



VT MEDICAID ELIGIBILITY Realtime Cover Sheet

For Initial Enrollment with this payer:

- If you have NOT submitted eligibility transactions to this payer, Payer Registration forms ARE required by the Payer. Please complete all fields on the following page as well as the attached Payer Registration forms and return to WebMD for processing.
- All Payer Registration forms must contain original signatures in **BLUE INK**, no stamped signatures or photocopies are accepted.
- Registration with this payer can take from 1-2 weeks.
- Your Payer Registration form must include a valid Provider ID. Listing an invalid provider ID will delay the process.

Instructions for submitting Realtime Forms:

- You must include this page when submitting Payer Registration forms to VT Medicaid.
- Registration forms must be submitted to the address below
To obtain forms or additional payer information, visit our website: <http://www.webmd.envoy.com>

This Registration form is for a: <input type="checkbox"/> Provider <input type="checkbox"/> Group			
Name*			
Physical Address*			
City, State, Zip*			
Contact Name*			
Contact Phone			
Contact Email Address §			
MID*	TID*		
<input type="checkbox"/> Provider ID*		<input type="checkbox"/> TAX ID*	

* Required Information

§ All Approval Notifications will be sent to this address

Submit Original Payer Registration forms that require original signatures to:

EDS
312 Hurricane Lane – Suite 101
P O Box 888
Williston, VT 05495

**To avoid rejections, please do not submit eligibility transactions before
receiving Approval Notification from VT Medicaid**

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 or diskette submission 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 EDS 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. Vermont Medicaid EDI Registration

Trading Partner Name: WebMD/Envoy

Address: 3055 Lebanon Rd., Bldg. III

City, State, Zip: Nashville, TN 37214

Telephone: 800-845-6592

Primary Contact Name: Help Desk

Primary Contact Phone: _____

Part 1b. Pre-Certification: Please check one.

Agency or Product name:

<input type="checkbox"/>	Using Provider Electronic Solutions Version 2.x	Distributed by EDS
<input type="checkbox"/>	Certified by Independent Agency	
<input type="checkbox"/>	Translator Compliance Check	
<input checked="" type="checkbox"/>	Utilizing a Certified Vendor/Clearinghouse	WebMD
<input type="checkbox"/>	Other (Describe)	

Transactions: Check all that apply

<input type="checkbox"/>	837 Institutional Inpatient	<input type="checkbox"/>	835 Remittance
<input type="checkbox"/>	837 Institutional Outpatient	<input type="checkbox"/>	277 Unsolicited Claim Status
<input type="checkbox"/>	837 Institutional Nursing Home	<input type="checkbox"/>	997 Functional Acknowledgement
<input type="checkbox"/>	837 Institutional Home Health	<input checked="" type="checkbox"/>	276/277 Claim Status Inquiry/Response
<input type="checkbox"/>	837 Professional	<input checked="" type="checkbox"/>	270/271 Eligibility Request/Response
<input type="checkbox"/>	837 Dental	<input type="checkbox"/>	Claim Accept/Reject Report

EDS INTERNAL USE

DATE	APPROVED BY	TRADING PARTNER ID	WEB LOGON

