



EDI Guided Enrollment User Guide

This guide provides information on the different options available within the National Government Services EDI Guided Enrollment.

<https://enrolledi.ngsmedicare.com>

Disclaimer: This online resource was prepared as a service to the public and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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New to EDI Guided Enrollment

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At the start of any EDI Guided Enrollment submissions, you will need to read and accept the Attestation.

I Need to Complete a Part A Logon Request Form

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I'm a Provider Requesting Access to the FISS/DDE Online System

This request is for Part A providers requesting access to the Fiscal Intermediary Standard System (FISS)/ Direct Data Entry (DDE) Online System. Follow the steps outlined below to request access to FISS/DDE.

Important notes for this type of request:

- Each request can support up to ten logon IDs for users within the same contract code.
- Each request can support up to 26 PTAN/NPI combinations within the same contractor code.
- You will have the ability to complete additional forms for the same provider in the same packet.

Step 1. From the EDI Guided Enrollment, select **“I need to complete a Part A Logon Request Form”**.

Step 2. Click **Next**.

National Government Services. [NGSMedicare](#) [Help](#)

EDI Guided Enrollment

Entry Process Questions

Please select from the following

I need to complete a Part A Logon Request Form. ⓘ

I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ

I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ

I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ

I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

Next

Step 3. Complete the following fields as it applies to the provider of services in the **General Information** section.

- Entity Name – Enter the provider name as it was approved on the CMS-855 enrollment applications.
- Street Address, City, State, Zip Code – Enter the provider’s physical or corporate address as approved on the CMS-855 enrollment application.
- Telephone Number – Enter the provider’s telephone number to their office.
- Contact First and Last Name – Enter the first name of the contact within the provider’s office that will be the authorized contact for any logon IDs requested.
- Title – Enter the title of the contact person within the provider’s office.
- Email Address – Enter the email address of the authorized contact for the provider.

Step 4. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

Step 5. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- Primary PTAN – Enter the provider’s primary PTAN.
- Primary NPI – Enter the provider’s primary NPI.
- Provider/Facility Name –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section “Check here if address is the same as above”.
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - i. Provider/Facility Name
 - ii. Provider/Facility Physical Address
 - iii. City
 - iv. State
 - v. Zip
 - vi. Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.
- They must all have the same Authorized or Delegated official.
- You must click the ADD button once the additional provider/facility’s information has been added. You must click the ADD button for them to be included in the request.

Step 6. Once all PTAN/NPI information is completed, click **Submit**.

* Contractor Code: 13201 - JK Part A NY

PTAN/NPI Information

Check here if address is the same as above

* Primary PTAN: [Redacted]

* Primary NPI: [Redacted]

* Provider/Facility Name: The Provider

* Provider/Facility Physical Address: 200 Any Road

* City: Anytown

* State: NY | * Zip: 55555-5555

* Telephone Number: (555) 555-5555

Telephone Number Extension: [Redacted]

Show Additional PTAN/NPI

Back | Submit

If an EDI Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

EDI Enrollment Agreement Form

Example of prompt received if a form is already on file.

Important Notice

This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup.

NPI: [Redacted]

PTAN: [Redacted]

Would you like to proceed in completing a new EDI Enrollment Agreement?

Yes | No

- a. Select **No** if you do not want to complete a new agreement, then skip to [Step 11](#).
- b. Select **Yes** if you want to complete a new agreement, then continue to [Step 7](#).

If there is no EDI Enrollment Agreement on file, the form will be presented for you to electronically sign.

Step 7. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an authorized or delegated official for the provider as approved on the CMS-855 Enrollment Application (Section 5 and 6 for authorized officials; Section 15 and 16 for delegated officials).

Step 8. Check mark each of the boxes for the terms and conditions.

Step 9. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 10. Click **Electronically Sign**.

The screenshot shows a web form titled "Terms and Conditions". It is divided into four main sections, each marked with a red circle containing a number:

- Section 7:** A scrollable area containing the text of the Terms and Conditions, starting with "A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' FIS, Carriers, RHHIs, A/B MACs or CEDI:".
- Section 8:** A list of checkboxes for consent, including "I certify that I have been duly and legally authorized to sign this form.", "I understand that I am using electronic means to sign this document...", and "I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords...".
- Section 9:** Input fields for "Authorized Official's Name" (with a placeholder "Name (ex. John Smith)"), "Authorized Official's Title" (with a placeholder "Title"), and "Date" (with a placeholder "07/17/2017").
- Section 10:** A blue button labeled "Electronically Sign".

The Part A Logon Request form will now be presented and additional information is required to be submitted.

Step 11. In **Section I: Action**, select the applicable action type for the request from the **Action** drop-down box.

- **Add PTAN(s)** – Add PTAN(s) to an ID that currently has access to the FISS region the PTAN(s) are assigned to.
- **Add Region (Dual Access)** – Add an additional region of FISS access to an ID that is currently active
- **Change Name** – Update user name based on marriage, divorce, etc.; cannot change name to a new user.
- **Change Operator Access** – Update access level; either Inquiry or Inquiry/Update can be selected
- **Change PIN** – **JM users only**; user has the ability to change the four-digit numeric PIN currently on file.
- **Delete Logon ID** – Delete all current access to Medicare FISS regions, PTAN(s), inactivate the Logon ID.
 - **Note:** If the user has access to multiple contract codes, only the contract code selected on the form will be deleted from their access. If the user only has access to the contract code selected on the form, the ID will be deleted entirely.
- **Delete PTAN(s)** – Delete only specific PTAN(s), while leaving the Logon ID active.
- **New Logon ID** – Assign a new user a Logon ID (previously assigned inactive Logon IDs will need to be reinstated).

- *Reinstate Logon ID* – User has an existing Logon ID that is currently inactive.
- *Update Contact* – Update the Authorized contact on file.

Step 12. In **Section I: Action**, select the location for the provider that is making the request from the **Operating as a** drop-down box. Note, *do not* select Billing Service.

- *Corporate Office* – Parent company of the PTAN, different physical address information than what is on file for each provider/facility; cannot be a third party of any kind.
- *Facility* – Same physical address information as the PTAN has on file with Medicare.

Part A Logon Request Form

* - Required

Section I: Action

* **Action** --Select Action--

Note: Any changes to Action will clear operators added

* **Operating as a** --Select Operating as option--

Section II: Requestor

Primary Contact First Name Jane

Primary Contact Last Name Smith

Primary Title Title

E-mail j.smith@email.com

Step 13. In **Section II: Requestor**, select the Network Service Vendor that will be providing your connectivity to NGS in the **Network Service Vendor** drop-down box.

Section II: Requestor

Primary Contact First Name Jane

Primary Contact Last Name Smith

Primary Title Title

E-mail j.smith@email.com

Facility Name The Entity

Street Address 100 Any Street

City Anytown

State NY

Zip 55555-5555

Telephone Number (555) 555-5555

Telephone Number Extension

Contractor Code 13201 - JK Part A NY

* **Network Service Vendor** --Select Network Service Vendor--

Step 14. The **Section IV: Log On** section is completed with the operator’s information. Any additional action types for the same Operator will require an additional form to be completed. Complete the following fields in

the **Add Operator** section based on the action selected in **Section I: Action: Note:** Some fields listed below may not be presented; only fields specific to the action selected will display.

- *Operator First and Last Name* – Enter the first name, middle initial and last name of the operator who will be accessing the FISS/DDE system.
 - **Note:** The middle initial is not a required field. If entering the middle initial, do not use X for the middle initial unless it actually is the middle initial.
- *Telephone Number/Extension* – Enter the direct telephone number and extension of the user
- *Email* – Enter the direct email address of the user.
- *Operator Access* – Choose either Inquiry or Inquiry/Update from the drop-down
 - “Inquiry” gives the ability to check status but not make changes.
 - “Inquiry/Update” gives the user the ability to check eligibility and make changes, such as sending or correcting a claim.
- *EIN* – The EIN is a unique alphanumeric validation number assigned to the Logon ID.
 - **Note:** If this is not known enter “1234”.
- *Logon ID* – This is the seven-digit Logon ID assigned to the user.
 - two alpha, five numeric (XX11111) or
 - three alpha, four numeric (XXX1111)

Step 15. Click **Add**.

Section IV: Log On

Add Operator(s)

14

* Operator First Name

Operator Middle Initial

* Operator Last Name

* Telephone Number

Telephone Number Extension

* E-mail

* Verify E-mail

* EIN

* Logon ID

* Operator Access

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Add

To add an Operator, enter the Operator information, click the Add button, and confirm it appears in the Operators List. Repeat these steps for each Operator to be added to the form before clicking Electronically Sign button.

Step 16. The information will now display in the **Operator List**. After adding an operator, you can add additional operators by completing steps 14 and 15. You can add up to 10 operators who are requesting the same access per form.

16
Add

To add an Operator, enter the Operator information, click the Add button, and confirm it appears in the Operators List. Repeat these steps for each Operator to be added to the form before clicking Electronically Sign button.

Operators List

Operator Name	Telephone Number	E-mail Address	Logon ID	Operator Access	ACTION
Jane Smith	5555555555	j.smith@email.com	xxxxxxx	Inquiry/Update	Remove

Step 17. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 18. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application along with their title.

Step 19. Click **Electronically Sign**.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

17

* Authorized Official's Name:

* Authorized Official's Title:

* Date: 08/15/2017

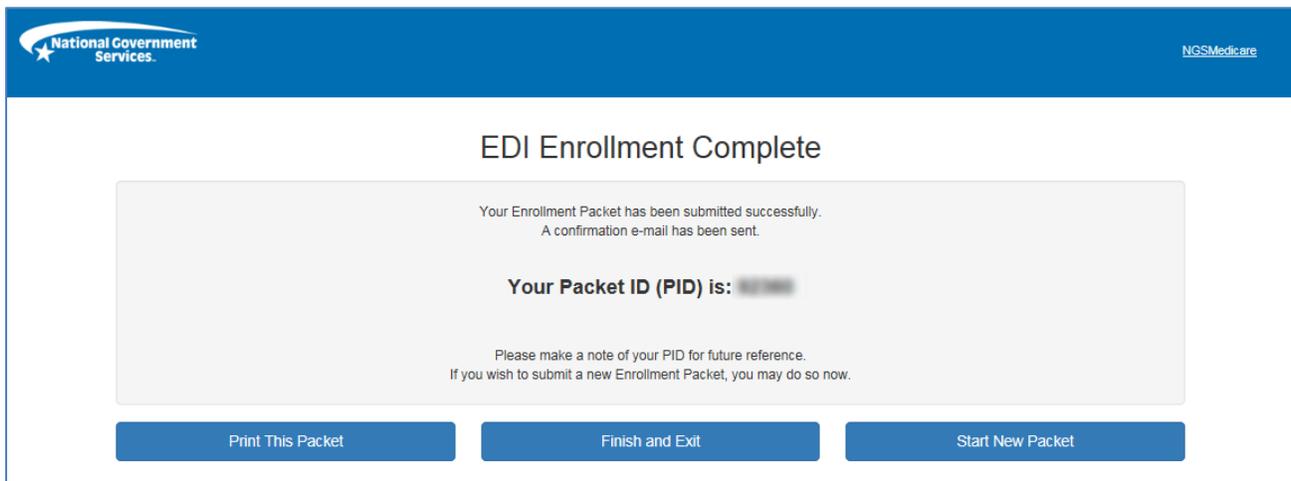
19
Electronically Sign

Step 20. You will be given the opportunity to complete additional requests for the same provider by selecting **Yes** or **No** under the “*Would you like to complete another Part A Logon Request Form?*” question.

- If Yes is selected you will be presented with the Logon Request form for the same provider. Follow steps 11–20 to complete the form.
- If no is selected you will be presented with the EDI Enrollment Completion page.



Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit or start a new packet.



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I’m a Billing Service Who Needs to Delete a PTAN or Logon ID, Update Contact, Change Name, Change Operator Access or Change PIN (JM Only)

This request is for Billing Services that need to delete a PTAN or Logon ID, update contact information, change name or operator access or change a PIN (PIN changes are for Jurisdiction M Only).

Step 1. From the EDI Guided Enrollment select “**I need to complete a Part A Logon Request Form**”

Step 2. Click **Next**

National Government Services. NGS Medicare Help

EDI Guided Enrollment

Entry Process Questions

Please select from the following

1 I need to complete a Part A Logon Request Form. ⓘ

I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ

I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ

I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ

I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

2 **Next**

Step 3. Complete the following fields as it applies to the Billing Service in the **General Information** section.

