

Beginning May 1, 2009, CEDI will be making enhancements to its online enrollment forms. Forms will still be accessed from the CEDI Web site at www.ngscedi.com. However, all forms will be required to be completed online and submitted electronically. These enhancements will allow for more accurate submissions by our trading partners and suppliers as critical fields on the form, such as NPI number and demographic information, will be required. It will still be necessary to sign and fax the forms to CEDI to meet CMS and CEDI verification and audit requirements. By submitting the forms online, CEDI will be able to more accurately track the status of enrollment requests and prevent forms from being returned for missing or invalid information.

For more information, please contact the CEDI Help Desk at ngs.cedihelpdesk@wellpoint.com or at 866-311-9184.

Log in to:

<http://ngscedi.com/forms/formsindex.htm>

Choose Supplier Authorization Form

CEDI

Common Electronic Data Interchange

EDI Enrollment

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Enrolling with CEDI is easy!

CEDI enrollment documents are completed and submitted on-line. After completing any of the on-line forms below, you must click on the "Submit" button, print, sign and fax the form to the number located on the printed form. Do not print the screen before you click on "Submit".

IMPORTANT: Forms that are not printed after clicking on "Submit" and/or are not signed and faxed to CEDI will not be processed.

Form	Complete for:
CMS EDI Enrollment Form	Every New DME MAC Electronic Trading Partner (If you do not already have an existing Sender or Submitter ID, please complete the Submitter Action Request Form along with the EDI Enrollment form.)
	Trading Partners to add a new PTAN/NSC or NPI number to an existing Submitter ID
Supplier Submitter Action Request Form	Every new DME MAC Electronic Trading Partner (Must also complete the CMS EDI Enrollment Form)
	Ordering the Express Plus Software Program (Check box included on the form, under Section II - SOFTWARE VENDOR)
	Existing Trading Partners to:
	• Request the addition of a new transaction
	• Changing a file transfer option
	• Changing software vendors
	• Update contact information
Supplier Authorization Form	Suppliers using a Clearinghouse, Billing Service or other Third Party to exchange any transactions with CEDI (This includes claims, ERAs and 276/277 transactions.)
	Existing Trading Partners changing to a Clearinghouse, Billing Service or Third Party Biller

When CEDI forms are submitted, an acknowledgment email will be generated and sent back to the email address entered on the form. Once the request has been approved and processed, a setup confirmation will be sent via email. For security purposes, confirmation of enrollment requests for a new Trading Partner (Submitter) ID requiring a password will be sent in two emails. The Trading Partner (Submitter) ID and connectivity information will be included in the first email and the password will be sent in the second email. If an email address is not provided on the forms or if the email is returned as undeliverable, CEDI will respond with the setup confirmation via fax or mail.

The initial password is a default password which will expire immediately and requires the user to establish a confidential, unique password. **Passwords will expire every 90 days.** Password configuration requirements are as follows:

1. Passwords must be eight (8) characters in length. No more and no less.
2. Passwords must contain a combination of number and alpha characters.
3. Passwords must contain a special character, for example (@, #, \$).
4. Passwords are only good for 90 days, at which time the user must reset it.
5. Passwords cannot be changed by the user more than once per day.
6. After three incorrect login attempts, the ID will be revoked. Please disconnect and re-try prior to the third attempt.
7. The ID history retains the last 12 passwords the user has used. These cannot be reused.
8. Must not be stored in scripts, files, or applications unless compensating controls are in place.

Note: Trading Partner IDs will automatically suspend after 365 days of inactivity

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Choose EDI Transactions

EDI Supplier Authorization Form

U.S. Department of Health and Human Services

EDI Transactions, i.e., X12 Transactions and other types of files: (check all that apply)

- ANSI X12 837 Claims, Version 4010A1
- ANSI X12 276/277 Claim Status & Response, Version 4010A1
- ANSI X12 835 Remittance, Version 4010A1
- NCPDP Claims

Submitter and/or Receiver Information

Entity Name(Required):

Operating as a(Required):

Submitter ID:

Street(Required):

City/State/Zip:

Contact Name(Required):

Contact Phone Number
(xxx-xxx-xxxx)(Required):

Contact Email Address
(Required):

Verify Email Address:

DME Supplier Information

Supplier Name(Required):

Street(Required):

City/State/Zip(Required):

Contact Name(Required):

Contact Phone Number
(xxx-xxx-xxxx)(Required):

Contact Email Address:

Verify Email Address:

List your NPI and your NSC/PTAN Number(s) Below (Required):

DME NSC(s):	<input type="text"/>	NPI:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Type in the DME Supplier Signature:

DME Supplier Title:

Note: Enter the name and title of the person authorized to sign on behalf of the supplier.

MUST CLICK ON THE SUBMIT
BUTTON BEFORE PRINTING THE
DOCUMENT

