



RAILROAD MEDICARE (MR018) PRE-ENROLLMENT INSTRUCTIONS

TO COMPLETE THE ENROLLMENT FORM(S) YOU WILL NEED:

- ✓ Railroad Medicare Provider Number (PTAN)
- ✓ Billing NPI on file with Palmetto for the Railroad Medicare PTAN
- ✓ Name and Address on file with Palmetto for the PTAN and Billing NPI

To verify this information, please contact Palmetto at (888) 355-9165.

WHICH FORM(S) SHOULD I DO?

- [Complete EDI Enrollment Packet](#)
 - Includes ALL forms and instructions necessary to enroll with Railroad Medicare.
 - Should be used by all new providers or those not sure of which individual forms to complete.
- [Railroad Medicare EDI Application](#)
 - When a provider switches from one clearinghouse to another, a new Railroad Medicare EDI Application must be completed to link the provider to the new clearinghouse's Submitter ID
- [Medicare EDI Enrollment Agreement](#)
 - For each unique Billing NPI (33A), there must be at least ONE EDI Enrollment Agreement form on file at Palmetto. When switching to a new clearinghouse, this form does not need to be completed again.
 - The form must be signed by the provider (if the form is for a solo doctor) or the president, CEO, or owner of the group (if the form is for a group).
- [Railroad Medicare Provider Authorization Form](#)
 - Every provider who authorizes a billing service and/or clearinghouse to act on their behalf must complete the Provider Authorization form. The form must be completed by the provider and submitted with the Railroad Medicare EDI Application.
 - The form must be signed by the provider (if the form is for a solo doctor) or the president, CEO, or owner of the group (if the form is for a group).

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form to (803) 382-2416; or
- Email the form to RREDI.ENROLL@PalmettoGBA.com

ELECTRONIC REMITTANCE ADVICE (ERA/835)

- In order to receive ERAs from Palmetto through Office Ally, make sure to check the "Electronic Remittance" box on the **Railroad Medicare EDI Application** and **Railroad Medicare Provider Authorization Form**. If you do not wish to receive ERAs through Office Ally, do not check this box.

WHICH PROVIDER NUMBER (PTAN) DO I USE ON THE FORM(S)?

- Use one (1) provider number (PTAN) per form.
- If you are a group, list only your group name, group NPI and group provider number (PTAN)
 - Never list the rendering provider information whenever this is being completed for a group.
- If you are an incorporated solo provider, list your corporation name, corporation NPI and corporation number.
- If you are a solo provider (not incorporated), list your provider name, solo NPI and solo provider number.

DO I NEED TO COMPLETE ALL FORMS?

- If you have NEVER submitted your Railroad Medicare claims through Palmetto electronically (through any clearinghouse), you must complete all forms:
 - Medicare EDI Enrollment Agreement
 - Railroad Medicare EDI Application
 - Railroad Medicare Provider Authorization form
- If you have submitted your Railroad Medicare claims through Palmetto electronically through another clearinghouse, you will only need to complete the below forms as the EDI Enrollment Agreement should already be on file.
 - Railroad Medicare EDI Application
 - Railroad Medicare Provider Authorization Form

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 4-6 weeks.

HOW DO I CHECK STATUS?

- Call Palmetto at (888) 355-9165 and ask if your PTAN and NPI have been linked to Office Ally's Submitter ID RR3426.
- Once notified of approval, you MUST contact Office Ally at (360) 975-7000 Option 1 PRIOR to submitting claims.



RRB Provider Contact Center
888-355-9165

RAILROAD MEDICARE PART B EDI ENROLLMENT PACKET

Attention: Please Read Before Completing Paperwork

Enrollment Submission

We are now accepting completed enrollment paperwork via fax or email.

FAX:
803-382-2416*

EMAIL:
RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

EDI Application Form

The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. You must submit an EDI Application Form when submitting the EDI Enrollment Agreement.

