J11 Direct Data Entry (DDE) Enrollment Form

DDE for Part A Customers

Direct Data Entry (DDE) is an online computer inquiry system that provides easy and immediate access to claims processing and beneficiary eligibility information for Medicare Part A providers. *Each user must have an individual* **DDE or User ID**. You must include an individual's name with each user ID requested. *For security reason, you should not share your* **DDE User ID**. One ID can access multiple provider numbers.

There are two (2) pages to the application form. The first page is required and the second page should be used only if additional DDE ID action requests need to be listed.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting.
Submitter ID	Enter the Submitter ID if available. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested.
Date	Please enter the date the application is completed.
Entity Name	Enter the name of the entity (provider, corporate office, vendor, billing service or clearinghouse) who is requesting the DDE ID.
Type of Entity	Check the appropriate box.
EDI Contact Person	The name EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the online inquiry services form.
Phone	The area code and phone number of the Contact Person listed on this form.
Fax	The fax number for this location.
Address	The mailing address of the entity.
City, State, ZIP	The city, state and ZIP Code of the entity.
Email Address	The email address of the contact person listed. Note: This will be the primary method of communication.
Provider Name PTAN NPI	List each provider for whom Online Inquiry Services access is being requested. (If additional room is needed, please attach a list of PTANs and NPIs)
Action Requested: Requesting New ID Delete Existing ID Delete PTAN(s) from Existing ID Add PTAN(s) to Existing ID Reinstate/Reactivate Existing ID	Check **only one** request for the individuals listed below: ▪ **Requesting New ID** – Check this box if you are requesting an ID for an individual who has never had a DDE ID established for them by either Palmetto GBA or another Medicare contractor. ▪ **Delete Existing ID** – Check this box to delete the DDE ID assigned to the individual. ▪ **Delete PTAN(s) from Existing ID** – Check this box to remove the Providers listed on this form from the DDE ID assigned to the individual listed. ▪ **Add PTAN(s) to Existing ID** – Check this box to add the Providers listed on this form to the DDE ID assigned to the individual listed. ▪ **Reinstate/Reactivate Existing ID -** Check this box if you are requesting to Reinstate/Reactivate a DDE ID that was established for the individual listed either by Palmetto GBA or another Medicare contractor. **NOTE: Please make sure to include the PTAN(s) to be linked to the Reinstate/Reactivated ID.**

Form Field Name	Instructions for Field Completion
First Name **MI** **Last Name** **Existing ID/PIN** **Email Address**	▪ Please list the name of the person for whom the DDE ID is or will be assigned by Palmetto GBA. Full name including middle initial is required before a DDE ID can be assigned. ▪ Each person accessing Online Inquiry Services must have his or her own unique ID. If the individual was previously assigned an ID, please include that ID in the Existing ID field and the personal identification number (PIN). NOTE: We cannot accept a "generic" name for a DDE Online Inquiry Services ID. ▪ Email-address of the individual.

Submit completed DDE Online Inquiry Services Form via mail or fax to:

Mailing address: Fax number:

Palmetto GBA   EDI Part A: 803-699-2429
J11 EDI Operations, AG-420   EDI Part B: 803-699-2430
PO Box 100145
Columbia SC 29202-3145

Important Note: As part of our security recertification process, providers are required to certify user access biannually. If this recertification information is not verified and returned, access will be terminated.

PALMETTO GBA.
A CELERIAN GROUP COMPANY

DDE Enrollment Form

Line of Business Information: ☐ SC Part A   ☐ NC Part A   ☐ HHH

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

Entity Name: _____

Type of Entity: ☐ Individual Provider   ☐ Corporate Office   ☐ Vendor
                 ☐ Billing Service   ☐ Clearinghouse

EDI Contact Person: _____

Phone: _____ **Fax:** _____

Address: _____

_____

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

Email Address: _____

Note: Email will be the primary method of communication.

List all Medicare Provider Transaction and Access Numbers (PTANs) and National Provider Identifiers (NPIs) (if additional room is needed, please attach a list of PTANs and NPIs)

Provider Name	PTAN	NPI

Provide a list of individuals requiring access (full name including middle initial is required before an ID can be assigned). NOTE: We cannot accept a "generic" name for DDE User IDs. The person(s) whose name is given will be assigned a DDE User ID and that person(s) will be responsible for all activities in the system under that DDE User ID. Any changes related to the assigned DDE User ID should be communicated to Palmetto GBA by contacting the Technology Support Center toll-free at 855-696-0705.

Action Requested :
☐ **Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor**
☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**
☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

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     Mailing address: Fax number:

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Note: Please retain a copy of this form for your records.

DDE Enrollment Form

PALMETTO GBA.
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Action Requested :

☐ **Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor**

☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**

☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested :

☐ **Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor**

☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**

☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested :

☐ Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor

☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**

☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested :

☐ **Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor**

☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**

☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested :

☐ **Requesting New ID – User has never had a DDE ID from Palmetto GBA or another contractor**

☐ **Delete Existing ID**   ☐ **Delete PTAN(s) from Existing ID**

☐ **Add PTAN(s) to Existing ID**   ☐ **Reinstate/Reactivate Existing ID and add PTAN(s)**

First Name	MI	Last Name	Existing ID/PIN	Email

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Mailing address: Fax number:

Palmetto GBA   EDI Part A: 803-699-2429
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PO Box 100145
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J11 EDI Application Form Instructions

The purpose of the **J11 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 state 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 Apply for New Receiver 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**. • If you are a new applicant, check **Apply for New Receiver ID** (This option is available for North Carolina Part A and Virginia Part B only).
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.
Receiver ID	**This option is available for North Carolina Part A and Virginia Part B only.** The receiver ID is used by the remittance receiver to download remittance advices/notices via 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 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(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.

Form Field Name	Instructions for Field Completion
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.
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 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	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.
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 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). Note: The Online Inquiry Form must be submitted if this option is selected. (Part A only)

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.

Completed forms must be mailed to us at   or faxed to

      Palmetto GBA   EDI Part A: 803-699-2429
      J11 EDI Operations, AG-420   EDI Part B: 803-699-2430
      PO Box 100145
      Columbia SC 29202-3145

J11 EDI Application

PALMETTO GBA
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Line of Business Information: ☐ SC Part A   ☐ NC Part A   ☐ HHH
☐ SC Part B   ☐ NC Part B   ☐ VA Part B   ☐ WV Part B

Action Requested: ☐ Add Provider(s)   ☐ Change / Update Submitter Information
☐ Delete   ☐ Apply for New Submitter ID   ☐ Apply for New Receiver ID (NC Part A and VA Part B Only)

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

Receiver ID: _____

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: _____   **Tax ID:** _____

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 forms via mail to   or fax to

    Palmetto GBA   EDI Part A: 803-699-2429
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Notes: Please retain a copy for your records.
    You must submit a completed EDI Application Form when submitting additional EDI forms.

J11 EDI Application

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Multiple Providers List

Date: _____

PROVIDERS FOR WHOM SUBMITTER WILL BE TRANSMITTING:

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

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

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

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

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

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

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

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 to: **Palmetto GBA**
J11 EDI Operations, AG-420
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