

## Common Electronic Data Interchange (CEDI) CMS EDI Enrollment Agreement Form Instructional Guide

Should I be filling this form out?

- The EDI Enrollment agreement is a required document by the Centers for Medicare & Medicaid Services (CMS) that allows a supplier to exchange electronic transactions with the Medicare contractor (CEDI). This form is effective as long as the supplier is exchanging Medicare claims.
- This form is used by suppliers to enroll their PTAN/NSC and NPI for Medicare electronic transactions with CEDI.
- Suppliers who have already submitted an EDI Enrollment agreement and receive a new PTAN/NSC must submit a new EDI Enrollment agreement for the new PTAN/NSC.

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1. What is the Medicare Supplier Name?
  - This is the entity name as it is on file for your PTAN with the National Supplier Clearinghouse (NSC). Contact NSC to verify this information at 866-238-9652.
  - The supplier name must be entered as it is enrolled with the NSC. Forms will be rejected containing any other name.
2. What information should I put in the Contact Name, Address, City, State, ZIP, E-mail, and Phone Number fields?
  - This is the corporate business address or the physical locations address of the supplier.
  - The contact name is the name of the person CEDI will contact with questions and/or confirmation for the EDI Enrollment Agreement.
  - The e-mail address is used to send the confirmation once the request has been completed.

### 3. What should I put for Submitter Status?

- Select “New Submitter” when requesting a new Submitter ID to exchange electronic transactions directly to CEDI.
- The Submitter Action Request form is required to complete this request.
- Select “Existing Submitter” when joining a new supplier to an existing Submitter ID. \*  
The Supplier Authorization form is required when a supplier will be using a clearinghouse or third party biller.

### 4. What is the Submitter ID?

- A Submitter ID is used to log into CEDI in order to exchange electronic transactions (837 claims, 835 ERA, 276/277 claims status and response, or NCPDP claims).
- This is also referred to as a Trading Partner ID.
- Leave blank if requesting new Submitter ID
- Valid Submitter IDs only include those starting with the letters A, B, C or D, followed by the numbers “08” and then six more numbers. Examples of a Submitter ID include:  
A08123456  
B08123456  
C08123456  
D08123456

### 5. What is the Submitter Name?

This is the name for the entity that will be sending the electronic transactions.

- If you send using a clearinghouse or third party biller, contact them for this information.
- If you own the Submitter ID, enter your submitter name.

### 6. What should I select for Submitter Type?

- Select “Clearinghouse” if you use a Clearinghouse to exchange electronic transactions with CEDI.
- Select “Billing Service” if you use a Billing Service to exchange electronic transactions with CEDI.
- Select “Third Party Biller” if you use a Third Party Biller exchange electronic transactions with CEDI.
- Select “Self Biller” if you own the Submitter ID and exchange electronic transactions directly with CEDI.

### 7. What is the PTAN?

This is the unique Medicare supplier number assigned by the National Supplier Clearinghouse.

- It is a ten-digit number
- PTAN numbers can be referred to as the following:
  - Provider number

- Supplier number
- National Supplier Clearinghouse (NSC) number
- Durable medical equipment (DME) number
- Medicare NSC number
- Medicare DME number

8. What is the NPI?

This is the National Provider Identifier.

- It is a ten-digit number.
- To apply for an NPI, you must contact the National Plan and Provider Enumeration System (NPPES) at 800-465-3203 or visit them online at <https://nppes.cms.hhs.gov>.

9. How do I sign the Electronic form where it says Authorized Signature Name?

- Type in the name of the person submitted on the form to the National Supplier Clearinghouse to obtain a PTAN as authorized to sign the document on behalf of the supplier.

10. How do I submit the form?

- Verify that all information has been entered correctly on the form.
- Check the “I have read and accept the terms of the above agreement”.
- Select “SUBMT”.
- Print the submitted page.
- Have the authorized person (entered in the Signature section) sign and date the form.
- Fax all forms for the same request to the CEDI Enrollment Department at 315-442-4299 under the same cover sheet.
- Be sure to fax ALL pages of this form. Missing pages will cause the enrollment forms to be returned.

Verify the form has a **Request ID (RID)** on the printed copy of the form. This is the tracking number needed to verify status of the enrollment process.