VERMONT TITLE XIX

HIPAA Transaction
Standard Companion Guide

December 2017
Disclosure Statement

This document is meant for use by health care professionals, billing services and clearinghouses that intend to become Trading Partners with the Department of Vermont Health Access (DVHA) in order to submit electronic healthcare claims to Vermont Medicaid. If you are not a Vermont Medicaid Provider, or are not authorized to conduct business on behalf a Vermont Medicaid Provider, please contact DXC Technology at 802 879-4450 and select option 3, for further assistance.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with the Department of Vermont Health Access (fiscal agent DXC Technology). Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.
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1. INTRODUCTION

Scope
This Companion guide details how to enroll as an electronic claim submitter with Vermont Medicaid, the testing process and the types of reports a submitter would receive when Overview uploading claims to Vermont Medicaid. In addition, the guide references the Technical Specifications to be used in billing Vermont Medicaid.

Overview
This document can simply be made by reading the high level table of contents. This document can be used sequentially or searched for specific subject matter. The Guide should be used in conjunction with the Vermont Medicaid Web Portal at http://www.vtmedicaid.com/#/ which houses the Technical Specifications and other EDI resources at http://www.vtmedicaid.com/#/hipaaTools.

References
These specifications are to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides, which can be obtained from the Washington Publishing Company at: http://wpc-edi.com. The Vermont Companion Guide provides supplemental information specific to Vermont Medicaid as permitted within the structures of the HIPAA transaction sets.

Specifications may be updated as necessary to reflect changes in the HIPAA standard, or changes in Vermont Medicaid billing requirements.

Detailed information on program rules, covered services and billing guidelines are included in Vermont Medicaid Provider Manual located at http://www.vtmedicaid.com/#/manuals.

HIPAA does not mandate that only X12N transactions can be used to exchange healthcare data. Any provider may continue to submit paper claims and receive a paper remittance advice. However, any provider who wishes to submit claims electronically or receive an electronic remittance advice will be required to adhere to the HIPAA transaction and code set standards.

Additional Information
It is helpful for the readers of this document to be familiar with general health care terminology and preferably the applicable X12N standards. However, this is not a requirement for becoming a Trading Partner with Vermont Medicaid. Help is available by calling the EDI Coordinator at 802 879-4450, option 3 or send an email requesting assistance to vtedicoordinatoor@dxc.com.

Advantages and Benefits of EDI
The State of Vermont and DXC Technology encourage the use of Electronic Claim Submission (ECS). ECS allows for efficient, reliable and economic transfer of claims between the provider’s facility and DXC Technology. The same standards and conditions applicable to paper claims, with regard to accuracy and completeness also apply to claims submitted electronically.

ECS is fast, easy to use and eliminates time-extensive paperwork. ECS prevents most errors, allowing providers to submit “clean” claims the first time. Turn-around time for electronic claims is considerably faster than for paper claims. For information on available methods of electronic billing, please contact the Electronic Data Interchange (EDI) Coordinator at vtedicoordinatoor@dxc.com.

2. GETTING STARTED

Working with the Department of Vermont Health Access (DVHA) Green Mountain Care
All required set-up and registration documents can be found on the Vermont Medicaid Portal at http://www.vtmedicaid.com/#/. As fiscal agent for DVHA, DXC Technology hosts the Vermont Medicaid Web Portal and provides a variety of support services. To contact DXC Technology in regards to the
provider web portal or any information contained in this document please contact the EDI Coordinator by:

- E-mail - vtedicoordinatoor@dxc.com
- Phone - Monday - Friday 8:30a – 5:00p, ET at 802 879 4450, option 3

**Trading Partner Registration**

Any business entity who will utilize the Vermont Medicaid Web Portal to exchange (upload and/or download) X12N data with the Vermont Medicaid Claims Adjudication System, or utilize real time Eligibility or Claim Status is required to complete a *Trading Partner Agreement (TPA) and EDI Registration with The Department of Vermont Health Access (DVHA) and its fiscal agent, DXC Technology Services (DXC Technology).