- **Entity Name** – Enter the legal business name of the billing service.
- **Street Address** – Enter the billing service’s physical address or corporate address.
- **City State Zip Code** – Enter the corresponding City, State and Zip Code that match the billing service’s physical/corporate address.
- **Telephone number** – Enter the billing service’s telephone number to their office.
- **Contact First Name** – Enter the first name of the contact within the billing service in the event that we have questions.
- **Contact Last Name** – Enter the last name of the contact within the billing service in the event that we have questions.
- **Title** – Enter the title of the contact person within the billing service.
- **Email Address** – Enter the email address for the billing service contact. We will send all communications regarding the EDI Enrollment Request to this address.

Step 4. Select the contract associated with the Logon ID for the change being requested in the **Contract Code** field.

EDI Guided Enrollment

* - Required

General Information

Check here if this is a corporate office

* Entity Name: Billing Service

* Street Address: 100 Any Street

* City: Anytown

* State: NY

* Zip: 55555-5555

* Telephone Number: (555) 555-5555

Telephone Number Extension: _____

* Contact First Name: Jane

* Contact Last Name: Smith

* Title: Title

* Email: j.smith@email.com

* Verify E-mail: j.smith@email.com

3

4 * Contractor Code: 13201 - JK Part A NY

Step 5. Complete the following fields in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter all Zero’s (0) (i.e., 0000000000).
- *Primary NPI* – Enter all Zero’s (0) (i.e., 0000000000).

Step 6. Click **Submit**.

PTAN/NPI Information

Check here if address is the same as above

5

* Primary PTAN: 0000000000

* Primary NPI: 0000000000

Back

6 Submit

The Part A Logon Request form will now be presented and additional information is required to be submitted.

Step 7. In **Section I: Action**, select the applicable action type for the request from the **Action** drop-down box.

- *Change Name* – Update user name based on marriage, divorce, etc.; cannot change name to a new user
- *Change Operator Access* – Update access level; either Inquiry or Inquiry/Update can be selected
- *Change PIN* – **JM users only**; user has the ability to change the four-digit numeric PIN currently on file
- *Delete Logon ID* – Delete all current access to Medicare FISS regions, PTAN(s), inactivate the Logon ID
- **Note:** If the user has access to multiple contract codes, only the contract code selected on the form will be deleted from their access. If the user only has access to the contract code selected on the form, the ID will be deleted entirely.
- *Delete PTAN(s)* – Delete only specific PTAN(s), while leaving the Logon ID active
- *Update Contact* – Update contact information

Step 8. In **Section I: Action**, select Billing Service in the **Operating as a** drop-down box.

The screenshot shows the 'Part A Logon Request Form' interface. At the top, there is a blue header bar labeled 'Section I: Action'. Below this, there are two dropdown menus. The first dropdown is labeled '* Action' and has a red circle with the number '7' next to it. The second dropdown is labeled '* Operating as a' and has a red circle with the number '8' next to it. Both dropdowns currently show '--Select Action--' and '--Select Operating as option--' respectively. A note above the dropdowns states: 'Note: Any changes to Action will clear operators add...'. A legend at the top left indicates '* - Required'.

Step 9. In **Section II: Requestor**, select the Network Service Vendor that will be providing your connectivity to NGS in the **Network Service Vendor** drop-down box.

Step 10. The **Section IV: Log On** section is completed with the operator’s information. Any additional action types for the same Operator will require an additional form to be completed. Complete the following fields in the **Add Operator** section based on the action selected in **Section I: Action**: Note: Some fields listed below may not be presented; only fields specific to the action selected will display.

- **Operator First and Last Name** – Enter the first name, middle initial and last name of the operator who will be accessing the FISS/DDE system.
 - *Note:* The middle initial is not a required field. If entering the middle initial, do not use X for the middle initial unless it is actually the middle initial.
- **Telephone Number/Extension** – Enter the direct telephone number and extension of the user.
- **Email** – Enter the direct email address of the user.
- **Operator Access** –Choose either Inquiry or Inquiry/Update from the drop-down.
 - “Inquiry” gives the ability to check status but not make changes.
 - “Inquiry/Update” gives the user the ability to check eligibility and make changes, such as sending or correcting a claim.
- **EIN** – The EIN is a unique alpha-numeric validation number assigned to the Logon ID.
 - *Note:* If this is not known enter “1234”.
- **Logon ID** – This is the seven-digit Logon ID assigned to the user.
 - two alpha, five numeric (XX11111) or
 - three alpha, four numeric (XXX1111)

Step 11. Click **Add**.

Section IV: Log On

Add Operator(s)

10

* Operator First Name

Operator Middle Initial

* Operator Last Name

* Telephone Number

Telephone Number Extension

* E-mail

* Verify E-mail

* EIN

* Logon ID

* Operator Access

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To add an Operator, enter the Operator information, click the Add button, and confirm it appears in the Operators List. Repeat these steps for each Operator to be added to the form before clicking Electronically Sign button.

Step 12. The information will now display in the **Operator List**. After adding an operator, you can add additional operators by completing steps 14 and 15. You can add up to ten operators who are requesting the same access per form.

12

To add an Operator, enter the Operator information, click the Add button, and confirm it appears in the Operators List. Repeat these steps for each Operator to be added to the form before clicking Electronically Sign button.

Operators List

Operator Name	Telephone Number	E-mail Address	Logon ID	Operator Access	ACTION
Jane Smith	5555555555	j.smith@email.com	xxxxxxx	Inquiry/Update	<input style="background-color: red; color: white; border: none; padding: 2px 10px;" type="button" value="Remove"/>

Step 13. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents.

Step 14. The Authorized or Delegated official should enter their complete name.

Step 15. Click *Electronically Sign*.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. **(If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).**

13 I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

14 * Authorized Official's Name:

* Authorized Official's Title:

* Date: 08/15/2017

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Step 16. You will be given the opportunity to complete additional requests for the same provider by selecting **Yes** or **No** under the “*Would you like to complete another Part A Logon Request Form?*” question.

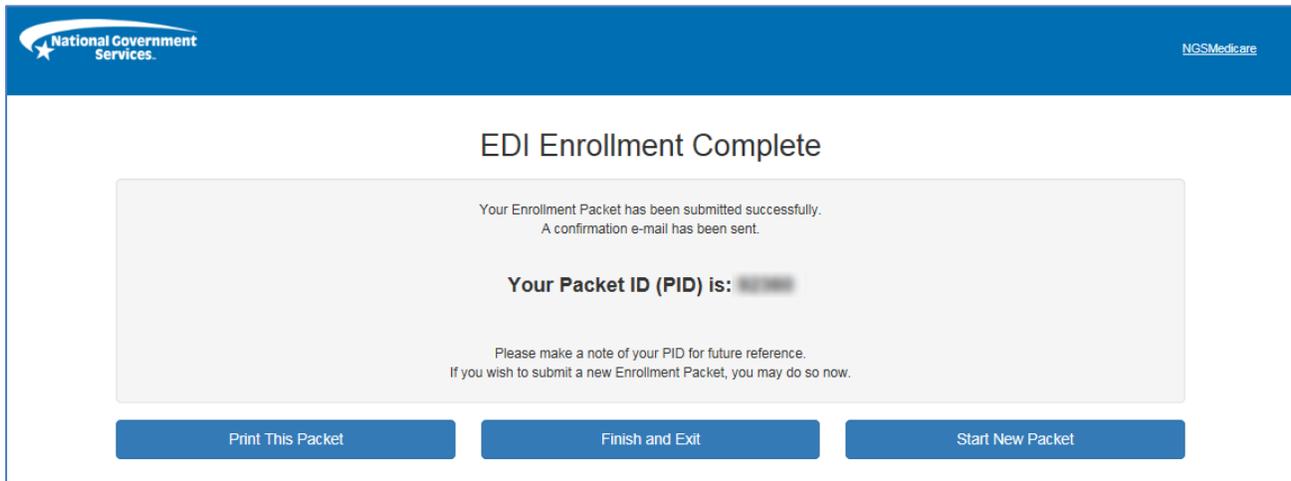
- If Yes is selected you will be presented with the Logon Request form for the same provider. Follow steps 10–15 to complete the form.
- If no is selected you will be presented with the EDI Enrollment Completion page.

Important Notice

Would you like to complete another Part A Logon Request Form for this provider?

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Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.



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I Need to Complete a Registration Form

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I'm a Provider Who Will Submit Claims and/or Receive Remits Directly Through NGS

Follow the steps outlined below if you are a provider that will be submitting claims and/or receiving remits directly through NGS.

Step 1. From the EDI Guided Enrollment select “**I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)**”

- The EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits.
- This option is used to request New Trading Partner IDs and modify existing Trading Partner IDs.
 - Providers/facilities can request/modify a Trading Partner ID for batch EDI transactions for a direct biller.
 - Providers/facilities can update their demographics and add contacts associated with the Trading Partner ID. Note: This will not update the provider’s file within the Medicare system.
 - Providers/facilities can add PTAN/NPI’s to their existing Trading Partner ID.
 - The provider must submit this form and it must be signed by an Authorized or Delegated Official (as listed in section 5 and 6 for authorized officials or section 15 and 16 for delegated officials) on the approved CMS-855 application at the time of enrollment into the Medicare Program.

Step 2. Choose **Direct Biller** from the **Method of Electronic Submission**.

- This indicates with which method you will be submitting your claims to NGS.

Step 3. Select the software vendor that will be providing your software to transmit your claims from the **Approved Entities List**.

- This option will appear after **Direct Biller** is chosen as the **Method of Electronic Submission**.
 - These Software Vendors have all passed the required CMS testing.
 - If you do not see your Software Vendor listed please select **Other** and enter their information in the sections provided.

- There may be some testing required prior to submitting claims. This will be determined when the request is processed.

Step 4. Vendor Contact Information fields – For a Direct Biller, enter the First and Last name of the employee within the Software Vendor company who would be responsible for questions regarding EDI transactions as well as their email address. We would contact them in the event that something was wrong with the format of the claim.

Step 5. Click **Next**.

The screenshot shows the 'EDI Guided Enrollment' page. At the top, there is a blue header with the 'National Government Services' logo and links for 'NGSMedicare' and 'Help'. The main title is 'EDI Guided Enrollment'. Below the title, there is a section for 'Entry Process Questions' with a sub-header 'Please select from the following'. There are five radio button options. Option 1 is selected and highlighted with a red box and the number 1. Option 2 is highlighted with a red box and the number 2. Option 3 is highlighted with a red box and the number 3. Below these options are two dropdown menus: '* Method of Electronic Submission' (set to 'Direct Biller') and '* Approved Entities List' (set to 'ABILITY Network, Inc.'). Below these are three more radio button options. The 'Vendor Contact Information' section is highlighted with a red box and the number 4. It contains four text input fields: '* Contact First Name' (Ven), '* Contact Last Name' (Dor), '* Email' (V.vendor@email.com), and '* Verify E-mail' (V.vendor@email.com). At the bottom right, there is a blue 'Next' button highlighted with a red box and the number 5.

Step 6. Complete the following fields as it applies to the provider of services in the **General Information** section.

- **Entity Name** – Enter the provider name as it was approved on the CMS-855 Enrollment Applications.
- **Street Address** – Enter the provider’s physical address or corporate address as approved on the CMS-855 Enrollment Application.
- **City State Zip Code** – Enter the corresponding City, State and Zip Code that match the provider’s physical/corporate address as approved on the CMS-855 Enrollment Application.
- **Telephone number** – Enter the contact’s telephone number.

- *Contact First Name* – Enter the first name of the contact within the provider’s office in the event that NGS has questions about the enrollment.
- *Contact Last Name* – Enter the last name of the contact within the provider’s office in the event that NGS has questions about the enrollment.
- *Title* – Enter the title of the contact person within the provider’s office.
- *Email Address* – Enter the email address for either the provider contact or the provider. We will send all communications regarding the EDI Enrollment Request to this address.

Step 7. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

The screenshot shows the 'EDI Guided Enrollment' form. At the top, there is a blue header with the 'National Government Services' logo and 'NGSMedicare Help' links. The main title is 'EDI Guided Enrollment'. Below the title, there is a legend: '* - Required'. The form is divided into sections. The 'General Information' section is highlighted with a blue bar. A red box encloses the 'Entity Name', 'Street Address', 'City', 'State', 'Zip', 'Telephone Number', and 'Telephone Number Extension' fields. A red circle with the number '6' is positioned to the left of this box. Below the 'General Information' section, there are fields for 'Contact First Name', 'Contact Last Name', 'Title', 'Email', and 'Verify E-mail'. At the bottom of the form, there is a 'Contractor Code' dropdown menu, which is also highlighted with a red box and a red circle containing the number '7'. At the very bottom, there are 'Back' and 'Next' buttons.

