Railroad Medicare EDI Application Form Instructions

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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.

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

Form Field Name	Instructions for Field Completion
Action Requested	Indicate the action to be taken on the application form. • **Add Provider to an existing Submitter of Receiver-** select i**f** you need to add additional providers to an existing submitter ID. • **Change/Update Submitter Information** – select if you request to change or update information about the Submitter. Be sure to include your current Submitter ID. • **Delete** – select if you request to delete a provider. Be sure to include your submitter ID. • **Apply for New Submitter ID** – select if you are a new direct submitter. • **Apply for New Receiver ID** – select if you would like to request a Receiver ID to download electronic remittances. This option is available for North Carolina Part A and Virginia Part B only. • **Apply for New Submitter ID and Receiver ID** – select if you would like to request a Submitter ID and Receiver ID. This option is available for North Carolina Part A and Virginia Part B only.
Date	Please enter the date the application is completed.
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.
Type of Submitter	Please select from the drop-down list
EDI 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.
Fax	The fax number for this submitter.
Address	The mailing address of the submitter.
City, State, ZIP	The city, state and ZIP code of the submitter.
Submitter Email Address	The email address of the contact person listed. Note: This will be the primary method of communication. The email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.
Report Response Format	Select the format in which you will receive GPNet Claims Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, select from the drop-down list which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Include Vendor ID number if known.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.

Form Field Name	Instructions for Field Completion
Providers Information	
If this is a group practice, enter the group name, group PTAN and group NPI on all forms.	
Provider Name	List the provider whose bills will be submitted by the submitter named above. If this is a group practice, please enter the group name, group PTAN and group NPI on all forms.
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.
Provider Number	Indicate the Railroad Medicare Provider Number (PTAN).
NPI	Include the National Provider Identifier (NPI).
Action Requested	• **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 wants to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances.
Provider Authorization	
This section must be completed by a provider to authorize a clearinghouse and/or billing service as their electronic submitter and recipient of electronic claims data.	
Name	The name of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.
Title	The title of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.
Signature	The signature of the listed provider's authorized contact.
Date	Please enter the date the application is completed.
Action Requested	Indicate the type of service(s) you are authorizing the Submitter to access. Check all that apply.

Once you have completed the application form, **please retain a copy for your records** and fax or email the original to the fax number or email address listed below. Your Submitter ID (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.

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Railroad Medicare EDI Enrollment (Agreement) Form Instructions

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

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 Form.
- If the submitter will be submitting for multiple providers, this form must be completed by *each* provider whose claim data will be submitted.
- If a provider is a member of a group, only one agreement per group is required.
- 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 signature.
- When completed, the properly executed *2-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 EDI Application form and the provider must sign the EDI Application and complete the EDI Enrollment Form. The EDI Application form must be returned with the EDI Enrollment Agreement Form for each provider unless requesting eServices access only.

IMPORTANT NOTE

The address shown on the EDI Enrollment Form 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 Form does not match, your EDI Enrollment forms will be rejected and notification will be sent to the email address on the EDI Application Form.