

**WHICH FORMS SHOULD I COMPLETE?**

Complete the First Coast Services Options **Electronic Data Interchange (EDI) Enrollment Form** if you are enrolling for 837 Claims and/or 835 Remittance.

- General Information:
  - Contract/State: **PR**
  - Line of Business: **Part B (Professional)**

**HOW DO I ENROLL TO RECEIVE ERAS?**

- If you do not want to make any changes to your current ERA setup:
  - You must click the **Maintain existing ERA setup** box and in the following box section **Maintain Existing Submitter/Receiver ID**, type in **Maintain All**. Failure to complete this step can result in a disruption to your current ERA connection.
- If you would like to set up your ERA alongside your EDI enrollment:
  - In the **Electronic Remittance Advice (ERA)** section, choose **Assign ERA to an existing submitter/receiver ID: P4888**.
- If you are only requesting to update the ERA route to Office Ally:
  - Under **Type of Request** check the box for ERA Change. In the **Electronic Remittance Advice (ERA)** section, choose **Assign ERA to an existing submitter/receiver ID: P4888**

**WHERE SHOULD I SEND THE FORM(S)?**

- Email to [MedicareEDI@fcso.com](mailto:MedicareEDI@fcso.com)

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time can take up to 30 business days

## HOW DO I CHECK STATUS?

- Call (888) 670-0940 and ask if you have been linked to Office Ally's Submitter ID **P4888**.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**





## Agreement

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

### The Provider Agrees:

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 Medicare beneficiary identifier, 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 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 identifier) 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 the 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.

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

1. Transmit to the provider an acknowledgement 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's 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 contractor 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 agreement 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.

If Providers elect to submit/receive transactions electronically using a third party such as a billing agent or a clearinghouse, the A/B MACs or CEDI must notify these providers that they are required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. (These agreements are not to be submitted to Medicare but are to be retained by the providers.)

## Attestation

Any provider who submits Medicare claims electronically to CMS or its contractors remains responsible for those claims as those responsibilities are outlined on the EDI Enrollment. In accepting claims submitted electronically to the Medicare Program from any billing service or through the use of a particular product which accomplishes this process, neither CMS, nor any other Medicare contractors are attesting to the appropriateness of the methods used by the billing service/clearinghouse or to the accuracy of a particular vendor's product used to facilitate such electronic submissions. The provider furnishing the item or service for whom payment is claimed under the Medicare Program retains the responsibility for any claim regardless of the format it chooses to use to submit the claim.

Prior to signing this agreement, please carefully review the technical requirements for electronic billing in our companion guides: [medicare.fcso.com/EDI\\_resources/](http://medicare.fcso.com/EDI_resources/)

New EDI submitters must connect to First Coast Service Options within 90 days of receiving the logon ID by using the Secure File Transfer Protocol (SFTP) software provided by your [Network Service Vendor](#).

I understand that any individual who knowingly and willfully makes or causes to be made any false claim or false statement of false representation of a material fact in any application to the federal government for benefits or payment with respect to the Medicare program may be subject to civil and/or criminal enforcement action which may result in fines, penalties, damages and/or imprisonment.

## Authorized/Delegated Official Signature Requirements

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 First Coast Service Options on my behalf.

**By signing below, the provider confirms they have read and agree to the Agreement, the Attestation, and the above signature requirements.**

**\*The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855). Clearinghouse and Billing Service representatives are not permitted to sign for the provider.**

## Required Signature

**\*Required: Complete ALL signature information**

*Written Signature of Person Submitting Enrollment (add after you print the form)	*Date (mm/dd/yyyy)
*Printed Name of Person Submitting Enrollment	*Printed Title of Person Submitting Enrollment:

**Complete form, print, sign, date, and email (recommended), mail, OR fax all pages to:**

**Email: MedicareEDI@fcso.com**

**Fax: (904) 361-0470**

**Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861**

**Allow two weeks for processing. Please do not send duplicate forms.**

## Reference Materials

Carefully follow the [block-by-block instructions](#) for completing this form. Carefully follow the block-by-block instructions for completing this form.

For questions, please contact an EDI Analyst at:

Florida/US Virgin Islands: 888-670-0940  
Puerto Rico: 888-875-9779  
Fax: 904-361-0470  
Email: [MedicareEDI@fcso.com](mailto:MedicareEDI@fcso.com)

## SPOT

The Secure Provider Online Tool (SPOT) is a free web-based application that provides access to an abundance of Medicare data and lets users view the status of claims and the benefits/eligibility data of beneficiaries. Users can also easily look up a Medicare Beneficiary Identifier (MBI), retrieve documentation, and electronically submit forms. Finally, users can search payment history data and request data reports, and new SPOT features are always being added. For additional information, visit <https://medicare.fcso.com/Landing/0399472.asp>.