Step 8. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter the provider’s primary PTAN. It may be the Group PTAN, Sole Practitioner PTAN, or the facility PTAN. Individual member PTANS associated with a group are not required and should not be entered on the form.
- *Primary NPI* – Enter the provider’s primary NPI. Individual member NPIs associated with a group are not required and should not be entered on the form.
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”.
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - Provider/Facility Name
 - Provider/Facility Physical Address

- iii. City
- iv. State
- v. Zip
- vi. Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.
- They must all have the same Authorized or Delegated official.
- You must click the ADD button once the additional provider/facility’s information has been added. You must click the ADD button for them to be included in the request.

Step 9. Click **Next**.

The screenshot shows a web form titled "PTAN/NPI Information". At the top, there is a dropdown menu for "Contractor Code" with the value "13201 - JK Part A NY". Below this is a blue header bar with the text "PTAN/NPI Information". Underneath the header, there is a checkbox labeled "Check here if address is the same as above". The form contains several input fields: "Primary PTAN", "Primary NPI", "Provider/Facility Name" (filled with "My Hospital"), "Provider/Facility Physical Address" (filled with "200 Another Street"), "City" (filled with "Anycity"), "State" (dropdown menu with "NY" selected), "Zip" (filled with "5555-5555"), "Telephone Number" (filled with "(315) 555-5555"), and "Telephone Number Extension". A blue button labeled "Show Additional PTAN/NPI" is located below the "Telephone Number" field. At the bottom of the form, there are two buttons: "Back" and "Next". A red circle with the number "8" is positioned to the left of the form, and a red circle with the number "9" is positioned to the left of the "Next" button.

Step 10. In the **Choose Transaction Selection** field, select all of the EDI Electronic Transactions you will be exchanging with NGS. Be sure these are transactions that your software vendor has been approved to exchange.

- Setup or change your setup for sending (837) claims electronically.
- Setup or change your setup for sending Health Care Claim Status Request and Response (276/277) files electronically.
- Setup or change your setup for receiving (835) remits electronically.
- 275 Electronic Attachment. Note for Part B providers: For more information on the 275 Electronic Attachment, please view the [NGS X12/HL7 Claims Attachment Companion Guide](#).

Step 11. Click **Submit**.

The specific EDI Enrollment Forms will be presented for completion based on the transaction selections chosen on the previous screen.

- If the provider is enrolling for 835 Remits the EDI ERA Enrollment Form will be presented. If “Setup or change your setup for receiving (835) remits electronically” was not selected, skip to [Step 12](#).

If an EDI ERA Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you the form is already on file.

- Select **No** if you do not want to complete a new agreement. Then skip steps A-I. Note: Another is not required as long as the provider is actively participating electronically in the EDI program.
- Select **Yes** if you want to complete a new agreement. Then continue to **Step A**.

If no EDI Enrollment Agreement is on file, the form will be presented for the provider to electronically sign.

Step A. In the Provider Information section, enter the Doing Business As Name (D.B.A) if applicable.

EDI ERA Enrollment Form 1

Provider Information

* - Required

Provider Name: The Entity

Doing Business As Name (DBA):

Street Address: Any Street

City: Anytown

State: NY

Zip: 55555-5555

Step B. In the Provider Identifiers Information section, choose the applicable identifier in the **Provider Identifiers** field.

Step C. The next field will be dependent on the Provider Identifier selected, enter the corresponding number based on selection.

Step D. Enter the Trading Partner ID if applicable.

Provider Identifiers Information

Contractor Code: 13201 - JK Part A NY

* Provider Identifiers:

* Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

Assigning Authority: MEDICARE

Trading Partner ID:

Provider Transaction Access Number (PTAN):

Step E. In the ERA Information section, choose *Direct From Contractor* as the Method of Retrieval.

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier):

Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

* Method of Retrieval:

Electronic Remittance Advice

Step F. In the ERA Vendor Information section, select the vendor name from the drop-down and complete the vendor contact person information.

Note: If you choose “Other” in the Vendor Name field, the Vendor Information section will appear. Complete the fields in this section to add the information for the Vendor not listed in the Vendor Name drop-down.

Note: You will need to complete the Authorized Signature section before completing the Terms and Conditions section.

Step G. Read through the Terms and Conditions. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application. Then check mark each of the boxes for the terms and conditions.

Step H. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step I. Click **Electronically Sign**.

Terms and Conditions

clearinghouse or changing from one billing agent to another. Additionally, providers are not required to notify their FI, Carrier, RHHI, A/B MAC, or CEDI if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

FIs, Carriers, RHHIs, A/B MACs, and CEDI must inform providers that providers are obligated to notify their FI, Carrier, RHHI, A/B MAC, or CEDI in writing in advance of a change that involves a change in the billing agent(s) or clearinghouse(s) used by the provider, the effective date on which the provider will discontinue using a specific billing agent and/or clearinghouse, if the provider wants to begin to use additional types of EDI transactions, or of other changes that might impact their use of ERA.

When an FI, Carrier, RHHI, A/B MAC, or CEDI receives a signed request from a provider or supplier to accept ERA transactions from or send ERA transactions to a third party, the FI, Carrier, RHHI, A/B MAC, or CEDI must verify that an ERA Enrollment Form is already on file for that provider or supplier. The request cannot be processed until both are submitted/issued.

I have read and agree with the above terms. *

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. **(If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).**

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

G I understand that by typing my information below, I am certifying that I am the person identified by this information and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I should take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this web sites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

H * Authorized Official's Name:

* Authorized Official's Title:

Date: 07/26/2017

By signing this Agreement, the provider/trading partner attests that it has executed Business Associate Agreements (contracts), as mandated by HIPAA and ARRA/HITECH with each of its business associates. Moreover, the trading partner attests that it has full responsibility, as mandated by HIPAA and ARRA/HITECH, for notification of breaches of protected health information caused by the trading partner or its business associates.

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the Centers for Medicare and Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

I Electronically Sign

For all selections, an EDI Enrollment Agreement will be presented for the provider to electronically sign.

Note: If an EDI Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

EDI Enrollment Agreement Form

Example of prompt received if a form is already on file.

Important Notice

This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup.

NPI: [Redacted]
PTAN: [Redacted]

Would you like to proceed in completing a new EDI Enrollment Agreement?

Yes

No

- a. Select **No** if you do not want to complete a new agreement. Then skip to [Step 16](#).
- b. Select **Yes** if you want to complete a new agreement. Then continue to [Step 12](#).

If an EDI Enrollment Agreement is not on file, the form will be presented for the provider to electronically sign.

Step 12. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 13. Check mark each of the boxes for the terms and conditions.

Step 14. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 15. Click **Electronically Sign**.

Terms and Conditions

12 A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' FIs, Carriers, RHHs, 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 FIs, Carriers, RHHs, 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;
 Description of item and

13 I certify that I have been duly and legally authorized to sign this form. *

- * If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

14 * Authorized Official's Name:

* Authorized Official's Title:

* Date: 07/17/2017

15 Electronically Sign

The EDI Registration Form will now display.

Step 16. Choose the Action you want to take in **Section I: Action**. As a Direct Biller you would only choose from these *two options*:

The screenshot shows the 'EDI Registration Form' interface. At the top left is the 'National Government Services' logo. On the top right are links for 'NGSMedicare', 'Create New Packet', and 'Help'. The main heading is 'EDI Registration Form'. Below this is 'Section I: Action'. A red asterisk indicates a required field. The 'Action' dropdown menu is highlighted with a red box and has a red circle with the number '16' and the word 'required' next to it. The dropdown menu shows '--Select Trading Partner Form Action--'. Below the dropdown, the 'Submitter Type' is set to 'Direct Biller'. A section titled 'Select Transactions Authorized for this Submitter' contains several checkboxes:

- ASC X12 837 Claim
- ASC X12 276/277 Claims Status & Response
- ASC X12 835 Remittance
- 275 Electronic Attachment
- Update Trading Partner Demographic Information

 At the bottom, 'Section II: Provider/Facility Information' is partially visible.

- **Obtain Trading Partner ID** – If you select **Obtain TPID**, we will assign the provider a new Trading Partner ID to submit electronic transactions.

Step A. Click the checkbox next to **Requesting new Trading Partner ID due to change of ownership** if applicable.

- **Update Trading Partner ID** – We will update an existing Trading Partner ID that the provider already has. This may include adding new electronic transactions, updating an address that is on file for the Trading Partner ID, or adding additional PTAN/NPIs.
 - **Note:** You must check the *Update Trading Partner Demographic Information* box under the **Selection Transactions Authorized for this Submitter** section to update an address or add a contact person.

Section I: Action

* - Required

* Action: Obtain TPID

* Submitter Type: Direct Biller

Select Transactions Authorized for this Submitter

- ASC X12 837 Claim
- ASC X12 276/277 Claims Status & Response
- ASC X12 835 Remittance
- 275 Electronic Attachment
- Update Trading Partner Demographic Information
- Requesting new Trading Partner ID due to change of ownership

Step B. Scroll down the page and enter the Network Service Vendor’s name supplying the connection to NGS.

Contractor Code: 13201 - JK Part A NY

* Network Service Vendor: Ability

Section III: PTAN/NPI Information

Step 17. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 18. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application along with their title.

Step 19. Click *Electronically Sign*.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form.*

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically.*

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature.*

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access.*

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring.*

*Authorized Official's Name:

*Authorized Official's Title:

Date: 07/17/2017

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit or start a new packet.

National Government Services

NGSMedicare

EDI Enrollment Complete

Your Enrollment Packet has been submitted successfully.
A confirmation e-mail has been sent.

Your Packet ID (PID) is: [REDACTED]

Please make a note of your PID for future reference.
If you wish to submit a new Enrollment Packet, you may do so now.

[<Return to Table of Contents>](#)

I'm a Provider Who Will Submit Claims and/or receive Remits Through a Clearinghouse

Follow the steps outlined below if you are a provider that will be submitting claims and/or receiving remits through a clearinghouse to NGS.

Step 1. From the EDI Guided Enrollment select **"I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)"**.

- The EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits.
- This option is used to link a provider to a clearinghouse's trading partner ID.

- Providers/facilities can request to be linked to a clearinghouse’s trading partner ID for batch EDI transactions.
- The provider must submit this form and it must be signed by an Authorized or Delegated Official (as listed in section 5 and 6 for authorized officials or section 15 and 16 for delegated officials) on the approved CMS-855 application at the time of enrollment into the Medicare Program

Step 2. Choose **Clearinghouse** from the **Method of Electronic Submission**.

- This indicates with which method you will be submitting your claims to NGS.

Step 3. Select the **Clearinghouse Name** that will be transmitting your EDI transactions to NGS from the dropdown.

- This option will appear after **Clearinghouse** is chosen as the **Method of Electronic Submission**.
 - These clearinghouses have all passed the required CMS testing.
 - If you do not see your clearinghouse listed please select ‘Other’ and enter their information in the sections provided. There may be some testing required prior to submitting claims. This will be determined when the request is processed.

Step 4. Clearinghouse Contact Information fields – For a clearinghouse, enter the First and Last name of the employee within the clearinghouse company who would be responsible for questions regarding EDI transactions as well as their email address. We would contact them in the event that something was wrong with the format of the claim.

Step 5. Click **Next**.

The screenshot shows the 'EDI Guided Enrollment' form. At the top, there is a blue header with the 'National Government Services' logo and 'NGSMedicare Help' links. The main title is 'EDI Guided Enrollment'. Below this, a section titled 'Entry Process Questions' asks the user to select from the following options:

- I need to complete a Part A Logon Request Form.
- I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)
- I am a provider who only needs to fill out an EDI Enrollment Agreement.
- I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization
- I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN)

Red circles with numbers 1 through 5 highlight specific elements: 1. The checked registration form option; 2. The 'Method of Electronic Submission' dropdown menu set to 'Clearinghouse'; 3. The 'Clearinghouse Name' dropdown menu set to 'ABILITY Network, Inc.'; 4. The 'Clearinghouse Contact Information' section, which includes fields for Contact First Name (Jane), Contact Last Name (Clearinghouse), Email (J.Clearinghouse@email.com), and Verify E-mail (J.Clearinghouse@email.com); 5. The 'Next' button at the bottom right.

Step 6. Complete the following fields as it applies to the provider of services in the **General Information** section.

- **Entity Name** – Enter the provider name as it was approved on the CMS-855 Enrollment Applications.
- **Street Address** – Enter the provider’s physical address or corporate address as approved on the CMS-855 Enrollment Application.
- **City State Zip Code** – Enter the corresponding City, State, and Zip Code that match the provider’s physical/corporate address as approved on the CMS-855 Enrollment Application.
- **Telephone number** – Enter the contact’s telephone number.
- **Contact First Name** – Enter the first name of the contact within the provider’s office in the event that NGS has questions about the enrollment.
- **Contact Last Name** – Enter the last name of the contact within the provider’s office in the event that NGS has questions about the enrollment.
- **Title** – Enter the title of the contact person within the provider’s office.
- **Email Address** – Enter the email address for either the provider contact or the provider. We will send all communications regarding the EDI Enrollment Request to this address.

