

Common Electronic Data Interchange (CEDI) CMS EDI Enrollment Agreement Form Instructional Guide

Should I be filling this form out?

- The EDI Enrollment agreement is a required document by the Centers for Medicare & Medicaid Services (CMS) that allows a supplier to exchange electronic transactions with the Medicare contractor (CEDI). This form is effective as long as the supplier is exchanging Medicare claims.
- This form is used by suppliers to enroll their PTAN/NSC and NPI for Medicare electronic transactions with CEDI.
- Suppliers who have already submitted an EDI Enrollment agreement and receive a new PTAN/NSC must submit a new EDI Enrollment agreement for the new PTAN/NSC.

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1. What is the Medicare Supplier Name?

- This is the entity name as it is on file for your PTAN with the National Supplier Clearinghouse (NSC). Contact NSC to verify this information at 866-238-9652
- The supplier name must be entered as it is enrolled with the NSC. Forms will be rejected containing any other name.

2. What information should I put in the Contact Name, Address, City, State, ZIP, E-mail, and Phone Number fields?

- This is the corporate business address or the physical locations address of the supplier.
- The contact name is the name of the person CEDI will contact with questions and/or confirmation for the EDI Enrollment Agreement.
- The e-mail address is used to send the confirmation once the request has been completed.

3. What should I put for Submitter Status?

- Select “New Submitter” when requesting a new Submitter ID to exchange electronic transactions directly to CEDI.
* **The Submitter Action Request form is required to complete this request.**
- Select “Existing Submitter” when joining a new supplier to an existing Submitter ID.
* **The Supplier Authorization form is required when a supplier will be using a clearinghouse or third party biller.**

4. What is the Submitter ID?

- A Submitter ID is used to log into CEDI in order to exchange electronic transactions (837 claims, 835 ERA, 276/277 claims status and response, or NCPDP claims).
- This is also referred to as a Trading Partner ID.
- Leave blank if requesting new Submitter ID
- Valid Submitter IDs only include those starting with the letters A, B, C or D, followed by the numbers “08” and then six more numbers. Examples of a Submitter ID include:
A08123456
B08123456
C08123456
D08123456

5. What is the Submitter Name?

This is the name for the entity that will be sending the electronic transactions.

- If you send using a clearinghouse or third party biller, contact them for this information.
- If you own the Submitter ID, enter your submitter name.

6. What should I select for Submitter Type?

- Select “Clearinghouse” if you use a Clearinghouse to exchange electronic transactions with CEDI.
- Select “Billing Service” if you use a Billing Service to exchange electronic transactions with CEDI.
- Select “Third Party Biller” if you use a Third Party Biller exchange electronic transactions with CEDI.
- Select “Self Biller” if you own the Submitter ID and exchange electronic transactions directly with CEDI.

7. What is the PTAN?

This is the unique Medicare supplier number assigned by the National Supplier Clearinghouse.

- It is a ten digit number
- PTAN numbers can be referred to as the following:
 - Provider number
 - Supplier number

- National Supplier Clearinghouse (NSC) number
- Durable medical equipment (DME) number
- Medicare NSC number
- Medicare DME number

8. What is the NPI?

This is the National Provider Identifier.

- It is a ten digit number.
- To apply for an NPI, you must contact the National Plan and Provider Enumeration System (NPPES) at 1-800-465-3203 or visit them online at <https://nppes.cms.hhs.gov>

9. How do I sign the Electronic form where it says Authorized Signature Name?

- Type in the name of the person submitted on the form to the National Supplier Clearinghouse to obtain a PTAN as authorized to sign the document on behalf of the supplier.

10. How do I submit the form?

- Verify that all information has been entered correctly on the form.
- Check the “I have read and accept the terms of the above agreement”.
- Select “SUBMT”.
- Print the submitted page.
- Have the authorized person (entered in the Signature section) sign and date the form.
- Fax all forms for the same request to the CEDI Enrollment Department at 315-442-4299 under the same cover sheet.
- Be sure to fax **ALL** pages of this form. Missing pages will cause the enrollment forms to be returned.
- Verify the form has a **Request ID (RID)** on the printed copy of the form. This is the tracking number needed to verify status of the enrollment process.