



MEDICAID MISSISSIPPI (77032) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **EDI Provider Agreement and Enrollment Form**
- **ACS EDI Gateway, Inc. Provider Agreement**
 - The Trading Partner Agreement has been signed by OA, but you will need to insert the date

WHERE SHOULD I SEND THE FORM(S)?

- Fax the form(s) to (888) 495-8169; OR
- Mail the form(s) to:

Mississippi Medicaid Program
Provider Enrollment
PO Box 23078
Jackson, MS 39225

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 1-2 weeks

HOW DO I CHECK STATUS?

- Call (866) 225-2502 and ask if your Provider Number and/or NPI Number have been linked to Office Ally's Submitter ID **90849**
- Once you have received notification that you have been linked, you **MUST** contact Office Ally at (360) 975-7000 option 1 and notify us of the approval **PRIOR** to submitting claims electronically



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

Please complete the following Mississippi Medicaid Provider EDI Enrollment Packet. The package consists of the Xerox EDI Provider Enrollment Form, Mississippi EDI Provider Agreement and the Xerox EDI Gateway Inc., Trading Partner Agreement. Once the package has been completed and signed please return it to the address above for processing. If you have any questions about the Xerox EDI Provider Enrollment Form or EDI Trading Partner Agreement, contact the EDI Support Unit at 1-866-225-2502, Monday-Friday 8AM-5PM CST.

Attention!! Effective January 1, 2014, providers will need to submit a separate ERA Enrollment Form for 835 transactions. This form is available for download or online submission on the MS Medicaid Web Portal at www.ms-medicaid.com.

Please print or type. Complete all areas of Agreement and Enrollment form, unless otherwise indicated.

EDI PROVIDER ENROLLMENT FORM

Section 1 Application Type- Please select all that apply

- New Submitter (I would like to become a trading partner with Xerox EDI to submit my claims such as 837.)
- New Retriever (I would like to become a trading partner with Xerox EDI to retrieve my responses such as 277.)
- Change/Correction (I am a current trading partner with Xerox, I would like to update my current trading partner profile.)
- Billing Agent/Clearinghouse Authorization (I am a provider who will allow a billing agent/clearinghouse to submit and/or retrieve transactions on my behalf.)

Section 2 Provider Information

Provider/Business Name

Street Address

City, State, Zip Code

<i>Telephone</i>	<i>Fax</i>
------------------	------------

Pay-to Provider Number

EIN (Required if your pay-to number is registered as a group provider number with Mississippi Medicaid.)

-

Email Address

Section 3 Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions directly to Xerox EDI Gateway, Inc., please indicate your Xerox EDI Gateway Submitter/Trading Partner ID. (This section is required if you have chosen application type "change/correction" in section 1.)



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment
 P.O. Box 23078
 Jackson, Mississippi 39225

Section 4 Individual Contact Information- Please indicate contact if different from Provider Information in Section 2 (Attach additional sheets if necessary)

<i>Contact Name</i>	<i>Contact Title</i>
<i>Street Address</i>	
<i>City, State, Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email address</i>	

Section 5 Submission Method- Please indicate how you plan to submit your electronic transactions to Medicaid.

<input type="checkbox"/> Vendor Software (If you select this option then you are required to complete sections 6 and 11.)
<input type="checkbox"/> WINASAP5010 (If you select this option then you are required to complete section 10)
<input type="checkbox"/> Web Portal (If you select this option then you are required to complete section 12.)
<input type="checkbox"/> I plan to develop my own software (If you select this option then you are required to complete sections 7 and 11.)
<input checked="" type="checkbox"/> I plan to use a Billing Agent/Clearinghouse (If you select this option then you are required to complete sections 8 and 11.)

Section 6 Software Vendor Information- If you have indicated that you plan to use the services of a Software Vendor to submit your transactions electronically to Xerox EDI Gateway, please provide the following information regarding your agent. Your Software Vendor is required to enroll and receive their own unique trading partner ID to test with Xerox EDI Gateway. Please indicate your Software Vendor's Xerox EDI Gateway trading partner ID. Please contact your Software Vendor for this required information.

<i>Software Vendor Company Name</i>	
<i>Contact Name</i>	<i>Contact Title</i>
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	<i>Software Vendor's Xerox EDI Gateway Trading Partner ID (required)</i>



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment
 P.O. Box 23078
 Jackson, Mississippi 39225

Section 7 I plan to develop my own software - If you plan to develop your own software, you must test your software with Xerox EDI Gateway. Please provide the following information.

