

EMDEON Enrollment Requirements:

Any Providers/Facilities who chooses to submit claims and/or receive remittance with Emdeon must complete a Provider Setup for this payer. Please submit an Emdeon Claims PSF or ERA PSF to Batchenrollment@emdeon.com a copy of the forms can be located at <http://emdeon.com/enrollment/index.php> under Emdeon Setup Forms.

Palmetto Enrollment Requirements:

Palmetto requires all providers to complete an EDI Enrollment Agreement and an EDI Application. Providers must complete an EDI Agreement if they currently **DO NOT** have an EDI Agreement on file with Palmetto.

This form must have an original signature and should be sent directly to the payer.

If the EDI Agreement is already on file with Palmetto then only the EDI Application is required and this can be done online.

Below are the links and instructions for the Agreement and the EDI Application

EDI Agreement

<http://www.palmettogba.com/Palmetto/Providers.nsf/docsCat/Jurisdiction%201%20Part%20B~EDI~Enrollment~J1%20EDI%20Enrollment%20Packet?open>

Complete pages 1-4 of the J1 EDI Enrollment Agreement and mail original signature form to the address listed at the bottom of page 4 and if the EDI Application is also required please complete pages 5-9.

EDI Application

Click on J1 EDI Application Online Request Form link at the bottom of the instruction page.

http://www3.palmettogba.com/pgx_ediRequest/index.jsp



Jurisdiction 1 Part B

J1 EDI Application Online Request Form

Palmetto GBA Medicare Electronic Data Interchange is pleased to offer online enrollment for Submitter Identification Numbers and Electronic Remittance Notices/Advices (ERNs/ERAs). This online request is for HIPAA-compliant ANSI 837 claims and ANSI 835 electronic remits.

The option to request access to Online Inquiry Services for PPTN (Provider Professional Telecommunications Network) or DDE (Direct Data Entry) is currently unavailable through this online form. Please use the [J1 EDI Enrollment Packet](#) to request PPTN or DDE access.

To complete the J1 EDI Application Online Request Form, please follow these instructions:

Form Field Name	Instructions for Field Completion
Trading Partner / Submitter ID	The Submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the Submitter ID to which the change/addition should be applied.
Online Inquiry Services ID	The Online Inquiry Services ID is used by the submitter to directly access our Part B or Part A claim status inquiry or processing system. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For requests to Add Provider(s) or make a Change, please enter your existing PPTN or DDE ID.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Type of Submitter	Select the appropriate function via the drop down menu.
Contact Person	The name of the submitter'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.
Fax	The Fax number for this location.
Address	The mailing address of the submitter.
City, State & Zip	The city, state and zip code of the submitter.
E-mail Address	The e-mail address of the contract person listed. Note: This will be the primary method of communication.
	There are four available modes of communication that can be used for claim submission. Check only one:

Jurisdiction 1 Part B Home

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Report / Electronic Remittance Retrieval Mode of Communication	<ul style="list-style-type: none"> • GPNet: Asynchronous communication with the Gateway • Connect Direct – NDM: Network Data Mover • Dial-up FTP: File transfer protocol transmission via GPNet – not Internet • Leased FTP: File transfer protocol transmission via the Internet or Network-based connection
Report Response Format	Select from the drop down menu the format in which you will receive GPNet Claims Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor:	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Include Vendor ID number if known.
Name of Online Inquiry Services Connectivity Vendor	If applicable indicate the name of the Online Inquiry Services Connectivity Vendor you are using or plan to use for access to DDE or PPTN.
Providers for whom Submitter will be Communicating Electronically:	
Provider Name	List each provider whose bills will be submitted by the submitter named above. (Ten providers can be submitted per form. If additional providers need to be listed, please submit multiple forms for these providers.)
Provider Number	Indicate the Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Electronic Remittances	Check this box if the submitter want to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances.
Receive Reports	Check this box if the submitter wants to receive response reports electronically for the provider indicated.
Online Inquiry Services	This option is currently unavailable through this online form. Please use the J1 EDI Enrollment Packet to request PPTN or DDE access.

NOTE: Record your Tracking Number after each submission. If you do not receive a Tracking Number after clicking Submit, you may click the Back button on your Internet browser to enter corrected information in all fields. You can access the processing status of your EDI request by entering your Tracking number onto the [EDI Enrollment Status Online Request Form](#).

View the [J1 EDI Application Online Request Form](#).



Complete the Trading Partner Information with the information highlighted.

***Enter Emdeon State Associated Submitter ID for both claims and ERA.**

- **SMCA1** (Northern) California Medicare
Submitter id_ **BBB11175B**
- **SMCA2** (Southern) California Medicare
Submitter id_ **000500201**
- **SMNV0** Nevada Medicare
Submitter id_ **CH00092**
- **SMHI0** Hawaii Medicare
Submitter id_ **CH00091**

“Medicare Part A J1 MAC (CA, HI & NV)”

- **12M64** California Medicare Part A
Submitter id_ **HM05489**
- **12M64** Hawaii Medicare Part A
Submitter id_ **HM05489**
- **12M64** Nevada Medicare Part A
Submitter id_ **HM05489**

*Remember to choose Line of Business and Applicable State.

*Communication Method should be GPNET.

*After Provider Name be sure to choose a Line of Service.

*Click on the **submit** button at the bottom of the application once completed.



Jurisdiction 1 Electronic Data Interchange Application Online Request Form

**Indicates required fields.*

Enter Emdeon's State associated Submitter ID

Trading Partner/Submitter ID

Online Inquiry Services ID

* Submitter Name

* Type of Submitter

* Contact Person

* Phone * Fax

* Address 1

Address 2

* City

* State * Zip

* Email Address

* Line of Business

* Applicable State

Claim Submission Mode of Communication

Report/Electronic Remittance Mode of Communication

Request Response Format

Data Compression

Name of Software Vendor Vendor ID

Online Inquiry Services Vendor Other

Provider Name

Choose Type of Service

Provider Number NPI

- Submit Claims Receive Electronic Remittances Receive Reports Online Inquiry Services