Step 7. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

The screenshot shows the 'EDI Guided Enrollment' form. At the top left is the 'National Government Services' logo. At the top right are links for 'NGSMedicare' and 'Help'. The main heading is 'EDI Guided Enrollment'. Below this is a section titled 'General Information' with a blue header. A legend indicates that an asterisk (*) denotes a required field. A checkbox labeled 'Check here if this is a corporate office' is present. The form fields are: Entity Name, Street Address, City, State (dropdown), Zip (masked as #####), Telephone Number (with area code dropdown), Telephone Number Extension, Contact First Name, Contact Last Name, Title, Email, and Verify E-mail. A red box encloses the fields from Entity Name to Verify E-mail, with a red circle containing the number '6' to its left. Below this, the Contractor Code dropdown menu is highlighted with a red box, and a red circle containing the number '7' is to its left. At the bottom of the form are 'Back' and 'Next' buttons.

Step 8. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- **Primary PTAN** – Enter the provider’s primary PTAN. It maybe the Group PTAN, Sole Practitioner PTAN, or the facility PTAN. Individual member PTANS associated with a group are not required and should not be entered on the form.

- *Primary NPI* – Enter the provider’s primary NPI. Individual member NPIs associated with a group are not required and should not be entered on the form.
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - i. Provider/Facility Name
 - ii. Provider/Facility Physical Address
 - iii. City
 - iv. State
 - v. Zip
 - vi. Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.
- They must all have the same Authorized or Delegated official.
- You must click the ADD button once the additional provider/facility’s information has been added. You must click the ADD button for them to be included in the request.

Step 9. Click **Next**.

Step 10. In the **Choose Transaction Selection** field, select all the EDI electronic transactions you will be exchanging with NGS. Be sure these are transactions that your clearinghouse has been approved to exchange.

- Setup or change your setup for sending (837) claims electronically.
- Setup or change your setup for sending Health Care Claim Status Request and Response (276/277) files electronically.
- Setup or change your setup for receiving (835) remits electronically.
- 275 Electronic Attachment. Note for Part B providers: For more information on the 275 Electronic Attachment, please view the [NGS X12/HL7 Claims Attachment Companion Guide](#).

Step 11. Click **Submit**.

The specific EDI enrollment forms will be presented for completion based on the transaction selections chosen on the previous screen.

If the provider is enrolling for 835 Remits, the EDI ERA Enrollment Form will be presented. If “Setup or change your setup for receiving (835) remits electronically” was not selected, skip to [Step 12](#).

If there is already an EDI ERA Enrollment Agreement on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

- Select **No** if you do not want to complete a new agreement. Then skip steps A-I. Note: Another is not required as long as the provider is actively participating electronically in the EDI program.
- Select **Yes** if you want to complete a new agreement. Then continue to [Step A](#).

If an EDI Enrollment Agreement is not already on file, the form will be presented for you to electronically sign.

Step A. In the Provider Information section, enter the Doing Business As Name (D.B.A) if applicable.

Provider Information

* - Required

Provider Name: The Entity

Doing Business As Name (DBA):

Street Address: Any Street

City: Anytown

State: NY

Zip: 55555-5555

Step B. In the Provider Identifiers Information section, choose the applicable identifier in the **Provider Identifiers** field.

Step C. The next field will be dependent on the Provider Identifier selected, enter the corresponding number based on selection.

Step D. Enter the Trading Partner ID if applicable.

Provider Identifiers Information

Contractor Code: 13201 - JK Part A NY

* Provider Identifiers:

* Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

Assigning Authority: MEDICARE

Trading Partner ID:

Provider Transaction Access Number (PTAN):

Step E. In the ERA Information section, choose Clearinghouse as the Method of Retrieval.

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier):

Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

* Method of Retrieval:

Electronic Remittance Advice

Step F. In the ERA Vendor Information section, select the vendor name from the dropdown and complete the vendor contact person information.

Note: If you choose “Other” in the Vendor Name field, the Vendor Information section will appear; complete the fields in this section to add the information for the vendor not listed in the Vendor Name drop-down.

Note: You will need to complete the Authorized Signature section before completing the Terms and Conditions section.

Step G. Read through the Terms and Conditions. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application. Then check mark each of the boxes for the terms and conditions.

Step H. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step I. Click *Electronically Sign*.

Terms and Conditions

clearinghouse or changing from one billing agent to another. Additionally, providers are not required to notify their FI, Carrier, RHHI, A/B MAC, or CEDI if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

FIs, Carriers, RHHIs, A/B MACs, and CEDI must inform providers that providers are obligated to notify their FI, Carrier, RHHI, A/B MAC, or CEDI in writing in advance of a change that involves a change in the billing agent(s) or clearinghouse(s) used by the provider, the effective date on which the provider will discontinue using a specific billing agent and/or clearinghouse, if the provider wants to begin to use additional types of EDI transactions, or of other changes that might impact their use of ERA.

When an FI, Carrier, RHHI, A/B MAC, or CEDI receives a signed request from a provider or supplier to accept ERA transactions from or send ERA transactions to a third party, the FI, Carrier, RHHI, A/B MAC, or CEDI must verify that an ERA Enrollment Form is already on file for that provider or supplier. The request cannot be processed until both are submitted/issued.

I have read and agree with the above terms. *

I certify that I have been duly and legally authorized to sign this form. *

- * If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. **(If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).**

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

G I understand that by typing my information below, I am certifying that I am the person identified by this information and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I should take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this web sites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

H * Authorized Official's Name:

* Authorized Official's Title:

Date: 07/26/2017

By signing this Agreement, the provider/trading partner attests that it has executed Business Associate Agreements (contracts), as mandated by HIPAA and ARRA/HITECH with each of its business associates. Moreover, the trading partner attests that it has full responsibility, as mandated by HIPAA and ARRA/HITECH, for notification of breaches of protected health information caused by the trading partner or its business associates.

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the Centers for Medicare and Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

I Electronically Sign

For all selections, an EDI Enrollment Agreement will be presented for the provider to electronically sign.

If there is already an EDI Enrollment Agreement on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

EDI Enrollment Agreement Form

Example of prompt received if a form is already on file.

Important Notice

This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup.

NPI:

PTAN:

Would you like to proceed in completing a new EDI Enrollment Agreement?

Yes
No

- a. Select **No** if you do not want to complete a new agreement. Then skip to [Step 16](#).
- b. Select **Yes** if you want to complete a new agreement. Then continue to [Step 12](#).

If an EDI Enrollment Agreement is not already on file, the form will be presented for you to electronically sign.

Step 12. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 13. Check mark each of the boxes for the terms and conditions.

Step 14. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 15. Click **Electronically Sign**.

The screenshot shows a web form titled "Terms and Conditions" with a blue header. The form contains several sections:

- Section 12:** A scrollable text area containing the terms and conditions, starting with "A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' FIs, Carriers, RHHIs, A/B MACs or CEDI:".
- Section 13:** A list of checkboxes for terms and conditions, including "I certify that I have been duly and legally authorized to sign this form" and "I understand that I am using electronic means to sign this document".
- Section 14:** Input fields for "Authorized Official's Name" (with a placeholder "Name (ex. John Smith)"), "Authorized Official's Title" (with a placeholder "Title"), and "Date" (with a placeholder "07/17/2017").
- Section 15:** A blue button labeled "Electronically Sign".

The EDI Registration Form will now display.

Step 16. In **Section I: Action** choose **Link to Third Party** in the **Action** field.

Step 17. Enter the clearinghouse's trading partner ID for the contract code the provider bills their claims through in the **Trading Partner ID** field.

The screenshot shows the 'EDI Registration Form' interface. At the top left is the 'National Government Services' logo. At the top right are links for 'NGSMedicare', 'Create New Packet', and 'Help'. The main heading is 'EDI Registration Form'. Below this is 'Section I: Action'. A red circle with the number '16' highlights a dropdown menu labeled '* Action:' with the selected option 'Link To Third Party'. Below that, '* Submitter Type:' is set to 'Clearinghouse'. A second red circle with the number '17' highlights a text input field for '* Trading Partner ID'. Below this is a section titled 'Select Transactions Authorized for this Submitter' with several checkboxes:

- ASC X12 837 Claim
- ASC X12 276/277 Claims Status & Response
- ASC X12 835 Remittance
- 275 Electronic Attachment
- Update Trading Partner Demographic Information

 At the bottom of the form is 'Section II: Provider/Facility Information'.

Step 18. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents. It must be an authorized or delegated official for the provider as approved on the CMS-855 Enrollment Application.

Step 19. The authorized or delegated official should enter their complete name as it was entered on the CMS-855 enrollment application along with their title.

Step 20. Click *Electronically Sign*.

This screenshot focuses on the 'Terms and Conditions' section. A red box highlights a list of five terms and conditions, with a red circle '18' next to the first one. The terms are:

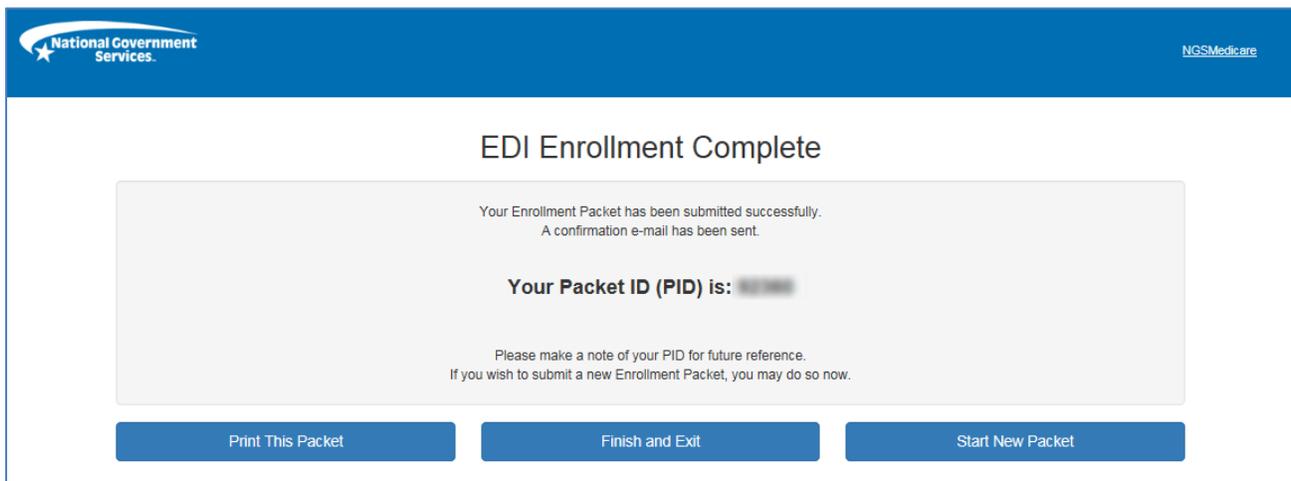
- I certify that I have been duly and legally authorized to sign this form. *
 - * If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).
- I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *
- I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *
- I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *
- I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

 Below the terms is a form for the authorized official's details, with a red circle '19' next to the first two fields:

- *Authorized Official's Name: [Text input field with placeholder 'Name (ex. John Smith)']
- *Authorized Official's Title: [Text input field with placeholder 'Title']
- Date: 07/17/2017

 At the bottom, a blue button labeled 'Electronically Sign' is highlighted with a red circle '20'.

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.



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I'm a Provider Who Will Submit Claims and/or Receive Remits Through a Billing Service

Follow the steps outlined below if you are a provider that will be submitting claims and/or receiving remits through a billing service to NGS.

Step 1. From the EDI Guided Enrollment select “**I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)**”.

- This option is used to link a provider to a billing service’s trading partner ID.
 - Providers/facilities can request to be linked to a billing service’s trading partner ID for batch EDI transactions.
 - The provider must submit this form and it must be signed by an authorized or delegated official (as listed in section 5 and 6 for authorized officials or section 15 and 16 for delegated officials) on the approved CMS-855 application at the time of enrollment into the Medicare Program.

Step 2. Choose **Billing Service** from the *Method of Electronic Submission*.

- This indicates with which method you will be submitting your claims to NGS.

Step 3. Billing Service Contact Information fields. For a Billing Service, enter the First and Last name of the employee within the Billing Service company who would be responsible for questions regarding EDI transactions as well as their email address. We would contact them in the event that something was wrong with the format of the claim.

Step 4. Billing Service/Vendor Information fields – Note this section is used to enter the billing service’s name, address and telephone number.

Step 5. Click **Next**.

