

## 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 successful.
- » 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)

- |   |  |
|---|--|
| <input type="checkbox"/> 837 Institutional Inpatient    | <input type="checkbox"/> **835 Remittance (ERA in X12N format) |
| <input type="checkbox"/> 837 Institutional Outpatient   | <input type="checkbox"/> 999 Functional Acknowledgement        |
| <input type="checkbox"/> 837 Institutional Nursing Home | <input type="checkbox"/> 276/277 Claim Status Inquiry/Response |
| <input type="checkbox"/> 837 Institutional Home Health  | <input type="checkbox"/> 270/271 Eligibility Request/Response  |
| <input type="checkbox"/> 837 Professional               | <input type="checkbox"/> Claim Accept/Reject Report            |
| <input type="checkbox"/> 837 Dental                     |  |

\*\* If you checked this box, it must be accompanied by the 835 Enrollment form.

<https://vtmedicaid.com/#/hipaaTools>

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**\*\*\*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
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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