Email Enrollment Monitoring

Your email address will be the primary method of communication with Railroad EDI Operations. We will send you a Tracking Number via email that you can use to monitor your enrollment process through the website at www.palmettogba.com/RR. Be sure to include your email address on all EDI Enrollment forms. Please add @palmettogba.com and @bcbsc.com to your email contact list to ensure our emails are not filtered into your spam or junk mail folder.

Take Control of your Accounts Receivable and Become Compliant Now!

Sign up today to receive your remittances electronically and be ahead of the game. Download and print your remits more quickly. CMS is focused on increasing the number of providers who receive their remittances electronically and decreasing the printing and mailing costs associated with hardcopy remittances. Complete your forms today!

Support

If you have any question pertaining to electronic billing or the information contained in this package, please contact the Palmetto GBA RRB Provider Contact Center at 888-355-9165, Monday through Friday from 8:00 AM until 5:00 PM EST. When calling, please identify yourself as a Railroad Medicare provider. We look forward to assisting you with any questions you may have.

Thank you for your interest in Electronic Data Interchange!

USING ELECTRONIC DATA INTERCHANGE SERVICES

Palmetto GBA has prepared this packet for Railroad Medicare Part B submitters of electronic claims. It contains forms and explanations for each of the services offered by our Electronic Data Interchange (EDI) department. For further information regarding any of this material, please call the Palmetto GBA RRB Provider Contact Center at 888-355-9165.

If you are a provider waiting for a Railroad Medicare Provider Number or Provider Transaction Access number (PTAN), please wait before submitting any EDI forms! You must be assigned your Railroad Medicare Provider Number (PTAN) before completing any of the paperwork below. Call the Railroad Medicare Part B Provider Enrollment Department at 888-355-9165 or visit the Provider Enrollment section of our website for more information.

The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically, with limited exceptions.

For more information on Palmetto GBA EDI options, please visit the Palmetto GBA website at www.palmettogba.com/RR or email us at RRB.EDI@palmettogba.com. The CMS Electronic Billing & EDI Transactions Web page at <https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/index.html> also includes detailed information on EDI and the Administrative Simplification provision.

You can check the status of Palmetto GBA's EDI Systems by visiting the Palmetto GBA website. Under Electronic Data Interchange (EDI), choose "EDI System Status." A pop-up window will display the current status of several systems, including GPNNet, the EDI front-end. The pop-up window will automatically refresh every 60 seconds so you can keep it up during the day. We will update the EDI System Status window with information on any system-related issue. When a problem occurs, such as a delay with posting remittance files, a detailed informational message will appear below the system affected. This message will be updated until the problem has been corrected. Please visit this area on the Palmetto GBA website prior to calling the Palmetto GBA RRB Provider Contact Center with system status questions.

Please register on the Palmetto GBA website (www.palmettogba.com/RR) to receive EDI news electronically. By selecting "Email Updates" (which displays at the top of all pages) and completing a user profile, you will be notified via email when new or important EDI information is added to our website. If you have already registered, please ensure your profile has been updated for all applicable EDI categories, including the EDI topic located under the Railroad Medicare category. Users of Palmetto GBA-provided PC-ACE Pro32 or Medicare Remittance Easy Print (MREP) software should select the Palmetto GBA Software Users topic located under the General category. This category also includes a special topic created for Vendors, Clearinghouses and Billing Services.

This packet contains the following forms, in this order, along with instructions on how to complete each form. Below is a brief overview of each form. Please allow a processing time of approximately 15 business days. Remember – Palmetto GBA cannot process incomplete applications or agreements! Please fill in all appropriate blanks.

1. Railroad Medicare EDI Application Form
2. EDI Enrollment Agreement
3. Provider Authorization Form

1. RAILROAD MEDICARE EDI APPLICATION FORM

PLEASE NOTE: The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the Railroad Medicare Part B EDI Application Form for your records.** You must submit a completed EDI Application Form when submitting the EDI Enrollment Agreement.

