

EDI Enrollment Instructions

Determine if you are a first time or existing EDI Customer, and complete the appropriate forms using the respective instructions in the charts below.

First Time EDI Customers

If you are **not** currently an electronic biller with HGSAdministrators (HGSA) and want to enroll to become an electronic biller, you must complete the following forms:

- ▶ Electronic Data Interchange (EDI) Agreement Forms (8275)
- ▶ Electronic Data Interchange (EDI) Setup Requirements (8276)
- ▶ If you want to receive Electronic Remittance Advice (ERA), which is an electronic version of the Standard Paper Remittance (SPR), you also need to complete the Electronic Remittance Advice (ERA) Enrollment Form (8262).

NOTE: The Amendment to Electronic Data Interchange (EDI) Agreement Form (8259-1) is no longer required (with form 8275 and 8276) when using a Billing Service or Clearinghouse. The text from this form has been incorporated directly into both the 8275 and 8276 forms.

Existing EDI Customers

If you are currently an electronic biller with HGSA and want to change your EDI enrollment status (e.g., to change software vendors, use a billing service or clearinghouse, to obtain a new Submitter ID, etc.), you must complete the following forms:

- ▶ Electronic Data Interchange (EDI) Setup Requirements (8276)
- ▶ If you want to receive Electronic Remittance Advice (ERA), which is an electronic version of the Standard Paper Remittance (SPR), you also need to complete the Electronic Remittance Advice (ERA) Enrollment Form (8262).

NOTE: The Amendment to Electronic Data Interchange (EDI) Agreement Form (8259-1) is no longer required (with form 8275 and 8276) when using a Billing Service or Clearinghouse. The text from this form has been incorporated directly into both the 8275 and 8276 forms.

COMPLETION INSTRUCTIONS FOR THE EDI AGREEMENT FORM (8275)

1. Read the contract.
2. Type or Print the Name of the Group, Physician, or Supplier enrolling for Electronic Data Interchange (EDI). **The name listed must match the name on file at Medicare for the Provider Number listed on the form.**
3. Type or Print the Medicare Provider Number of the Group, Physician, or Supplier enrolling for EDI. **If you are requesting approval for multiple Provider Identification Numbers, a separate EDI Form must be completed for each provider number/practice. If you are billing under a Group Provider Identification Number, only one EDI Form should be completed using the Group Provider Identification Number. The number reported must match the number on file at Medicare for the Group, Physician, or Supplier Name listed on the form.**
4. Type or Print the Address of the Group, Physician or Supplier enrolling for EDI.
5. Sign the form. The signature must contain an original signature from the individual Provider, or in the case of a Group or other entity, an original signature from one of the providers in the group or an Authorized Official. An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare Program, to make changes/and/or updates to the supplier's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the supplier (see Section 5 of the 855 Enrollment Form for a definition of "direct owner"), or must hold a position of similar status and authority within the supplier's organization. Signature stamps are not acceptable; blue ink is recommended.
6. Type or Print the Date the form was signed.
7. Type or Print the Name and Title of the person who signed the form.

FIELD	COMPLETION INSTRUCTIONS FOR THE EDI SETUP REQUIREMENTS FORM (8276)
Ⓐ	Type or Print the Name of the Group, Physician, or Supplier enrolling for Electronic Data Interchange (EDI). The name listed must match the name on file at Medicare for the Provider Number listed in Block G.
Ⓑ	Type or Print the Address for the Group, Physician, or Supplier enrolling for EDI. The address must match the address on file at Medicare for the Prover Number listed in Block G.
Ⓒ	Type or Print a Contact Person in your office that has the knowledge and authority to answer questions regarding your enrollment.
Ⓓ	Type or Print the Telephone Number (including Area Code) of the Contact Person listed in Block C.
Ⓔ	Type or Print the FAX Number (including Area Code) for the Group, Physician, or Supplier enrolling for EDI.
Ⓕ	Type or Print the Office Internet E-mail Address for the Group, Physician, or Supplier enrolling for EDI.
Ⓖ	Type or Print the Medicare Provider Number of the Group, Physician, or Supplier enrolling for EDI. If you are requesting approval for multiple Provider Identification Numbers, a separate EDI Form must be completed for each provider number/practice. If you are billing under a Group Provider Identification Number, only one EDI Form should be completed using the Group Provider Identification Number. The number reported must match the number on file at Medicare for the Group, Physician, or Supplier name listed in Block A.
Ⓕ	<p>Check the appropriate box based on your enrollment needs.</p> <ul style="list-style-type: none"> ✓ Check the "Assign this provider..." option if you are requesting a new electronic billing Submitter Number. ✓ Check the "Add this provider..." box if you want to add a provider to an already existing Submitter Number and Login ID, and type or Print the Submitter Number and Login ID on the corresponding line. <p>NOTE: If you are updating your electronic billing profile (i.e., changing software vendors, etc.), check this box and type or print the existing Source Number and Login ID on the corresponding line.</p>
Ⓖ	Check the appropriate box to indicate the correct Modem Protocol. If you are not sure, contact your vendor for verification. (MCE customers must use Hayes/Z-Modem.)
Ⓙ	Type or Print the Name and Complete Address of your Vendor and/or Billing Service, and/or Clearinghouse. If you are using (or enrolling to use) the free Medicare software package, Medicare Claims Express (MCE), check the "MCE"box for the Vendor and list the Billing Service Name/Address, if applicable. To enroll for MCE, you must also complete and return the MCE Agreement Form (8726) along with the EDI Agreement Form (8275) and/or EDI Setup Requirements Form(8276).
Ⓚ	<p>Read the contract, then complete and sign.</p> <ul style="list-style-type: none"> ▶ Type or Print the Name of the Group, Physician, or Supplier enrolling for Electronic Data Interchange (EDI). The name listed must match the name on the file at Medicare for the Provider Number listed on the form. ▶ Sign the form. The signature must contain an original signature from the individual Provider, or in the case of a Group or other entity, an original signature from one of the providers in the group or an Authorized Official. An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare Program, to make changes/and/or updates to the supplier's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the supplier to fully abide by the laws, regulations, and the program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of five percent or more of the supplier (see Section 5 of the 855 Enrollment Form for a definition of "direct owner"), or must hold a position of similar status and authority within the supplier's organization. Signature stamps are not acceptable; blue ink is recommended. ▶ Type or Print the Date the form was signed. ▶ Type or Print the Name and Title of the person who signed the form.
Ⓛ	<p>Read the disclaimer regarding multiple Submitter numbers.</p> <p>Caution: Multiple Submitter numbers may cause posting problems with your ERA.</p>

Note: To enroll for Electronic Remittance Advice (ERA), which is the electronic version of the Standard Paper Remittance (SPR), complete the ERA Enrollment Form (# 8262) and mail it to EDI Services with this application.

If you have any questions or require assistance with the enrollment process, please contact an EDI Analyst at (866) 488-0546, option 1.

Mail the Completed EDI Enrollment Form(s) and any additional, applicable forms to:

EDI Services
Attention: EDI Coordinator 1B/L2
P.O. Box 890011
Camp Hill, PA 17089-0011