Software Name	Software Version	Protocol
---------------	------------------	----------

Section 8 Billing Agent/Clearinghouse Information - If you have indicated that you plan to allow a Billing Agent/Clearinghouse to submit and/or retrieve transactions electronically with Xerox EDI Gateway on your behalf, please provide the following information regarding your agent. Your Billing Agent/Clearinghouse is required to enroll and receive their own unique trading partner ID to test and transmit with Xerox EDI Gateway. Please indicate your agent's Xerox EDI Gateway trading partner ID. Please contact your agent for the required information.

<i>Billing Agent/Clearinghouse Company Name</i> Office Ally	
<i>Contact Name</i> Customer Service	<i>Contact Title</i> Customer Service
<i>Telephone</i> 360-975-7000 Option 1	<i>Fax</i> 360-896-2151
<i>Email Address</i> info@officeally.com	<i>Billing Agent/Clearinghouse Xerox EDI Gateway Trading Partner ID (required)</i> 9 0 8 4 9 <input type="text"/>

Section 9 Delimiter Information - If you are submitting X12N transactions, please provide the following. (If nothing is entered the default delimiter will be used). (Note: Providers may need to contact their third-party vendor for this information.)

<i>Element Delimiter to be used:</i> <i>Default Delimiter (asterisk)</i> <input type="text" value="*"/>	<i>Segment Delimiter to be used:</i> <i>Default Delimiter (tilde)</i> <input type="text" value="~"/>	<i>Sub-Element Delimiter to be used:</i> <i>Default Delimiter (colon)</i> <input type="text" value=":"/>
---	--	--

Section 10 Transactions - WINASAP5010

Request for Software	
<input type="checkbox"/>	I will download the WINASAP5010 Software. (www.ms-medicaid.com)
<input type="checkbox"/>	Please mail me a CD-ROM of the software.
X12N 837P (Professional Claim) <input type="checkbox"/>	X12N 837I (Institutional Claim) <input type="checkbox"/>
X12N 837D (Dental Claim) <input type="checkbox"/>	



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment
 P.O. Box 23078
 Jackson, Mississippi 39225

Section 11 Transactions - Other than WINASAP5010

X12N 837P (Professional Claim) <input checked="" type="checkbox"/>	X12N 270 (Eligibility Inquiry) <input type="checkbox"/>
X12N 837D (Dental Claim) <input type="checkbox"/>	X12N 276 (Claim Status Inquiry) <input type="checkbox"/>
X12N 837I (Institutional Claim) <input type="checkbox"/>	X12N 278 (Prior Authorization) <input type="checkbox"/>

Section 12 Web Transactions

X12N 837P (Professional Claim-batch only) <input type="checkbox"/>	X12N 270 (Eligibility Inquiry- batch only) <input type="checkbox"/>
X12N 837D (Dental Claim-batch only) <input type="checkbox"/>	X12N 276 (Claim Status Inquiry- batch only) <input type="checkbox"/>
X12N 837I (Institutional Claim- batch only) <input type="checkbox"/>	X12N 278 (Prior Authorization- batch only) <input type="checkbox"/>

Section 13 Electronic Response and Report Retrieval for Provider

Are you interested in retrieving your reports and/or responses electronically? Yes No

If yes, please fill out the appropriate sections below

Reports Available via Xerox EDI Gateway iDex (Internet Data Exchange)

<http://edionline.acs-inc.com/>

271 - Eligibility Response <input type="checkbox"/>	997 - Functional Acknowledgement (X12N submissions only) <input type="checkbox"/>
278 - Prior Authorization Response <input type="checkbox"/>	277 - Claims Status Response <input type="checkbox"/>
820 - Premium Payment <input type="checkbox"/>	824 - Error Report <input type="checkbox"/>

Section 14 Electronic Response and Report Retrieval for Billing Agent or Clearinghouse

Do you authorize your Billing Agent/Clearinghouse to retrieve your response and/or reports electronically on your behalf? Yes No

If yes, please fill out the appropriate sections below

<i>Billing Agent/Clearinghouse Company Name (required)</i> Office Ally, Inc	<i>Billing Agent/Clearinghouse Xerox EDI Gateway Trading Partner ID (required)</i> 9 0 8 4 9 <input type="checkbox"/>
271 - Eligibility Response <input type="checkbox"/>	997 - Functional Acknowledgement (X12N submissions only) <input checked="" type="checkbox"/>
278 - Prior Authorization Response <input type="checkbox"/>	277 - Claims Status Response <input checked="" type="checkbox"/>
820 - Premium Payment <input type="checkbox"/>	824 - Error Report <input type="checkbox"/>



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

Section 15 Web Portal (Note: You will not be able to receive an X12 response unless you submitted an X12 transaction)

I will retrieve my reports from the web. (Note: Only available if transactions were submitted through the web portal- see Section 12)

