



INTERNET EDI

Enrollment Packet

ATTENTION: PLEASE READ BEFORE COMPLETING PAPERWORK

IS THIS THE RIGHT EDI ENROLLMENT PACKET?

The *Internet EDI Enrollment Packet* should be completed to request an Internet EDI ID necessary to transmit Claim Status Request transactions (ANSI 276) and receive Claim Status Response transactions (ANSI 277), and/or retrieve Electronic Remittances (ANSI 835), via CGS's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is selected, **all other access to retrieving Electronic Remittances for the Provider number listed will be terminated.**

CGS has a separate packet for submitters who wish to submit claims to our front-end system. The **Part A, Part B, & HHH EDI Enrollment forms** are available for download from:

- Part B: <http://www.cgsmedicare.com/partb/edi/enrollment.html>
- Part A: <http://www.cgsmedicare.com/parta/edi/enrollment.html>
- Home Health & Hospice: <http://www.cgsmedicare.com/hhh/edi/enrollment.html>

USING ELECTRONIC DATA INTERCHANGE SERVICES

CGS has prepared this packet for Part A, Part B and HHH providers. The Internet EDI Enrollment packet contains the form and explanation for each of the services offered through CGS's public Internet. For further information regarding any of this material, please call the CGS EDI Provider Contact Center at:

- **Ohio and Kentucky Part B:** 1.866.276.9558 *option 2*
- **Ohio and Kentucky Part A:** 1.866.590.6703 *option 2*
- **Home Health and Hospice:** 1.877.299.4500 *option 2*

When submitting completed forms, please allow a processing time of approximately seven calendar days. Remember –CGS cannot process incomplete applications or agreements! Please fill in all appropriate blanks.



Internet EDI Application

Please Note: The Internet EDI Application Form is used for initial Internet EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the EDI Application Form for your records.**

An Internet EDI ID number is a unique number. An Internet EDI ID can be used to transmit Part A, Part B, and HHH Claim Status Request transactions (ANSI 276) and receive Claim Status Response transactions (ANSI 277), and/or retrieve Electronic Remittances (ANSI 835), via CGS's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is selected, **all other access to retrieving Electronic Remittances for the Provider number listed will be terminated.**

Providers are not permitted to share their personal EDI access number (including Internet EDI ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- Anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The Internet EDI ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that Internet EDI ID and password. Likewise, a provider's Internet EDI ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own Internet EDI ID and password.

The *GPNET Communications Manual* includes information about connecting to CGS's EDI Gateway and public Internet. The *GPNet Communications Manual* is available for download from <http://www.cgsmedicare.com> select your line of business then EDI and User Guides.

Change of Ownership, Address, or Phone Number

When you have a change of ownership, address or phone number you must notify CGS by calling the CGS EDI Provider Contact Center at:

- **Ohio and Kentucky Part B:** 1.866.276.9558 *option 2*
- **Ohio and Kentucky Part A:** 1.866.590.6703 *option 2*
- **Home Health and Hospice:** 1.877.299.4500 *option 2*

If the change of ownership results in different provider number(s), please inform the EDI Helpdesk when you call.



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Internet EDI ID Application Form Instructions

The purpose of the *Internet EDI ID Application Form* is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of claim status inquiry and response files, and/or electronic remittances via CGS's public Internet. **It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

An initial Internet EDI ID Application form should be completed to request your Internet EDI ID. A separate request should be completed for each provider you are requesting permission. A signature from the provider's authorized contact is required before access will be established.

Please retain a copy of this completed form for your records.

You must submit a completed EDI Application Form when submitting additional EDI forms.

The field descriptions listed below will aid in completing the form properly.

FORM FIELD NAME	INSTRUCTIONS FOR FIELD COMPLETION
Line of Business Information	Indicate the line of business and state for which you will be transmitting. Select all that apply to this request.
Action Requested: <ul style="list-style-type: none"> • Apply for New Internet EDI ID • Change/Update Internet EDI ID Information • Delete • Add Provider 	Indicate the action to be taken on the application form. <ul style="list-style-type: none"> • If you are a new applicant, check Apply for New Internet EDI ID. • If you request to change or update information about the Internet EDI ID holder, check Change/Update Internet EDI ID Information and be sure to include your current Internet EDI ID. • If you request to delete a provider, check Delete and be sure to include your Internet EDI ID. • If you need to add an additional provider to an existing Internet EDI ID, check Add Provider. Only one provider can be added per application form, as the provider's signature is required for processing this request.
Internet EDI ID	The Internet EDI ID is used to communicate with CGS via CGS's public Internet. For new applicants, this field should be left blank, as CGS will assign this ID if requested. For changes or additions, enter the Internet EDI ID to which the change/additions should be applied.
Date	Please enter the date the application is completed.
Receiver ID	To receive electronic remittances via CGS's public Internet, enter the Receiver ID currently used to download remittance advices/notices for the provider noted on this form. If retrieving Electronic Remittances (ANSI 835) through CGS's public Internet is selected, all other access to retrieving Electronic Remittances for the provider number noted will be terminated.
Internet EDI ID Holder's Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with CGS.
Owner Name(s)	Enter the name of the individual(s) who owns the entity listed above.
Type of Internet EDI ID Holder	Check the appropriate box.



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FORM FIELD NAME	INSTRUCTIONS FOR FIELD COMPLETION
EDI Contact Person	The name of the Internet EDI ID holder's primary EDI contact. This is the person CGS will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.
Fax	The fax number for this location.
Address	The mailing address of the Internet EDI ID holder.
City, State, ZIP	The city, state and ZIP Code of the Internet EDI ID holder.
Internet EDI ID Holder's Email Address	The email address of the contact person listed.
Providers For Whom Internet EDI ID Holder Will Be Communicating Electronically:	
Provider Name	List the provider whose claim status requests will be submitted and retrieved, and/or electronic remittance retrieved, by the Internet EDI ID holder listed above. (A separate form must be completed for each provider, as a provider signature is required for processing this request.) This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Tax ID	Enter the Tax Identification Number for the provider.
Provider Email address	Indicate the email address for the provider listed above.
Provider Number	Indicate the Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).
Submit Claim Status Requests (ANSI 276)/Retrieve Claim Status Response (ANSI 277)	Check this box if the provider wishes the Internet EDI ID holder to submit claim status requests and retrieve claim status responses via CGS's public Internet.
Receive Electronic Remittances	Check this box if the provider wishes the Internet EDI ID holder to retrieve Electronic Remittances for the provider indicated via CGS's public Internet. If retrieving Electronic Remittances (ANSI 835) via an Internet EDI ID is selected, all other access to retrieving Electronic Remittances for the Provider number noted will be terminated.
Signature	The signature of the provider's authorized contact.
Date	Please enter the date the application is completed.

Once you have completed the application form, please retain a copy for your records and fax the original via the appropriate fax number below. Your request for an Internet EDI ID will be processed within seven calendar days of receipt of completed forms.