

Internet EDI Enrollment Packet

Attention: Please Read Before Completing Paperwork

Is this the right EDI Enrollment Packet?

The **Internet EDI Enrollment** packet should be completed to request an Internet EDI ID necessary to transmit Claim Status Request transactions (ANSI 276) and receive Claim Status Response transactions (ANSI 277), and/or retrieve Electronic Remittances (ANSI 835), via Palmetto GBA's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is selected, **all other access to retrieving Electronic Remittances for the Provider number listed will be terminated.**

Palmetto GBA has separate packets for submitters who wish to submit **claims** to our front-end system. The *Part A, Part B & HHH EDI Enrollment Packet* and *Railroad Medicare EDI Enrollment Packet* are available for download from www.palmettogba.com/EDI under Enrollment.

Enrollment Submission

We are now accepting completed enrollment paperwork via fax **or** email (do not submit more than once).

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction J Part B (AL, GA, TN)
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-870-0164 EDIENROLL.PARTB@PalmettoGBA.com
Jurisdiction M Part A (SC, NC, VA, WV) & HHH	Jurisdiction M Part B (SC, NC, VA, WV)
803-699-2429 EDIPartA.ENROLL@PalmettoGBA.com	803-699-2430 EDIPartB.ENROLL@PalmettoGBA.com
Railroad Medicare	
803-382-2416 RREDI.ENROLL@PalmettoGBA.com	

Email Enrollment Monitoring

Your email address will be the primary method of communication with Palmetto GBA EDI Operations. We will send you a Tracking Number via email that you can use to monitor your enrollment process through the website at www.palmettogba.com/EDI. Be sure to include your email address on all EDI Enrollment forms. Please add @palmettogba.com and @bcssc.com to your email contact list to ensure our emails are not filtered into your spam or junk mail folder.

Support

We are committed to making your transition to EMC as smooth as possible. If you have any questions regarding the information contained in this package, please feel free to contact the Palmetto GBA EDI Provider Contact Center at 855-696-0705 (JM), 888-355-9165 (RR) or 877-567-7271 (JJ).

Thank you for your interest in Electronic Data Interchange!



Palmetto GBA
EDI Operations
www.palmettogba.com



Using Electronic Data Interchange Services

Palmetto GBA has prepared this packet for Part A, Part B, HHH and Railroad Medicare providers. The Internet EDI Enrollment packet contains the form and explanation for each of the services offered through Palmetto GBA's public Internet. For further information regarding any of this material, please call the Palmetto GBA EDI Provider Contact Center at 855-696-0705 (JM), 888-355-9165 (RR) or 877-567-7271 (JJ).

VA & WV Part A - Palmetto GBA has subcontracted with National Government Services (NGS) to continue EDI support of the Virginia and West Virginia Part A workload for Palmetto GBA. Please contact the NGS Help Desk at 855-696-0705.

When submitting completed forms, please allow a processing time of approximately 15 business days. Remember – Palmetto GBA cannot process incomplete applications or agreements! Please fill in all appropriate blanks.

If you are a provider waiting for a provider number, please wait before submitting any EDI forms! You must be assigned your provider number before completing any of the paperwork below. To apply for a provider number, please call the Provider Contact Center toll-free at 855-696-0705 (JM), 888-355-9165 (RR) or 877-567-7271 (JJ).

The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically, with limited exceptions.

For more information on Palmetto GBA EDI options, please visit our website at www.palmettogba.com/EDI or email us at Medicare.EDI@PalmettoGBA.com. The CMS Electronic Billing & EDI Transactions Web page at <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> also includes detailed information on EDI and the Administrative Simplification provision.

You can check the status of Palmetto GBA's EDI Systems by visiting the Palmetto GBA website. Under Electronic Data Interchange (EDI), select "EDI System Status." This pop-up window will display the current status of several systems. The pop-up window will automatically refresh every 60 seconds so you can keep it up during the day. We will update the EDI System Status window with information on any system-related issue. When a problem occurs, such as a delay with posting remittance files, a detailed informational message will display below the affected system. This message will be updated until the problem has been corrected. Please visit this area on the Palmetto GBA website prior to calling the Palmetto GBA Technology Support Center with system status questions.