EDI Guided Enrollment

* - Required

Entry Process Questions

Please select from the following

I need to complete a Part A Logon Request Form. ⓘ

I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ

* Method of Electronic Submission Billing Service ▼

I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ

I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ

I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

Billing Service Contact Information

* Contact First Name Jane

* Contact Last Name Smith

* Email j.smith@email.com

* Verify E-mail j.smith@email.com

Billing Service/Vendor Information

* Billing Service/Vendor Name ⓘ Billing Service Name

* Street Address 100 Any Street

* City Anytown

* State NY ▼ * Zip 15555-5555

* Telephone Number (555) 555-5555

Telephone Number Extension _____

Next

Step 6. Complete the following fields as it applies to the provider of services in the **General Information** section.

- **Entity Name** – Enter the provider name as it was approved on the CMS-855 Enrollment Applications.
- **Street Address** – Enter the provider’s physical address or corporate address as approved on the CMS-855 Enrollment Application.
- **City State Zip Code** – Enter the corresponding city, state and Zip Code that match the provider’s physical/corporate address as approved on the CMS-855 Enrollment Application.
- **Telephone number** – Enter the contact’s telephone number.
- **Contact First Name** – Enter the first name of the contact within the provider’s office in the event that NGS has questions about the enrollment.
- **Contact Last Name** – Enter the last name of the contact within the provider’s office in the event that NGS has questions about the enrollment.

- *Title* – Enter the title of the contact person within the provider’s office.
- *Email Address* – Enter the email address for either the provider contact or the provider. We will send all communications regarding the EDI enrollment request to this address.

Step 7. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

Step 8. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter the provider’s primary PTAN. It maybe the group PTAN, sole practitioner PTAN, or the facility PTAN. Individual member PTANs associated with a group are not required and should not be entered on the form.
- *Primary NPI* – Enter the provider’s primary NPI. Individual member NPIs associated with a group are not required and should not be entered on the form.
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”.
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - Provider/Facility Name
 - Provider/Facility Physical Address
 - City
 - State
 - Zip
 - Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.
- They must all have the same Authorized or Delegated official.
- You must click the ADD button once the additional provider/facility’s information has been added. You must click the ADD button for them to be included in the request.

Step 9. Click **Next**.

The screenshot shows a web form for entering PTAN/NPI information. At the top, there is a dropdown menu for 'Contractor Code' with the value '13201 - JK Part A NY'. Below this is a blue header for 'PTAN/NPI Information'. A checkbox labeled 'Check here if address is the same as above' is present. The form contains several input fields: 'Primary PTAN', 'Primary NPI', 'Provider/Facility Name' (filled with 'My Hospital'), 'Provider/Facility Physical Address' (filled with '200 Another Street'), 'City' (filled with 'Anycity'), 'State' (dropdown menu with 'NY' selected), 'Zip' (filled with '5555-5555'), 'Telephone Number' (filled with '(315) 555-5555'), and 'Telephone Number Extension'. A 'Show Additional PTAN/NPI' button is located below the form. At the bottom, there are 'Back' and 'Next' buttons. A red box highlights the 'Next' button, and a circled '9' is placed next to it. Another red box highlights the main form area, with a circled '8' next to it.

Step 10. In the **Choose Transaction Selection** field, select all the EDI Electronic Transactions you will be exchanging with NGS. Be sure these are transactions that your Clearinghouse has been approved to exchange.

- Setup or change your setup for sending (837) claims electronically.
- Setup or change your setup for sending Health Care Claim Status Request and Response (276/277) files electronically.
- Setup or change your setup for receiving (835) remits electronically.
- 275 Electronic Attachment. Note for Part B providers: For more information on the 275 Electronic Attachment, please view the [NGS X12/HL7 Claims Attachment Companion Guide](#).

Step 11. Click **Submit**.

The specific EDI Enrollment Forms will be presented for completion based on the transaction selections chosen on the previous screen.

- **Note:** If the provider already has an EDI ERA Enrollment Agreement and/or EDI Enrollment Agreement on file, the provider will be given the option to complete another agreement. Another is not required as long as the provider is actively participating electronically in the EDI program.

- I. Select **No** if you do not want to complete a new agreement. Then skip steps A-I.
- II. Select **Yes** if you want to complete a new agreement. Then continue to [Step A](#).

If the provider is enrolling for 835 Remits the EDI ERA Enrollment Form will be presented. If “Setup or change your setup for receiving (835) remits electronically” was not selected, skip to [Step 12](#).

Step A. In the Provider Information section, enter the Doing Business As Name (D.B.A) if applicable.

Provider Information

* - Required

Provider Name: The Entity

Doing Business As Name (DBA):

Street Address: Any Street

City: Anytown

State: NY

Zip: 55555-5555

Step B. In the Provider Identifiers Information section, choose the applicable identifier in the **Provider Identifiers** field.

Step C. The next field will be dependent on the Provider Identifier selected, enter the corresponding number based on selection.

Step D. Enter the Trading Partner ID if applicable.

Provider Identifiers Information

Contractor Code: 13201 - JK Part A NY

* Provider Identifiers:

* Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

Assigning Authority: MEDICARE

Trading Partner ID:

Provider Transaction Access Number (PTAN):

Step E. In the ERA Information section, choose Billing Service as the Method of Retrieval.

Electronic Remittance Advice Information
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier):

Provider Federal Tax Identification Number:

National Provider Identifier (NPI):

* Method of Retrieval:

Electronic Remittance Advice

Step F. In the ERA Vendor Information section, select the vendor name from the drop-down and complete the vendor contact person information.

Electronic Remittance Advice Vendor Information

* Vendor Name: ABILITY Network, Inc. ▾

* Contact First Name: Ven

* Contact Last Name: Dor

* Email: v.dor@email.com

* Verify Email: v.dor@email.com

Note: If you choose “Other” in the Vendor Name field, the Vendor Information section will appear, complete the fields in this section to add the information for the Vendor not listed in the Vendor Name drop-down.

Electronic Remittance Advice Vendor Information

* Vendor Name: Other ▾

* Contact First Name: Jane

* Contact Last Name: Smith

* Email: j.smith@email.com

* Verify Email: j.smith@email.com

Vendor Information

* Vendor Name: The Vendor

* Street Address: 100 Any Street

* City: Anytown

* State: NY ▾ * Zip: 5555-5555

* Telephone Number: (555) 555-5555

Telephone Ext: _____

Note: You will need to complete the Authorized Signature section before completing the Terms and Conditions section.

Authorized Signature

* Name of Person Submitting: Name of Person Submitting (ex. John Smith)

* Title of Person Submitting: Title of Person Submitting

Date: 11/15/2017

Step G. Read through the Terms and Conditions. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application. Then check mark each of the boxes for the terms and conditions.

Step H. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step I. Click **Electronically Sign**.

Terms and Conditions

clearinghouse or changing from one billing agent to another. Additionally, providers are not required to notify their FI, Carrier, RHHI, A/B MAC, or CEDI if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

FIs, Carriers, RHHIs, A/B MACs, and CEDI must inform providers that providers are obligated to notify their FI, Carrier, RHHI, A/B MAC, or CEDI in writing in advance of a change that involves a change in the billing agent(s) or clearinghouse(s) used by the provider, the effective date on which the provider will discontinue using a specific billing agent and/or clearinghouse, if the provider wants to begin to use additional types of EDI transactions, or of other changes that might impact their use of ERA.

When an FI, Carrier, RHHI, A/B MAC, or CEDI receives a signed request from a provider or supplier to accept ERA transactions from or send ERA transactions to a third party, the FI, Carrier, RHHI, A/B MAC, or CEDI must verify that an ERA Enrollment Form is already on file for that provider or supplier. The request cannot be processed until both are submitted/issued.

I have read and agree with the above terms. *

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. **(If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).**

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

G I understand that by typing my information below, I am certifying that I am the person identified by this information and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I should take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this web sites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

H * Authorized Official's Name:

* Authorized Official's Title:

Date: 07/26/2017

By signing this Agreement, the provider/trading partner attests that it has executed Business Associate Agreements (contracts), as mandated by HIPAA and ARRA/HITECH with each of its business associates. Moreover, the trading partner attests that it has full responsibility, as mandated by HIPAA and ARRA/HITECH, for notification of breaches of protected health information caused by the trading partner or its business associates.

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the Centers for Medicare and Medicaid Services or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.

I Electronically Sign

For all selections, an EDI Enrollment Agreement will be presented for the provider to electronically sign.

If an EDI Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

The screenshot shows the 'EDI Enrollment Agreement Form' interface. At the top right, a green-bordered box contains the text: 'Example of prompt received if a form is already on file.' Below the title is a blue header with 'Important Notice'. The main text reads: 'This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup.' Below this, there are fields for 'NPI:' and 'PTAN:'. A question asks: 'Would you like to proceed in completing a new EDI Enrollment Agreement?'. At the bottom, there are two buttons: a green 'Yes' button and a red 'No' button, both highlighted with a red border.

- a. Select **No** if you do not want to complete a new agreement. Then skip to [Step 16](#).
- b. Select **Yes** if you want to complete a new agreement. Then continue to [Step 12](#).

If an EDI Enrollment Agreement is not already on file, the form will be presented for you to electronically sign.

Step 12. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 13. Check mark each of the boxes for the terms and conditions.

Step 14. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 15. Click **Electronically Sign**.

The screenshot shows the 'Terms and Conditions' screen. It features a blue header with the title 'Terms and Conditions'. Below the header is a scrollable area containing several numbered items (1-4) detailing the provider's agreement to submit Medicare claims electronically. Below the scrollable area are several checkboxes for terms and conditions, with a red circle '13' next to the first one. At the bottom, there are input fields for 'Authorized Official's Name' and 'Authorized Official's Title', with a red circle '14' next to the first field. A 'Date' field is also present, showing '07/17/2017'. At the very bottom, there is a blue button labeled 'Electronically Sign' with a red circle '15' next to it.

The EDI Registration Form will now display.

Step 16. In **Section I: Action** choose **Link to Third Party** in the **Action** field,

Step 17. Enter the Billing Service’s Trading Partner ID for the Contract Code the provider bills their claims through in the **Trading Partner ID** field.

The screenshot displays the 'EDI Registration Form' interface. At the top left is the 'National Government Services' logo. On the top right are links for 'NGSMedicare', 'Create New Packet', and 'Help'. The main heading is 'EDI Registration Form'. Below this is 'Section I: Action'. A red circle with the number '16' highlights a dropdown menu for 'Action' with 'Link To Third Party' selected. Below that, 'Submitter Type' is set to 'Clearinghouse'. A second red circle with the number '17' highlights the 'Trading Partner ID' text input field. Below this is a section titled 'Select Transactions Authorized for this Submitter' with a list of checkboxes:

- ASC X12 837 Claim
- ASC X12 276/277 Claims Status & Response
- ASC X12 835 Remittance
- 275 Electronic Attachment
- Update Trading Partner Demographic Information

 At the bottom of the form is 'Section II: Provider/Facility Information'.

Step 18. Scroll down to the **Terms and Conditions** and check each of the boxes for the **Terms and Conditions**. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 19. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application along with their title.

Step 20. Click *Electronically Sign*.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form.*

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

18 I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

19 *Authorized Official's Name:

*Authorized Official's Title:

Date: 07/17/2017

20

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.

National Government Services NGSMedicare

EDI Enrollment Complete

Your Enrollment Packet has been submitted successfully.
A confirmation e-mail has been sent.

Your Packet ID (PID) is: XXXXXXXXXX

Please make a note of your PID for future reference.
If you wish to submit a new Enrollment Packet, you may do so now.

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I'm a Clearinghouse and need to obtain a new/update an existing Trading Partner ID

Follow the steps outlined below if you are a clearinghouse that needs to obtain a new/update an existing Trading Partner ID.

Step 1. From the EDI Guided Enrollment select **"I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)"**.

- Clearinghouse's can request a NEW Trading Partner ID for batch EDI transactions.
- Clearinghouse's can request to modify a Trading Partner ID for batch EDI transactions.
 - Update Clearinghouse Contact names, Demographics, add/change EDI Transactions.
- When a clearinghouse is completing the EDI Guided Enrollment for any of the above reasons, a person within the Clearinghouse that is responsible for the EDI Transactions must sign the EDI Registration.

Step 2. Choose **Clearinghouse** from the **Method of Electronic Submission**.

- This indicates with which method you will be submitting your claims to NGS.

Step 3. Select the clearinghouse that that will be transmitting EDI transactions to NGS from the **Clearinghouse Name** drop-down.

- This option will appear after **Clearinghouse** is chosen as the **Method of Electronic Submission**.
 - These Clearinghouses have all passed the required CMS testing.
 - If you do not see your Clearinghouse listed please select 'Other' and enter their information in the sections provided. There may be some testing required prior to submitting claims. This will be determined when the request is processed.

Step 4. Clearinghouse Contact Information fields – For a Clearinghouse, enter the First and Last name of the employee within the Clearinghouse company who would be responsible for questions regarding EDI transactions as well as their email address. We would contact them in the event that something was wrong with the format of the claim.

Step 5. Click **Next**.

The screenshot shows the 'EDI Guided Enrollment' page from National Government Services. The page title is 'EDI Guided Enrollment'. Below the title, there is a section for 'Entry Process Questions'. The user is prompted to select from the following options:

- I need to complete a Part A Logon Request Form.
- I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)
- I am a provider who only needs to fill out an EDI Enrollment Agreement.
- I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization
- I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN)

For the selected option, the following fields are required:

- * Method of Electronic Submission: Clearinghouse
- * Clearinghouse Name: ABILITY Network, Inc.

Below this, there is a section for 'Clearinghouse Contact Information' with the following fields:

- * Contact First Name: Jane
- * Contact Last Name: Clearinghouse
- * Email: J.Clearinghouse@email.com
- * Verify E-mail: J.Clearinghouse@email.com

A 'Next' button is located at the bottom right of the form.

Step 6. Complete the following fields as it applies to the Clearinghouse in the **General Information** section.

- **Entity Name** – Enter the legal business name of the Clearinghouse.
- **Street Address** – Enter the clearinghouse’s physical address or corporate address.
- **City State Zip Code** – Enter the corresponding City, State, and Zip Code that match the Clearinghouse’s physical/corporate address.
- **Telephone number** – Enter the Clearinghouse’s telephone number to their office.
- **Contact First Name** – Enter the first name of the contact within the Clearinghouse in the event that NGS has questions.
- **Contact Last Name** - Enter the last name of the contact within the Clearinghouse in the event that NGS has questions.
- **Title** – Enter the title of the contact person within the Clearinghouse.
- **Email Address** – Enter the email address for Clearinghouse contact. We will send all communications regarding the EDI Enrollment Request to this address.

Step 7. Select the contract in which the Clearinghouse is requesting a NEW/modifying a Trading Partner ID in the **Contract Code** field.

The screenshot shows the 'EDI Guided Enrollment' form. At the top, there is a blue header with the 'National Government Services' logo and 'NGS Medicare Help' text. The main title is 'EDI Guided Enrollment'. A legend indicates that an asterisk (*) denotes a required field. The form is divided into sections, with the 'General Information' section highlighted by a red box. This section includes a checkbox for 'Check here if this is a corporate office' and several text input fields: Entity Name, Street Address, City, State (a dropdown menu), Zip (with a mask '####-####'), Telephone Number (with a mask '() - - -'), and Telephone Number Extension. A red circle with the number '6' is positioned to the left of the Telephone Number field. Below the General Information section, there are fields for Contact First Name, Contact Last Name, Title, Email, and Verify E-mail. A red box highlights the 'Contractor Code' dropdown menu, which currently shows '--Select Contractor--'. A red circle with the number '7' is positioned to the left of this dropdown. At the bottom of the form, there are two buttons: 'Back' and 'Next'.

Step 8. Complete the following fields as it applies to the clearinghouse in the **PTAN/NPI Information** section.

- **Primary PTAN** – Enter all Zero’s (0) when requesting a NEW or modifying an existing Trading Partner ID (i.e., 0000000000).
- **Primary NPI** – Enter all Zero’s (0) when requesting a NEW or modifying an existing Trading Partner ID (i.e., 0000000000).
- **Provider/Facility Name** –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”.
 - If the Clearinghouse will be using a different address than previously entered on the form complete the following fields with the clearinghouse’s information.
 - i. Clearinghouse Name
 - ii. Clearinghouse Physical Address
 - iii. City
 - iv. State
 - v. Zip
 - vi. Phone number

Step 9. Click **Next**.

* Contractor Code 13201 - JK Part A NY

PTAN/NPI Information

Check here if address is the same as above

* Primary PTAN 0000000000

* Primary NPI 0000000000

Back Next

Step 10. In the **Choose Transaction Selection** field, select all the EDI Electronic Transactions you will be exchanging with NGS.

- Setup or change your setup for sending (837) claims electronically.
- Setup or change your setup for sending Health Care Claim Status Request and Response (276/277) files electronically.
- Setup or change your setup for receiving (835) remits electronically.

Step 11. 275 Electronic Attachment. Note for Part B providers: For more information on the 275 Electronic Attachment, please view the *NGS X12/HL7 Claims Attachment Companion Guide* by [Clicking Here](#). Click **Submit**.

National Government Services NGS Medicare Help

EDI Guided Enrollment

Choose Transaction Selection

Please select at least one of the following transactions. (Please select all which apply)

Setup or change your setup for sending (837) claims electronically

Setup or change your setup for sending Health Care Claim Status Request and Response(276/277) files electronically

Setup or change your setup for receiving (835) remits electronically

275 Electronic Attachment

Back Submit

The EDI Registration Form will now display.

Step 12. If you are **applying for a new Trading Partner ID**, choose **Obtain TP ID** in the **Action** field within **Section I: Action** and skip to [step 15](#).

The screenshot shows the 'EDI Registration Form' interface. At the top, there is a blue header with the 'National Government Services' logo and navigation links for 'NGSMedicare', 'Create New Packet', and 'Help'. The main title 'EDI Registration Form' is centered. Below it, a blue bar indicates 'Section I: Action'. Under this section, there are two required fields: '* Action:' and '* Submitter Type:'. The 'Action' dropdown menu is currently set to 'Obtain TPID' and is highlighted with a red box and a red circle with the number 12. The 'Submitter Type' is set to 'Clearinghouse'.

Step 13. If you are **modifying an existing Trading Partner ID**, choose **Update TP ID** in the **Action** field within **Section I: Action**.

- This include demographics, transactions, contact names, etc.
 - Note: This will not link a provider to the Trading Partner ID.
 - Note: You must check the *Update Trading Partner Demographic Information* box under the **Selection Transactions Authorized for this Submitter** section to update an address or add a contact person.

Step 14. Enter the Clearinghouse’s Trading Partner ID to be updated in the **Trading Partner ID** field. It must be the ID assigned to the Contract Code listed on the request.

The screenshot shows the 'EDI Registration Form' interface. At the top, there is a blue header with the 'National Government Services' logo and navigation links for 'NGSMedicare', 'Create New Packet', and 'Help'. The main title 'EDI Registration Form' is centered. Below it, a blue bar indicates 'Section I: Action'. Under this section, there are two required fields: '* Action:' and '* Submitter Type:'. The 'Action' dropdown menu is currently set to 'Update TPID' and is highlighted with a red box and a red circle with the number 13. The 'Submitter Type' is set to 'Clearinghouse'. Below this section, there is another required field: '* Trading Partner ID' which contains the value '123456789' and is highlighted with a red box and a red circle with the number 14.

Step 15. Scroll down the page and enter the Network Service Vendor’s name that is supplying the clearinghouses connection to NGS.

Contractor Code: 13201 - JK Part A NY

15 * Network Service Vendor: Ability

Section III: PTAN/NPI Information

Step 16. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents.

Step 17. The Authorized or Delegated official should enter their complete name

Step 18. Click **Electronically Sign**.

Terms and Conditions

16 I certify that I have been duly and legally authorized to sign this form.*

- * If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

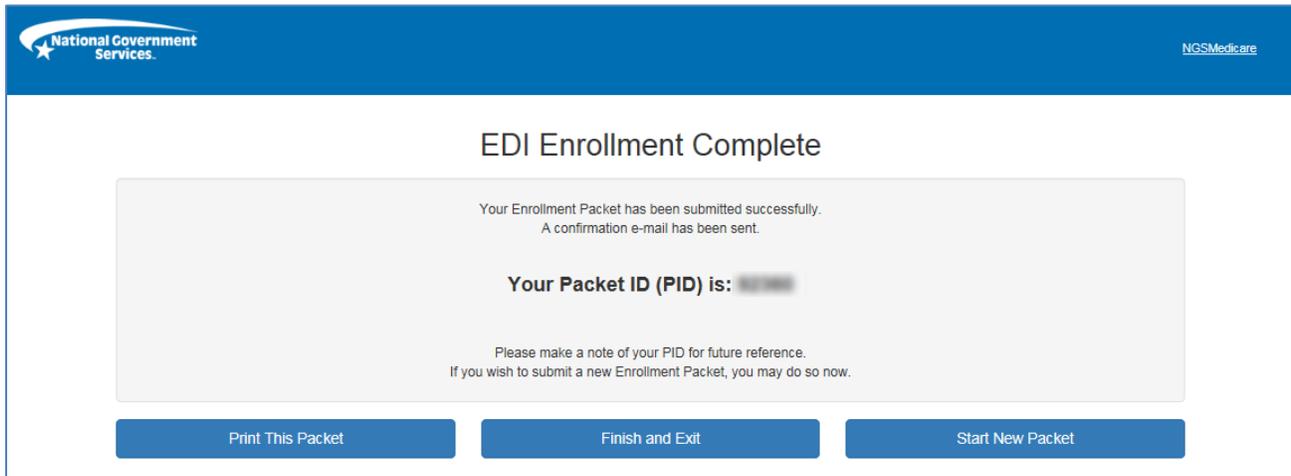
17 *Authorized Official's Name: Name (ex. John Smith)

*Authorized Official's Title: Title

Date: 07/17/2017

18 Electronically Sign

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.



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I'm a Billing Service and need to obtain a new/update an existing Trading Partner ID

Follow the steps outlined below if you are a billing service that needs to obtain a new/update an existing Trading Partner ID.

Step 1. From the EDI Guided Enrollment select **"I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)"**

- Billing Services can request a NEW Trading Partner ID for batch EDI transactions.
- Billing Services can request to modify a Trading Partner ID for batch EDI transactions.
 - Update Billing Service Contact names, Demographics, add/change EDI Transactions.
- When a Billing Service is completing the EDI Guided Enrollment for any of the above reasons a person within the Billing Service that is responsible for the EDI Transactions must sign the EDI Registration.

Step 2. Choose **Billing Service** from the **Method of Electronic Submission**.

- This indicates which entity is making the request to NGS.

Step 3. Billing Service Contact Information fields - For a Billing Service, enter the First and Last name of the employee within the Billing Service company who would be responsible for questions regarding EDI transactions as well as their email address. We would contact them in the event that something was wrong with the format of the claim.

Step 4. Vendor Contact Information fields - For a Billing Service, enter the First and Last name of the employee within the Software Vendor company who would be responsible for questions regarding EDI transactions. We would contact them in the event that something was wrong with the format of the claim.

Step 5. Click **Next**.

Step 6. Complete the following fields as it applies to the Clearinghouse in the **General Information** section.

- *Entity Name* – Enter the legal business name of the billing service.
- *Street Address* – Enter the billing service’s physical address or corporate address.
- *City State Zip Code* – Enter the corresponding City, State, and Zip Code that match the billing service’s physical/corporate address.
- *Telephone number* – Enter the billing service’s telephone number to their office.
- *Contact First Name* – Enter the first name of the contact within the billing service in the event that NGS has questions.
- *Contact Last Name* - Enter the last name of the contact within the billing service in the event that NGS has questions.
- *Title* – Enter the title of the contact person within the billing service.

- *Email Address* – Enter the email address for the billing service contact. We will send all communications regarding the EDI Enrollment Request to this address.

Step 7. Select the contract in which the billing service is requesting a NEW/modifying a Trading Partner ID in the **Contract Code** field.

Step 8. Complete the following fields as it applies to the billing service in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter all Zero’s (0) when requesting a NEW or modifying an existing Trading Partner ID (i.e., 0000000000).
- *Primary NPI* – Enter all Zero’s (0) when requesting a NEW or modifying an existing Trading Partner ID (i.e., 0000000000).
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”.
 - If the billing service will be using a different address than previously entered on the form complete the following fields with the billing service’s information.
 - Billing Service Name
 - Billing Service Physical Address
 - City
 - State
 - Zip
 - Phone number

Step 9. Click **Next**.

* Contractor Code 13201 - JK Part A NY

PTAN/NPI Information

Check here if address is the same as above

* Primary PTAN 0000000000

* Primary NPI 0000000000

Back Next

Step 10. In the **Choose Transaction Selection** field, select all the EDI Electronic Transactions you will be exchanging with NGS.

- Setup or change your setup for sending (837) claims electronically.
- Setup or change your setup for sending Health Care Claim Status Request and Response (276/277) files electronically.
- Setup or change your setup for receiving (835) remits electronically.
- 275 Electronic Attachment. Note for Part B providers: For more information on the 275 Electronic Attachment, please view the [NGS X12/HL7 Claims Attachment Companion Guide](#).

Step 11. Click **Submit**.

