



All providers must complete the payer online enrollment form and fax to Cahaba.

**No handwritten forms will be accepted**

Follow the instructions on the following screen to complete enrollment for Claims or ERA.

<https://www.cahabagba.com/rhhi/edi/forms.htm>

OR

[https://www.cahabagba.com/rhhi/forms/edi\\_enroll.pdf](https://www.cahabagba.com/rhhi/forms/edi_enroll.pdf)

HH + H > [Electronic Data Interchange](#) > [EDI Forms](#)

## EDI Forms

### Instructions for Completing EDI Enrollment Applications

Please read and follow instructions carefully. Applications that do not comply with these guidelines will be rejected and returned.

- Access the [EDI Application Forms](#) by clicking on the appropriate link below. **You must have Adobe 8 or later installed on your system to complete these applications.**
- Complete the application by typing your information online, directly into the application.
- Once completed, print the application, obtain an authorized signature, and fax it to Cahaba EDI Services. Applications must be faxed to the number provided in the top right corner of the first page of the application.
- Pages must be faxed in the order printed. Use only the cover page provided with the application and make sure it is the first page faxed.
- Send only one application per fax.
- If an e-mail address is provided on the application, it will be used to send notifications when the application status changes.
- If you are resubmitting an application that has been returned, you must complete and fax a new application.
- Billing services and clearing houses must complete the "EDI Services Billing Service Application." If using in-house software that requires testing, a provider's "EDI Services Part A Enrollment Application" is also required. The provider's application must be in front of the billing service application and sent in the same fax.
- Vendors must complete the EDI Services Vendor Application.
- New vendors will need to fax at least one provider's EDI application along with the "EDI Services Vendor Application." The provider's application must be in front of the vendor application and sent in the same fax.
- For new connectivity vendors the Network Services Agreement with an authorized signature must also be submitted.
- The name, address, and tax ID provided must match the address and tax ID we have associated with the PTAN and NPI in our system. If submitting multiple PTANs, the name and address on the application must match the first PTAN/NPI combination.
- If you must attach a separate sheet to list all of the PTANs or users, this should be placed after the last page of the application.

If you have any questions contact EDI Services at (866) 839-2441, or via e-mail at [iaediservices@cahabagba.com](mailto:iaediservices@cahabagba.com).

### EDI Application Forms

[EDI Services Part A Enrollment Application](#)— Complete this form if you are wanting to become an electronic biller, or to update your current enrollment information. The form must be signed and dated. An office administrator authorized to sign checks must complete the signature line. Send via fax number found on the top of the form.

[EDI Services Part A System Access Application](#)— Complete this form to obtain access to the Fiscal Intermediary Standard System (FISS) as an electronic biller, or to update your current information. List the names of all employees that will be accessing the Medicare system.

[EDI Services Billing Service Application](#)— Complete this form if you are a billing service or clearinghouse and want to enroll with Cahaba as a third party biller.

[EDI Services Vendor Form](#)— Complete this form if you are interested in becoming an approved vendor with Cahaba.

[Network Service Agreement](#)— Complete this form if you are a new connectivity vendor. An authorized signature must also be submitted.

Page last updated: February 24, 2010

**Cahaba Home Health**  
**(CO, IA, UT, KS, MD, MO, MT, ND, NE, PA, VA, WV, WY)**

Emdeon Submitter id IA001618

**Choose Rural Health Clinic or Home Health & Hospice**

**General Information:**

State:  Alabama  Georgia  Tennessee  Rural Health Clinic  Home Health & Hospice

**Complete the Data Interchange section with the information listed**

**Data Interchange Information-Claims:**

I will be sending my claims:

Submitter ID (If using an existing ID or a Billing Service/Clearinghouse indicate Submitter ID here):

**If you wish to receive ERA complete the following section with the information listed**

**Data Interchange Information-Remittance Advice:**

I will be retrieving my remittance advice notices:

Submitter ID for ERA Retrieval (If left blank a new ID will be assigned)

**Complete the 3<sup>rd</sup> party clearinghouse information as listed**

**Using a Billing Service/Clearing House (3rd Party)**

Billing Service/Clearinghouse Name:

Mailing Address:  Phone Number:

City:  State:  Zip Code:

Contact Name:  E-Mail Address: