

ELECTRONIC REMITTANCE ADVICE ENROLLMENT INSTRUCTIONAL GUIDE

Should I Complete This Form?

- The electronic remittance advice (ERA) enrollment form is a required document by the Centers for Medicare & Medicaid Services (CMS) that allows a provider to receive ERA from Electronic Data Interchange (EDI). This form is effective as long as the provider is receiving Medicare ERAs.
- This form is used by providers to enroll their Medicare Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) for Medicare ERA.
- **Providers requesting to receive ERA for the first time are required to complete this form.**
- **Providers already setup to receive ERA but are requesting to change the delivery of the remits from one trading partner ID to another trading partner ID (or from one clearinghouse to another clearinghouse) will be required to complete this form if an EDI ERA enrollment is not on file for the NPI and PTAN.**
- Providers would need to complete the ERA Enrollment Form for **each group** NPI/PTAN who will be receiving electronic remittance advises.
- Providers who already have a EDI ERA Enrollment on file but receive a new PTAN number must complete a **new** EDI Enrollment and the EDI ERA Enrollment for the new PTAN to receive ERA.
- Providers who currently receive ERAs and do not wish to make any changes at this time will not need to complete this form. Remits will continue to be sent under the current setup.

Please note the section names throughout this document are referred to in general terms as listed below:

- Trading partner ID is referring to the submitter ID

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Questions & Answers

Provider Information

1. What is the Provider Name?

The name of your Business/Entity. This should be the same name that was submitted on the 855 form when applying to participate with Medicare.

2. What is the Doing Business As Name (DBA)?

An alternate business name the provider may go by. This is not a required field.

3. What information should I use in the Provider Street Address field?

The primary physical address information for the provider.

4. What information should I use in the City field?

City associated with provider address field.

5. What information should I use in the State/Province field?

Select the appropriate state code from the drop down list.

6. What information should I use in the ZIP Code/Postal Code field?

Enter the five (5) or nine (9) digit ZIP Code associated with the address for the provider.

7. What information should I use in the Country Code field?

Enter the two (2) character Country Code associated with the address. This field is not required.

Provider Identifiers Information

1. What should I select from the Contractor Code Drop Down?

The Contractor Code is a five-digit numeric code that indicates your Medicare Administrative Contractor, also known as the Carrier Code or Payer ID

2. What information should I use in the Provider Identifiers fields?

Providers will enter either the Provider Federal Tax Identification Number (TIN) **or** the Employer Identification Number (EIN) **and** the National Provider Identifier (NPI).

a. What is the Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN ID)?

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

An Employer Identification Number (EIN) is also known as a federal tax identification number, and is used to identify a business entity.

b. What is the National Provider Identifier (NPI)?

The Medicare Group provider NPI is a unique identification number for covered healthcare providers. The NPI is a 10-digit number.

Other Identifiers

1. What is the Assigning Authority?

Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid. This has been preset to "MEDICARE".

2. What is the Trading Partner ID?

This is the provider's submitter ID or the provider's clearinghouse's submitter ID used to log in to the EDI Gateway to submit claims.

If you are unsure what this ID is, you may need to contact your billing service, clearinghouse, or software vendor for more information.

If you are applying for a new Trading Partner ID, this field is not required.

3. What is the Provider Type?

The specialty associated with the provider for the line of business (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.). Please select the most appropriate option from the drop down list. This field is not required.

4. What is the Provider Transaction Access Number (PTAN)?

Provider number assigned to the Medicare Provider during the provider enrollment process from the 855 forms. This number would be on the Welcome to Medicare letter you received confirming enrollment into the Medicare system.

Provider Contact Information

1. What information should I use in the Provider Contact Name field?

Enter the contact person in the provider's office who can be contacted regarding any ERA issues.

2. What information should I use for the Title field?

Title of the contact person in the provider's office handling the ERA issues.

3. What information should I use in the Telephone Number field?

Telephone number associated with contact person.

4. What information should I use in the Telephone Extension field?

The telephone extension associated with the contact person. (not required)

5. What information should I use in the E-mail Address field?

An e-mail address for the Provider Contact.

6. What information should I use in the Fax Number field?

A fax number for the Provider Contact.

Provider Agent Information

1. What is the Provider Agent Name?

The Provider Agent Name is the Billing Service, Clearinghouse, or Trading Partner that will be receiving the ERA on behalf of the provider.

2. What is the Agent Street Address field?

The primary physical address information for the provider's agent.

3. What information should I use in the City field?

City associated with address field.

4. What information should I use in the State/Province?

Select the appropriate state code from the drop down list.

5. What information should I use in the ZIP Code/Postal Code?

Enter the five (5) or nine (9) digit ZIP Code associated with the address for the provider's agent.

6. What information should I use in the Country Code field?

Enter the 2 character Country Code associated with the address. For example, United States = US. This field is required.

7. What is the Agent Contact Name?

Name of a contact in the Provider Agent office for handling ERA issues.

8. What information should I use in the Title field?

Title of the agent handling the ERA issues.