National Government Services. NGS Medicare Help

EDI Guided Enrollment

Choose Transaction Selection

Please select at least one of the following transactions.(Please select all which apply)

Setup or change your setup for sending (837) claims electronically

Setup or change your setup for sending Health Care Claim Status Request and Response(276/277) files electronically

Setup or change your setup for receiving (835) remits electronically

275 Electronic Attachment

Back Submit

The EDI Registration Form will now display.

Step 12. If you are **applying for a new Trading Partner ID**, choose **Obtain TP ID** in the **Action** field within **Section I: Action** and skip to [Step 15](#).

The screenshot shows the 'EDI Registration Form' interface. At the top, there is a blue header with the 'National Government Services' logo on the left and links for 'NGSMedicare', 'Create New Packet', and 'Help' on the right. The main title 'EDI Registration Form' is centered. Below the title is a blue bar labeled 'Section I: Action'. Underneath, there are two required fields: '* Action:' with a dropdown menu currently showing 'Obtain TPID', and '* Submitter Type:' with the value 'Billing Service'. A red circle with the number '12' is placed over the 'Obtain TPID' option in the dropdown menu.

Step 13. If you are **modifying an existing Trading Partner ID**, choose **Update TP ID** in the **Action** field within **Section I: Action**.

- This include demographics, transactions, contact names, etc. Note: This will not link a provider to the Trading Partner ID.
 - **Note:** You must check the *Update Trading Partner Demographic Information* box under the **Selection Transactions Authorized for this Submitter** section to update an address or add a contact person.

Step 14. Enter the Billing Service’s Trading Partner ID to be updated in the **Trading Partner ID** field. It must be the ID assigned to the Contract Code listed on the request.

The screenshot shows the 'EDI Registration Form' interface. At the top, there is a blue header with the 'National Government Services' logo on the left and links for 'NGSMedicare', 'Create New Packet', and 'Help' on the right. The main title 'EDI Registration Form' is centered. Below the title is a blue bar labeled 'Section I: Action'. Underneath, there are two required fields: '* Action:' with a dropdown menu currently showing 'Update TPID', and '* Submitter Type:' with the value 'Billing Service'. Below these fields is a horizontal line, and then another required field: '* Trading Partner ID' with the value '123456789'. A red circle with the number '13' is placed over the 'Update TPID' option in the dropdown menu, and another red circle with the number '14' is placed over the 'Trading Partner ID' text input field.

Step 15. Scroll down the page and enter the Network Service Vendor’s name that is supplying the Billing Services connection to NGS.

Contractor Code: 13201 - JK Part A NY

* Network Service Vendor: Ability

Section III: PTAN/NPI Information

Step 16. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents.

Step 17. The Authorized or Delegated official should enter their complete name.

Step 18. Click **Electronically Sign**.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

*Authorized Official's Name: Name (ex. John Smith)

*Authorized Official's Title: Title

Date: 07/17/2017

Electronically Sign

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.

National Government Services. NGS Medicare

EDI Enrollment Complete

Your Enrollment Packet has been submitted successfully.
A confirmation e-mail has been sent.

Your Packet ID (PID) is: [REDACTED]

Please make a note of your PID for future reference.
If you wish to submit a new Enrollment Packet, you may do so now.

Print This Packet Finish and Exit Start New Packet

I Am a Provider Who Only Needs to Fill Out an EDI Enrollment Agreement

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I'm a Provider that Only Needs to Complete the EDI Enrollment Agreement

This request is for providers who only need to complete the EDI Enrollment Agreement. This form is a required document by CMS allowing a provider to exchange electronic transactions with the MAC. This form is effective as long as the provider is submitting claims to NGS.

Note: If the PTAN/NPI currently has an EDI Enrollment Agreement on file, you are not required to complete an additional agreement.

Step 1. From the EDI Guided Enrollment select “**I am a Provider Who Only Needs to Fill Out an EDI Enrollment Agreement**”

Step 2. Click **Next**.

EDI Guided Enrollment

Entry Process Questions

Please select from the following

- I need to complete a Part A Logon Request Form. ⓘ
- I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ
- 1** I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ
- I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ
- I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

2

Step 3. Complete the following fields as it applies to the provider of services in the **General Information** section.

- **Entity Name** – Enter the provider name as it was approved on the CMS-855 Enrollment Applications.
- **Street Address, City, State, Zip Code** – Enter the provider’s physical or corporate address as approved on the CMS-855 Enrollment Application.

- *Telephone number* – Enter the contact’s telephone number.
- *Contact First and Last Name* – Enter the first name of the contact within the provider’s office that will be the authorized contact for any Logon IDs requested.
- *Title* – Enter the title of the contact person within the provider’s office.
- *Email Address* – Enter the email address of the authorized contact for the provider.

Step 4. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

Step 5. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter the provider’s primary PTAN. It maybe the Group PTAN, Sole Practitioner PTAN, or the facility PTAN. Individual member PTANS associated with a group are not required and should not be entered on the form.
- *Primary NPI* – Enter the provider’s primary NPI. Individual member NPIs associated with a group are not required and should not be entered on the form.
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section labeled “Check here if address is the same as above”
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - Provider/Facility Name
 - Provider/Facility Physical Address
 - City
 - State
 - Zip
 - Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.
- They must all have the same Authorized or Delegated official.
- You must click the ADD button once the additional provider/facility’s information has been added. You must click the ADD button for them to be included in the request.

Step 6. Once all PTAN/NPI information is completed, click **Submit**.

The screenshot shows a web form titled "PTAN/NPI Information". At the top, there is a dropdown menu for "Contractor Code" with the value "13201 - JK Part A NY". Below this is a blue header bar with the text "PTAN/NPI Information". Underneath the header is a checkbox labeled "Check here if address is the same as above". The main form area contains several input fields: "Primary PTAN", "Primary NPI", "Provider/Facility Name" (with the value "The Provider"), "Provider/Facility Physical Address" (with the value "200 Any Road"), "City" (with the value "Anytown"), "State" (with a dropdown menu showing "NY"), "Zip" (with the value "55555-5555"), "Telephone Number" (with the value "(555) 555-5555"), and "Telephone Number Extension". A blue button labeled "Show Additional PTAN/NPI" is located below the input fields. At the bottom of the form are two blue buttons: "Back" and "Submit". A red circle with the number "5" is positioned to the left of the "Provider/Facility Physical Address" field, and a red circle with the number "6" is positioned to the left of the "Submit" button.

The EDI Enrollment Agreement will be presented for the provider to electronically sign.

If an EDI Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

The screenshot shows a web form titled "EDI Enrollment Agreement Form". At the top right, there is a green box with the text "Example of prompt received if a form is already on file." Below the title is a blue header bar with the text "Important Notice". Underneath the header is a message: "This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup." Below the message are two lines of text: "NPI: [redacted]" and "PTAN: [redacted]". Below this is a question: "Would you like to proceed in completing a new EDI Enrollment Agreement?". At the bottom of the form are two buttons: a green button labeled "Yes" and a red button labeled "No". A red box highlights the "Yes" and "No" buttons.

- a. Select **No** if you do not want to complete a new agreement. Then skip steps 7–10.
- b. Select **Yes** if you want to complete a new agreement. Then continue to [Step 7](#).

If an EDI Enrollment Agreement is not already on file, the form will be presented for you to electronically sign.

Step 7. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application.

Step 8. Check mark each of the boxes for the terms and conditions.

Step 9. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 10. Click **Electronically Sign**.

The screenshot shows the 'Terms and Conditions' section of the EDI Enrollment Agreement. It includes a list of terms (A, 1-4) and a series of checkboxes for agreement. Below the checkboxes are input fields for the Authorized Official's Name, Title, and Date. At the bottom, there is a blue button labeled 'Electronically Sign'. Red circles with numbers 7 through 10 highlight these specific areas: 7 points to the Terms and Conditions text, 8 points to the checkboxes, 9 points to the input fields, and 10 points to the 'Electronically Sign' button.

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit, or start a new packet.

The screenshot shows the 'EDI Enrollment Complete' screen. At the top, it says 'Your Enrollment Packet has been submitted successfully. A confirmation e-mail has been sent.' Below this, it displays 'Your Packet ID (PID) is:' followed by a redacted ID number. At the bottom, there are three buttons: 'Print This Packet', 'Finish and Exit', and 'Start New Packet'. The National Government Services logo is in the top left, and 'NCS Medicare' is in the top right.

I am a Provider Who Needs to Complete a Part A Logon Request Form Letter Of Authorization

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I'm a Provider Requesting Access to FISS/DDE for a Billing Service to Perform Billing on My Behalf

This option is for a provider/facility to authorize a billing service's access to the Part A FISS/DDE system in order to perform billing functions on their behalf.

Note of Importance

- Each request can support up to 26 PTAN/NPI combinations within the same Contractor Code.

Step 1. From the EDI Guided Enrollment select “I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization”.

Step 2. Click *Next*.

National Government Services

NGSMedicare Help

EDI Guided Enrollment

Entry Process Questions

Please select from the following

- I need to complete a Part A Logon Request Form. ⓘ
- I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ
- I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ
- 1** I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ
- I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

2

Step 3. Complete the following fields as it applies to the provider of services in the **General Information** section.

- **Contact First and Last Name** – Enter the first name of the contact within the provider’s office that will be the authorized contact for any Logon IDs requested.
- **Email Address** – Enter the email address of the authorized contact for the provider.

Step 4. Select the contract in which the provider is enrolled in the Medicare Program in the **Contract Code** field.

The screenshot shows the 'EDI Guided Enrollment' form. At the top left is the 'National Government Services' logo. At the top right are links for 'NGSMedicare' and 'Help'. The main heading is 'EDI Guided Enrollment'. Below this is a note: '* - Required'. The form is divided into sections. The 'Provider Information' section is highlighted with a red box and a red circle containing the number '3'. It contains four required fields: 'Contact First Name', 'Contact Last Name', 'Email', and 'Verify E-mail'. Below this section is a 'Contractor Code' dropdown menu, highlighted with a red box and a red circle containing the number '4'. At the bottom of the form are two buttons: 'Back' and 'Submit'.

Step 5. Complete the following fields as it applies to the provider of services in the **PTAN/NPI Information** section.

- *Primary PTAN* – Enter the provider’s primary PTAN.
- *Primary NPI* – Enter the provider’s primary NPI
- *Provider/Facility Name* –
 - If this is the same information entered in the General Information section, you may check the box at the top of this section “Check here if address is the same as above”
 - If the provider’s office location is not the same as their corporate or primary location then they would enter the Provider’s secondary location address as approved on the CMS-855 Enrollment Application.
 - i. Provider/Facility Name
 - ii. Provider/Facility Physical Address
 - iii. City
 - iv. State
 - v. Zip
 - vi. Phone number

Note: If there are additional PTAN/NPI numbers to include click the **Show Additional PTAN/NPI** button and complete the PTAN/NPI information.

- You can enter up to 25 additional PTAN/NPI combinations.
- They must all be for the same Medicare Contractor Code.

- You must click the ADD button once the additional provider/facility's information has been added. You must click the ADD button for them to be included in the request.

* Contractor Code: 13201 - JK Part A NY

PTAN/NPI Information

Check here if this is a corporate office

* Primary PTAN: [Redacted]

* Primary NPI: [Redacted]

* Provider/Facility Name: The Provider

* Provider/Facility Physical Address: 100 Any Street

* City: Anytown

* State: NY | * Zip: 55555-5555

* Telephone Number: (555) 555-5555

Telephone Number Extension: [Redacted]

Show Additional PTAN/NPI

Back | Submit

Step 6. Once all PTAN/NPI information is completed, click **Submit**.

If an EDI Enrollment Agreement is already on file for the PTAN/NPI combination entered, you will see a prompt notifying you that the form is already on file.

EDI Enrollment Agreement For

Example of prompt received if a form is already on file.

Important Notice

This PTAN/NPI already has a completed EDI Enrollment Agreement Form on file. An additional agreement is not required to complete the setup.

NPI: [Redacted]

PTAN: [Redacted]

Would you like to proceed in completing a new EDI Enrollment Agreement?

Yes | No

- I. Select **No** if you do not want to complete a new agreement. Then skip to [Step 11](#).
- II. Select **Yes** if you want to complete a new agreement. Then continue to [Step 7](#).

If an EDI Enrollment Agreement is not already on file, the form will be presented for you to electronically sign.

Step 7. Read through the Terms and Conditions on the EDI Enrollment Agreement screen. Note the requirements for who may sign the documents. It must be an Authorized or Delegated Official for the provider as approved on the CMS-855 Enrollment Application (section 5 and 6 for authorized officials; section 15 and 16 for delegated officials).

Step 8. Check mark each of the boxes for the terms and conditions.

Step 9. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 10. Click **Electronically Sign**.

