

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1235	Date: May 10, 2013
	Change Request 8223

Please note: Transmittal 1224, dated May 3, 2013, is hereby rescinded and replaced by Transmittal 1235, dated May 10, 2013, to modify language in Business Requirement 8223.6.1. All other information remains the same.

SUBJECT: Phase III ERA Enrollment Operating Rules

I. SUMMARY OF CHANGES: To bring contractors into compliance with Phase III ERA Enrollment Operating Rule requirements:

1. Identify a maximum set of standard data elements to be requested from providers for enrollment to receive Electronic Remittance Advice (ERA).
2. Apply “controlled vocabulary” – predefined and authorized terms- for use when referring to the same data element.
3. Require standard data elements to appear on paper enrollment form in a standard format and flow, using consistent data elements and vocabulary as on the electronic form.
4. Requires specific information or instruction to providers to assist in manual paper-based ERA enrollment.
5. Requires contractors to offer electronic ERA enrollment

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Number	Requirement	Responsibility										
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	describing its purpose as it relates to the provider enrolling in ERA.											

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other			
		P a r t A	P a r t B								
8223.14	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen, 410-786-5755 or sumita.sen@cms.hhs.gov, Lauren Vandegrift, 410-786-4882 or lauren.vandegrift@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS

Attachment 1

Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

Individual Data Element Name (Term)	Sub-element Name (Term)	Data Element Description	Data Type and Format (Not all data elements require a format specification)	Data Element Requirement for Health Plan Collection (Required/Optional for Plan to Collect)
Provider Information (Data Element Group 1 is a Required DEG)				
Provider Name		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required
Doing Business As Name (DBA)		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it	Alphanumeric	Optional
Provider Address				Optional
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required
	City	City associated with provider address field	Alphanumeric	Required

1 *When the Data Element Group is designated optional is it at the discretion of the health plan to use. If the Contractor includes a data element defined in this attachment as "Optional" that data element on their enrollment form shall comply with the requirements listed for that specified data element in Attachment 1.

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional
PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)				
Provider Identifiers				Required
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity	Numeric, 9 digits	Required

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	National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions	Numeric, 10 digits	Required when provider has been enumerated with an NPI
Other Identifier(s)				
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid	Required if Identifier is collected	

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	Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor		Optional
Provider License Number				Optional
	License Issuer			Required if License Number is collected
Provider Type		A proprietary health plan-specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization	Alphanumeric, 10 characters	Optional
PROVIDER CONTACT INFORMATION (Data Element Group 3 is an Optional DEG)				
Provider Contact Name	Contact	Name of a contact in provider office for handling ERA issues		Required
	Title			Optional

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

	Telephone Number	Associated with contact person	Numeric, 10 digits	Required
	Telephone Number Extension			Optional
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address
	Fax Number	A number at which the provider can be sent facsimiles		Optional
Provider Agent Information (Data Element Group 4 is an Optional DEG)				
Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required
Agent Address				Optional
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required
	City	City associated with address field	Alphanumeric	Required
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required
	ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required

5 *When the Data Element Group is designated optional is it at the discretion of the health plan to use. If the Contractor includes a data element defined in this attachment as "Optional" that data element on their enrollment form shall comply with the requirements listed for that specified data element in Attachment 1.

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional
Provider Agent Contact Name		Name of a contact in agent office for handling EFT issues		Required
	Title			Optional
	Telephone Number	Associated with contact person	Numeric, 10 digits	Required
	Telephone Number Extension			Optional
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address
	Fax Number	A number at which the provider can be sent facsimiles		Optional
FEDERAL AGENCY INFORMATION (Data Element Group 5 is an Optional DEG)				
Federal Agency Information		Information required by Veterans Administration		Optional
	Federal Program Agency Name		Alphanumeric	Optional
	Federal Program Agency Identifier		Alphanumeric	Optional
	Federal Agency Location Code		Alphanumeric	Optional
RETAIL PHARMACY INFORMATION (Data Element Group 6 is an Optional DEG)				
Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required (if DEG5 is utilized)

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional
NCPDP Provider ID Number		The NCPDP assigned unique identification number	Alphanumeric	Optional
Medicaid Provider Number		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional
ELECTRONIC REMITTANCE ADVISE INFORMATION (Data Element Group 7 is a Required DEG)				