Trading Partners are required to supply Vermont Medicaid provider numbers, provider names and provider authorizations to submit and receive specific transactions on their behalf.

To register as a trading partner with Vermont Medicaid, visit the Vermont Medicaid Portal at [http://www.vtmedicaid.com/#/hipaaTools](http://www.vtmedicaid.com/#/hipaaTools) to obtain and complete the Trading Partner Agreement and EDI Registration, and 835 Enrollment Form (when required). Original signed documents should be mailed to DXC Technology, Attn: EDI Coordinator, PO Box 888, Williston, VT 05495-0888.

After receipt of a Trading Partner Agreement and EDI Registration, the EDI Coordinator will set up a test account and mail out a package with account information and instructions on how to proceed. Going forward, it will be the responsibility of the Trading Partner to update their EDI Registration as needed to notify DXC Technology when the list of associated Vermont Medicaid providers is modified (add, changes, deletions).

*For Vermont Medicaid providers not uploading and downloading X12N data (e.g. using Web Eligibility, View RA Files, etc.) accounts can be requested without becoming a Trading Partner. For information regarding these Provider Web Services accounts, please contact Provider Services at: 802 878-7871 or the EDI Coordinator at: 802 879 4450, option 3.

**Certification & Testing Overview**

Per the section above, entities wishing to submit electronic claims to Vermont Medicaid must first become a Trading Partner. Trading Partners “test out” with Vermont Medicaid by submitting (i.e. uploading) one or more claims to the Vermont Medicaid User Acceptance Test (UAT) environment. To move to Production, the Trading Partner claims must 1) be accepted by the translator, and 2) result in at least one claim getting to a paid status. Testing is done by transaction type (e.g. Professional, Institutional and Dental). Once approval is received for a given transaction type no further testing is required. Additional providers can be added to the Trading Partner account without additional testing.

3. **TESTING WITH THE PAYER**

When a Trading Partner is assigned an Identification (ID) Number by the EDI Coordinator, information will be mailed to the Trading Partner containing the account information and detailed documentation about the testing process. What follows is a summary of that process.

All Trading Partners are to logon to User Acceptance Test (UAT) by going to [http://www.vtmedicaid.com/#/](http://www.vtmedicaid.com/#/), click on Transactions then select Login. Use the User ID (Trading Partner ID) and default password that was sent to you in your Trading Partner packet. After initial logon, you will be required to select a new password and security questions/answers for future use of the “Forgot Password” function. Click Update when you have entered your information.

**Uploading Files**

For Trading Partners using their own or vendor software, click on Upload Files. You will then have the opportunity to Browse files and pick the file(s) you want to upload. After you have selected the file(s), click Upload Files. You will receive a message back that includes a File Tracking Number. It is recommended you record that number for tracking purposes.
For Trading Partners using DXC Technology Provider Electronic Solutions (PES), please follow the detailed directions in the Provider Electronic Solutions Guide found at [http://www.vtmedicaid.com/#/pes](http://www.vtmedicaid.com/#/pes) under Downloads, Software. Uploading files from the PES software is accomplished via the software by clicking Communication, Submission (i.e., not by uploading files directly on the UAT web site).

**Downloading Files**

After files are successfully uploaded, the files should be checked to make sure they have passed validation requirements (i.e. translator requirements).

For Trading Partners using their own or vendor software, on your UAT account, click on Download Files.

For Trading Partners using PES, please follow the instructions in the PES User Guide for Receiving Files. Alternatively, you can logon to UAT and click Download Files.

