# 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:**<br>Add New EDI Provider(s)<br>Change/Update<br>Delete<br>Apply for New Submitter ID | Indicate the action to be taken on the application form.<br>• If you need to add additional providers to an existing Submitter ID, check **Add New EDI Provider(s)**.<br>• If you request to change/ update information about the Submitter, check **Change/Update** and be sure to include your current Submitter ID.<br>• If you request to delete a provider(s), check **Delete** and be sure to include your submitter ID.<br>• If you are a new applicant, check **Apply for New Submitter ID**.<br>• 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. |
| **Fax** | The Fax number of the Contact Person listed. |

| Form Field Name | Instructions for Field Completion |
|---|---|
| **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.** |
| **Claim Submission Mode of Communication** | There are three available modes of communication that can be used for claim submission: **Check only one**.<br>• **GPNet**: Asynchronous communication with the Gateway<br>• **Connect Direct – NDM**: Network Data Mover<br>• **Dial-up FTP**: File transfer protocol transmission via GPNet-not Internet |
| **Report/Electronic Remittance Retrieval Mode of Communication** | Check **only one** mode of communication that will be used.<br>• **GPNet Asynchronous** should be checked for asynchronous communication with Palmetto GBA's GPNet.<br>• **CONNECT:Direct** (NDM) should be checked for report retrieval via GPNet.<br>• **Dial-up FTP** should be checked for file transfer protocol report retrieval via GPNet. |
| **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. |
| **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** | List the provider 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**. |
| **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 20 business days of receipt of completed forms.

Completed forms must be mailed to us at                    or faxed to

      Palmetto GBA EDI Operations           803-382-2416
      PO Box 10066
      Augusta, GA  30999-0001

# Railroad Medicare
## Electronic Data Interchange Application

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

**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.

| | | |
|---|---|---|
| **Claim Submission Mode of Communication:** | ☐ GPNet Asynchronous<br>☐ Connect Direct: (NDM) | ☐ Dial-up FTP |
| **Report/Electronic Remittance Mode of Communication:** | ☐ GPNet Asynchronous<br>☐ Connect Direct: (NDM) | ☐ Dial-up FTP |
| **Request Response Format:** | ☐ File      ☐ Report | |
| **Data Compression:** | ☐ PKZIP      ☐ UNIX-Compress | |

**Name of Software Vendor:** _____

**Vendor ID (if applicable):** _____

**Provider For Whom Submitter Will Be Transmitting:**

**Provider Name:** _____      **Tax ID:** _____

**Provider Email Address:** _____

**Provider Number:** _____      **NPI:** _____

**Enrollment Attached?**   ☐ Yes   ☐ No

☐ Submit Claims      ☐ Receive Electronic Remittances      ☐ Receive Reports

Completed forms must be mailed to us at                    or faxed to

   Palmetto GBA EDI Operations          803-382-2416
   PO Box 10066
   Augusta, GA  30999-0001

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