Terms and Conditions

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' FIs, Carriers, RHHIs, 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 FIs, Carriers, RHHIs, 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:

I certify that I have been duly and legally authorized to sign this form. *

- If I am signing on behalf of a Provider/Facility, I certify that I have been duly and legally authorized to sign this form on the behalf of the provider/Provider/Facility as reported to the Provider Enrollment Department on the CMS-855 form. (If you are unsure who the authorized official or delegated official you may review your 855 application/PECOS or contact your site administrator).

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

* Authorized Official's Name:

* Authorized Official's Title:

* Date: 07/26/2017

Electronically Sign

The Provider Letter of Authorization will be presented for completion.

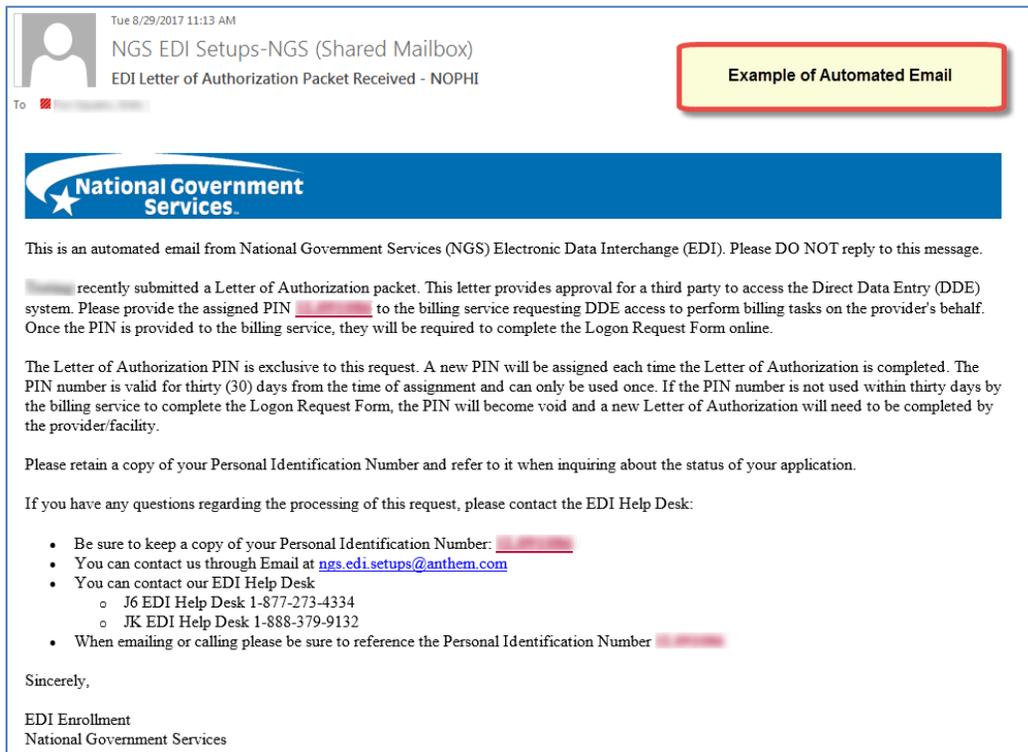
Step 11. In *Billing Service Information* section, enter the name of the Billing Service.

Step 12. Verify that all information on the Letter of Authorization form is correct. Then check mark each of the boxes for the terms and conditions.

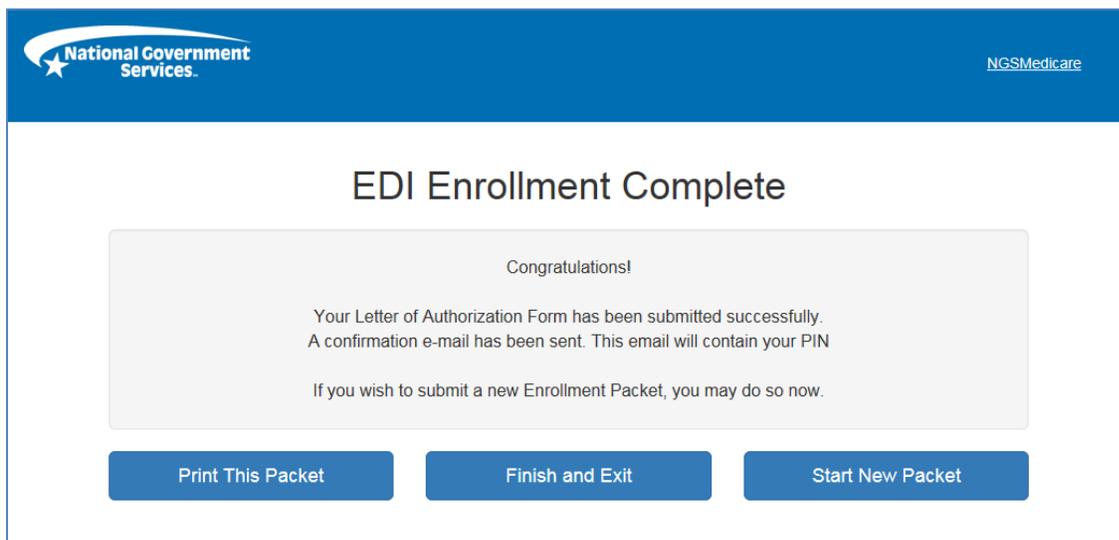
Step 13. The Authorized or Delegated official should enter their complete name as it was entered on the CMS-855 enrollment application and enter the title of the authorized or delegated official.

Step 14. Click *Electronically Sign*.

Note: An email will be sent to the provider’s contact email address listed on the form with the PIN. The provider will need to give the Billing Service the PIN so they may complete their portion of the Part A Logon Request form.



Once completed, the **EDI Enrollment Complete** screen will display. You will have the option to print the packet, finish and exit, or start a new packet.



I'm a Billing Service that Needs to Complete a Part A Logon Request Form. (I have a Letter of Authorization PIN)

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I'm a Billing Service That Needs to COMPLETE the Part A Logon Request Form to Bill on a Provider's Behalf

This option allows a billing service to complete the Part A Logon Request Form after the Letter of Authorization has been completed by the provider to allow the Billing Service to perform FISS/DDE functions on their behalf.

Notes of Importance

- Each request can support up to 10 Logon IDs for Users within the same Contract Code.
- Each request can support up to 26 PTAN/NPI combinations within the same Contractor Code.
- You will have the ability to complete additional forms for the same provider in the same packet.
- The PIN is a one-time use PIN and will expire after 30 days if not used.

Step 1. From the EDI Guided Enrollment select “**I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN)**”.

Step 2. : Enter the Letter of Authorization PIN provided to you by the provider/facility in the box provided.

Step 3. Click **Next**.

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EDI Guided Enrollment

Entry Process Questions

Please select from the following

- I need to complete a Part A Logon Request Form. ⓘ
- I need to complete a Registration Form. (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits) ⓘ
- I am a provider who only needs to fill out an EDI Enrollment Agreement. ⓘ
- I am a provider who needs to complete a Part A Logon Request Form Letter Of Authorization ⓘ
- 1** I am a billing service that needs to complete a Part A Logon Request Form. (I have a Letter of Authorization PIN) ⓘ

2 *Enter your Letter of Authorization PIN:

3

The Part A Logon Request form will now be presented and additional information is required to be submitted.

Step 4. In **Section I: Action**, select the applicable action type for the request from the **Action** drop-down box.

- *Add PTAN(s)* – Add PTAN(s) to an ID that currently has access to the FISS region PTAN(s) are assigned to.
- *Add Region (Dual Access)* – Add an additional region of FISS access to an ID that is currently active.
- *New Logon ID* – assign a new user a Logon ID (previously assigned inactive Logon IDs will be reinstated).
- *Reinstate Logon ID* – User has an existing Logon ID that is currently inactive.

Step 5. In **Section II: Requestor**, complete the required fields for the contact information:

- *Primary Contact First and Last Name* – Enter the first and last name of the Contact with the Billing Service that will be the authorized contact for any Logon IDs requested.
- *Primary Title* – Enter title of the contact person for the Billing Service.
- *Email Address* – Enter the email address for the authorized contact within the Billing Service.
- *Facility Name* – Enter the name of the Billing Service. It should be the same name the provider provided on the Letter of Authorization.
- *Address Fields* – Enter the Billing Service’s Address including Street, City, State and Zip Code.

Step 6. In **Section II: Requestor** – *Network Service Vendor* drop-down, select the Network Service Vendor that will be providing your connectivity to NGS.

Section II: Requestor

* Primary Contact First Name

* Primary Contact Last Name

* Primary Title

* E-mail

* Verify E-mail

* Facility Name

* Street Address

* City

* State * Zip

* Telephone Number

Telephone Number Extension

Contractor Code 13201 - JK Part A NY

* Network Service Vendor --Select Network Service Vendor--

Step 7. The **Section IV: Log On** section is completed with the operator’s information. Any additional action types for the same operator will require an additional form to be completed. Complete the following fields in the **Add Operator** section based on the action selected in **Section I: Action**. **Note:** Some fields listed below may not be presented; only fields specific to the action selected will display.

- *Operator First and Last Name* – Enter the first name, middle initial and last name of the operator who will be accessing the FISS/DDE system.
 - *Note:* The middle initial is not a required field. If entering the middle initial, do not use X for the middle initial unless it is actually the middle initial.
- *Telephone Number/Extension* – Enter the direct telephone number and extension of the user.
- *Email* – Enter the direct email address of the user.
- *Operator Access* –Choose either Inquiry or Inquiry/Update from the drop-down.
 - “Inquiry” gives the ability to check status but not make changes.
 - “Inquiry/Update” gives the user the ability to check eligibility and make changes, such as sending or correcting a claim.
- *EIN* – The EIN is a unique alpha-numeric validation number assigned to the Logon ID.
 - *Note:* if this is not known enter “1234”.
- *Logon ID* – This is the seven-digit Logon ID assigned to the user.
 - two alpha, five numeric (XX11111) or
 - three alpha, four numeric (XXX1111)

Step 8. Click **Add**.

Section IV: Log On

Add Operator(s)

7

* Operator First Name

Operator Middle Initial

* Operator Last Name

* Telephone Number

Telephone Number Extension

* E-mail

* Verify E-mail

* Logon ID

8

To add an Operator, enter the Operator information, click the Add button, and confirm it appears in the Operators List. Repeat these steps for each Operator to be added to the form before clicking Electronically Sign button.

Step 9. The information will now display in the **Operator List**. After adding an operator, you can add additional operators by completing steps 7 and 8. You can add up to ten operators who are requesting the same access per form.

Operators List

9

Operator Name	Telephone Number	E-mail Address	Logon ID	ACTION
Jane Smith	(555) 555-5555	j.smith@email.com	1234567	<input type="button" value="Remove"/>

Step 10. Scroll down to the *Terms and Conditions* and check each of the boxes for the *Terms and Conditions*. Note the requirements for who may sign the documents.

Step 11. The Authorized or Delegated official should enter their complete name along with their title.

Step 12. Click **Electronically Sign**.

Terms and Conditions

I certify that I have been duly and legally authorized to sign this form. *

I understand that I am using electronic means to sign this document, and I consent to signing this document electronically. *

I understand that by typing my information below, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature. *

10 I understand that CMS information security policy strictly prohibits the sharing or loaning of Medicare-assigned IDs and passwords and that I must take appropriate measures to prevent their unauthorized disclosure or modification. I further understand that the violation of this policy will result in revocation of all methods of system access, including but not limited to, EDI front-end access or VDC RACF user access. *

I understand that unauthorized use of, or access to, information contained on this websites may constitute a violation of state and federal law, resulting in possible civil and criminal penalties. I understand all use and/or access to this web site is subject to monitoring. *

11 * Authorized Official's Name:

* Authorized Official's Title:

* Date: 08/29/2017

12 Electronically Sign

Step 13. You will be given the opportunity to complete additional requests for the same provider by selecting **Yes** or **No** under the “*Would you like to complete another Part A Logon Request Form?*”.

- If Yes is selected you will be presented with the Logon Request form for the same provider. Follow steps 4–12 to complete the form.
- If no is selected you will be presented with the EDI Enrollment Completion page.

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Important Notice

Would you like to complete another Part A Logon Request Form for this provider?

13 Yes No

Once completed, the **EDI Enrollment Complete** screen will display. This screen will provide the Packet ID (PID) information. You will also have the option to print the packet, finish and exit or start a new packet.

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EDI Enrollment Complete

Your Enrollment Packet has been submitted successfully.
A confirmation e-mail has been sent.

Your Packet ID (PID) is: XXXXXXXXXX

Please make a note of your PID for future reference.
If you wish to submit a new Enrollment Packet, you may do so now.

Print This Packet Finish and Exit Start New Packet

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