Each successful submission will result in the return of three reports: A 999, ACK, and SUB report. The .ACK is a formatted version of the 999 and the .SUB report is a validation of Vermont Medicaid requirements. Check the .ACK report to make sure it says accepted. Check the .SUB report to make sure it says all the claims were accepted. If there are errors in either report, modify your data and submit again. If you cannot figure out the errors, please contact the EDI Coordinator for support. Note that if the .ACK says “Rejected”, you will not get a .SUB report. If you get no reports back, it is likely that there is something wrong with your header (ISA / GS) lines. Please contact the EDI Coordinator

**Reporting Your Test Submission**

Vermont Medicaid will not know you submitted to UAT unless you inform them. Upon successful upload and download please send an email to vtedicoordinatoor@dxc.com saying you submitted a test. Include your Trading Partner ID (701…) in the email.

**Test Outcome and Follow-up**

Submitted claims run through the test processor in the evening on business days. The EDI Coordinator reviews test claims the following business day. Provided a claim goes to paid status in test, the Trading Partner will be moved to Production and an email will be sent to the Trading Partner with instructions for cutting over to Production. Note that test claims will not pay. If you want them to pay, they will have to be resubmitted to Production.

If no claims would have paid, an email will be sent to the Trading Partner reviewing the issues and asking for another submission with corrected claims. The cycle will continue, with an email being sent when a test is submitted, until the Trading Partner has submitted a successful (i.e. paid) claim.

**Input File Requirements**

For PES users, the software takes care of input file requirements. Just make sure when testing, that your indicators are set to “T” per the PES User Guide.

For Trading Partners using their own or vendor software please observe the following when submitting to test:

- Make sure the ISA15 is set to T for test
- Make sure you only upload X12N data
- File names do not matter, but the data should be sent as a .txt file
- Data text should be all upper case.
- Up to five files can be uploaded at once but the combined size must not exceed 16MB
- There is no limit to the number of submissions per day
4. CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

Process Flows

All uploaded files go through the Sybase translator for compliance and to make sure they meet Vermont Medicaid requirements (per the Tech Specs). A file tracking number is issued for each upload, and provided the envelope is valid, a 999 and .ACK report are generated. The .ACK report will say whether the batch was Accepted or Rejected. If it is rejected the .ACK will contain errors. For claim files, provided the .ACK is accepted, a .SUB report will be generated telling how many claim were submitted, accepted, and rejected. Any rejected claims will have corresponding error messages.

Transmission Administrative Procedures

A. Providers using their own or vendor software:
   - Go to http://www.vtmedicaid.com/#/ and click on Transactions and select Login
   - Enter your Trading Partner ID (701…) and password and logon
   - Click on Upload Files
   - *Browse for the file you want to upload and click open
   - Click Submit and note the file tracking number
   - **Go to Download Files and check that you receive a valid 999, .ACK, and .SUB report and check to see that they say accepted
   
   *The following should be considered for files that are being uploaded to Production
   - Make sure the ISA15 is set to P for Production
   - Make sure you only upload X12N data
   - File names do not matter, but the data should be sent as a .txt file
   - Data text should be all upper case
   - Up to five files can be uploaded at once but the combined size must not exceed 16MB
   - There is no limit to the number of submissions per day

B. Providers using Provider Electronic Solutions (PES)
   - Logon to PES
   - Click Communication then Submission
   - Highlight the claim type(s) you are sending and click Submit
   - Provided that is successful, highlight the files you want to receive (e.g. Claim Accept/Reject Report) and click Submit. **Alternatively you can follow the above direction for A. Providers using their own or vendor software: 6th bullet
   - Click on Communication then View Accept/Reject Claim reports, to check and see that you received an .ACK and .SUB report and that they say accepted

Re-Transmission Procedure

It is recommended that, failing receipt of reports after submission, the Trading Partner contact the EDI Coordinator to check if there are any ongoing system issues. Having said that, the re-transmission procedure is identical to the transmission procedure except in the case of PES where you would use the Resubmit function rather than the Submit function.
Communication Protocol Specifications

As of this writing, the only upload option for claim submission is via the Vermont Medicaid Web Portal under Transaction Services by going to Upload Files. The Vermont Medicaid software, PES does not require direct logon to the portal to execute the upload, but accomplishes the upload by logging onto the portal in the background.