A Submitter ID number is a unique identifier for electronic submitters. You must request a Submitter ID if you will be submitting claims directly to Palmetto GBA. However, if you are a provider and will be using a billing service or clearinghouse to submit your claims, do not complete this form. Billing services, not their customers, need electronic submitter numbers. Providers, Billing Services, Clearinghouses and Vendors must complete the EDI Application Form when requesting a change your current EDI setup.

Providers are not permitted to share their personal EDI access number (Submitter ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- Anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

GPNet is the HIPAA-compliant EDI gateway used by Palmetto GBA. The GPNet platform is available 24 hours a day, seven days a week. The real time editing system is down from 11:30 p.m. to 5:00 a.m. EST. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within 24 hours.

The *GPNET Communications Manual* includes information about connecting to Palmetto GBA's EDI Gateway. The *GPNet Communications Manual* is available for download from www.palmettogba.com/RR under Software & Manuals.

Note: Palmetto GBA supports file transfers via Network Service Vendors and CONNECT:Direct (also known as Network Data Mover or NDM).

2. EDI ENROLLMENT AGREEMENT

Every provider who submits electronic claims to Palmetto GBA, whether directly or through a billing service/clearinghouse must complete this agreement. Please indicate your Railroad Medicare provider or group number and your National Provider Identifier (NPI) so the contract may be logged correctly. Billing services should not complete the EDI Enrollment Agreement unless they are a Railroad Medicare Part B provider as well as a billing agency. Only one agreement per group is required.

Palmetto GBA EDI cannot process any of the enclosed forms for a provider without a completed EDI Enrollment Agreement on file. **All 3 pages of the EDI Enrollment Agreement are required for processing.**

Providers who have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the provider.

Providers are obligated to notify Medicare by hardcopy of:

- Any changes in their billing agent or clearinghouse
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse
- If the provider wants to begin to use additional types of EDI transactions
- Other changes that might impact their use of EDI

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Agreement does not expire if the person who signed the form for a provider is no longer employed by the provider.

3. PROVIDER AUTHORIZATION FORM

The purpose of the Provider Authorization Form is to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data. It is important that instructions are followed and that all required information is completed. This form is to be completed and signed by the provider. Forms completed and signed by a vendor, billing service or clearinghouse for a provider will not be processed. Incomplete forms will be returned to the applicant, thus delaying processing.

PLEASE NOTE: CR3875 requires that each provider be notified when a clearinghouse and/or billing service has requested access to the provider's claims, responses, electronic remittances or online services access.

Software Download Information

PLEASE NOTE: Palmetto GBA software can be downloaded from our website free of charge. For additional software information and download instructions, please visit www.PalmettoGBA.com/EDI and select Railroad Medicare. Software information and files are located under Software & Manuals. If you are unable to download the software from our web site, please call our RRB Provider Contact Center at 888-355-9165 for assistance.

PC-ACE Pro32 Claims Entry Software

Palmetto GBA offers PC-ACE Pro32, a claims-entry software that allows providers to enter their claims. Pro32 does *not* integrate into office systems such as accounts receivable, inventory or billing.

This software is **not** supported when installed on a network. The software should only be installed on a stand-alone PC.

Minimum system requirements for Pro32 include:

- SVGA monitor resolution (800 x 600)
- Windows 10, Windows 8.1, Windows 7 or Vista operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)
This free software can be downloaded from the Adobe website (www.adobe.com)

Medicare Remittance Easy Print (MREP) Software

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Remittance Easy Print (MREP) software to enable Medicare providers to view and print ASC X12 835 Electronic Remittance Advice. Using the HIPAA 835 files, MREP enables providers to view and print ASC X12 835 in the current Standard Paper Remittance (SPR) format Medicare uses. MREP provides the ability to view, search and print the 835 in a format providers are familiar with, as well as view and print special reports.

Providers who use MREP can print reports to reconcile accounts receivable as well as create documents that can be included with claim submission to Coordination of Benefits (COB) payers. MREP is available free to Medicare providers, and it can be installed on a personal computer (PC) or network.

