

JURISDICTION 1 EDI APPLICATION FORM AND INSTRUCTIONS

NOTE: The purpose of the **Jurisdiction 1 EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services who **currently** transmit electronically to the Medicare FI or Carrier on Palmetto GBA's EDI front-end. Jurisdiction 1 includes California, Hawaii and Nevada, the territories of American Samoa and Guam, and the Northern Mariana Islands. This form is not to be used to enroll new submitters or to enroll in new EDI options, such as electronic remittances. A separate form will be available after cutover.

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.

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

- Any billing agent, clearinghouse/network service vendor
- To 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 EDI Submitter ID and password act as an electronic signature, therefore the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter 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 EDI Submitter ID and password.

The field descriptions listed below will aid in completing the form properly. There are two (2) pages to the application form. The first page is required and the second page should be used only if additional providers need to be listed.

NOTE: By completing and returning this form you are authorizing Palmetto GBA to migrate your Trading Partner/Submitter ID from your current contractor to Palmetto GBA's J1 EDI gateway, GPNet.

Form Field Name	Instructions for Field Completion
Line of Business Information:	Indicate the line of business and states for which you will be transmitting. Select all that apply.
Submitter Name:	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
Date:	Please enter the date the application is completed.
Existing Trading Partner /Submitter ID:	Enter the Trading Partner/Submitter ID that you currently use for the LOB selected above. This ID will also be used to communicate with Palmetto GBA electronically.
Existing PPTN or DDE ID:	Enter the Professional Provider Telecommunications Network (PPTN) or Direct Data Entry (DDE) ID that you currently use for the LOB selected above, if available. This ID will also be used with Palmetto GBA.
Type of Submitter:	Check the appropriate box.
Contact Person:	The name of the submitter's primary EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the application or future questions about their communications.
Phone:	The area code and phone number of the Contact Person listed.
FAX:	The FAX number for this location.
Address:	The mailing address of the submitter.
City, State, Zip:	The city, state and zip code of the submitter.
E-mail Address:	The e-mail address of the contact person listed. Note: This will be the primary method of communication. Processing of applications submitted without an e-mail address may be delayed.

Form Field Name	Instructions for Field Completion
Claim Submission Mode of Communication:	There are four available modes of communication modes that can be used for claim submission. Check only one . <ul style="list-style-type: none"> • GPNet Asynchronous: Asynchronous communication with the EDI Gateway Production network. • CONNECT:Direct (NDM): Network Data Mover • Dial-up FTP: File transfer protocol transmission via GPNet – not Internet. • Leased FTP: File transfer protocol transmission via the Internet or Network-based connection.
Electronic Remittance Retrieval Mode of Communication:	Check only one mode of communication that will be used. <ul style="list-style-type: none"> • GPNet Asynchronous should be checked for asynchronous communication with Palmetto GBA's GPNet. • CONNECT:Direct (NDM) - Network Data Mover • Dial-up FTP: File transfer protocol transmission via GPNet – not Internet. • Leased FTP: File transfer protocol transmission via the Internet or Network-based connection.
Report Response Format:	Check the format in which you will receive GPNet Claims Acceptance Responses.
Data Compression:	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using.
Vendor ID:	Include Vendor ID number if known.
Name of PPTN or DDE Connectivity Vendor:	Indicate the name of the Professional Provider Telecommunications Network (PPTN) or Direct Data Entry (DDE) Connectivity Vendor you are using, if applicable.
Providers For Whom Submitter Will Be Communicating Electronically:	
Provider Name:	List each provider whose bills will be submitted by the submitter named above. (If additional providers need to be listed, indicate each one separately on the <i>Multiple Providers List</i> form.)
Provider Number:	Indicate the Medicare Provider Number for each provider listed.
NPI:	Include the National Provider Identifier (NPI).
Submit Claims:	Check this box if the submitter to currently submits claims electronically for this provider.
Receive Electronic Remittances:	Check this box if the submitter currently receives Electronic Remittances for the provider indicated. Provider must be already submitting claims electronically to receive Electronic Remittances.
Receive Reports:	Check this box if the submitter currently receives response reports electronically for the provider indicated.
PPTN Online Inquiry or DDE:	Check this box if the submitter currently uses PPTN or DDE.