Passwords

Trading Partners are issued a default logon password with their account. After the initial sign on, the password must be changed. Thereafter, the password will expire every 60 days. When the trading partner signs on after 60 days, they will be notified that the password has expired, and be required to put in a new password. Password rules appear with the password expiration notification. If a password does not work, it is recommended that Trading Partners use the Forgot Password option. Failing that, the EDI Coordinator should be contacted.

5. CONTACT INFORMATION

EDI Customer Service

EDI support is available Monday - Friday, 8:30a to 5:00p, ET. Please call 802 879 4450, option 3 or send email to vtedicoordinatoor@dxc.com

Mailing Address

DXC Technology
Attn: EDI Coordinator
PO Box 888
Williston, VT 05495

Overnight mailing, please use our physical address:
312 Hurricane Lane, Ste. 101
Williston, VT 05495

EDI Technical Assistance

All clearinghouses, vendors and providers needing EDI technical assistance should use the information appearing above for EDI Customer Service.

Provider Services Unit

The Provider Services Unit of DXC Technology consists of four components: Provider Relations/Field Representatives, Provider Help Desk, Provider Enrollment and the Communications/Publications Coordinator. This unit is available to assist Vermont Medicaid providers and their billing personnel (at no cost), Monday through Friday from 8:00am to 5:00pm (except for State holidays; see the Holiday Closure Schedule at http://www.vtmedicaid.com/#/bannerMain.)

- Provider Services/DXC Technology: Toll-free in Vermont (800) 925-1706
- Local & Out-of-State (802) 878-7871

Websites & E-Mail Addresses

- The Vermont Medicaid Portal http://www.vtmedicaid.com/#/
- Provider Web Services https://www.vtmedicaid.com/#/. Transactions→Login
- HIPPA Tools http://www.vtmedicaid.com/#/hipaaTools

EDI Registration, 835 Enrollment Form, Trading partner Agreement, Companion Guide & 5010 Tech Specs
6. CONTROL SEGMENTS/ENVELOPES

ISA-IEA

ISA-IEA Interchange control segment information can be found in the respective Technical Specification documents referenced in this guide. If/when removed from the Technical Specifications, the ISA, IEA information will appear here.

A typical batch uploaded on the Vermont Medicaid portal contains one interchange envelope, but multiple ISA-IEAs can be contained in a batch provided they are all of the same transaction type (i.e. all professional, institutional, etc.).

For output files (i.e. downloads such as the 271, 835, etc.) Vermont Medicaid generates one ISA-IEA pair. The matching control number pair is randomly generated by the translator.

GS-GE

GS-GE Interchange control segment information can be found in the respective Technical Specification documents referenced in this guide. If/when removed from the Technical Specifications, the GS-GE information will appear here.

Typically a batch contains one functional group GS-GE, however; multiple functional group headers and transaction sets are allowable. Basically, any combination allowed in the X12N guide is acceptable provided the transaction type is consistent.

For output files (i.e. downloads such as the 271, 835, etc.) Vermont Medicaid generates one GS-GE pair. The matching control number pair is prefixed with the randomly generated number used in the ISA-IEA pair.

ST-SE

ST-SE transaction set information can be found in the respective Technical Specification documents referenced in this guide. If/when removed from the Technical Specifications, the ST-SE information will appear here.

Typically a batch contains one transaction set header/trailer SE-ST combination, however; multiple sets are allowable.

For output files (i.e. downloads such as the 271, 835, etc.) Vermont Medicaid generates one ST-SE pair per provider ID / NPI / Contract #.