Electronic Remittance

Electronic Remittances, downloaded from GPNet, duplicate the information contained on paper remittances. The current format for electronic remittances is the ASC X12 835 5010A1. Electronic Remittance can be requested by marking the appropriate box on the Railroad Medicare Part B EDI Application.

Palmetto GBA eServices (formerly Online Provider Services / OPS)

Palmetto GBA is pleased to offer eServices by Palmetto GBA, a **free Internet-based, provider self-service portal**. Our goal is to give the provider secure and fast access to their Medicare information seamlessly via our website through the eServices application. The eServices application provides information access over the Web for the following online services:

- Eligibility
- Claims Status
- Remittances Online
- Financial Information (payment floor and last three checks paid)

eServices will generally be available 24 hours a day, seven days week. Please visit the eServices webpage at www.PalmettoGBA.com/eServices for function availability and registration information. To be eligible to participate in eServices, you must have a completed a Railroad Medicare EDI Enrollment Agreement (included in the packet) that is actively on file with Railroad Medicare. An enrollment agreement processed by EDI will not automatically enroll a provider in eServices. eServices registration information is available online at www.PalmettoGBA.com/eServices. Only one Provider Administrator per EDI Enrollment Agreement related to a PTAN/NPI combination performs the registration.

Note: Palmetto GBA has the right to terminate any user's eServices access if suspicious or improper activity is suspected or determined.

Connectivity Options

To assist submitters in finding a Network Service Vendor (NSV) best suited to their needs, contact information for approved NSVs who have successfully tested with Palmetto GBA is posted on our website (under EDI Enrollment).

This list is updated periodically and is subject to change between publications. This list should not be construed as a recommendation or sponsorship by BlueCross BlueShield of South Carolina, Palmetto GBA, nor CMS, for any of the organizations that appear on the listing. Specific services and financial arrangements must be made between vendors and providers. Palmetto GBA will not be a party to any such arrangement. The posted listing is provided solely for your convenience.

Testing

Submitter testing is required to ensure that the flow of data from the submitter to Palmetto GBA works properly. Testing also ensures the data submitted is valid and formatted correctly. New submitters are required to test prior to sending their first production dataset. New submitters are also required to have completed the Palmetto GBA enrollment process prior to testing.

Begin testing once you have software and a Submitter ID. You must submit a minimum of 25 claims that are representative of your practice (they do not have to be "real" or current claims) and you must score

95% or better to get certified for “live” claims production. You should submit test claim files using your Railroad Medicare Provider Number (PTAN). Do not notify Palmetto GBA before you test – just start!

Response reports are available within 24 hours of transmission. Submitters should retrieve their reports, correct any errors, and re-submit the claims until a single file of at least 25 claims is 95% error free. You must contact the Palmetto GBA RRB Provider Contact Center at 888-355-9165 once you have successfully passed testing.

Notice to Billing Services

If you will be submitting claims for more than one provider and you do not have a financial relationship with those providers (other than a billing relationship), you will be classified as a billing service. Each provider must complete an EDI Enrollment Agreement. Palmetto GBA EDI Operations will verify claims submission and provider authorization. Please keep a blank copy of these forms in the event that you secure new clients:

1. EDI Enrollment Agreement (required)
2. EDI Application Form

Notice to Clearinghouses and Network Service Vendors

Clearinghouses and Network Service Vendors (NSVs) must use their own EDI Submitter ID /Receiver ID Number and password to submit and receive EDI transactions on behalf of providers. You may not use a number or password that has been assigned to a provider. If you currently use or have knowledge of an EDI Submitter ID or Receiver ID number and password issued to a provider by Palmetto GBA, you must disclose that information to the EDI Operations Department.

