

Line of Business Information: \_\_\_\_\_

Submitter ID (if available): \_\_\_\_\_ Date: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

EDI Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Note: Email will be the primary method of communication.

List all Medicare Provider Transaction and Access Numbers (PTANs) and National Provider Identifiers (NPIs) (if additional room is needed, please attach a list of names with PTANs and NPIs). An EDI Application must be included if the Entity above is a billing service, clearinghouse or a provider other than the provider(s) listed below.

Provider Name	PTAN	NPI

Provide a list of individuals requiring access (full name including middle initial is required before an ID can be assigned). NOTE: We cannot accept a "generic" name for DDE User IDs. The person(s) whose name is given will be assigned a DDE User ID and that person(s) will be responsible for all activities in the system under that DDE User ID. Any changes related to the assigned DDE User ID should be communicated to Palmetto GBA by contacting the Provider Contact Center toll-free at: [Jurisdiction J Part A: 877-567-7271](#) [Jurisdiction M Part A & HHH: 855-696-0705](#)

Action Requested:

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested:

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested:

First Name	MI	Last Name	Existing ID/PIN	Email

Action Requested:

First Name	MI	Last Name	Existing ID/PIN	Email

**DDE Enrollment Form**

NOTICE: Federal law and applicable regulation and guidance, including IOM Pub. 100-04, Chapter 24, Section 30.2, shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document. This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare/Section 1011 claims or any other EDI transactions are submitted to CMS or the CMS contractor. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate, except as noted in applicable regulation and guidance, including IOM Pub. 100-04, Chapter 24, Section 30.2. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

OMB No. 0938-0983 approved by CMS



Line of Business Information: \_\_\_\_\_ Date: \_\_\_\_\_

Action Requested: \_\_\_\_\_

Submitter ID (if available): \_\_\_\_\_ Receiver ID: \_\_\_\_\_

Submitter Name: \_\_\_\_\_

Type of Submitter: \_\_\_\_\_

EDI Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Submitter Email Address: \_\_\_\_\_

Note: Email will be the primary method of communication.

Report Response Format: \_\_\_\_\_ Data Compression: \_\_\_\_\_

Name of Software Vendor: \_\_\_\_\_ Vendor Security ID: \_\_\_\_\_

Name of Network Service Vendor: \_\_\_\_\_

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

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Provider Email: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_

Provider PTAN: \_\_\_\_\_ NPI: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

**Provider Authorization**

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EDI Application Form**

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## Part A Direct Data Entry (DDE) Enrollment Form Instructions

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Direct Data Entry (DDE) is an online computer inquiry system that provides easy and immediate access to claims processing and beneficiary eligibility information for Medicare Part A providers. **Each user must have an individual DDE or User ID.** You must include an individual's name with each user ID requested. **For security reason, you should not share your DDE User ID.** One ID can access multiple provider numbers. Space is provided if additional DDE ID action requests need to be listed.

