

PAYER ID:

SUBMITTER ID:



## Emdeon ERA Provider Information Form

\*This form is to ensure accuracy in updating the appropriate account

<b>1 Provider Organization</b>					
Practice/ Facility Name		Provider Name			
Tax ID		Client ID		Site ID	
Address		City/State		Zip Code	
Contact Name					
E-mail Address		Telephone		Fax	
<b>2 Vendor</b> <i>(Emdeon certified vendor used to submit files to Emdeon)</i>					
Vendor Name		Vendor Submitter ID		Division ID	
Contact Name					
E-mail Address					
<b>3 Payer</b>					
Payer ID					
Group ID	Individual Provider ID		NPI ID		
<b>4 Confirmations</b>					
Send Emdeon Claim Confirmations To:					
Special Instructions:					
<ul style="list-style-type: none"> <li>All Payer Registration forms must contain signatures when applicable, stamped signatures or photocopies are accepted.</li> <li>SUBMIT COMPLETED FORM TO:            Fax: (615) 231-4843            Email: <a href="mailto:batchenrollment@Emdeon.com">batchenrollment@Emdeon.com</a></li> </ul>					
EMDEON REVISION FORM DATE:					

## ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION

<b>A</b> SELECT STATE (Select only one) <input checked="" type="checkbox"/> ALABAMA <input type="checkbox"/> GEORGIA <input type="checkbox"/> MISSISSIPPI <input type="checkbox"/> TENNESSEE			
<b>B</b> NAME OF GROUP, PHYSICIAN, OR FACILITY		<b>C</b> CONTACT PERSON NAME	
<b>D</b> MAILING ADDRESS			
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
<b>E</b> EMAIL ADDRESS		<b>F</b> PHONE NUMBER	<b>G</b> FAX NUMBER
_____		_____	_____
<b>H</b> MEDICARE GROUP / PROVIDER # (PTAN)		<b>I</b> NATIONAL PROVIDER IDENTIFIER	<b>J</b> FEDERAL TAX ID NUMBER
_____		_____	_____
<b>K</b> REQUESTING MEDICARE'S FREE PC-ACE PRO32 SOFTWARE? (If YES, skip to section <b>O</b> ) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>L</b> USING THE ALL-PAYER VERSION OF PC-ACE PRO32? (If YES, indicate Vendor info. in section <b>N</b> ) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>M</b> USING A CONNECTIVITY VENDOR? <input type="checkbox"/> IVANS <input type="checkbox"/> VISION SHARE <input type="checkbox"/> OTHER			
<b>N</b> SOFTWARE VENDOR, BILLING SERVICE, OR CLEARINGHOUSE INFORMATION			
METHOD OF INTERCHANGE (Select only one) <input type="checkbox"/> SOFTWARE VENDOR (DIRECT) <input checked="" type="checkbox"/> BS/CLEARINGHOUSE (3 <sup>rd</sup> PARTY)			
COMPANY NAME <u>EMDEON</u>		PHONE NUMBER <u>866.924.4634</u>	
STREET ADDRESS <u>3055 LEBANON PIKE STE 1000</u>			
CITY <u>NASHVILLE</u>		STATE <u>TN</u>	ZIP <u>37214</u>
SUBMITTER ID <u>MEDEX001</u>		CONTACT NAME <u>ENROLLMENT HELP DESK</u>	
<b>O</b> REQUESTING 276/277 (Batch Claim Status) TRANSACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>P</b> REQUESTING ELECTRONIC REMITTANCE ADVICE? (Be sure to indicate Vendor or BS/CH above) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Q</b> DISCONTINUING ELECTRONIC REMITTANCE ADVICE? (Indicate Vendor or BS/CH above) <input type="checkbox"/> YES <input type="checkbox"/> NO			

**R** If the method of data interchange selected above is billing service or clearinghouse, you authorize the entity listed in section **N** to conduct electronic transactions on your behalf. A provider may not authorize submission or receipt of Medicare beneficiary information by a third party unless that beneficiary is a current patient of the provider, has scheduled an appointment, or has inquired about the receipt of supplies or services from the provider.

I have read and agree to the above statements and foregoing provisions contained within the attached EDI Enrollment Form.

