACE**

Part A  Part B   
 DC  DCMA  DE  MD  NJ  PA  
 LOGON \_\_\_\_\_  
 VERSION \_\_\_\_\_ TO \_\_\_\_\_

**L** **PLEASE READ CAREFULLY AND COMPLETE, AS APPROPRIATE**  
**If the provider number listed in Block G is associated to any other submitter number(s), Medicare will remove the other submitter number(s) before assigning a new submitter number.** The following information is for **PART B ONLY:**  
 If a provider is associated to a submitter number, the provider can maintain the submitter number for 45 days by including a signed, written letter requesting to keep the submitter number for 45 days. After 45 days, Medicare will remove the submitter number from the provider without notice. Multiple submitter numbers are not permitted after the initial 45-day time period.