



Medicaid of Vermont

Attention Providers:

To start sending your claims electronically to Medicaid of Vermont through EDS, you will need to follow the instructions below required by the payer.

Payer:	Medicaid of Vermont
Payer ID:	CKVT1
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Payer Enrollment Application:	Vermont Medicaid EDI Registration
Email or Fax Application:	EDS Enrollment Department at (800)482-3518 or Enrollment@edsedi.com
Special Instructions:	Signature is required. Must be in blue or black ink.
Processing Time:	Payer estimates 5-7 business days from the date of submission EDS will notify you once the enrollment process is complete.

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 DXC Technology 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 Code: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Part 1b. Pre-Certification <i>(please check one):</i>	Agency or Product Name:
<input type="checkbox"/> Using Provider Electronic Solutions Version 2.XX:	Distributed by DXC Technology
<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 "R" if you wish to remove authorization.

Transactions <i>(Check all that apply)</i>	
<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 (<http://www.vtmedicaid.com/#/hipaaTools>)

DXC INTERNAL USE ONLY			
<u>Date</u>	<u>Approved By</u>	<u>Trading Partner ID</u>	<u>Web Log-On</u>