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)		Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment		Required; select from below
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable
Method of Retrieval		The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)		Optional (Required if the provider is not using an intermediary clearinghouse or vendor)
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Data Element Group 8 is an Optional DEG)				
Clearinghouse Name		Official name of the provider’s clearinghouse		Required
Clearinghouse Contact Name		Name of a contact in clearinghouse office for handling ERA issues		Optional
	Telephone Number	Telephone number of contact	Numeric, 10 digits	Optional
	Email Address	An electronic mail address at which the health plan might contact the provider’s clearinghouse		Optional
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Data Element Group 9 is an Optional DEG)				

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Phase III CORE 382 ERA Enrollment Data Elements for New Enrollments

Vendor Name		Official name of the provider's vendor		Required
Vendor Contact Name		Name of a contact in vendor office for handling ERA issues		Optional
	Telephone Number	Telephone number of contact	Numeric, 10 digits	Optional
	Email Address	An electronic mail address at which the health plan might contact the provider's vendor		Optional
SUBMISSION INFORMATION (Data Element Group 10 is a Required DEG)				
Reason for Submission				Required; select from below
	New Enrollment			Optional
	Change Enrollment			Optional
	Cancel Enrollment			Optional
Authorized Signature		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below
	Electronic Signature of Person Submitting Enrollment			Optional
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional

9

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	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional
Submission Date		The date on which the enrollment is submitted	CCYYMMDD	Optional
Requested ERA Effective Date		Date the provider wishes to begin ERA; per Phase III CORE Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner	CCYYMMDD	Optional

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Providers who have a signed ERA Enrollment Form on file with a particular FI, Carrier, RHHI, A/B MAC, or CEDI are not required to submit a new signed ERA Enrollment Form to the same FI, Carrier, RHHI, A/B MAC, or CEDI each time they change their method of electronic billing or begin to use another type of EDI transaction, e.g., changing from direct submission to submission through a clearinghouse or changing from one billing agent to another. Additionally, providers are not required to notify their FI, Carrier, RHHI, A/B MAC, or CEDI if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in that instance.

FIs, Carriers, RHHIs, A/B MACs, and CEDI must inform providers that providers are obligated to notify their FI, Carrier, RHHI, A/B MAC, or CEDI in writing in advance of a change that involves a change in the billing agent(s) or clearinghouse(s) used by the provider, the effective date on which the provider will discontinue using a specific billing agent and/or clearinghouse, if the provider wants to begin to use additional types of EDI transactions, or of other changes that might impact their use of ERA.

When an FI, Carrier, RHHI, A/B MAC, or CEDI receives a signed request from a provider or supplier to accept ERA transactions from or send ERA transactions to a third party, the FI, Carrier, RHHI, A/B MAC, or CEDI must verify that an ERA Enrollment Form is already on file for that provider or supplier. The request cannot be processed until both are submitted/issued.

The binding information in an ERA Enrollment Form does not expire if the person who signed that form for a provider is no longer employed by the provider, or that FI, Carrier, RHHI, A/B MAC, or CEDI is no longer associated with the Medicare program. Medicare responsibility for ERA oversight and administration is simply transferred in that case to that entity that CMS chooses to replace that FI, Carrier, RHHI, A/B MAC, or CEDI, and the provider as an entity retains responsibility for those requirements mentioned in the form regardless of any change in personnel on staff.

The note at the end of the enrollment agreement language indicates that either party can terminate that agreement by providing 30 days advance notice. There is an exception to that requirement. In the event an FI, Carrier, RHHI, A/B MAC, DME MAC or CEDI detects abuse of use of an ERA system, or discovers potential fraud or abuse, that FI, Carrier, RHHI, A/B MAC, DME MAC or CEDI is to immediately terminate system access for receipt of ERA transactions by that individual or entity. A decision by a FI, Carrier, RHHI, A/B MAC, DME MAC or CEDI to terminate or suspend EER access in such a situation is not subject to appeal by the individual or entity that loses ERA access.

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 provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the FI, Carrier, RHHI, A/B MAC, DME MAC, CEDI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty

(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.

Signature

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 (MAC name) on my behalf.

Provider's Name

Title

Address

City/State/Zip

By _____
(Signature)

(Printed Name)

Date