

**State of Vermont  
Agency of Human Services, acting by and through its  
Department of Vermont Health Access,  
& DXC Technology**

**ELECTRONIC DATA INTERCHANGE  
TRADING PARTNER AGREEMENT**

Scope and Definitions: The State of Vermont Agency of Human Services, acting by and through its Department of Vermont Health Access (hereinafter referred to as “DVHA”), DXC Technology (hereinafter referred to as “DXC”), and

\_\_\_\_\_, (Third Party Name) (hereinafter referred to as “the Trading Partner”), enter into this agreement (“Agreement”) to facilitate business transactions by electronically transmitting and receiving data in standardized and agreed formats in substitution for conventional paper-based documents.

**ARTICLE I. PURPOSE**

- 1.1 DXC operates and maintains, under the authorization of DVHA, a paperless transaction system that will process electronic transactions submitted through designated electronic media.
- 1.2 DXC is the fiscal agent for DVHA and, on behalf of the Vermont Health Access Program, processes third party claims, maintains an eligibility verification system, conducts third party enrollment and relations activities, and maintains the fiscal integrity of claims-related financial data. DXC operates the system in which the transactions flow. Trading Partners provide the pipeline network for the transmission of electronic data and are required to transport data to and from DXC, and in the case of vendors and/or billing services, to third parties of health care services.
- 1.3 This Agreement delineates the responsibilities of DXC and the Trading Partner in regard to the electronic transactions identified in this Agreement. DXC and the Trading Partner shall submit and receive such electronic transactions in accordance with the requirements of the HIPAA Transaction and Code Set Rule, at 45 CFR Parts 160 and 162.

**ARTICLE II. PARTIES**

2.1 **DVHA**  
280 State Drive  
Waterbury, VT 05671-1010

2.2 **DXC Technology**  
312 Hurricane Lane, Suite 101  
PO Box 888  
Williston, VT 05495-0888

2.3 **TRADING PARTNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact E-Mail  
Address \_\_\_\_\_

**ARTICLE III. GENERAL PROVISIONS**

3.1 **Parties**

3.1.1 DVHA and the Trading Partner will electronically transmit documents (as identified in Section 6.1 of this Agreement) to the other, as specified in this Agreement, directly or through any intermediary with whom a party may contract or who is otherwise legally authorized to conduct a transaction. DXC is the intermediary that DVHA uses as of the date that this Agreement is executed by the parties. A Trading Partner may modify its election to use, not use or change its intermediary upon prior written notice to DXC and DVHA.

3.1.2 The Trading Partner is responsible for all costs, charges, or fees it may incur by transmitting electronic transactions to, or receiving electronic transactions from, DXC, on behalf of DVHA, and is also responsible for its own acts or omissions to act, as well as those of its

intermediary, while transmitting, receiving, storing, or handling transactions, or performing related activities pertaining to the subject matter of this Agreement.

- 3.1.3 Use of an intermediary shall not relieve the Trading Partner of any risks or obligations assumed by it under this or any other agreement with DVHA or DXC, or under applicable laws and regulations.

## 3.2 **Security Procedures**

Each party will take reasonable care to ensure that the information submitted in each electronic transaction is timely, complete, accurate, and secure, and will take reasonable precautions to prevent unauthorized access to: (a) its transmission and processing systems; (b) the transmissions themselves; and (c) the control structure applied to transmissions between them. If DXC or the Trading Partner receives from the other data not intended for it, the receiving party will immediately notify the sender to arrange for its return, re-transmission, or destruction, as the sender directs.

## 3.3 **Termination**

Either DVHA or the Trading Partner may terminate this Agreement, for convenience, on thirty (30) days written notice to the other. Such notice shall specify the effective date of termination; provided, however, that any such termination shall not relieve any party of any liability or obligation: (a) incurred before termination; (b) under any transaction exchanged between the parties; or (c) under any federal or state laws or regulations pertaining to the privacy and security of individually identifiable health information.

Either DVHA or DXC may terminate this Agreement immediately, on written notice to the Trading Partner, if any of the following events occur:

- a. DVHA requests that DXC stop processing claims for the Trading Partner;  
or
- b. The contract between DXC and DVHA expires or terminates.

## 3.4 **Modifications**

This Agreement contains the entire agreement of the parties with respect to its subject matter, and supersedes any previous understanding, commitment or agreement, oral or written, concerning that subject matter. This Agreement does not supercede any language or requirement in the executed contract between

DXC and DVHA. This Agreement may be amended or modified, and any right under this Agreement may be waived, only by a writing signed by an authorized representative of each party.