7. PAYER SPECIFIC BUSINESS RULES & LIMITATIONS

Most business rules for billing Vermont Medicaid can be found in the Comments portion of the Technical Specifications found at [http://www.vtmedicaid.com/#/hipaaTools](http://www.vtmedicaid.com/#/hipaaTools) and in the detailed Provider Manual located at [http://www.vtmedicaid.com/#/manuals](http://www.vtmedicaid.com/#/manuals). Some specific considerations follow, that relate to claim data that would pass the Vermont Medicaid translator validation process, but might otherwise result in denied or apparently “missing” claims.

- With the exception of COBA crossovers, Vermont Medicaid Providers must be enrolled for electronic claim submission (ECS) in order for electronically submitted claims to process and pay. If a provider is not set up for ECS, the claims will suspend and ultimately deny. To enroll for ECS a provider must have submitted an EDI Registration associated with either their Trading Partner ID, or with an approved billing service or clearinghouse. The EDI Registration can be found at [http://www.vtmedicaid.com/#/hipaaTools](http://www.vtmedicaid.com/#/hipaaTools).

- There are cases where multiple Vermont Medicaid provider IDs are associated with a single NPI. In order to differentiate between the Vermont Medicaid provider IDs, the taxonomy must be included in the billing (2000A) loop. In cases where the taxonomy is required, but is either not present, or incorrect (not on file), claims will suspend. No RA will be generated since the claim source cannot be
resolved. DXC Technology will follow-up with the providers, but including the taxonomy will prevent the issue. DXC Technology recommends always including the taxonomy in the billing loop at a minimum.

- Vermont Medicaid performs a name match on the billing provider. The first two letters of the last name (for individual providers) or the first two letters of the organization (for group providers) from the input file are compared to the provider name on file. If they do not match, the claim will suspend, and ultimately deny. Billers should verify the name on file with Vermont Medicaid and match that name on any submitted input file.

- For Vermont Medicaid DME and Laboratory claims, we expect to see the Referring Provider (and not the Rendering). The Referring Provider must be an individual provider.

- For Vermont Medicaid Ambulance claims, only the Billing Provider is required (neither Referring nor Rendering should be entered).

8. ACKNOWLEDGEMENTS AND/OR REPORTS

Report Inventory – (See Testing with the Payer for their use)

- 999 (*always generated)
- .ACK (*always generated)
- .SUB (generated pending accepted .ACK)

*provided envelope is valid

Example 999

ISA*00* 00* ZZ*822287119 ZZ*701101644 *130617*1528***0501*000001305*0*P*:~
GS*FA*822287119*701101644*20130617*15280078*270*X*005010X231A1~
ST*999*270001*005010X231A1~
AK1*HC*456*005010X223A2~
AK2*837*000000456*005010X223A2~
IK3*N4*10*2010*8~
IK4*3**2*05701~
CTX*SITUATIONAL TRIGGER*N4*10*DUNC~
IK5*R*I5~
AK9*R*1*1*0~
SE*9*270001~
GE*1*270~
IEA*1*000001305~

Example .ACK Report (Accepted)

VT999ACK VERMONT MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE 000001

RUN DATE: 06/18/2013 11:09 999 FUNCTIONAL ACKNOWLEDGEMENT REPORT

TRANSLATION DATA:
INTERCHANGE DATA:  FUNCTIONAL GROUP DATA:  TRANSACTION SET DATA:
Control Number : 000001306  Control Number : 271  Control Number : 271001
Date-Time      : 20130618-110900  Date-Time : 20130618-11090092
Receiver ID    : 701101644  Receiver ID : 701101644
Sender ID      : 822287119  Sender ID : 822287119

TRANSACTION SET ACCEPT/REJECT:
Accept/Reject : A-Accepted  Control Number : 000001260  Identifier : 837

FUNCTIONAL GROUP ACCEPT/REJECT:
Accept/Reject : A-Accepted  Control Number : 1  Identifier : HC
Txns Included : 1  Txns Received : 1  Txns Accepted : 1