Please register on our website (www.palmettogba.com/EDI) to receive EDI news electronically. By selecting "Email Updates" (which displays at the top of all pages) and completing a user profile, you will be notified via email when new or important EDI information is added to our website. If you have already registered, please ensure your profile has been updated for applicable EDI categories. Users of PC-ACE Pro32, PcPrint or Medicare Remittance Easy Print (MREP) should select the Palmetto GBA Software Users topic located under the General category. This category also includes a special topic created for Vendors, Clearinghouses and Billing Services.

Internet EDI Application

Please Note: The Internet EDI Application Form is used for initial Internet EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the EDI Application Form for your records.**

An Internet EDI ID number is a unique number. An Internet EDI ID can be used to transmit Part A, Part B, HHH and Railroad Medicare Claim Status Request transactions (ANSI 276) and receive Claim Status Response transactions (ANSI 277), and/or retrieve Electronic Remittances (ANSI 835), via Palmetto GBA's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is

selected, **all other access to retrieving Electronic Remittances for the Provider number listed will be terminated.**

Providers are not permitted to share their personal EDI access number (including Internet EDI ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- 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
- Any non-staff individual or entity

The Internet EDI ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that Internet EDI ID and password. Likewise, a provider's Internet EDI ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own Internet EDI ID and password.

The *GPNET Communications Manual* includes information about connecting to Palmetto GBA's EDI Gateway and public Internet. The *GPNet Communications Manual* is available for download from www.palmettogba.com/EDI under Software & Manuals.

Change of Ownership, Address or Phone Number

When you have a change of ownership, address or phone number you must notify Palmetto GBA by calling the Palmetto GBA EDI Provider Contact Center at 855-696-0705 (JM), 888-355-9165 (RR) or 877-567-7271 (JJ). If the change of ownership results in different provider numbers(s), please inform the Technology Support Center when you call.

Internet EDI ID Application Form Instructions

The purpose of the **Internet EDI ID Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of claim status inquiry and response files, and/or electronic remittances via Palmetto GBA's public Internet. **It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

An initial Internet EDI ID Application form should be completed to request your Internet EDI ID. A separate request should be completed for each provider you are requesting permission. A signature from the provider's authorized contact is required before access will be established.

Please retain a copy of this completed form for your records.

You must submit a completed EDI Application Form when submitting additional EDI forms.

The field descriptions listed below will aid in completing the form properly.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting. Select all that apply to this request.
Action Requested: Apply for New Internet EDI ID Change/Update Internet EDI ID Information Delete Add Provider	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> If you are a new applicant, check Apply for New Internet EDI ID. If you request to change or update information about the Internet EDI ID holder, check Change/Update Internet EDI ID Information and be sure to include your current Internet EDI ID. If you request to delete a provider, check Delete and be sure to include your Internet EDI ID. If you need to add an additional provider to an existing Internet EDI ID, check Add Provider. Only one provider can be added per application form, as the provider's signature is required for processing this request.
Internet EDI ID	The Internet EDI ID is used to communicate with Palmetto GBA via Palmetto GBA's public Internet. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested. For changes or additions, enter the Internet EDI ID to which the change/additions should be applied.
Date	Please enter the date the application is completed.
Receiver ID	This option applies only to North Carolina Part A and Virginia Part B only. To receive electronic remittances via Palmetto GBA's public Internet, enter the Receiver ID currently used to download remittance advices/notices for the provider noted on this form. If retrieving Electronic Remittances (ANSI 835) through Palmetto GBA's public Internet is selected, all other access to retrieving Electronic Remittances for the provider number noted will be terminated.
Internet EDI ID Holder's Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Owner Name(s)	Enter the name of the individual(s) who owns the entity listed above.
Type of Internet EDI ID Holder	Check the appropriate box.
EDI Contact Person	The name of the Internet EDI ID holder's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.