Reports Available via Web Portal

www.ms-medicaid.com

271 - Eligibility Response	<input type="checkbox"/>	824 - Error Report	<input type="checkbox"/>
278 - Prior Authorization Response	<input type="checkbox"/>	997 - Functional Acknowledgement (X12N submissions only)	<input type="checkbox"/>
820 - Premium Payment	<input type="checkbox"/>	277 - Claims Status Response	<input type="checkbox"/>



EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

The following constitutes an Electronic Data Interchange Agreement (“EDI Agreement”) between the Health Care Provider listed in Section II (“Provider”) and the Mississippi Division of Medicaid (“DOM”) or its designated Fiscal Agent. This EDI Agreement defines the requirements for Electronic Data Interchange between the Provider and the DOM or its designated Fiscal Agent. Any references in this EDI Agreement to the submission of electronic transactions, refers to electronically submitted transactions as chosen by the Provider.

Section I - Terms of Agreement

The Provider agrees to abide by the requirements for Administrative Simplification as defined in the provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) based on the compliance date of the final rules or a date mutually agreed upon between the Provider and the DOM or its designated Fiscal Agent.

The Provider agrees to abide by the requirements for EDI submissions and submitters as published in the appropriate DOM Electronic Transactions Submission Manual.

The Provider agrees to send and receive data in a manner that protects the integrity and confidentiality of the transmitted information according to the relevant provisions of state and federal laws and regulations.

The Provider agrees that if a Billing Agency or Clearinghouse is used for the submission of electronic transactions, the Billing Agency or Clearinghouse identified in Section III must have a Trading Partner Service Agreement on file with the DOM or its designated Fiscal Agent.

If using a Billing Agency or Clearinghouse, the Provider agrees to report information accurately and completely to the Billing Agency or Clearinghouse as required in the Appropriate DOM Electronic Transactions Submission Manual and agrees to be completely responsible for the electronic transactions generated from the information submitted to the DOM or its Fiscal Agent by the Billing Agency or Clearinghouse.

If using a Billing Agency or Clearinghouse, the Provider agrees to not use any Billing Agency or Clearinghouse except the one listed in Section III of this agreement until this EDI Agreement has been terminated in writing to the DOM or its designated Fiscal Agent.

If using an EDI software vendor for submission of electronic transactions, the Provider agrees to insure that all data meets the requirements for EDI submissions and submitters as published in the appropriate DOM Electronic Transactions Submission Manual.

If any information supplied in this EDI Agreement changes at any time during the Provider's enrollment in the Mississippi Medicaid program, the Provider agrees to notify the DOM or its designated Fiscal Agent immediately in writing. Failure to do so may invalidate this EDI Agreement.

Whenever necessary, this EDI Agreement may be amended by mutual consent of the DOM and the Provider to meet federal or other operational requirements.

The Provider agrees that the EDI Submitter ID is confidential and is not transferable or assignable.

This EDI Agreement is not transferable or assignable and may be terminated on thirty (30) days written notice by either party.

This EDI Agreement is automatically terminated in the event the Provider's license is revoked by the Appropriate Board, the Provider is disqualified through a federal administrative action, or as set forth in Miss. Code Ann. Section 43-13-121(l) (1972, as amended).

Authorization

I certify that all statements made herein are true and complete to the best of my knowledge.

Authorized Signature

Date



Xerox EDI Gateway, Inc. Provider Agreement

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

ACS EDI GATEWAY, INC. TRADING PARTNER AGREEMENT

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **TRADING PARTNER** ("Trading Partner") and ACS EDI GATEWAY INC. ("EDI Gateway") collectively "the parties".

WHEREAS, Trading Partner desires to transmit Transactions to EDI Gateway for the purpose of submitting data to a Health Plan;

WHEREAS, EDI Gateway desires to receive such transactions for this purpose recognizing the EDI Gateway performs such services on behalf of the Health Plan; and

WHEREAS, Trading Partner is subject to the Transaction and Code Set Regulations with respect to the transmission of such transactions.

Now, therefore, the Parties agree as follows:

1. **Definitions**

EDI Gateway means ACS EDI Gateway, Inc.

Trading Partner means the party identified as "Trading Partner" on the signature line of this Agreement who is a Health Care Provider or Health Care Clearinghouse as defined in 45 CFR 160.103.

Standard is defined in 45 CFR 160.103.

Transaction and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. **Obligations of the Parties Effective Upon Execution of this Agreement by Trading Partner**

A) The Parties agree, in regard to any electronic Transactions between them:

- 1) They will exchange data electronically using only those Transaction types as selected by Trading Partner on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).

