



Medicaid of Vermont

Attention Providers:

To start sending your Medicaid of Vermont claims through DentalXChange you will need to follow the instructions below required by the payer.

| | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payer: | Medicaid of Vermont |
| Payer ID: | CKVT1 |
| For Enrollment Questions: | Contact the DentalXChange Enrollment Department at (800) 576-6412 ext. 461 or Enrollment@dentalexchange.com |
| Payer Enrollment Application: | Vermont Medicaid of EDI Registration |
| Upload, Email or Fax Application to: | Enrollment@dentalexchange.com Fax (800) 866-0006 |
| Approval Process and Timeframes: | Payer estimates 2-3 business days from the date of submission. |
| Special Instructions: | Signature is required. |
| Processing Time: | Payer estimates 5-7 business days from the date of submission. |

4/20/23



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: _____

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.

<http://www.vtmedicaid.com/#/hipaaTools>

Carestream 368449

Gainwell Internal Use Only

Date: _____ Approved By: _____

Trading Partner ID: _____ Web Log-On: _____