To complete the EDI Application Form, please follow these instructions:

1. Click the EDI Application Form link at the bottom of this page. Select the "Highlight fields" and/or "Highlight required fields" box to view editable fields and to type in your information.
Interactive Form Tips: Content entered within this form can only be printed; the content entered cannot be saved. The interactive form allows ease in completion by the customer as well as clarity when received at Palmetto GBA.
2. Please make sure the form is completed in its entirety.
3. Once the form is completed, select Print Form and it will validate fields that are required.
4. Fax or mail to:

Palmetto GBA
Jurisdiction 1, AG-420
PO Box 100145
Columbia, SC 29202-3145

803-870-8035
Please send your FAX cover sheet to
ATTN: J1 GPNET Migration.
Please include a Contact Name, Phone #,
FAX # and E-mail address.

April 2008

EDI Application Form

This information is intended as reference to be used in addition to information from the Centers for Medicare & Medicaid Services (CMS) and American National Standard Institute (ANSI). Use or disclosure of the data contained on this page is subject to restriction by Palmetto GBA.

Line of Business Information:				
<input type="checkbox"/> Part A	<input type="checkbox"/> Part B	<input type="checkbox"/> CA	<input type="checkbox"/> NV	<input type="checkbox"/> HI*
<small>(*Includes Samoa, Guam and Northern Mariana Islands)</small>				

Submitter Name: _____ Date: _____

Trading Partner /Submitter ID: _____

PPTN or DDE ID: _____

Type of Submitter: Software Vendor Billing Service Provider Clearinghouse

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address*: _____

*Note: E-mail will be the primary method of communication.

Claim Submission Mode of Communication:	<input type="checkbox"/> GpNet Asynchronous	<input type="checkbox"/> Dial-up FTP
	<input type="checkbox"/> CONNECT:Direct (NDM)	<input type="checkbox"/> Leased FTP
Report/Electronic Remittance Mode of Communication:	<input type="checkbox"/> GpNet Asynchronous	<input type="checkbox"/> Dial-up FTP
	<input type="checkbox"/> CONNECT:Direct (NDM)	<input type="checkbox"/> Leased FTP
Report Response Format:	<input type="checkbox"/> File	<input type="checkbox"/> Report
Data Compression	<input type="checkbox"/> PKZIP	<input type="checkbox"/> UNIX-Compress
Name of Software Vendor:	_____	
Vendor Security ID:	_____	
PPTN or DDE Connectivity Vendor:	<input type="checkbox"/> IVANS	<input type="checkbox"/> VisionShare <input type="checkbox"/> Other

Providers For Whom Submitter Will Be Transmitting:

Provider Name:	_____		
Provider Number:	_____	NPI:	_____
<input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports <input type="checkbox"/> PPTN Online Inquiry or DDE			

Provider Name:	_____		
Provider Number:	_____	NPI:	_____
<input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports <input type="checkbox"/> PPTN Online Inquiry or DDE			

Provider Name:	_____		
Provider Number:	_____	NPI:	_____
<input type="checkbox"/> Submit Claims <input type="checkbox"/> Receive Electronic Remittances <input type="checkbox"/> Receive Reports <input type="checkbox"/> PPTN Online Inquiry or DDE			

Please mail this form to: **Palmetto GBA**
Jurisdiction 1, AG-420
PO Box 100145
Columbia, SC 29202-3145

Or FAX to: 803-870-8035 (FAX)

Please retain a copy for your records.

Providers For Whom Submitter Will Be Transmitting:

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

Provider Name: _____			
Provider Number: _____		NPI: _____	
<input type="checkbox"/> Submit Claims	<input type="checkbox"/> Receive Electronic Remittances	<input type="checkbox"/> Receive Reports	<input type="checkbox"/> PPTN Online Inquiry or DDE

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