PALMETTO GBA
A CELERIAN GROUP COMPANY

Part A/Part B/HHH EDI Application

EDI Application Instructions

Line of Business Information: Select Line of Business and State **Date:** _____

Action Requested: Select Action Requested

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

Submitter Name: _____

Type of Submitter: Select Type of Submitter

EDI Contact Person: _____

Phone: _____ **Fax:** _____

Address: _____

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

Submitter Email Address: _____

Note: Email will be the primary method of communication.

Report Response Format: Select Report Response Format **Data Compression:** Select Data Compression

Name of Software Vendor: _____ **Vendor Security ID:** _____

Name of Network Service Vendor: _____

Providers Information (If this is a group practice, enter the group name, group PTAN and group NPI on all forms)

Provider Name: _____

Provider Address: _____

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

Provider Email: _____ **Provider Phone #:** _____

Provider PTAN: _____ **NPI:** _____ **Tax ID:** _____

Action Requested: ☐ Submit Claims ☐ Receive Electronic Remittances ☐ Direct Data Entry (DDE) ☐ RCD Submissions

Provider Authorization

I hereby authorize the above submitter to receive the items notated above on my behalf. I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization.

Name: _____

Title: _____

Signature: _____ **Date:** _____

OMB No. 0938-0983 approved by CMS

Part A/Part B/HHH EDI Application Form Instructions

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The purpose of the **Part A/Part B/HHH 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. Forms with incomplete or incorrect information will be rejected.**

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
Line of Business Information	Please choose from the drop-down list the line of business and state for which you will be transmitting.
Date	Please enter the date the application is completed.
Action Requested	Choose from the drop-down list the action to be taken on the application form. • **Add Provider to an existing Submitter -** select if you need to add additional providers to an existing Submitter ID. The Submitter ID is required. • **Add Provider to an existing Receiver –** select if you need to add a provider to an existing Receiver ID. The Receiver ID is required. • **Add Provider to an existing Submitter ID and Receiver ID –** select if you need to add a provider to an existing Submitter ID and Receiver ID. The Submitter ID and Receiver ID are required. This option is only valid for North Carolina Part A and Virginia Part B only. • **Change/Update Submitter Infor** – select if you request to change or update information about the Submitter and/or Receiver. Be sure to include your current Submitter ID and/or Receiver 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. • **DDE Only** – Select if you are requesting DDE access 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 updates, enter the Submitter ID to which the change/updates should be applied.
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 updates, enter the Receiver ID to which the change/update 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	Select from the drop-down list whether you are a Provider, Billing Service, Clearinghouse or Software Vendor.
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.

Form Field Name	Instructions for Field Completion
Report Response Format	Select from the drop-down list 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 Security ID	Include Vendor Security ID number if known.
Name of Network Service Vendor	Indicate the name of the network service vendor you are using, if applicable.
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. This name must match the name submitted on the CMS 855 Medicare Enrollment Application. If this is a group practice, please enter the group name, group PTAN and group NPI on all forms.
Provider Email	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 Address	The mailing address of the provider.
City, State, ZIP	The city, state and ZIP code of the Provider.
Provider # – PTAN	Indicate the Medicare Provider Number (PTAN).
NPI	Include the National Provider Identifier (NPI).
Tax ID	Enter the Tax Identification Number for the provider.
Action Requested:	Check all boxes that apply. • **Submit Claims** – Check if the application is for the submitter to submit claims electronically for this provider. • **Receive Electronic Remittances** – Check if the submitter wants to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances. • **Direct Data Entry (DDE)** – Check if the submitter currently uses or plans to use the Direct Data Entry (DDE). Note: The DDE Enrollment Form must be submitted if this option is selected (Part A only). • **RCD Submissions** – Select if submitting claims for the Review Choice Demonstration (RCD).
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.

Once you have completed the application form, please retain a copy for your records and fax **or** email the original via the appropriate fax number or email address below. Your Submitter ID and software (if applicable) will be processed within 15 business days of receipt of completed forms.

Completed forms must be faxed **or** emailed to:

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction J Part B (AL, GA, TN)
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-870-0164 EDIENROLL.PARTB@PalmettoGBA.com
Jurisdiction M Part A (SC, NC) & HHH	**Jurisdiction M Part B (SC, NC, VA, WV)**
803-699-2429 EDIPartA.ENROLL@PalmettoGBA.com	803-699-2430 EDIPartB.ENROLL@PalmettoGBA.com

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