Instructions for Completing the EDI Enrollment Form

Revision 10-19

WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Who Should Complete the Form?

FIRST COAST SERVICE OPTIONS, INC.

- Part A and Part B providers
  - Must use the most recent version of the form
  - Visit our website to obtain the most up-to-date forms
    - https://medicare.fcso.com/EDI_Forms/

New EDI Enrollment Forms

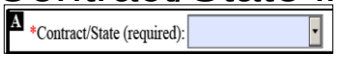
FIRST COAST SERVICE OPTIONS, INC.

- Designed to be completed online
  - Allows for a wet or electronic signature
  - Carefully review the following step-by-steps instructions to ensure the forms are completed correctly
    - Avoid rejections and delays
  - Fields marked with an asterisk (*) are required
  - Once completed the form can be faxed, emailed, or submitted via the USPS

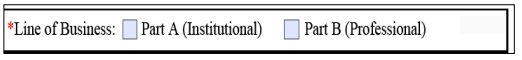
WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Block A

- Contract/State information

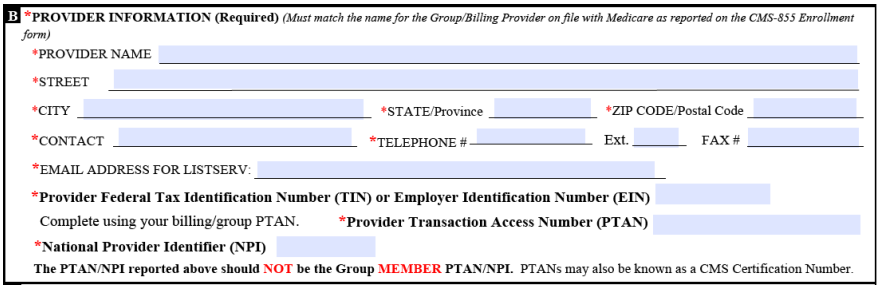


  - Required field
  - Select appropriate contract/state from dropdown menu
- Line of business
  - Required field
  - Check box to indicate if you are a Part A or a Part B provider



Block B

- Provider information
  - All fields are required
  - Must be billing provider information
    - Not a member of the group
  - Name, TIN, PTAN and NPI must match Medicare records



Block C

- Reason for submission
  - New enrollment or change of enrollment
- Request type
  - Required

C Reason for submission: ☐ New Enrollment ☐ Change Enrollment

*REQUEST TYPE: (Required) (Requests will be processed for the PTAN provided above in the most recent HIPAA-compliant format/version.)

New Submitter ID Requests:

☐ Assign this provider a new electronic billing submitter ID. Name of billing software vendor: _____

☐ Enroll for Claim Status and Response

☐ Direct Data Entry Only (DDE) (Part A only) FISS Logon Request Form also required

Existing Submitter ID Requests:

☐ Add to existing submitter ID: _____ Submitter ID Name: _____

☐ Vendor Change-*no additional requests should be selected in this block.* Name of billing software vendor: _____

☐ Enroll for Claim Status and Response (for direct submitters only) ☐ ERA Change

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Block C

- Request for new submitter ID

☐ Assign this provider a new electronic billing submitter ID. Name of billing software vendor: _____

☐ Enroll for Claim Status and Response

  - Select “Assign this provider a new electronic billing submitter ID” box
    - Type the name of billing software vendor
    - Testing may be required
  - Select “Enroll for Claim Status and Response” (276/277 transactions) box
    - Only if supported by your software vendor
  - May require a network service vendor
    - https://medicare.fcso.com/Getting_started/206578.asp

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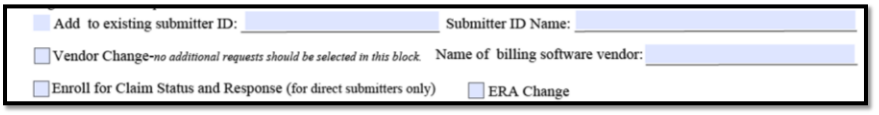
Block C

FIRST COAST SERVICE OPTIONS, INC.

- Existing submitter ID requests



  - Select “Add to an existing submitter ID” box
    - Type the submitter ID number and name
  - Select “Enroll for Claim Status and Response” (276/277 transactions) box
    - Only if supported by your software vendor
  - If making changes to current ERA setup select “ERA Change” box

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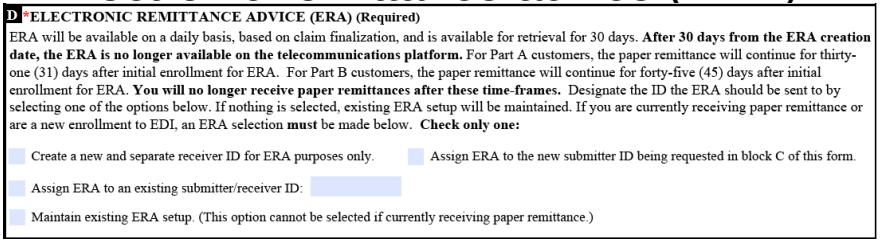
WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Block D

FIRST COAST SERVICE OPTIONS, INC.