Form Field Name	Instructions for Field Completion
<b>Line of Business Information:</b>	Please choose from the drop-down list the line of business and state for which you will be transmitting.
<b>Submitter ID:</b>	Enter the Submitter ID if available. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested.
<b>Date:</b>	Please enter the date the application is completed.
<b>Entity Name:</b>	Enter the name of the entity (provider, corporate office, vendor, billing service or clearinghouse) who is requesting the DDE ID.
<b>Type of Entity:</b>	Select from the drop-down list whether you are an Individual Provider, Corporate Office, Vendor, Billing Service or Clearinghouse.
<b>EDI Contact Person:</b>	The name EDI contact. This is the person Palmetto GBA will contact if there are questions regarding the DDE enrollment form.
<b>Phone:</b>	The area code and phone number of the Contact Person listed on this form.
<b>Fax:</b>	The fax number for this entity.
<b>Address:</b>	The mailing address of the entity.
<b>City, State, ZIP:</b>	The city, state and ZIP code of the entity.
<b>Email Address:</b>	The email address of the contact person listed. Note: This will be the primary method of communication.
<b>Provider Name, PTAN and NPI:</b>	List all providers and their PTANs and NPIs for whom DDE access is being requested.
<b>Action Requested:</b>	<p>Choose from the drop-down list the action to be taken on the application form.</p> <ul style="list-style-type: none"> <li>• <b>Requesting New ID</b> – Select if you are requesting an ID for an individual who has never had a DDE ID established for them by either Palmetto GBA or another Medicare contractor.</li> <li>• <b>Delete Existing ID</b> – Select to delete the DDE ID assigned to the individual.</li> <li>• <b>Delete PTAN(s) from Existing ID</b> – Select to remove the Providers listed on this form from the DDE ID assigned to the individual listed.</li> <li>• <b>Add PTAN(s) to Existing ID</b> – Select to add the Providers listed on this form to the DDE ID assigned to the individual listed.</li> <li>• <b>Reinstate/Reactivate Existing ID</b> - Select if you are requesting to Reinstate/Reactivate a DDE ID that was established for the individual listed either by Palmetto GBA or another Medicare contractor. <b>NOTE: Please make sure to include the PTAN(s) to be linked to the Reinstate/Reactivated ID.</b></li> </ul>
<b>First Name, MI, Last Name, Existing ID/PIN, Email Address:</b>	<p>Please list the name of the person for whom the DDE ID is or will be assigned by Palmetto GBA. Full name including middle initial is required before a DDE ID can be assigned.</p> <p>Each person accessing DDE must have his or her own unique ID. If the individual was previously assigned an ID, please include that ID in the Existing ID field and the personal identification number (PIN). <b>NOTE: We cannot accept a "generic" name for a DDE ID.</b></p> <p>Include the email address of each individual.</p>

Submit completed DDE Enrollment Form via fax **or** email to:

Jurisdiction J Part A (AL, GA, TN)	Jurisdiction M Part A (SC, NC) & HHH
803-870-0163 EDIENROLL.PARTA@PalmettoGBA.com	803-699-2429 EDIPartA.ENROLL@PalmettoGBA.com

**Important Note:** As part of our security recertification process, providers are required to certify user access biannually. If this recertification information is not verified and returned, access will be terminated.

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DDE Enrollment Form Instructions

## Part A/Part B/HHH EDI Application Form Instructions

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The purpose of the **Part A/Part B/HHH EDI Application Form** is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information is completed. Forms with incomplete or incorrect information will be rejected.**

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

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

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

Form Field Name	Instructions for Field Completion
<b>Line of Business Information</b>	Please choose from the drop-down list the line of business and state for which you will be transmitting.
<b>Date</b>	Please enter the date the application is completed.
<b>Action Requested</b>	Choose from the drop-down list the action to be taken on the application form. <ul style="list-style-type: none"> <li>• <b>Add Provider to an existing Submitter</b> - select if you need to add additional providers to an existing Submitter ID. The Submitter ID is required.</li> <li>• <b>Add Provider to an existing Receiver</b> – select if you need to add a provider to an existing Receiver ID. The Receiver ID is required.</li> <li>• <b>Add Provider to an existing Submitter ID and Receiver ID</b> – select if you need to add a provider to an existing Submitter ID and Receiver ID. The Submitter ID and Receiver ID are required. This option is only valid for North Carolina Part A and Virginia Part B only.</li> <li>• <b>Change/Update Submitter Infor</b> – select if you request to change or update information about the Submitter and/or Receiver. Be sure to include your current Submitter ID and/or Receiver ID.</li> <li>• <b>Delete</b> – select if you request to delete a provider. Be sure to include your submitter ID.</li> <li>• <b>Apply for New Submitter ID</b> – select if you are a new direct submitter.</li> <li>• <b>Apply for New Receiver ID</b> – select if you would like to request a Receiver ID to download electronic remittances. This option is available for North Carolina Part A and Virginia Part B only.</li> <li>• <b>Apply for New Submitter ID and Receiver ID</b> – select if you would like to request a Submitter ID and Receiver ID. This option is available for North Carolina Part A and Virginia Part B only.</li> <li>• <b>DDE Only</b> – Select if you are requesting DDE access only.</li> </ul>
<b>Submitter ID</b>	The Submitter ID is used by the submitter to communicate with Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested. For changes or updates, enter the Submitter ID to which the change/updates should be applied.
<b>Receiver ID</b>	<b>This option is available for North Carolina Part A and Virginia Part B only.</b> The Receiver ID is used by the remittance receiver to download remittance advices/notices via Palmetto GBA electronically. For new applicants, this field should be left blank, as Palmetto GBA will assign this ID if requested. For changes or updates, enter the Receiver ID to which the change/update should be applied.
<b>Submitter Name</b>	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with Palmetto GBA.
<b>Type of Submitter</b>	Select from the drop-down list whether you are a Provider, Billing Service, Clearinghouse or Software Vendor.
<b>EDI Contact Person</b>	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.
<b>Phone</b>	The area code and phone number of the Contact Person listed.
<b>Fax</b>	The fax number for this submitter.
<b>Address</b>	The mailing address of the submitter.
<b>City, State, ZIP</b>	The city, state and ZIP code of the submitter.
<b>Submitter Email Address</b>	The email address of the contact person listed. Note: This will be the primary method of communication. The email address will also receive EDI Tracking Numbers used to monitor the processing status of your EDI forms.

