

Vermont Medicaid 837 and 835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- Enrollment timeframe is approximately **5 business days**.
- To check status of EDI enrollment, please **contact Medicaid at 802-879-4450, Option 3**.

837 Claim Transactions:

Vermont Medicaid EDI Registration

Complete the form as appropriate, using the information provided below.

Check the box "**Check here to authorize your Billing Service or Clearinghouse to see your weekly Remittance Advice...**"

Select the **Transactions** your practice will be submitting.

In Part 2, complete the form by entering the Provider ID and Provider Name.

If ERA is not desired, uncheck the "835" box(s).

835 Electronic Remittance Advice:

Department of Vermont Health Access 835 ERA Enrollment Form

If ERA is desired, complete all fields as appropriate.

Submit Completed Document(s):

Email signed document(s) to:

vtedicoordinator@gainwelltechnologies.com



Vermont Medicaid EDI Registration

Purpose

Registration of Vermont Medicaid Trading Partners to allow access to the Vermont Medicaid Web Portal for test and production claim transaction uploads, and downloads of functional acknowledgements, submitted claim reports, claim status reports and remittance files.

Who Must Register

Any entity that will utilize the Vermont Medicaid Web Portal must complete the EDI Registration.

Requirements

- A completed Trading Partner Agreement with Vermont Medicaid.
- Identification of the Entity or Process utilized to certify that the Trading Partner is producing standard X12N transactions.
- Utilization of the Vermont Medicaid Companion Guide to ensure that the transactions meet the requirements of Vermont Medicaid.
- Accurate identification of all of the Vermont Medicaid Providers, by provider ID, served by the Trading Partner, and identification of transactions used by each. Timely notification to advise Gainwell of changes to the provider and transaction lists.

Instructions

Part 1a. Provide the name, address, and contact information for the entity that will utilize the Vermont Medicaid Web Portal to send or receive electronic transactions. This entity may or may not be a Vermont Medicaid service provider but will be required to complete a Trading Partner Agreement with Vermont Medicaid.

Part 1b. Identify the method of certification that transactions meet X12N standards and indicate all of the electronic transactions that the Trading Partner will utilize, either now or in the future when they are implemented.

Part 2. Complete the Medicaid Provider list to identify each Vermont Medicaid Provider that has authorized the Trading Partner to send or receive its transactions. Identify all of the transactions that are authorized for each provider. List only the providers who will be identified in the claims as the "Billing Provider" or the "Pay-To Provider". Make additional copies if needed.

Mark only the transactions that this Trading Partner will process for the Vermont Medicaid Provider. This information will be used to route transactions to the Claims Processing System and back to Trading Partner directories.

Part 1a.

Electronic Transactions

Trading Partner Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact Name: _____
Primary Contact Phone: _____

Part 1b.

Pre-Certification (please check one)

- Using Provider Electronic Solutions Version 2.XX: Distributed by Gainwell
- Certified by Independent Agency: _____
- Translator Compliance Check: _____
- * Utilizing a Certified Vendor/Clearinghouse: _____
- Other (describe): _____

Check here to authorize your Billing Service or Clearinghouse to see your weekly Remittance Advice.
___ Enter "R" if you wish to remove authorization.

Transactions (Check all that apply)

- | | |
|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 837 Institutional Inpatient | <input type="checkbox"/> **835 Remittance (ERA in X12N format) |
| <input type="checkbox"/> 837 Institutional Outpatient | <input type="checkbox"/> 999 Functional Acknowledgement |
| <input type="checkbox"/> 837 Institutional Nursing Home | <input type="checkbox"/> 276/277 Claim Status Inquiry/Response |
| <input type="checkbox"/> 837 Institutional Home Health | <input type="checkbox"/> 270/271 Eligibility Request/Response |
| <input type="checkbox"/> 837 Professional | <input type="checkbox"/> Claim Accept/Reject Report |
| <input type="checkbox"/> 837 Dental | |

** If you checked this box, it must be accompanied by the 835 Enrollment form.

<http://www.vtmedicaid.com/#/hipaaTools>

Gainwell Internal Use Only

Date: _____ Approved By: _____
Trading Partner ID: _____ Web Log-On: _____



835 ERA Enrollment Form

Provider Information (Completion Required)

Provider Name: _____ VT Medicaid ID: _____
Address: _____
City: _____ State: _____ Zip Code: _____
TIN/EIN: _____ NPI: _____
Trading Partner ID: _____ Taxonomy Code: _____

Contact Information (Completion Required)

Contact Name: _____
Telephone Number (w/ Ext): _____
Email Address: _____

Billing Agent Information (If Applicable)

Name of Provider's Authorized Agent: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Provider Agent Contact Name: _____
Telephone Number (w/ Ext): _____
Email Address: _____

Electronic Remittance Advice Clearinghouse Information (If Applicable)

Clearinghouse Name: _____

Electronic Remittance Advice Vender Information (If Applicable)

Vendor Name: _____

Submission Information (Completion Required)

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Signature

Authorized Signature: _____
Printed Name: _____ Title: _____

Electronic Remittance Advice Information

- NPI is the sort field for the Vermont Medicaid 835
- Method of Retrieval: Download from VT Medicaid Portal Website at <http://www.vtmedicaid.com/#/home>

Return by E-mail vtedicoordinator@dxc.com or; Mail to Gainwell Technologies, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495.