Internet EDI Application Form


This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

Form Field Name	Instructions for Field Completion
Fax	The fax number for this location.
Address	The mailing address of the Internet EDI ID holder.
City, State, ZIP	The city, state and ZIP Code of the Internet EDI ID holder.
Internet EDI ID Holder's Email Address	The email address of the contact person listed. Note: This will be the primary method of communication. This email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Providers For Whom Internet EDI ID Holder Will Be Communicating Electronically:	
Provider Name	List the provider whose claim status requests will be submitted and retrieved, and/or electronic remittance retrieved, by the Internet EDI ID holder listed above. (A separate form must be completed for each provider, as a provider signature is required for processing this request.) This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email address	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.
Provider Number	Indicate the Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Submit Claim Status Requests (ANSI 276) / Retrieve Claim Status Response (ANSI 277)	Check this box if the provider wishes the Internet EDI ID holder to submit claim status requests and retrieve claim status responses via Palmetto GBA's public Internet.
Receive Electronic Remittances	Check this box if the provider wishes the Internet EDI ID holder to retrieve Electronic Remittances for the provider indicated via Palmetto GBA's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is selected, all other access to retrieving Electronic Remittances for the Provider number noted will be terminated.
Signature	The signature of the provider's authorized contact.
Date	Please enter the date the application is completed.

Once you have completed the application form, please retain a copy for your records and fax or email the original via the appropriate fax number or email address below. Your request for an Internet EDI ID will be processed within 15 business days of receipt of completed forms.

Completed forms must be faxed **or** emailed (do not submit more than once) to:

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction J Part B (AL, GA, TN)
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-870-0164 EDIENROLL.PARTB@PalmettoGBA.com
Jurisdiction M Part A (SC, NC, VA, WV) & HHH	Jurisdiction M Part B (SC, NC, VA, WV)
803-699-2429 EDIPartA.ENROLL@PalmettoGBA.com	803-699-2430 EDIPartB.ENROLL@PalmettoGBA.com
Railroad Medicare	
803-382-2416 RREDI.ENROLL@PalmettoGBA.com	

	PALMETTO GBA® <small>A CELERIAN GROUP COMPANY</small>	<h2 style="margin: 0;">Internet EDI Application Form</h2>
Line of Business Information: HHH: <input type="checkbox"/> <input type="checkbox"/> Railroad Medicare		
Part A: AL <input type="checkbox"/> GA <input type="checkbox"/> SC <input type="checkbox"/> NC <input type="checkbox"/> TN <input type="checkbox"/>		
Part B: AL <input type="checkbox"/> GA <input type="checkbox"/> SC <input type="checkbox"/> NC <input type="checkbox"/> TN <input type="checkbox"/> VA <input type="checkbox"/> WV <input type="checkbox"/>		
Action Requested: <input type="checkbox"/> Apply for New Internet EDI ID <input type="checkbox"/> Add Providers to Internet EDI ID <input type="checkbox"/> Change / Update Internet EDI ID Information <input type="checkbox"/> Delete Internet EDI ID		
Internet EDI ID (if available): _____ Date: _____		
Submitter ID (if available): _____		
Receiver ID (if available): _____		
Internet EDI ID Holder's Name: _____		
Owner(s) Name: _____		
Type of Internet ID Holder: <input type="checkbox"/> Software Vendor <input type="checkbox"/> Billing Service <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse		
EDI Contact Person: _____		
Phone: _____ Fax: _____		
Address: _____		
City: _____ State: _____ ZIP: _____		
Internet EDI ID Holder's Email Address: _____		
Note: Email will be the primary method of communication.		

Providers for Whom Internet EDI ID Holder Will Be Communicating Electronically:

Provider Name: _____	Tax ID: _____
Provider Email Address: _____	
Provider Number: _____	NPI: _____
<input type="checkbox"/> Submit Claim Status Request (ANSI 276) / Receive Claim Status Response (ANSI 277)	
<input type="checkbox"/> Receive Electronic Remittances (ANSI 835)	
<p style="font-size: small;">I hereby authorize the above named Internet EDI ID Holder to transmit and receive the items selected above on my behalf. I understand that these items may contain payment information and PHI concerning my Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization. I acknowledge that if receiving Electronic Remittances via Palmetto GBA's public Internet is selected above, all other access to retrieving Electronic Remittances for the provider number noted above will be terminated.</p>	
Signature _____	Date: _____

Notes: Please retain a copy for your records.

Submit completed forms via fax **or** email (do not submit more than once) to:

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction J Part B (AL, GA, TN)
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-870-0164 EDIENROLL.PARTB@PalmettoGBA.com
Jurisdiction M Part A (SC, NC, VA, WV) & HHH	Jurisdiction M Part B (SC, NC, VA, WV)
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