- Electronic remittance advice (ERA)


D *ELECTRONIC REMITTANCE ADVICE (ERA) (Required)

ERA will be available on a daily basis, based on claim finalization, and is available for retrieval for 30 days. **After 30 days from the ERA creation date, the ERA is no longer available on the telecommunications platform.** For Part A customers, the paper remittance will continue for thirty-one (31) days after initial enrollment for ERA. For Part B customers, the paper remittance will continue for forty-five (45) days after initial enrollment for ERA. **You will no longer receive paper remittances after these time-frames.** Designate the ID the ERA should be sent to by selecting one of the options below. If nothing is selected, existing ERA setup will be maintained. If you are currently receiving paper remittance or are a new enrollment to EDI, an ERA selection **must** be made below. **Check only one:**

Create a new and separate receiver ID for ERA purposes only. Assign ERA to the new submitter ID being requested in block C of this form.

Assign ERA to an existing submitter/receiver ID:

Maintain existing ERA setup. (This option cannot be selected if currently receiving paper remittance.)

  - Providers are required to designate how to retrieve their ERAs
  - Select “Create new an separate receiver ID” box, if different from ID submitting claims; or
  - Select “Assign ERA to the new submitter ID being requested in block C of this form” box, or
  - Select “Assign ERA to an existing submitter/receiver ID” box and include ID number

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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Block E

- Maintain existing submitter/receiver ID

E ***MAINTAIN EXISTING SUBMITTER/RECEIVER ID SETUP (Required for existing customers)**

Providers are required to notify First Coast Service Options of all changes to their electronic billing, including billing agents or clearinghouses used by the provider. If the PTAN listed above is associated to any other submitter or receiver ID(s), First Coast Service Options will remove the other submitter/receiver ID(s) immediately, unless indicated below.

Type the name(s) or submitter/receiver ID(s) **to be maintained**. All other submitter/receiver IDs will be removed. Do **not** enter PTAN/NPIs in this box.

- Required for existing customers
- Type the name and/or submitter ID to be maintained
- If left blank, all other submitter/receiver IDs will be removed
- Do not enter PTAN/NPI information as form may be rejected

Block F

- PC-ACE
  - Select PC-ACE box to enroll in the First Coast supported free billing software
    - Optional
  - Can be used to create electronic claims and translate ERAs into the standard paper remit
  - May require a network service vendor
    - https://medicare.fcso.com/Getting_started/206578.asp
  - Additional information
    - https://medicare.fcso.com/PC-ACE_software/index.asp

Block G

- Additional information

G ADDITIONAL INFORMATION (Optional)

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

Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

  - Optional
  - Complete this section with your preference for aggregation of ERA data

Signature Requirements

- Signed by authorized/delegated official
  - Listed on the CMS 855 enrollment record
  - Printed name, title and date are required

AUTHORIZED/DELEGATED OFFICIAL SIGNATURE REQUIREMENTS

I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), 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.

By signing below, the provider confirms they have read and agree to the Agreement, the Attestation, and the above signature requirements.

***The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).**

*WRITTEN SIGNATURE OF PERSON SUBMITTING ENROLLMENT	*DATE
*PRINTED NAME OF PERSON SUBMITTING ENROLLMENT	*PRINTED TITLE OF PERSON SUBMITTING ENROLLMENT

PECOS

- Determining the authorized/delegated official
  - Can be verified in the Provider Enrollment chain and Ownership System (PECOS)
  - Additional information
    - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html

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Submitting the Form

- Once all required fields are completed
  - Form can be fax, email or via USPS
  - Forms are processed in the order they are received
  - May take 5 to 10 business days to be processed

Complete form, sign and date, and return all pages to:
Email: MedicareEDI@fcso.com
Fax: (904) 361-0470
Post: First Coast Medicare EDI
P.O. Box 3703
Mechanicsburg, PA 17055-1861

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Avoid Delays

- Top reasons for a rejected form
  - Form is outdated
    - Always download the most recent form from our website
      - https://medicare.fcso.com/EDI_forms/137486.pdf
  - Required information is missing
  - Provider information is missing or invalid
    - NPI and/or PTAN are not the billing provider
  - Signature requirements not met
  - Invalid or omitted submitter ID
  - If form is rejected; a brand new form must be submitted

Resources

- Medicare.fcso.com
  - Dedicated EDI page
    - https://medicare.fcso.com/EDI_resources/
  - EDI Helpdesk
    - Florida and U.S. Virgin Islands
      - 888-670-0940
    - Puerto Rico
      - 888-875-9779
  - Email: MedicareEDI@fcso.com
  - Fax: 904-361-0470
  - Post: First Coast Service Options Inc.
    Attention: JN EDI
    P.O. Box 3703
    Mechanicsburg, PA 17055-1861