#### **ARTICLE IV. CONFIDENTIALITY, PRIVACY AND SECURITY**

- 4.1 DXC and the Trading Partner will meet all applicable laws and regulations pertaining to confidentiality, privacy, and security.
- 4.2 DXC and the Trading Partner must report to DVHA a known breach of confidentiality, privacy, or security pertaining to the subject matter of this Agreement, within forty eight (48) hours after DXC or the Trading Partner attains such actual knowledge. In this context, “pertaining to the subject matter of this Agreement” means the electronic transmission of the transactions identified in this Agreement.
- 4.3 The Trading Partner agrees to safeguard all DVHA information, whether verbal, written, or otherwise, received from DXC, or acquired by the Trading Partner in performance of this Agreement, recognizing all such information as privileged communications which shall be held confidential in accordance with the requirements of state and federal laws and regulations. This information may only be used and disclosed in accordance with all applicable state and federal laws and regulations, including, but not limited to, the HIPAA Privacy Rule (at 45 CFR Parts 160 and 164), the Vermont Patient Privilege statute (at 12 VSA 1612) and the Vermont Mental Health statute (at 18 VSA 7103).
- 4.4 In addition, the Trading Partner agrees to keep confidential all information it receives under this Agreement that relates to the business of DVHA, its financial affairs, its relations with its citizens and its employees, as well as any other information which may be specifically classified as confidential by DVHA.
- 4.5 The Trading Partner is responsible for ensuring that its employees are aware of these restrictions and obligations, and that such employees comply with those restrictions and obligations.

#### **ARTICLE V. ELECTRONIC SUBMISSIONS**

- 5.1 In the case of provider billing for health care services, the Trading Partner attests that all such services for which payment will be claimed by enrolled providers shall be provided in accordance with all federal and state laws and regulations pertaining to the Vermont Health Access Program.

- 5.2 In the case of provider billing for health care services, the Trading Partner understands that all terms and conditions of participation in the Vermont Health Access Program remain in effect and are unchanged by this Agreement.
- 5.3 DXC, as DVHA’s fiscal agent for the Vermont Health Access Program, has been granted the authority to approve and enroll Trading Partners who wish to exchange electronic media transactions.
- 5.4 DXC, as DVHA’s fiscal agent for the Vermont Health Access Program, has been granted the authority to create, exchange and distribute to approved Trading Partners protected health information necessary for program operations (such as fraud investigations or audits).

**ARTICLE VI. STANDARDS FOR TRANSACTIONS**

(Note: This Article pertains only to providers or vendors billing for services.)

**6.1 Standards**

Selected ASC X12N standards include, as applicable, all data dictionaries, segment dictionaries and transmission controls referenced in those standards, but include only the transaction sets listed in the documents section below.

**6.2 Documents**

Trading Partner may send the following transactions:

<b>Transaction Set</b>	<b>Document Name/Description</b>
837	Health Care Claim – Institutional
837	Health Care Claim – Professional
837	Health Care Claim – Dental
270	Health Care Eligibility Benefit Inquiry

Mode of Claim Submission (Please Check)

- Data Transmission via Vermont Medicaid Portal
- Third Party Electronic Solutions Software

Number of Third Parties for which you bill \_\_\_\_\_

Estimated Claim Volume per Month \_\_\_\_\_

Expected Frequency of Claim Submission \_\_\_\_\_

DXC will send the following transactions:

<b>Transaction Set</b>	<b>Document Name/Description</b>
835	Health Care Claim Payment/Advice
277	Health Care Payer Unsolicited Claim
999	Functional Acknowledgement
271	Unsolicited Health Care Benefit Roster
271	Health Care Eligibility Benefit Response

**ARTICLE VII. THIRD PARTY IDENTIFICATION**

(Note: This Article pertains only to providers or vendors billing for services.)

A Vermont Medicaid EDI Registration must be completed to include the names and the Vermont provider identification numbers of those third parties for which electronic transactions will be transmitted under this Agreement.

Please list the name(s), phone number(s), and e-mail address(es) of person(s) authorized to resolve problems regarding electronic transmissions:

<b>Name</b>	<b>Phone Number</b>	<b>E-mail Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AGREEMENT EXECUTION:**

**TRADING PARTNER**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DXC Technology**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Approval for DVHA:**

(Suellen Bottiggi for)  
Cory Gustafson - Commissioner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT FAX**

**Please email this certification  
to the following email address:**

**[VTEDICoordinator@DXC.com](mailto:VTEDICoordinator@DXC.com)**

**Or if you have additional questions call:  
802.879.4450, Option 3**