- 2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.
- 3) They will not change any definition, data condition, or use of a data element or segment in a Standard transaction they exchange electronically.
- 4) They will not add any data elements or segments to the Maximum Defined Data Set.
- 5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.
- 6) They will not change the meaning or intent of a Standard's implementation specification.
- 7) EDI Gateway may reject a Transaction submitted by Trading Partner if the Transaction is not submitted using the data elements, formats or Transaction types set forth in the TPEF. EDI Gateway may refuse to accept any claims from Trading Partner if Trading Partner repeatedly submits Transactions that do not meet the criteria set forth in TPEF or if Trading Partner repeatedly submits inaccurate or incomplete Transactions to EDI Gateway.

- B) Trading Partner understands that EDI Gateway or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Trading Partner will participate fully with EDI Gateway in the testing, verification, and implementation of the modification to a Transaction affected by the change.
- C) EDI Gateway understands that DHHS may modify the Transaction and Code Set Regulations. EDI Gateway will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Trading Partner and EDI Gateway.
- D) Neither Trading Partner nor EDI Gateway accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Trading Partner and EDI Gateway.



Xerox EDI Gateway, Inc. Provider Agreement

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

- E) Trading Partner and EDI Gateway will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Trading Partner and EDI Gateway will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.

EDI Gateway may publish data clarifications ("Xerox EDI Companion Guides") to complement each Implementation Guide. Trading Partner should use Xerox EDI Companion Guides in conjunction with the HIPAA Implementation Guides available at <http://store.x12.org/store/healthcare-5010-consolidated-guides>.

- F) Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will properly transmit an electronic acknowledgement that conclusively constitutes evidence of properly received transactions. Each party shall use commercially reasonable efforts to ensure that a Virus is not sent to the other party. Each party agrees that it maintains anti-virus software on its system, which is updated on a regular basis. For the purposes of this Agreement, "Virus" shall mean any "back door", "time bomb", "Trojan horse", "worm", "drop dead device", "virus", "malicious logic", software routines, devices, computer codes, program or hardware components or other undisclosed feature or file which is designed to permit unauthorized access to software, hardware or data, unintentionally or intentionally disrupts, disables, harms, erases, or otherwise impedes the other party's systems, or would disable such software or technology."
- G) Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.
- H) The parties acknowledge that any person, who knowingly and with intent to defraud an insurance company or other person, files a statement of claim containing materially false information or conceals, with intent to mislead, information concerning any fact material to a statement of claim, commits a fraudulent insurance act, which may involve violations of civil and/or criminal law.

3. Miscellaneous

- A) This Agreement is effective on the date set forth in Section 3.H, below. This Agreement shall continue until such time as either party elects to give reasonable written notice of termination to the other party or termination of Transaction services provided by EDI Gateway to Trading Partner, whichever is earlier.
- B) This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.
- C) This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with New York law, exclusive of conflicts of law principles. THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF NEW YORK AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.
- D) Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement. This Agreement shall not be construed as to impute the application of any law onto a party or require compliance by a party, if such law does not already apply to or require compliance by the party, including but not limited to, the designation of a party as a "covered entity" under HIPAA if such status does not already apply under the law.
- E) This Agreement is entered into solely between, and may be enforced only by Trading Partner and EDI Gateway. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Trading Partner or EDI Gateway to any third party.
- F) NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY EDI GATEWAY UNDER THIS AGREEMENT. EDI GATEWAY'S MAXIMUM AGGREGATE LIABILITY FOR



Xerox EDI Gateway, Inc. Provider Agreement

Please return to:

Mississippi Medicaid Program

Provider Enrollment

P.O. Box 23078

Jackson, Mississippi 39225

DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO EDI GATEWAY BY TRADING PARTNER UNDER THIS AGREEMENT.

G) EDI Gateway may provide proprietary software to Trading Partner to allow Trading Partner to submit transactions to EDI Gateway. Trading Partner will protect the software as it protects its own confidential information, but in no event shall this protection be less than pursuant to a reasonable standard, and will not directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than Trading Partner. Trading Partner may permit use of the software by contractors or agents of Submitter provided that any such contractor or agents are not competitors of EDI Gateway and further provided that any such persons agree to protect the confidentiality of the software. Trading Partner and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to EDI Gateway.

H) Trading Partner may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Trading Partner will sign a hard copy of this Agreement and mail to EDI Gateway at the address indicated below. EDI Gateway will return a copy of the fully executed Agreement to Trading Partner. The effective date of the hard copy Agreement is the date on which the Agreement is signed by EDI Gateway. Electronic Copy Execution: Trading Partner should execute this Agreement by clicking on the "I Agree" button that appears at the bottom of the Agreement. The effective date of the electronic copy agreement is the date EDI Gateway receives the electronic transmission of Trading Partner's Acceptance to the terms of this Agreement.

TRADING PARTNER:

Signature

Printed Name and Title

Date

ACS EDI GATEWAY, INC.

PO Box 23078

Jackson, MS 39225

Fax: 1-888-495-8169

Signature

Printed Name and Title

Date