



**Medicare-Medicaid Plan
Electronic Data Interchange Enrollment Form**

MEDICARE-MEDICAID PLAN ELECTRONIC DATA INTERCHANGE (EDI) ENROLLMENT FORM

ONLY for the Collection of Encounter Data and/or with Medicare-Medicaid Plan Eligible Organizations

The eligible organization agrees to the following provisions for submitting Medicare-Medicaid encounter data electronically to The Centers for Medicare & Medicaid Services (CMS) or to CMS' contractors.

A. The Eligible Organization Agrees:

1. That it will be responsible for all Medicare-Medicaid encounter data submitted to CMS by itself, its employees, or its agents.
2. That it will not disclose any information concerning a Medicare-Medicaid beneficiary to any other person or organization, except CMS and/or its contractors, without the expressed written permission of the Medicare-Medicaid beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare and Medicaid, or as required by State or Federal law.
3. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
 - Beneficiary's name,
 - Beneficiary's health insurance claim number,
 - Date(s) of service,
 - Diagnosis/nature of illness,
 - Procedure/service performed.
4. That the Secretary of Health and Human Services or his/her designee and/or the contractor has the right to audit and confirm information submitted by the eligible organization and shall have access to all original source documents and medical records related to the eligible organization's submissions, including the beneficiary's authorization and signature.
5. Based on best knowledge, information, and belief, that it will submit encounter data that are accurate, complete, and truthful.
6. That it will retain all original source documentation and medical records pertaining to any such particular Medicare-Medicaid encounter data for a period of at least 6 years, 3 months after the encounter data is received and processed.
7. That it will affix the CMS-assigned unique identifier number of the eligible organization ("H" contract number) on each encounter data electronically transmitted to the contractor.
8. That the CMS-assigned unique identifier number constitutes the eligible organization's legal electronic signature.
9. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.
10. That it will establish and maintain procedures and controls so that information concerning Medicare-Medicaid beneficiaries, or any information obtained from CMS or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with §1106(a) of the Act).
11. That it will research and correct encounter data discrepancies.
12. That it will notify the contractor or CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.
13. Until further notice by CMS, encounters will be separated and submitted as two separate files: one containing services traditionally paid for my Medicare and one by Medicaid.



B. The Centers for Medicare & Medicaid Services Agrees To:

1. Transmit to the eligible organization an acknowledgment of encounter data receipt.
2. The contractor will make alternative means available to any electronic biller to obtain such services.
3. Ensure that all Medicare-Medicaid Plan electronic transmitters have equal access to any services that CMS requires.
4. Notify the Medicare-Medicaid Plan within 2 business days if any transmitted data are received in an unintelligible or garbled form

NOTICE:

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 eligible organization. The responsibilities and obligations contained in this document will remain in effect as long as Medicare-Medicaid encounter data are submitted to CMS or the contractor. Either party may terminate this arrangement by giving the other party (30) days written notice of its intent to terminate. In the event that the notice is mailed, the 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.

C. Signature:

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

_____	____/____/____
(Signature)	(Date)
_____	_____
(Printed Name)	(Title)
_____	_____
(Eligible Organization Name)	(Contract Number)

(Address 1)	

(Address 2)	
_____	_____
(City)	(State) (ZIP)
_____	(____)_____
(Email Address)	(Phone)

cc: Regional Offices

Please retain a copy of all forms submitted for your records.
Complete and mail this form with original signature to:

Medicare-Medicaid Plan EDI Enrollment
CSSC Operations AG-570
2300 Springdale Drive Bldg. One
Camden, SC 29020-1728
Phone (877) 534-2772
www.csscooperations.com