



**Third Party Hypertext Transfer Protocol Secure
(HTTPS) Council for Affordable Quality Healthcare
(CAQH) Committee on Operating Rules (CORE)-
Compliant Connection For Electronic Data
Interchange (EDI) Enrollment**



All fields marked with * are required and must be completed. Reference Materials are available on the last page of this document.

***General Information**

R1-22

*Sole proprietor or company name:

Provider Information *(Must match the name for the Group/Billing Provider on file with Medicare as reported on the CMS-855 Enrollment form)*

*Street address:	*City:
*State/Province:	*Zip code/Postal code:

***Third-Party Contact Information**

*Technical Contact Name/Department:	*Telephone:	*Email Address:
*Marketing Contact:	*Telephone:	*Email Address:
Website address:	Fax number:	Tax ID or EIN:

Note: An email may be sent to the Technical Contact's email address when the form is processed. The email address of the Technical Contact may be added to the EDI mail list to receive important email publications from First Coast Service Options EDI. The Technical Contact email may be used for enrollment processing responses for any forms needing returned. The company name, marketing contact phone number, and marketing contact email address will be used for publication on the Approved Vendor List on the First Coast Service Options website.

Approved vendor's list on EDI's website:

HTTPS CAQH CORE-Compliant Connection for EDI

Customers utilizing the HTTPS CAQH CORE-Compliant Connection for EDI must have the following in order to connect:

- Purchase an X.509 certificate which must be recertified at intervals defined by the certificate authority (CA).
- Contract with an approved [Network Service Vendor \(NSV\)](#) to send the valid X.509 certificate via Secure File Transfer Protocol (SFTP).
- Develop or obtain a CAQH CORE connectivity Rule 270-compliant client software.

By checking this box, I acknowledge that I have read the above prerequisites for connecting via the HTTPS CAQH CORE-compliant connection.

Type of Request

*Transaction selection. Choose only one:

<input type="checkbox"/>	Create ANSI ASC X12N 276 claim status files and receive ANSI ASC X12N 277 claim status files
<input type="checkbox"/>	Retrieve ANSI ASC X12N 835 remittance files
<input type="checkbox"/>	Create ANSI ASC X12N 276 claim status files and receive ANSI ASC X12N 277 claim status files and retrieve ANSI ASC X12N 835 remittance files

Existing EDI customers:

Add to existing submitter/receiver ID number(s):

New EDI Customers

	*I am a Billing Service or Clearinghouse (If nothing or both are selected, submitter will be setup as a billing service.)
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Features/Contracts*What features/contracts do you support? Click all that apply:**

	Provide services to the following contracts - check only those that currently apply or you would like to add: Part A: FL PR USVI Part B: FL PR USVI
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New EDI submitters must connect to First Coast Service Options within 90 days of receiving the logon ID by using the Secure File Transfer Protocol (SFTP) software provided by your [Network Service Vendor](#).

Note: Federal law 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 third party agent. The responsibilities and obligations contained in this document will remain in effect as long as electronic data interchange is being conducted with an A/B MAC, DME MAC or CEDI. Either party may terminate this arrangement by giving the other party (30) days notice of its intent to terminate. In the event that the notice is mailed, 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.

Signature: The signatory hereto represents and warrants that he/she is duly authorized to sign, execute, and deliver this Agreement on behalf of the party it represents for the Medicare Program and to commit the provider to abide by the laws, regulations and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with First Coast Service Options on my behalf.

***Required Signatures**

*Written Signature of Person Submitting Enrollment (add after you print the form)	*Date:
*Printed Name of Person Submitting Enrollment	*Printed Title of Person Submitting Enrollment:

Complete form, print, sign, date, and email (recommended), mail, OR fax all pages to:

Email: MedicareEDI@fcso.com

Fax: (904) 361-0470

Post: First Coast Medicare EDI, P.O. Box 3703, Mechanicsburg, PA 17055-1861

Allow 10 business days for processing. Please do not send duplicate forms.

SPOT

The Secure Provider Online Tool (SPOT) is a free web-based application that provides access to an abundance of Medicare data and lets users view the status of claims and the benefits/eligibility data of beneficiaries. Users can also easily look up a Medicare Beneficiary Identifier (MBI), retrieve documentation, and electronically submit forms. Finally, users can search payment history data and request data reports, and new SPOT features are always being added. For additional information, visit <https://medicare.fcso.com/Landing/0399472.asp>.