J1 EDI Application Form Instructions

The purpose of the **J1 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 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. There are two (2) pages to the application form. The first page is required and the second page should be used only if additional providers need to be listed.

Form Field Name	Instructions for Field Completion
Line of Business Information	• Indicate the line of business and states for which you will be transmitting. Select all that apply to this request.
Action Requested: Add Provider(s) Change/Update Submitter Information Delete Apply for New Submitter ID	Indicate the action to be taken on the application form. • If you need to add additional providers to an existing submitter ID, check **Add Provider(s)**. • If you request to change or 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**.
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 if requested. For changes or additions, enter the Submitter ID to which the change/additions should be applied.
Date	Please enter the date the application is completed.
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(s)	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
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 location.
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. 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 four available modes of communication modes that can be used for claim submission. Check **only one**. • **GPNet**: Asynchronous communication with the Gateway • **Connect Direct – NDM**: Network Data Mover • **Dial-up FTP**: File transfer protocol transmission via GPNet – not Internet. • **Leased FTP:** File transfer protocol transmission via the Internet or Network-based connection.

Form Field Name	Instructions for Field Completion
Report / Electronic Remittance Retrieval Mode of Communication	Check **only one** mode of communication that will be used. • **GPNet Asynchronous** should be checked for asynchronous communication with Palmetto GBA's GPNet. • **CONNECT:Direct (NDM)** should be checked for report retrieval via GPNet • **Dial-up FTP** should be checked for file transfer protocol report retrieval via GPNet. • **Leased FTP:** File transfer protocol transmission via the Internet or Network-based connection.
Report Response Format	Check the format in which you will receive GPNet Claims Acceptance Reponses.
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 Security ID	Include Vendor ID number if known.
Providers For Whom Submitter Will Be Communicating Electronically:	
Provider Name	List each provider whose bills will be submitted by the submitter named above. (If additional providers need to be listed, indicate each one separately on the *Multiple Providers List* form.) This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
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 Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Enrollment Form Attached: Y/N	Indicate "Y" for Yes or "N" for No. A properly executed 3-page **EDI Enrollment Agreement** must be attached for *each* provider listed. **Palmetto GBA will not activate a submitter ID for any provider without a properly executed enrollment form**.
Provider Authorization Form Attached: Y/N	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 and recipient of electronic claims data.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Reports	Check this box if the submitter wants to receive response reports electronically for the provider indicated.
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.
Online Inquiry	Check this box if the submitter currently uses or plans to use the Online Inquiry Services (DDE or PPTN). Note: The Online Inquiry Form must be submitted if this option is selected.

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 processed within 20 business days of receipt of completed forms. Submit completed form to:

> Palmetto GBA
> J1 EDI Operations, AG-420
> PO Box 100145
> Columbia, SC 29202-3145

Palmetto GBA
PARTNERS IN EXCELLENCE℠

Jurisdiction 1
Electronic Data Interchange Application

Line of Business Information: ☐ Part A ☐ Part B

☐ **CA**   ☐ **NV**   ☐ **HI** *(Note: Includes Samoa, Guam and Northern Mariana Islands)*

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

Submitter ID (if available)**:** _____   **Date:** _____

Submitter Name: _____

Owner Name: _____

Type of Submitter: ☐ **Software Vendor** ☐ **Billing Service** ☐ **Provider** ☐ **Clearinghouse**

EDI Contact Person: _____

Phone: _____   **Fax:** _____

Address: _____

_____

City: _____ **State:** _____ **ZIP:** _____

Submitter Email Address: _____

Note: Email will be the primary method of communication.

Claim Submission **Mode of Communication:**	☐ **GPNet Asynchronous** ☐ **CONNECT: Direct (NDM)**	☐ **Dial-up FTP** ☐ **Leased FTP**
Report / Electronic Remittance **Retrieval Mode of Communication:**	☐ **GPNet Asynchronous** ☐ **CONNECT: Direct (NDM)**	☐ **Dial-up FTP** ☐ **Leased FTP**
Report Response Format:	☐ **File**	☐ **Report**
Data Compression:	☐ **Uncompressed (GPNet Default)** ☐ **PKZIP**	☐ **UNIX-Compress**
Name of Software Vendor:		**Vendor Security ID:**

Providers for Whom Submitter Will Be Transmitting:

Provider Name: _____

Provider Email Address: _____

Provider Number: _____ **NPI:** _____

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

☐ **Submit Claims** ☐ **Receive Reports** ☐ **Receive Electronic Remittances** ☐ **Online Inquiry Services**

Submit completed form   Palmetto GBA   **Please retain a copy for your records.**
to: J1 EDI Operations, AG-420 You must submit a completed EDI
                              PO Box 100145   Application Form when submitting
                              Columbia, SC 29202-3145   additional EDI forms.

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.

Palmetto GBA
PARTNERS IN EXCELLENCE ℠

Jurisdiction 1
Electronic Data Interchange Application

Multiple Providers List

Date: _____

PROVIDERS FOR WHOM SUBMITTER WILL BE TRANSMITTING:

Provider Name: _____

Provider Email Address: _____

Provider Number: _____ **NPI:** _____

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

☐ Submit Claims   ☐ Receive Reports   ☐ Receive Electronic Remittances   ☐ Online Inquiry Services

---

Provider Name: _____

Provider Email Address: _____

Provider Number: _____ **NPI:** _____

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

☐ Submit Claims   ☐ Receive Reports   ☐ Receive Electronic Remittances   ☐ Online Inquiry Services

---

Provider Name: _____

Provider Email Address: _____

Provider Number: _____ **NPI:** _____

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

☐ Submit Claims   ☐ Receive Reports   ☐ Receive Electronic Remittances   ☐ Online Inquiry Services

---

Provider Name: _____

Provider Email Address: _____

Provider Number: _____ **NPI:** _____

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

☐ Submit Claims   ☐ Receive Reports   ☐ Receive Electronic Remittances   ☐ Online Inquiry Services

Please mail this form to: **Palmetto GBA**
J1 EDI Operations, AG-420
PO Box 100145
Columbia, SC 29202-3145

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

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.