EDI Application Form Instructions

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

Form Field Name		Instructions for Field Completion	
<b>Report Response Format</b>	Select from the drop-down list the format in which you will receive GpNet Claims Acceptance Responses.		
<b>Data Compression</b>	To receive files compressed for faster transmission, select from the drop-down list which data compression utility you support.		
<b>Name of Software Vendor</b>	Indicate the name of the software vendor you are using, if applicable.		
<b>Vendor Security ID</b>	Include Vendor Security ID number if known.		
<b>Name of Network Service Vendor</b>	Indicate the name of the network service vendor you are using, if applicable.		
<b>Providers Information</b> If this is a group practice, enter the group name, group PTAN and group NPI on all forms.			
<b>Provider Name</b>	List the provider whose bills will be submitted by the submitter named above. This name must match the name submitted on the CMS 855 Medicare Enrollment Application. If this is a group practice, please enter the group name, group PTAN and group NPI on all forms.		
<b>Provider Email</b>	Indicate the email address for the provider listed above. This email address will be the primary source of communications regarding approval of changes to their EDI options.		
<b>Provider Address</b>	The mailing address of the provider.		
<b>City, State, ZIP</b>	The city, state and ZIP code of the Provider.		
<b>Provider # – PTAN</b>	Indicate the Medicare Provider Number (PTAN).		
<b>NPI</b>	Include the National Provider Identifier (NPI).		
<b>Tax ID</b>	Enter the Tax Identification Number for the provider.		
<b>Action Requested:</b>	Check all boxes that apply. <ul style="list-style-type: none"> <li>• <b>Submit Claims</b> – Check if the application is for the submitter to submit claims electronically for this provider.</li> <li>• <b>Receive Electronic Remittances</b> – Check if the submitter wants to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances.</li> <li>• <b>Direct Data Entry (DDE)</b> – Check if the submitter currently uses or plans to use the Direct Data Entry (DDE). Note: The DDE Enrollment Form must be submitted if this option is selected (Part A only).</li> <li>• <b>RCD Submissions</b> – Select if submitting claims for the Review Choice Demonstration (RCD).</li> </ul>		
<b>Provider Authorization</b> This section must be completed by a provider to authorize a clearinghouse and/or billing service as their electronic submitter and recipient of electronic claims data.			
<b>Name</b>	The name of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.		
<b>Title</b>	The title of the person Palmetto GBA will contact if there are questions regarding this Authorization Form.		
<b>Signature</b>	The signature of the listed provider's authorized contact.		
<b>Date</b>	Please enter the date the application is completed.		

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

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

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

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