9. What information should I use in the Telephone Number field?

The telephone number associated with the contact person.

10. What information should I use in the Telephone Extension field?

The telephone extension associated with contact person if one is available.

11. What information should I use in the E-mail Address field?

An e-mail address where the Provider Agent can be contacted.

12. What information should I use in the Fax Number field?

A fax number where the Provider Agent can be contacted.

Electronic Remittance Advice Information

1. What is Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)?

Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment. This is intended to collect associated numbers (i.e. Tax ID, NPI, TIN, etc.) to enable bundling of ERA receiving entities.

Please note the information in this section will not be validated and is the providers responsibility for ensuring the information supplied in this section matches the data they supply for their EFT notices.

Once you select the Method of Retrieval, the TIN & NPI are auto-populated from the Providers Identifiers section of this form.

- a. **What is the Provider Federal Tax Identification Number (TIN)?** A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.
- b. **What is the National Provider Identifier (NPI)?** The NPI is a unique identification number for covered healthcare providers.

2. What is the Method of Retrieval?

Please select one of the following from the drop-down list:

- **Billing Service:** If you will receive the ERA file from your billing service
- **Clearinghouse:** If you will receive the ERA file from your clearinghouse
- **Direct from Contractor:** If ERAs will be downloaded directly using your trading partner ID.

Electronic Remittance Advice Clearinghouse Information

1. What is the Clearinghouse or Billing Service Name?

Official name of the provider's clearinghouse or billing service.

2. What information should I put in the Clearinghouse or Billing Service Contact Name field?

Name of a contact in clearinghouse or billing service office for handling ERA issues. If you will not be using a clearinghouse or billing service, this field is not required.

3. What information should I use in the Telephone Number field?

Telephone number of contact. If you will not be using a clearinghouse or billing service, this field is not required.

4. What information should I use in the E-mail Address field?

An e-mail address that can be used to contact the provider's clearinghouse or billing service. If you will not be using a clearinghouse or billing service, this field is not required.

Electronic Remittance Advice Vendor Information

1. What is the Vendor Name?

Please select your software vendor from the drop down list. If your software vendor is not listed, please select "OTHER." If a software vendor is selected from the list (except OTHER) the Vendor Contact Name, Telephone Number, and E-mail Address fields will not need to be completed.

- When using a vendor from the drop-down list the vendor's demographic information will be auto-populated in this section.
- The Contact name is an optional field.

2. What information should I put in the Vendor Contact Name field?

Name of a contact in the vendor's office for handling ERA issues.

3. What information should I use in the Telephone Number field?

Telephone number of vendor contact

4. What information should I use in the E-mail Address field?

An e-mail address at which the provider's vendor can be contacted.

Submission Information

1. What is the Reason for Submission?

Choose a reason for submission from the drop down choices: New Enrollment or Change Enrollment

Authorized Signature

1. Who is the Authorized Signature?

This must be the person who was identified on the 855 forms as the authorized official or delegate at the time of enrollment with Medicare.

2. What is the Written Signature of the Person Submitting the Enrollment?

Written Signature of the Authorized Signature

Note: Signature will be required once the form is submitted and printed prior to faxing the request to enrollment.

3. What is the Printed Name of the Person Submitting the Enrollment?

The printed name of the Authorized Signature.

4. What is the Printed Title of Person Submitting Enrollment?

The printed title of the Authorized Signature.

Policy Statement and Submission of Form

Be sure to check the box indicating you “read and agree with the above terms” in the policy statement.

1. What is the Provider’s Name?

The name of your Business/Entity. This should be the same name that was submitted on the 855 form when applying to enroll with Medicare.

2. What information should I use for the Title field?

Title of the person signing the form.

3. What information should I use in the Street Address field?

The primary physical address information for the provider.

4. What information should I use in the City field?

City associated with provider address field.

5. What information should I use in the State/Province field?

Select the appropriate state code from the drop down list.

6. What information should I use in the ZIP Code/Postal Code field?

Enter the five (5) or nine (9) digit ZIP Code associated with the address for the provider.

7. What information should I use in the Signature field?

The Authorized Signature will be required once the form is submitted and printed prior to faxing the request to enrollment. You will not be able to enter this information electronically.

8. What information should I use in the Printed Name field?

This is the person identified on the 855 form at the time of enrollment with Medicare as the authorized official or delegate. This must match the signature placed on the form once it is submitted and printed.

9. How do I submit the form?

Once all information is entered on the form, select the “Submit” button. If all required fields are completed, a printable version of the page will be displayed with a Request ID (RID) number. The form must be printed, signed, and faxed to the EDI Enrollment department at 502-889-4701. **Please fax all pages along with any additional enrollment forms for the same provider as one fax under one cover letter.**

You can check the status of your forms by calling the EDI Help Desk:

- **J6 EDI Help Desk:** 1-877-273-4334
- **J11 EDI Help Desk:** 1-888-380-1190
- **JK EDI Help Desk:** 1-888-379-9132

Return completed forms to:

National Government Services, Inc.
Attention: EDI Enrollment
Fax: 502-889-4701