*** END OF REPORT ***

Example .ACK Report (Rejected)

VT999ACK  VERMONT MEDICAID MANAGEMENT INFORMATION SYSTEM  PAGE 000001

RUN DATE: 06/17/2013 15:28  999 FUNCTIONAL ACKNOWLEDGEMENT REPORT

TRANSLATION DATA:
File Sak: 910663  File Name: 000000910663.130617000000  Map Release: M11.01v01  Map Name: XVT_999_5010_REPORT

INTERCHANGE DATA:  FUNCTIONAL GROUP DATA:  TRANSACTION SET DATA:
Control Number : 000001305  Control Number : 270  Control Number : 270001
Date-Time      : 20130617-152800  Date-Time : 20130617-15280078
Receiver ID    : 701101644  Receiver ID : 701101644
Sender ID      : 822287119  Sender ID : 822287119

TRANSACTION SET ACCEPT/REJECT:
Accept/Reject : R-Rejected  Control Number : 000000456  Identifier : 837
Code: I5 - Implementation One or More Segments in Error
Segment: N4 Count: 10 Loop: 2010 - Segment Has Data Element Errors
Element: 3 Component: Code: 2 - Conditional required data element missing.
Value: 05701

FUNCTIONAL GROUP ACCEPT/REJECT:

Accept/Reject: R-Rejected Control Number: 456 Identifier: HC
Txns Included: 1 Txns Received: 1 Txns Accepted: 0

Example .SUB Report

VT837I01 VERMONT MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE 000001

RUN DATE: 06/18/2013 11:09 CLAIM ACCEPT / REJECT REPORT - 837 INSTITUTIONAL

INTERCHANGE DATA: FUNCTIONAL GROUP DATA: TRANSLATION DATA:
Control Number: 000001260 Control Number: 1 File SAK: 910929
Date-Time: 20130618-110000 Date-Time: 20130618-1100 File Name: good3617846.edi
Receiver ID: 822287119 Receiver ID: 822287119 Map Name: XVT_837II_5010_1002A2
Sender ID: 701101644 Sender ID: 701101644 Map Release: M12.02v01

TRANSACTION SET DATA:
Control Number: 000001260
Date-Time: 20130618-110000
Ver/Rel/Ind Co: 005010X223A2

BILLING PROVIDER:
Identifier: 1871709741
Last/Org Name: RUTLAND CROSSINGS, LLC

CLM SEQ # REJECTED CLAIM INFORMATION:
-----------------------------------------------
Claims Rejected: 000000000

 TRANSACTION SET PROCESSING TOTALS:
**END OF REPORT**

9. TRADING PARTNER AGREEMENTS

Trading Partners

An EDI Trading Partner is defined as any Department of Vermont Health Access (DVHA) customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits to, or receives electronic data from DVHA.

Any business entity who will utilize the Vermont Medicaid Web Portal or Interactive Eligibility Services to exchange or receive data with the Vermont Medicaid Claims Adjudication System, will be required to complete a Trading Partner Agreement (TPA) and EDI Registration with The Department of Vermont Health Access (DVHA) and its fiscal agent, DXC Technology (DXC). Trading Partners are required to supply Vermont Medicaid provider numbers, provider names and provider authorizations (i.e. signatures) to submit and receive specific transactions on their behalf. Additionally, starting January, 1st 2014, any request for an electronic ERA (835 transaction) must be accompanied by an 835 Enrollment Form.

All three documents (EDI Registration, 835 Enrollment Form, Trading Partner) can be found online at [http://www.vtmedicaid.com/#/hipaaTools](http://www.vtmedicaid.com/#/hipaaTools).