Clearinghouses and NSVs can submit or receive EDI Medicare transactions for providers who have filed an EDI Enrollment Agreement and EDI forms which authorizes the Clearinghouse or NSV to conduct specified transactions on their behalf. A Clearinghouse or NSV will be in violation of CMS and HIPAA privacy and security requirements for the following actions:

- Attempting to conduct EDI transactions for a provider that has not authorized it to perform such actions on their behalf
- Conducts an authorized transaction for a provider who did not request the specific transaction (such as submission of a request for eligibility data when that request was not originated by the provider identified as the source of the request)

Violators may be subject to penalties established by HIPAA and could lose all access rights to Medicare contractor systems nationally.

Clearinghouses and NSVs who do not translate non-HIPAA transactions or prepare claims are not permitted to read the content of data transmitted between a provider and Medicare, beyond accessing basic fields needed to determine inbound or outbound routing.

Change of Ownership, Address or Phone Number

When you have a change of ownership, you must notify Palmetto GBA by calling the Palmetto GBA RRB Provider Contact Center at 888-355-9165. If the change of ownership results in different Railroad Medicare provider number(s) or PTAN(s), please inform the EDI Support Team when you call.

You must also notify Palmetto GBA when you have a change of address or phone number. Please provide this information to us on your company letterhead and include your Submitter ID, NPI and Railroad Medicare Provider Number (PTAN), if applicable. Send your notice via fax or email to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

EDI APPLICATION FORM INSTRUCTIONS

The purpose of the **Railroad Medicare EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information for the services you are requesting is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

Please retain a copy of this completed form for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

Providers are not permitted to share their personal EDI access number (Submitter ID) or their password to:

- Any billing agent, clearinghouse/network service vendor
- To anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature, therefore the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

The field descriptions listed below will aid in completing the form properly.

Form Field Name	Instructions for Field Completion
Action Requested: Add New EDI Provider(s) Change/Update Delete Apply for New Submitter ID	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> • If you need to add additional providers to an existing Submitter ID, check Add New EDI Provider(s). • If you request to change/ update information about the Submitter, check Change/Update Submitter Information and be sure to include your current Submitter ID. • If you request to delete a provider(s), check Delete and be sure to include your submitter ID. • If you are a new applicant, check Apply for New Submitter ID. • If you are a new applicant, check Apply for New Receiver ID.
Date	Enter today's date.
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/additions should be applied.
ERN Receiver ID	The ERN Receiver ID is used to download electronic remittances. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID. For changes or additions, enter the ERN Receiver ID to which the change/additions should be applied.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Owner Name	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
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.

EDI Application Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

Form Field Name	Instructions for Field Completion
Fax	The Fax number of the Contact Person listed.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state, and ZIP code of the submitter.
Email Address	The Contact Person's email address. Note: This will be the primary method of communication. This email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Request Response Format	Check the format in which you will receive GPNet Claim 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	Enter the Vendor ID assigned by Railroad Medicare, if applicable.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.
Provider For Whom Submitter Will Be Transmitting	
Provider Name	List the provider whose bills will be submitted by the submitter named above.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.
Railroad Medicare Provider Number (PTAN)	List the provider number (PTAN) for whose bills will be submitted by the submitter named above.
NPI	Include the National Provider Identifier (NPI).
Enrollment Attached?	Indicate "Y" for Yes or "N" for No. A properly executed 3-page EDI Enrollment Agreement must be attached for the provider listed. Palmetto GBA will not activate a submitter ID for any provider without a properly executed EDI Enrollment Agreement.
Provider Authorization Form Attached?	Indicate "Y" for Yes or "N" for No. A provider authorization form is required to authorize a clearinghouse and/or billing service as an electronic submitter.
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 wishes to receive Electronic Remittances for the provider indicated. If this box is unchecked, the provider will be mailed hardcopy remittances.
Receive Reports:	Check this box if the submitter wants to receive response reports electronically for the provider indicated.

Once you have completed the application form, **please retain a copy for your records** and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be mailed within 15 business days of receipt of completed forms.

Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

EDI Application Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.



