

Medicare EDI Guided Enrollment

Entry Process Questions:

I need to complete a Registration Form (includes EDI Part A & Part B scenarios such as claims and remits.)

Method of Electronic Submission: Clearinghouse

Clearinghouse Contact Information:

Clearinghouse Contact Name: Cecilia Jefferson

Clearinghouse Contact Email: Cecilia.jefferson@optum.com

General Information:

Check if Corporate Office

Entity Name:

Street Address:

City:

State:

Zip:

Telephone Number:

Contact Name:

Title:

Email Address:

Contractor Code: 14112 – JK Part B ME

PTAN / NPI Information:

Is the address the same as above? (please circle one) Yes No

Primary PTAN:

Primary NPI:

Do you have additional PTAN / NPI's? (please circle one) Yes No

If yes, please list them here:

Please select one of the following:

- Setup (or change your setup) for sending claims electronically
- Setup (or change your setup) for sending Health Care Claim Status Request and Response files electronically

Medicare EDI Registration Form

Section I - Action:

Action: Link to Third Party

Submitter Type: Clearinghouse

Trading Partner ID: 1662

Select Transactions Authorized for This Submitter:

- ASC X12 837 Claims
- ASC X12 276 / 277 Claims Status & Response

Section II – Provider / Facility Information:

Check if Corporate Office

Entity Name:

Street Address:

City:

State:

Zip:

Telephone Number:

Contact Name:

Title:

Email Address:

Contractor Code: 14112 – JK Part B ME

Section III – PTAN / NPI Information:

Primary PTAN:

Primary NPI:

Provider / Facility Name:

Provider / Facility Address:

City:

State:

Zip:

Telephone Number:

Email Address:

Medicare EDI Registration Form (page 2)

Section IV – Clearinghouse Information:

Clearinghouse Name: Optum

Clearinghouse Street Address: 1755 Telstar Drive, Suite 400

Clearinghouse City: Colorado Springs **State:** CO **Zip:** 80920

Telephone Number: (800) 341-6141

Clearinghouse Contact Name: Cecilia Jefferson

Clearinghouse Contact Email: Cecilia.jefferson@optum.com

Terms and Conditions:

- I certify that I have been duly and legally authorized to sign this form
- I understand that I am using electronic means to sign this document, and I consent to signing this document electronically.
- I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the “Electronically Sign” button will constitute my electronic signature.
- I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned ID’s and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access.
- I understand that unauthorized use of, or access to, information contained on this website may constitute a violation of state and federal law. I understand all use and/or access to this website is subject to monitoring.

Authorized Official’s Name: _____

Authorized Official’s Title: _____

Authorized Official’s Signature: _____

Date of Signature: _____

Medicare EDI Enrollment Agreement Form

Section I - Provider / Facility Information:

Check if Corporate Office

Entity Name:

Street Address:

City:

State:

Zip:

Telephone Number:

Contact Name:

Title:

Email Address:

Contractor Code: 14112 – JK Part B ME

Section II – PTAN / NPI Information:

Primary PTAN:

Primary NPI:

Provider / Facility Name:

Provider / Facility Address:

City:

State:

Zip:

Telephone Number:

Terms and Conditions:

- I certify that I have been duly and legally authorized to sign this form
- I understand that I am using electronic means to sign this document, and I consent to signing this document electronically.
- I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature.
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- I understand that unauthorized use of, or access to, information contained on this website may constitute a violation of state and federal law. I understand all use and/or access to this website is subject to monitoring.
- I have read, understand, and accept the attached Terms and Conditions.

Authorized Official's Name: _____

Authorized Official's Title: _____

Authorized Official's Signature: _____

Date of Signature: _____

Medicare EDI Enrollment Terms and Conditions

Terms and Conditions (continued):

A. The provider agrees to the following provisions for submitting Medicare claims:

- That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents. It will establish and maintain procedures and controls so that information concerning Medicare and/or Section 1011 beneficiaries, or any information obtained from CMS or its contractors, shall not be used by agents, officers, or employees of a business associate except as provided by the contractor (in accordance with §1106(a) of the Social Security Act (the Act));
- That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all electronic transmissions are authorized and protect all beneficiary-specific data from improper access;
- That it will notify the contractor or CMS within two business days if any transmitted data are received in an unintelligible or garbled form
- The provider agrees to the following provisions for submitting and retrieving/receiving Medicare and/or Section 1011 information electronically to/from CMS or CMS contractors: a) That it will be responsible for all Medicare and/or Section 1011 transactions submitted to CMS by the provider, its employees, or its business associates; b) That it will not disclose any information concerning a Medicare and/or Section 1011 beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare/Section 1011 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 and/or Section 1011, or as required by State or Federal law; c) That it will submit claims only on behalf of those Medicare and/or Section 1011 beneficiaries who have given their written permission to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file; d) That it will submit/request electronic transactions on only those beneficiaries with whom the provider has a professional relationship; e) That the CMS-assigned unique identifier number (submitter identifier) constitutes the provider's legal electronic signature and when used for claims submission, it constitutes an assurance by the provider that services were performed as billed; f) That it will ensure that every electronic claim can be readily associated and identified with an original source document. Each source document must reflect the following information (except if not required for Section 1011): Beneficiary's name; Beneficiary's health insurance claim number; Date(s) of service; Diagnosis/nature of illness; and Procedure/service performed; 10/17/2015 V1.8 2
- That the Secretary of Health and Human Services or his/her designee and/or the CMS contractor 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 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
- That it will ensure that all claims for Medicare or Section 1011 primary payment have been developed for other insurance involvement and that Medicare/Section 1011 is indeed the primary payer
- That it will submit claims that are accurate, complete, and truthful
- That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least six years, three months after the bill is paid, or, for Section 1011 beneficiaries, in accordance with the Section 1011 Final Policy Notice
- That it will research and correct claim discrepancies
- That it will affix the CMS-assigned unique identifier number (submitter identifier) of the provider on each claim electronically transmitted to the CMS contractor
- 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 or Section 1011 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
- That if it chooses to participate in electronic remittance transactions it will notify the CMS contractor of any changes in third-party services that it has authorized to access this information on their behalf via the EDI Enrollment form;
- That if it chooses to use a Network Service vendor for eligibility verification transactions it will notify the CMS contractor of any changes in third-party service arrangements via the EDI Enrollment form;

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

- Transmit to the provider an acknowledgment of claim receipt;
- Affix the CMS contractor number, as its electronic signature, on each remittance advice sent to the provider;
- Ensure that payments to providers are timely in accordance with CMS' policies;
- Ensure that no CMS contractor may require the provider to purchase any or all electronic services from the CMS contractor or from any subsidiary of the CMS contractor or from any company for which the CMS contractor has an interest. The carrier or FI will make alternative means available to any electronic biller to obtain such services;
- Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare contractors 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 the CMS contractor sells directly, or indirectly, or by arrangement;
- Notify the provider within two business days if any transmitted data are received in an unintelligible or garbled form.