Original signed documents must be mailed to:

DXC Technology  
Attn: EDI Coordinator  
PO Box 888  
Williston, VT 05495-0888

Upon receipt of a valid Trading Partner Agreement package, DXC Technology will generate a test account and mail out a package containing account information and directions on how to proceed.
10. TRANSACTION SPECIFIC INFORMATION

At the time of this writing transaction specific information can be found in the Vermont Medicaid Technical Specifications found on the Vermont Medicaid Portal at http://www.vtmedicaid.com/#/hipaaTools.

List of available Tech Specs

<table>
<thead>
<tr>
<th>Tech Specs - 5010</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5010 Tech Specs - 270</td>
<td>270 - Eligibility Benefit Request</td>
</tr>
<tr>
<td>5010 Tech Specs - 271</td>
<td>271 - Eligibility Benefit Response</td>
</tr>
<tr>
<td>5010 Tech Specs - 276</td>
<td>276 - Claim Status Request</td>
</tr>
<tr>
<td>5010 Tech Specs - 277</td>
<td>277 - Claims Status Response</td>
</tr>
<tr>
<td>5010 Tech Specs - 835</td>
<td>835 - Remittance Advice</td>
</tr>
<tr>
<td>5010 Tech Specs - 837</td>
<td>837 - Dental</td>
</tr>
<tr>
<td>5010 Tech Specs - 837</td>
<td>837 - Institutional</td>
</tr>
<tr>
<td>5010 Tech Specs - 837</td>
<td>837 - Professional</td>
</tr>
<tr>
<td>5010 Tech Specs - 999</td>
<td>999 - Implementation Acknowledgement</td>
</tr>
</tbody>
</table>

The Tech Specs are based on the HIPAA X12N Guides and contain field and guide names from the ASC X12N Standards, the page number from the guide on which the fields are based, and MMIS Instructions (i.e. VERMONT Medicaid requirements and loop names (where applicable).

The example below is representative of the technical specifications.
Note: The Tech Specs are in the process of being converted to standard Core requirements. When converted they will reside on the web site in the same location as the current specifications and this companion guide will reflect the new format.

11. APPENDICES

1. Implementation Checklist

Necessary steps for going live with DVHA

- Complete and mail in a Trading Partner Agreement and EDI Registration signed by a Vermont Medicaid provider. Include an 835 Registration Form if you intend to utilize the 835 transaction
- After you receive your account documentation from DXC Technology:
  1. Logon to User Acceptance Test on the web portal
     - If you are using your own or vendor software upload your test claims (5 to 10 recommended but not required)
     - If you are using PES use the Provider Electronic Solutions Guide to download the software, do the initial set up and send your test claims
- Send an email to vtedicooridnatoor@dxc.com saying you have sent a test. Include your TPID (701…) in the email
- You will receive notification about your test (typically in one to two business days). If all claims denied, you will be asked to submit another test
- Pending a paid claim in the test system you will be sent instructions for cutting over to Production

2. Business Scenarios

Typical uploads to Vermont Medicaid include the following transactions: 837I, 837P, 837D, 270 (eligibility), and 276 (claim status).

3. Transmission Examples

For Vermont Medicaid compliant transaction examples relating to the transactions listed in Business Scenarios, please contact the EDI Coordinator. The EDI Coordinator will provide a transaction example (minus PHI) for review if the Tech Specs and follow-on communications prove inadequate.

For PES users, the software is already Vermont Medicaid compliant.

4. Frequently Asked Questions

Q. What is your sender ID?
A. 822287119

Q. When I send in a Trading Partner Agreement and EDI Registration, what is the turnaround time?
A. Typically one business week before the account information is sent out.

Q. How long does it take to add a provider to my existing Trading Partner account?
A. Typically the same week the paperwork is received.

Q. Where are your Tech Specs?
5. **Change Summary**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Changed</th>
<th>Summary</th>
</tr>
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<td>V1.0</td>
<td>01/09/2014</td>
<td>Rewrite and replacement of Companion Guide due to the standard core V5010 guide template and requirements.</td>
</tr>
</tbody>
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