Office Ally

WHICH FORMS SHOULD I COMPLETE?

- **Vermont Medicaid EDI Registration Form** (signature required)
    - o If you would like Office Ally to receive Electronic Remittance Advice on your behalf, you must also Check the box to 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** (signature required)
    - o To activate ERAs, this form is required in addition to the ERA sections 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

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 7-14 business days

HOW DO I CHECK STATUS?

- After the allotted turnaround timeframe, call Medicaid Vermont at 800-925-1706 Option 3 to ask if your Provider ID has been linked to Office Ally's Trading Partner ID **701101732** for 837 and/or 835.
- Once you receive approval, email the Office Ally EDI Enrollment Team at payerenrollment@officeally.com as follows:
- **Email Subject:** Medicaid Vermont (MCDVT) EDI Enrollment Approval
- **Email Body:** Please log my EDI Enrollment Approval for the below:
    - o Provider Name
    - o Provider NPI
    - o Provider TIN
    - o Provider Medicaid Number
    - o Transaction: 837, 835, or both

Vermont Medicaid EDI Registration

Purpose
The EDI Registration form is to be used by Trading Partners to associate an active Vermont Medicaid Provider Number to a Trading Partner Account for 837 claim transaction uploads, and downloads, claim status and eligibility functions including batch, HDE, and directly through the vtmedicaid.com site, access to the PDF Remittance Advice (Web RA), and for all return reports including 999 functional acknowledgement and html report containing rejection details.

Who Must Register
Any entity that will utilize the Vermont Medicaid Web Portal for the above purpose must complete the EDI Registration. This includes Clearinghouses, Providers utilizing The Provider Electronic Solutions Software or another third-party software vendor, a Billing company, or a Large provider organization with multiple provider enrollments.
* Providers wishing to submit electronically to Vermont Medicaid through a clearinghouse will outreach directly to their vendor for this form.

Requirements
» A completed Trading Partner Agreement must be on file for association to be sucessful.
» 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 and Technical Specifications to ensure that the transactions meet the requirements of Vermont Medicaid.
» Accurate identification of 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 on behalf of the Provider. 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 the electronic transactions that the Trading Partner will utilize, either now or in the future when they are implemented by selecting the boxes next to each transaction type.
* If the 835 Transaction type is selected it must be accompanied by the 835 Enrollment form.

Part 2. Enter the Trading Partner ID. If you are establishing a new account (i.e., submitting this with a Trading Partner Agreement), then leave this field blank. Complete the Medicaid Provider list to identify each Vermont Medicaid Provider that has authorized the Trading Partner to send or receive its transactions. Identify the transactions that are authorized for each provider by selecting the boxes below each transaction type for each line entry in the list if more than one. List only the providers who will be identified on the claim as the "Billing Provider" or the "Pay-To Provider". Make additional copies of Part 2 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)

☐ 837 Institutional Inpatient   ☐ **835 Remittance (ERA in X12N format)

☐ 837 Institutional Outpatient   ☐ 999 Functional Acknowledgement

☐ 837 Institutional Nursing Home   ☐ 276/277 Claim Status Inquiry/Response

☐ 837 Institutional Home Health   ☐ 270/271 Eligibility Request/Response

☐ 837 Professional   ☐ Claim Accept/Reject Report

☐ 837 Dental

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

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 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: _____ 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 the VT Medicaid Portal at https://vtmedicaid.com/secure/logon.do.

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

835 ERA Enrollment Form Instructions

Provider Information (all fields in this section are required)
Provider Name: Provider name must match the name used to credential with Vermont Medicaid. You may use the Provider Lookup on the vtmedicaid.com site if you are unsure. 835/ERA may only be set up for the Billing Provider on the claim.
Provider Address: Enter your physical address information used to credential with Vermont Medicaid.
TIN/EIN: Enter the Tax ID Number used to credential with Vermont Medicaid.
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 which the 835 will be sent to. 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. Providers using the Provider Electronic Solutions Software do not need to fill out this form.
Provider Taxonomy Code: Enter your ten-position alphanumeric taxonomy code used to credential with Vermont Medicaid.

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 submission. If you were previously receiving 835/ERA's from a different vendor choose Change Enrollment.

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 vtedicoordinator@gainwelltechnologies.com or 800-925-1706, Option 3.