<b>Authorized Signature</b>	<b>Printed Name</b>
<b>Title</b>	<b>Date</b>



**Electronic Data Interchange (EDI) Enrollment Form**

This Agreement notifies Cahaba Government Benefit Administrators®, LLC of the provider's consent to participate in Electronic Data Interchange (EDI). EDI may include claims and claims attachments, remittances, eligibility/benefits, claim status, and any other electronic information for Centers for Medicare and Medicaid Services (CMS) federal program data (including but not limited to Title XVIII of the Social Security Act (Medicare), and/or Section 1011 of the Medicare Modernization Act) covered under Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets or Section 1011 of the Medicare Modernization Act (MMA) legislation.

**A. The provider agrees:**

- 1. That it will establish and maintain procedures and controls so that information concerning Medicare and/or Section 1011 beneficiaries, or any information obtained from CMS or its contractors, shall not be used by agents, officers, or employees of a business associate except as provided by the contractor (in accordance with §1106(a) of the Social Security Act (the Act));
- 2. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all electronic transmissions are authorized and protect all beneficiary-specific data from improper access;
- 3. That it will notify the contractor or CMS within two business days if any transmitted data are received in an unintelligible or garbled form.
- 4. The provider agrees to the following provisions for submitting and retrieving/receiving Medicare and/or Section 1011 information electronically to/from CMS or CMS contractors:
  - a) That it will be responsible for all Medicare and/or Section 1011 transactions submitted to CMS by the provider, its employees, or its business associates;
  - b) That it will not disclose any information concerning a Medicare and/or Section 1011 beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare/Section 1011 beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare and/or Section 1011, or as required by State or Federal law; That it will submit claims only on behalf of those Medicare and/or Section 1011 beneficiaries who have given their written permission to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file;
  - d) That it will submit/request electronic transactions on only those beneficiaries with whom the provider has a professional relationship;
  - e) That the CMS-assigned unique identifier number (submitter identifier) constitutes the provider's legal electronic signature and when used for claims submission, it constitutes an assurance by the provider that services were performed as billed;
  - f) That it will ensure that every electronic claim can be readily associated and identified with an original source document. Each source document must reflect the following information (except if not required for Section 1011):
    - Beneficiary's name;
    - Beneficiary's health insurance claim number;
    - Date(s) of service;
    - Diagnosis/nature of illness; and
    - Procedure/service performed;
- 5. That the Secretary of Health and Human Services or his/her designee and/or the CMS contractor has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines;
- 6. That it will ensure that all claims for Medicare or Section 1011 primary payment have been developed for other insurance involvement and that Medicare/Section 1011 is indeed the primary payer;
- 7. That it will submit claims that are accurate, complete, and truthful;
- 8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least six years, three months after the bill is paid, or, for Section 1011 beneficiaries, in accordance with the Section 1011 Final Policy Notice;
- 9. That it will research and correct claim discrepancies;

- 10. That it will affix the CMS-assigned unique identifier number (submitter identifier) of the provider on each claim electronically transmitted to the CMS contractor;
- 11. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare or Section 1011 program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this Agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law;
- 12. That if it chooses to participate in electronic remittance transactions it will notify the CMS contractor of any changes in third-party services that it has authorized to access this information on their behalf via the EDI Enrollment form;
- 13. That if it chooses to use a Network Service vendor for eligibility verification transactions it will notify the CMS contractor of any changes in third-party service arrangements via the EDI Enrollment form;

**B. The Centers for Medicare & Medicaid Services (CMS) agrees to:**

- 1. Transmit to the provider an acknowledgment of claim receipt;
- 2. Affix the CMS contractor number, as its electronic signature, on each remittance advice sent to the provider;
- 3. Ensure that payments to providers are timely in accordance with CMS' policies;
- 4. Ensure that no CMS contractor may require the provider to purchase any or all electronic services from the CMS contractor or from any subsidiary of the CMS contractor or from any company for which the CMS contractor has an interest. The carrier or FI will make alternative means available to any electronic biller to obtain such services;
- 5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare contractors to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the CMS contractor sells directly, or indirectly, or by arrangement;
- 6. Notify the provider within two business days if any transmitted data are received in an unintelligible or garbled form.

**NOTICE:** 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 provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare/Section 1011 claims or any other EDI transactions are submitted to CMS or the CMS contractor. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the 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.

