cahaba

Medicare

Please FAX Part A forms to: (205)402-5706
For Part A assistance call EDI: (866)582-3253

Fax

To:	Cahaba EDI	**From:**	
Fax:		**Date:**	
		Fax:	

Ref:

Please ensure that this cover page is used in your fax submission, it is required to be the FIRST page you fax in with the application. This will allow accurate and efficient processing of your application. Failure to send this page as instructed will result in your application being returned.

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EDI Services Part A Enrollment Application

General Information:

State: ◯ Alabama ◯ Georgia ◯ Tennessee ◯ Rural Health Clinic

Reason for Submission:

Provider Information:

Provider Name:

Provider Address:
(physical address for the facility or practice)

City: State: Zip Code:

Provider Contact Name:
(name of contact in provider's office for EDI or ERA related issues)

Email Address:

Phone Number: Fax Number:

Provider Identifiers & Tax ID (EIN) Numbers:

Medicare Facility number (PTAN):

Facility NPI:

Tax ID:

List additional Medicare Facility number(s) (PTANs):

List additional NPI(s):

List additional EIN(s):

Data Interchange Information-Claims:

I will be sending my claims:

Submitter ID (If using an existing ID or a Billing Service/Clearinghouse indicate Submitter ID here):

Data Interchange Information-Remittance Advice:

I will be retrieving my remittance advice notices:

Submitter ID for ERA Retrieval (If left blank a new ID will be assigned)

Using a Billing Service/Clearing House (3rd Party)

Billing Service/Clearinghouse Name:

Mailing Address: Phone Number:

City: State: Zip Code:

Clearing House Contact Name: Email Address:

Will this Billing Service/Clearinghouse be accessing FISS on your behalf to key claims into the DDE system, correct claims in FISS, verify patient eligibility and/or verify claim status? **(Checking YES indicates you are authorizing the indicated agency to have FISS access for the provider numbers listed on this application)** ○ Y ○ N

Sending direct to Medicare using software from a vendor:

Vendor Name:

Mailing Address: Phone Number:

City: State: Zip Code:

Vendor Contact Name: Email Address:

Data Interchange Information-276/277 (Batch Claim Status Requests):

I will be sending/retrieving my 276/277 files:

Submitter ID for 276/277 Transactions:

This Agreement notifies Cahaba Government Benefit Administrators®, LLC, of the provider's consent to participate in Electronic Data Interchange (EDI). EDI may include claims and claims attachments, remittances, eligibility/benefits, claim status, and any other electronic information for Centers for Medicare and Medicaid Services (CMS) federal program data (including but not limited to Title XVIII of the Social Security Act (Medicare) and/or Section 1011 of the Medicare Modernization Act) covered under Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets or Section 1011 of the Medicare Modernization Act (MMA) legislation.

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' A/B MACs or CEDI:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents;
2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its A/B MACs, DME MACs or CEDI without the express written permission of the Medicare 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, or as required by State or Federal law;
3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file;
4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
   - Beneficiary's name;
   - Beneficiary's health insurance claim number;
   - Date(s) of service;
   - Diagnosis/nature of illness; and
   - Procedure/service performed.

5. That the Secretary of Health and Human Services or his/her designee and/or the A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS 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 authorization and 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;
6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer;
7. That it will submit claims that are accurate, complete, and truthful;
8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid;
9. That it will affix the CMS-assigned unique identifier number (submitter ID) of the provider on each claim electronically transmitted to the A/B MAC, CEDI, or other contractor if designated by CMS;
10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed;
11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access;
12. 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 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;
13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS shall not be used by agents, officers, or employees of the billing service except as provided by the A/B MAC, DME MAC or CEDI (in accordance with §1106(a) of Social Security Act (the Act) (See section 40.1.2.2 below for a complete reference to Medicare's security requirements);
14. That it will research and correct claim discrepancies;
15. That it will notify the A/B MAC, CEDI, or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form (See section 40.1.2.2 below for a complete reference to Medicare's security requirements).

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

1. Transmit to the provider an acknowledgment of claim receipt;
2. Affix the A/B MAC, DME MAC, CEDI or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the provider;
3. Ensure that payments to providers are timely in accordance with CMS' policies;
4. Ensure that no A/B MAC, CEDI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the A/B MAC, CEDI or from any subsidiary of the A/B MAC, CEDI, other contractor if designated by CMS, or from any company for which the A/B MAC, CEDI has an interest. The A/B MAC, CEDI, or other contractor if designated by CMS will make alternative means available to any electronic biller to obtain such services;
5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare A/B MACs, CEDI, or other contractors if designated by CMS 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 sold directly, indirectly, or by arrangement by the A/B MAC, CEDI, or other contractor if designated by CMS;
6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTE: Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature

I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.) and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with Cahaba Government Benefit Administrators, LLC, on my behalf.

All of the fields below must be completed:

Authorized Representative Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature:_____ Date: _____