Instructions for Completing Vermont Medicaid Provider List

1. Print entire document including cover sheet.

2. Complete the spaces allotted for “Provider ID” and “Provider Name”

3. Sign the space allotted for “Authorized Signature of Vermont Medicaid Provider”

4. Email the completed form with coversheet as an attachment to Csenrollment@experianhealth.com

Do not mail the completed form to the payer

Third Party Agencies: Please have your client(s) follow the steps outlined above and return the completed forms to you to return to Experian. Please ensure this form, when mailed, is accompanied by a completed cover page that includes your account name, client admin id (that of the Third Party Agency/Partner), the customers facility/provider name, physical address, NPI and tax id information.

Thank you for your interest in Experian!

Payer Enrollment Cover Sheet

To process your payer enrollment correctly, please complete the below before sending in the form.

- Client ID:
- Partner Name (if applicable):
- Facility Name:
- Contact Name:
- Contact Email:
- Contact Phone #:

If you have any questions please email **CSenrollment@experianhealth.com**

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: Experian Health, Inc

Address: 720 Cool Springs Blvd, Ste. 200

City: Franklin State: TN Zip Code: 37067

Primary Contact Name: Teresa Hiltenbrand

Primary Contact Phone: 630-812-2551

Part 1b.

Pre-Certification (please check one)

☐ Using Provider Electronic Solutions Version 2.XX: Disributed 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
☐ 837 Institutional Outpatient
☐ 837 Institutional Nursing Home
☐ 837 Institutional Home Health
☐ 837 Professional
☐ 837 Dental

☐ **835 Remittance (ERA in X12N format)
☐ 999 Functional Acknowledgement
■ 276/277 Claim Status Inquiry/Response
■ 270/271 Eligibility Request/Response
☐ Claim Accept/Reject Report

** If you checked this box, it must be accompanied by the 835 Enrollment form.
http://www.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: 701102391

Provider ID	Provider Name	Provider Signature	837 I	837 P	837 D	999	Claim Accept/ Reject Rpt	835	270/271	276/277	Remove
									✔	✔	