



400 Vermillion Street • Hastings, MN 55033

Ph 800-482-3518 • Fax 651-389-9152

www.edsedi.com

VERMONT MEDICAID

DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION

PAYER ID NUMBER	CKVT1
ELECTRONIC REGISTRATIONS Agreements Required	EDS Dental Provider Enrollment Form <ul style="list-style-type: none">• Please complete all requested information Vermont Medicaid EDI Registration <ul style="list-style-type: none">• Part 2 - Please list all provider numbers and names for which you will be submitting claims. <u>Each provider must sign.</u>
SEND ENROLLMENT FORMS TO:	Please mail completed forms to: Electronic Dental Services 400 Vermillion Street Attn: Enrollment Hastings, MN 55033
ENROLLMENT CONFIRMATION	EDS will be coordinated with Vermont Medicaid. EDS will notify the provider when approval has been received.
CHANGING ELECTRONIC BILLING AGENTS	If the Provider currently receives claims through another Billing Agent other than Electronic Dental Services each Provider must re-enroll following the procedures listed above.
CONTACT PHONE NUMBERS	Vermont Medicaid Customer Service 802-879-4450 Electronic Dental Services 800-482-3518



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PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Vermont Medicaid – payer ID CKVT1**

Organization Name: _____

Provider Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: EDS_____

Group Provider Number: _____
(if applicable)

Group NPI: _____
(if applicable)

Rendering		
Name	Number	NPI
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: Terri_____

Telephone Number: 651-480-8090_____ Fax Number: _____

Date: _____

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 Hewlett Packard Enterprise 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. Vermont Medicaid EDI Registration

Trading Partner Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Part 1b. Pre-Certification: Please check one		Agency or Product Name:
<input type="checkbox"/>	Using Provider Electronic Solutions Version 2.2X:	Distributed by HPE
<input type="checkbox"/>	Certified by Independent Agency:	
<input type="checkbox"/>	Translator Compliance Check:	
<input type="checkbox"/>	*Utilizing a Certified Vendor/Clearinghouse:	
<input type="checkbox"/>	Other (Describe):	

_____ * Check here to authorize your Billing Service or Clearinghouse to see your weekly Remittance Advice. Enter an "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"/>	277 Unsolicited Claim Status
<input type="checkbox"/>	837 Institutional Nursing Home	<input type="checkbox"/>	999 Functional Acknowledgement
<input type="checkbox"/>	837 Institutional Home Health	<input type="checkbox"/>	276/277 Claim Status Inquiry/Response
<input type="checkbox"/>	837 Professional	<input type="checkbox"/>	270/271 Eligibility Request/Response
<input type="checkbox"/>	837 Dental	<input type="checkbox"/>	Claim Accept/Reject Report

**If you checked this box, it must be accompanied by the Department of Vermont Health Access 835 Enrollment form (www.vtmedicaid.com/#/hipaaTools)

HPE INTERNAL USE			
Date	Approved By	Trading Partner ID	Web Log-On

TRADING PARTNER ID	
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Part 2. Vermont Medicaid Provider List

Check each transaction that is authorized by the Provider for this Trading Partner. Enter an "R" to remove the transaction.

Provider ID	Provider Name	837 I	837 P	837 D	999	Claim Accept / Reject Rpt	835	277	270/271	276/277	Authorized Signature of Vermont Medicaid Provider