MEDICAID VERMONT (MCDVT) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Vermont Medicaid EDI Registration Form**
    - If you would like Office Ally to receive Electronic Remittance Advice on your behalf, you must authorize Office Ally to see your weekly remittance advice in Part 1b on page 2 of the registration form. You also need to check the 835 Remittance (ERA in X12N format) under Transactions and Part 2
- **835 ERA Enrollment Form**
    - To activate ERAs, this form is required in addition to the ERA selections made on the EDI enrollment form

WHERE SHOULD I SEND THE FORM(S)?

- Email to vtedicoordinator@gainwelltechnologies.com; OR
- Mail to:

  Gainwell Technologies
  Attn: EDI Coordinator
  PO Box 888
  Williston, VT 05495

NOTE: *Both documents must be signed by the provider*

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-14 business days

HOW DO I CHECK STATUS?

- You may call Medicaid Vermont at 800-925-1706 Option 3 and ask if your Provider ID has been linked to Office Ally's Trading Partner ID **701101732**
- Once the enrollment has been approved, you MUST call Office Ally at (360) 975-7000 Option 1 and notify us of the approval PRIOR to submitting claims electronically

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: Office Ally, Inc

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Name: Customer Service

Primary Contact Phone: (360) 975-7000 Option 1

Part 1b.

Pre-Certification (please check one)

☐ Using Provider Electronic Solutions Version 2.XX: Disributed by Gainwell

☐ Certified by Independent Agency: _____

☐ Translator Compliance Check: _____

☒ * Utilizing a Certified Vendor/Clearinghouse: Office Ally, Inc

☐ 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)

☐ 837 Institutional Inpatient

☐ 837 Institutional Outpatient

☐ 837 Institutional Nursing Home

☐ 837 Institutional Home Health

☒ 837 Professional

☐ 837 Dental

☐ **835 Remittance (ERA in X12N format)

☒ 999 Functional Acknowledgement

☐ 276/277 Claim Status Inquiry/Response

☐ 270/271 Eligibility Request/Response

☒ Claim Accept/Reject Report

** 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: _____

Part 2.

Vermont Medicaid Provider List

Check each transaction that is authorized by the Provider for this Trading Partner.

Trading Partner ID: 701101732

Provider ID	Provider Name	Provider Signature	837 I	837 P	837 D	999	Claim Accept/ Reject Rpt	835	270/271	276/277	Remove
			☐	✔	☐	✔	✔	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐	☐	☐
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VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Vermont Medicaid 835 ERA Enrollment Form

Provider Information (Completion Required)

Provider Name: _____ VT Medicaid ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TIN/EIN: _____ NPI: _____

Trading Partner ID: 701101732 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: Office Ally, Inc

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@gainwelltechnologies.com or;
Mail to Gainwell Technologies, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495.

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835 ERA Enrollment Form Instructions

Provider Information

Provider Name: Enter the individual provider name or group name (if billing under a group).

Provider Address: Enter your physical address information.

TIN/EIN: Enter your Tax ID Number.

NPI: Enter your ten digit National Provider Identifier. Use your group number if you have one, otherwise use your individual number. If you do not have an NPI (i.e. are an atypical provider), please skip this field.

Trading Partner ID: Enter the Trading Partner ID under which the 835 will be downloaded. If you are using a Clearinghouse or Billing Service, you must enter their Trading Partner ID. If you are downloading to your account then it should be your Provider Trading Partner ID. If you are establishing your own new account (i.e. submitting this with a Trading Partner Agreement), then leave this field blank.

Provider Taxonomy Code: Enter your ten position alphanumeric taxonomy code.

Contact Information

Enter the name and contact information for the EDI Coordinator to use if there are questions about the information on this form.

Billing Agent Information

If you are using a billing agent other than that supplied in the Provider Address and Contact information sections, please enter agent information in this section.

Electronic Remittance Advice Clearinghouse Information

If you are using a clearinghouse to retrieve and/or process your 835, please enter the name of the clearinghouse.

Electronic Remittance Advice Vendor Information

If a vendor will be processing your 835 on your behalf, please enter the name of the vendor.

Submission Information

Enter the reason for the form subission.

Signature

Authorized Signature: The provider or a provider representative (not a vendor or clearinghouse) must sign this document authorizing the 835 request

Name: The provider or a provider representative should print their name

Title: The provider or a provider representative should print their title

Return by E-mail vtedicoordinator@gainwelltechnologies.com or;
Mail to Gainwell Technologies, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495.
Direct all questions and status requests to the EDI Coordinator at 800-925-1706, Option 3.