**Railroad Medicare
Electronic Data Interchange Application**

Action Requested: Add New EDI Provider(s) Change/Update Submitter Information
 Apply for New Submitter ID Apply for New Receiver ID Delete

Date: _____

Submitter ID: _____ ERN Receiver ID: _____

Submitter Name: _____

Owner Name: _____

Type of Submitter: Software Vendor Billing Service Provider Clearinghouse

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address*: _____

**Note: Email will be the primary method of communication.*

Request Response Format:	<input type="checkbox"/> File	<input type="checkbox"/> Report
Data Compression:	<input type="checkbox"/> PKZIP	<input type="checkbox"/> UNIX-Compress

Name of Software Vendor: _____

Vendor ID (if applicable): _____

Name of Network Service Vendor _____

Provider For Whom Submitter Will Be Transmitting:

Provider Name: _____ Tax ID: _____

Provider Email Address: _____

Railroad Medicare Provider Number (PTAN): _____ NPI: _____

Enrollment Attached? Yes No Provider Authorization Form Attached? Yes No

Submit Claims Receive Electronic Remittances Receive Reports

Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

Please retain a copy for your records. You must submit a completed EDI Application Form when submitting additional EDI forms.

EDI Application Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

EDI ENROLLMENT AGREEMENT INSTRUCTIONS

The Railroad EDI Enrollment Form (commonly referred to as the EDI Agreement) should be submitted when enrolling for electronic billing. It should be reviewed and signed by the provider, administrator or legal representative to ensure each provider is knowledgeable of the enrollment request and the associated requirements.

Providers that have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers.

Providers are obligated to notify Medicare by letter of:

- Any changes in their billing agent or clearinghouse.
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse.
- If the provider wants to begin to use additional types of EDI transactions.
- Other changes that might impact their use of EDI.

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software, the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Form does not expire if the person who signed the form for a provider is no longer employed by the provider.

General Instructions

- Please ensure that you include your **Railroad Medicare Provider Number (PTAN)** and **National Provider Identifier (NPI)** where requested on the EDI Enrollment Agreement. **Do not** enter your TAX ID Number.
- If a provider is a member of a group, only one agreement per group is required.
- If the submitter will be submitting for multiple providers, this form must be completed by *each* provider whose claim data will be submitted.
- The entire form must be read carefully, dated with day, month and year.
- The name of the provider must be printed in the space provided, an authorized officer's name (printed), authorized officer's title and *original* signature.
- When completed, the properly executed **3-page EDI Enrollment Agreement** must be returned *with* the **EDI Application** form.
- Completed forms must be faxed or emailed to:

Fax: **803**-382-2416*

Email: RREDI.ENROLL@PalmettoGBA.com

*Please ensure you enter area code **803** when dialing our fax number.

Note: If the submitter will be an entity other than the provider, the submitter must complete the Railroad Part B EDI Application form and the provider must complete the EDI Enrollment Agreement. The EDI Application form must be returned with the EDI Enrollment Agreement enclosed for each applicable provider.

EDI Agreement Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

IMPORTANT NOTICE PLEASE READ

The address shown on the EDI Enrollment Agreement must match the address that was submitted to our Provider Enrollment Department when enrolling for a Railroad Medicare Provider Number (PTAN). If the address on the completed EDI Enrollment Agreement *does not* match, your entire EDI Enrollment Packet will be rejected and notification will be sent to the email address on the EDI Application Form.

The **National Provider Identifier (NPI)** must be printed in the space provided on the EDI Enrollment Agreement. If this information is missing, the **EDI Enrollment Agreement will not be processed.**

EDI Agreement Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

MEDICARE ELECTRONIC DATA INTERCHANGE ENROLLMENT AGREEMENT

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS' A/B MACs or CEDI:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents;
2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its A/B MACs, DME MACs or CEDI without the express written permission of the Medicare 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, or as required by State or Federal law;
3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file;
4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - 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 A/B MAC, DME MAC, CEDI or other contractor if designated by CMS 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 authorization and 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 primary payment have been developed for other insurance involvement and that Medicare is 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 6 years, 3 months after the bill is paid;
9. That it will affix the CMS-assigned unique identifier number (submitter ID) of the provider on each claim electronically transmitted to the A/B MAC, CEDI or other contractor if designated by CMS;