**C. Signature**

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider's Name (Please Print)

Title

Address

City/State/Zip

Medicare provider # NPI

Submitter number (if applicable) MEDEX001

Signed By

Printed Name

Title Date



## EDI APPLICATION & ENROLLMENT FORM

SECTION	INSTRUCTIONS
<b>A</b>	Select the state in which the provider renders services. If you wish to enroll with EDI in multiple states, you must complete separate applications.
<b>B</b>	Type or print the name of the group, physician, or facility enrolling for Electronic Data Interchange (EDI). The name listed must match the name on file at Medicare for the Medicare number listed in block H.
<b>C</b>	Type or print a contact person in your office who has the knowledge and authority to answer questions regarding your enrollment.
<b>D</b>	Type or print the mailing address, including suite/building numbers, of the group, physician, or facility enrolling for EDI.
<b>E</b>	Type or print the office internet e-mail address for the group, physician, or facility enrolling for EDI.
<b>F</b>	Type or print the telephone number, including area code, of the contact person listed in block C.
<b>G</b>	Type or print the FAX number, including area code, for the group, physician, or facility enrolling for EDI.
<b>H</b>	Type or print the Medicare group, physician, or facility Provider Transaction Access Number (PTAN) enrolling for EDI. If you are a group practice, each provider associated with your group will be enrolled automatically. You <b>do not</b> need to send in a separate application for each member of your group or when adding providers to your practice. If you are incorporated and have been issued a group number this must be the number used.
<b>I</b>	Type or print the National Provider Identifier (NPI #) that corresponds with the PTAN listed in section H.
<b>J</b>	Type or print the group, physician, or facility's EIN or Federal Tax ID number on file.
<b>K</b>	Indicate if you wish to receive Medicare's <b>FREE</b> billing software PC-ACE Pro 32. If yes, then skip to section O.
<b>L</b>	Indicate if you will be using the <b>ALL-PAYER</b> version of PC-ACE PRO32 from a vendor. If yes, indicate the vendor information in section N.
<b>M</b>	Indicate if you will be using a connectivity vendor. If yes, please indicate the name in the given field.
<b>N</b>	Indicate the method of interchange for your claims and provide the name, address, phone number, and submitter ID (if applicable), and contact name for the vendor, billing service or clearinghouse. (Note: Only one method of interchange per application.)
<b>O</b>	Indicate if you wish to perform 276/277 (Batch Claim Status) transactions.
<b>P</b>	Indicate if you wish to enroll for electronic remittance advice (ERA). Please note: If you enroll for ERA, your paper remittance will stop 45 days after enrollment. Ask your software vendor, billing service, or clearinghouse if they support ERA before enrolling.
<b>Q</b>	Indicate if you wish to discontinue receiving electronic remittance advice (ERA). If yes, indicate vendor or billing service/clearinghouse information in section N. <b>Note: If you are sending this application in to enroll with one BS/CH or software vendor and trying to discontinue another, a separate application must be completed.</b>
<b>R</b>	After reading the enrollment form, complete and sign the application. This must be signed by an authorized individual of the group, physician, or the facility. It may not be signed by a representative of the provider's billing service or clearinghouse.

### Types of Interchange Methods:

**Billing Service** - A billing service is an entity that markets claim preparation services to providers and may also be able to perform related transactions for providers, such as eligibility and claim status inquiries. The billing service collects a provider's claim information and then bills the appropriate insurance companies, including Medicare. A billing service may submit claims only, or provide full financial accounting and/or other services. Billing services are considered to be provider business associates. As such, HIPAA requires that they comply with each of the privacy and security requirements that apply directly to providers. They are also required to ensure that they require that any clearinghouses, subcontractors or other business associates of their own that may be involved with handling of Medicare beneficiary data also meet those same security and privacy requirements.

**Clearinghouse** - A clearinghouse transfers or moves EDI transactions for a provider or billing service, and generally translates the EDI transactions from or into a proprietary format. (HIPAA defines a clearinghouse as a business associate of a provider or a health care plan that translates data from a non-standard format into a standard format or vice versa as preferred by their clients.) A clearinghouse generally accepts multiple types of incoming transactions and sends them to various payers, including Medicare. Clearinghouses often perform general and payer-specific edits on claims, and may handle multiple types of EDI transactions for a given provider. Clearinghouses frequently reformat data for various payers, and manage acknowledgements, remittance advice transactions, and claim status queries.

**Software Vendor** - A software vendor is an entity that markets practice management software to healthcare providers. The software may provide a variety of functions including scheduling, billing, accounts receivable, accounts payable, insurance claims submission, electronic remittance advice processing and electronic health records to name a few.

**Connectivity Vendor** - A connectivity vendor is a vendor providing a connection between your business and another, available in the market. This type of vendor is different than a software vendor and they do not normally touch your electronic files in any way.