



Medicare Part B EDI Customer Profile

(1) Options

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

(2) Customer Information

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

(3) Inbound Claim Transmission Information

Claim Format	<input type="radio"/> ANSI X12N 837 v. 4010A1	
Connect Using	<input type="radio"/> Stratus (dial up connection to Medicare)	<input type="radio"/> Other _____ Please provide company name
Software	<input type="radio"/> Vendor Software (_____)	<input type="radio"/> CIGNA'S MCE software By requesting MCE, you will automatically be setup to receive ERN files and will receive the MREP software free of charge.

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

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

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

(5) Additional Features

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

<input type="radio"/>	Electronic Remittance Notice (ERN) Format: ANSI X12N 835 v. 4010A1 By electing this feature, your Medicare Remittance Notices will no longer be mailed to you after 45 days.
	By requesting MCE, you will automatically be setup for ERNs and receive the Medicare Remit Easy Print software free of charge.
	1. Vendor Name _____ <input type="radio"/> Medicare Remit Easy Print (free program offered by CMS)
	2. Who is to receive these reports? <input type="radio"/> Provider <input type="radio"/> Clearinghouse <input type="radio"/> Billing Service <input type="radio"/> Vendor * (please circle which one applies)

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	3. What is the Stratus mailbox number for these reports? PB _____
<input type="radio"/>	Beneficiary Eligibility <i>DDE Only</i>
	In order to take advantage of this service, you must obtain a connection provided by IVANS. IVANS is a networking company that provides a HIPAA and CMS compliant direct connection for your Direct Data Entry transactions. Contact IVANS at www.ivans.com/custom_marketing.asp?secname=13
<input type="radio"/>	Claim Status Inquiry Format: ANSI X12N 276/277 v. 4010A1 Batch mode only
	Software for this function is not available from CIGNA Government Services
	Vendor Name _____ PB _____ Submitter ID # _____

(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**
- Claim Status Inquiry**

***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."

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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)

(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:

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 / INCORRECT APPLICATIONS WILL BE RETURNED.***

Be sure and check our Web site to ensure you are filling out the most current version. Previous versions will be returned as unprocessable.