10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed;
11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access;
12. 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 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;
13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its A/B MAC, DME MAC, CEDI or other contractor if designated by CMS shall not be used by agents, officers, or employees of the billing service except as provided by the A/B MAC, DME MAC or CEDI (in accordance with §1106(a) of Social Security Act (the Act)).
14. That it will research and correct claim discrepancies.
15. That it will notify the A/B MAC, CEDI, or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form

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

1. Transmit to the provider an acknowledgment of claim receipt;
2. Affix the A/B MAC, DME MAC, CEDI or other contractor if designated by CMS 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 A/B MAC, CEDI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the A/B MAC, CEDI or from any subsidiary of the A/B MAC, CEDI, other contractor if designated by CMS, or from any company for which the A/B MAC, CEDI has an interest. The A/B MAC, CEDI, or other contractor if designated by CMS 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 A/B MACs, CEDI, or other contractors if designated by CMS 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 sold directly, indirectly, or by arrangement by the A/B MAC, CEDI, or other contractor if designated by CMS;
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form;

Note: 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 claims are submitted to the A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS. 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 certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.) and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with Palmetto GBA on my behalf.

Provider Name: _____

Address: _____

City/State/ZIP: _____

Authorized Signature: _____

By (Print Name): _____

Title: _____

Email: _____

Date: _____ Railroad Medicare Provider Number (PTAN): _____

National Provider Identifier (NPI): _____

Complete ALL fields above and submit via fax or email the entire agreement (three pages) with *original* signature and *with* a copy of the **EDI Application form** to:

Fax: **803-382-2416**

Email: RREDI.ENROLL@PalmettoGBA.com

PROVIDER AUTHORIZATION FORM INSTRUCTIONS

The purpose of the form is to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data. It is important that instructions are followed and that all required information is completed. This form is to be completed and signed by the provider. Forms completed and signed by a vendor, billing service or clearinghouse for a provider will not be processed. Incomplete forms will be returned to the applicant, thus delaying processing.

Please retain a copy of this completed form for your records.

You must submit a completed EDI Application Form when submitting this form. The Provider Authorization form must be completed and signed by the Provider.

The field descriptions listed below will aid in completing the notice properly.

Form Field Name	Instructions for Field Completion
Action Requested	Indicate the type of service(s) you are authorizing the Submitter to access. Check all that apply.
Provider Name	List the provider name for which this Provider Authorization Form is being completed. This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email Address	The email address of the provider to receive EDI notifications.
Railroad Medicare Provider Number (PTAN)	List the provider number (PTAN) whose Medicare claims, electronic remittances or response reports will be accessed by the submitter listed on the EDI Application.
NPI	Indicate the National Provider Identifier (NPI).
Name/Title	The name and title of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.
Address	The mailing and/or the physical address of the provider. (Only one valid address has to be submitted.)
City, State, ZIP	The city, state and ZIP code of the provider.
Phone Number	The area code and phone number of the Contact Person listed.
Submitter's Name	The name of the Submitter you are authorizing for the above services.
Signature	The signature of the listed provider's authorized contact.
Date	The date the form was signed.

Provider Authorization Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.



**Railroad Medicare
Provider Authorization Form**

This form must be completed and signed by the Provider ONLY.

Action Requested: Electronic Claims Submissions Electronic Remittance
 Electronic Response Reports

Provider for whom Submitter will be granted access:

Provider Name: _____

Tax ID: _____

Provider Email Address: _____

Railroad Medicare
Provider Number (PTAN): _____ NPI: _____

Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Submitter Name: _____

I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization.

Signature: _____ Date: _____

Please complete, sign and submit this form via fax or email, with the EDI Application Form, to:

Fax: **803**-382-2416

Email: RREDI.ENROLL@PalmettoGBA.com

Provider Authorization Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.