



Enrollment Department
ProxyMed, Inc.
1854 Shackleford Court, Suite 200
Norcross, GA. 30093

Phone: (800) 792-5256 Option 812
Fax: (770) 885-4559
provider.enrollment@proxymed.com

ERA Payer Agreement Instructions for North Carolina Medicare

Important Notes

ERA transactions are available as an additional ProxyMed contracted service. To add ERAs to your contract please contact your ProxyMed Sales person or Account Manager. ERAs must be part of your ProxyMed contract BEFORE completing this ERA Payer Agreement.

Electronic Funds Transfer (EFT) is an arrangement between the Provider and the Payer. ProxyMed does not manage or transmit EFTs.

Before receiving ERAs from this Payer the Provider will need to:

- Be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the ERA Enrollment Request.
- To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. ProxyMed, Inc. **cannot** make this request for the provider.

Guidelines for completing: North Carolina Medicare Payer ID MR020

- Submit one ERA Payer Agreement for each Physician/Group Tax ID.
- Complete sections (2) & (9). (Read and understand the terms of the agreement before signing.)
- The provider must sign this form. Other signatures may result in a delay in processing this agreement.

Fax ERA Enrollment Form to Payer:

Fax Number

(336) 821-4595

Return ProxyMed's ERA Enrollment Request to ProxyMed:

ProxyMed Enrollment Fax

(770) 885-4559

Physical address for USPS, FedEx, UPS, etc.

Enrollment Department
ProxyMed, Inc.
1854 Shackleford Court, Suite 200
Norcross, GA 30093

ProxyMed ERA Enrollment Request is located at:

<http://www.proxymed.com/payerlist/default.asp>

Questions? Contact ProxyMed enrollment at:

(800) 792-5256 Option 812

Medicare Part B EDI Customer Profile



(1) Options

I would like to:	<input type="checkbox"/> Enroll in EDI
	<input type="checkbox"/> Add Provider to Submitter # _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Clearinghouse, Billing Ser., or Vendor (please circle all that apply)
Effective Date	_____

(2) Customer Information

Practice Name		Submitter # (if known)	
Group or Provider #			
Mailing Address			
City, State, Zip			
Phone #		Fax #	
Email		Contact Name:	

(3) Inbound Claim Transmission Information

Claim Format	<input type="checkbox"/> ANSI 4010A1
Connect Using	<input type="checkbox"/> Stratus (Async) Unzipped (I am requesting a Stratus Mailbox)
Software	<input type="checkbox"/> Vendor's Software (_____) <input type="checkbox"/> CIGNA'S MCE software

(4) Third-Party Information *Complete information in its entirety.*

	Software Vendor	Billing Service *	Clearinghouse *
Name			
Address			
City, State, Zip			
Phone			
Fax			
Contact			
Email			

(5) Additional Features

<input type="checkbox"/>	Electronic Remittance Notice (ERN)
Providers must purchase or develop software in order to convert the file into a readable format.	
1. What format is your ERN software program? <input type="checkbox"/> ANSI 4010A1	
2. Who is to receive these reports? <input type="checkbox"/> Provider <input type="checkbox"/> Clearinghouse/Billing Service/Vendor * (please circle which one applies)	
3. What is the Stratus mailbox number for these reports? PB _____	
<input type="checkbox"/>	Electronic Receipt Listing (ERL) and Standardized Error Report
1. What is the Stratus mailbox number for these reports? PB _____	

* In order for CIGNA Medicare to release confidential Medicare information to billing services and/or clearinghouses, Section 6 must be completed. (See page 2)

Please check box if interested in features below, you will be contacted with the information.

<input type="checkbox"/>	Beneficiary Eligibility (Available to Participating Providers Only)
"BE is only available on the IVANS (formerly AT&T) Network using a communication software that IVANS will provide to you upon request. IVANS will bill you a monthly access fee and a usage charge."	

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(6) Third-Party Authorization

** In order for CIGNA Medicare to release confidential Medicare information to billing services and/or clearinghouses, Section 6 must be completed.*

Effective immediately, I hereby authorize CIGNA Medicare to release the following data, which contains confidential Medicare information to

_____, as they will be submitting my initial claims.
(Billing Service and/or Clearinghouse)

Check only those items that apply: *

- Electronic Receipt Listings (ERLs) and Standardized Error Reports
- Electronic Remittance Notices (ERNs)
- Beneficiary Eligibility

*Setups will not be completed unless requested.

(7) EDI Number and Password Requirements

The CMS's requirements for EDI access are located in Chapter 24 of Pub.100-04. Section 2.9.10 of the Core Security Requirements (CSR) in the Business Partners Systems Security Manual contains further requirements applicable to use of passwords issued to permit system access. The password requirements apply to entities to which Medicare contractors issue passwords, as well as to Medicare contractors themselves.

An entity that is not a clearinghouse as defined by the Health Insurance Portability and Accountability Act (HIPAA), a provider's agent for preparation and submission of claims to Medicare, or otherwise contracted by a provider to perform a Medicare-covered EDI function, is permitted to perform data analysis and issue reports to a provider, as long as the following requirements are met:

1. A signed agreement must be in effect between the provider and the entity authorizing this entity to use the data and specifying how the data may and may not be used;
2. The entity has furnished the provider with a signed confidentiality agreement that meets Medicare's privacy and security requirements for protection of the personally identifiable beneficiary health data;
3. The provider has notified the patients that their personally identifiable health data will be shared with the entity and how it will be used;
4. The provider agrees not to furnish data to the entity for any patients who object; and
5. The data is forwarded to the entity by the provider.

An entity that does not perform functions for which Medicare EDI data is collected or issued may NOT be given an EDI number or password for direct access to Medicare data, and is never permitted to use a provider's EDI number or password for that or any other purpose. Furthermore, entities that do perform a listed function must never access Medicare systems using a number not directly issued them by the Medicare contractor to whom the provider they represent submits claims. As stated in CSR 2.9.10, passwords are "unique for specific individuals" and must be "controlled by the assigned user and [are] not subject to disclosure."

An entity involved only in transmission of Medicare EDI data between a provider and Medicare is not permitted to open the electronic envelope of the transmitted data, or to generate reports that include data from within those transmission envelopes. Billing agents and business associates that perform other listed functions are permitted to open the electronic envelopes, and use the data for analysis and generation of reports for the providers they serve.

(8) Special Instructions (Briefly describe changes you are requesting)

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(9) Provider Signature

In addition to all of the above, I, the **provider** certify that the information that is provided is accurate to the best of knowledge, and that I have read and understand the security requirements, and acknowledge that it is my responsibility to notify CIGNA Medicare in advance and in writing if I wish to make any changes.

<i>Provider Signature</i>	<i>Date Signed</i>
IMPORTANT: The provider must sign this form. Other signatures may result in a delay in processing this Medicare Part B EDI Customer Profile. Please send the completed form with signature to the address below.	

Return the completed Part B EDI Customer Profile to:

For Tennessee or Idaho Providers:

**CIGNA Medicare
ATTN: EDI Department
Two Vantage Way
Nashville, TN 37228
Toll-Free: 866.520.4022
Fax: 615.782.4653**

For North Carolina Providers:

**CIGNA Medicare
ATTN: EDI Department
4135 Mendenhall Oaks Parkway, Suite 101
High Point, NC 27265
Toll-Free: 866.352.1608
Fax: 336.821.4595**

*** INCOMPLETE APPLICATIONS WILL BE RETURNED.***