

**VERMONT MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKVT1
ELECTRONIC REGISTRATIONS Agreements Required	<p>Emdeon Dental Provider Enrollment Form</p> <ul style="list-style-type: none"> • Please complete all requested information. <p>Vermont Medicaid EDI Registration</p> <ul style="list-style-type: none"> • Part 2 – Please list all provider numbers and names for which you will be submitting claims. Each provider must sign.
SEND REGISTRATION FORMS TO:	<p>Please mail completed forms to:</p> <p align="center">Emdeon Business Services Attn: Provider Registration 220 Burnham Street South Windsor, CT 06074</p>
ENROLLMENT CONFIRMATION	Enrollment will be coordinated between Emdeon Business Services and Vermont Medicaid. Emdeon will notify the provider or their software vendor when approval has been received.
CONTACT PHONE NUMBERS	If the Provider currently submits claims through another Billing Agent other than Emdeon Business Services each Provider must re-enroll following the procedures listed above.
	<p>Vermont Medicaid Customer Service 802- 879-4450 Emdeon Business Services 888-255-7293</p>



emdeon™

business services

220 Burnham Street • South Windsor CT 06074

Vox 888-255-7293 • Fax 860-289-0055

PROVIDER ENROLLMENT FORM

Print/Type the following:

Insurance Carrier: **Vermont Medicaid – payer ID CKVT1**

Organization Name: _____

Provider Name: _____

Tax Identification or Social Security Number: _____
(Number that will be used to submit electronic claims)

Software Vendor: _____

Group Provider Number: _____
(if applicable)

Group NPI: _____
(if applicable)

Name	Number	Rendering	NPI
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____

City, State, Zip Code: _____

Office Contact Name: _____

Telephone Number: _____ Fax Number: _____

Date: _____

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: Claims Processing Service, Inc.

Address: 220 Burnham Street

City, State, Zip: South Windsor, CT 06078

Telephone: 888-255-7293

Primary Contact Name: Dawn L Vaughan

Primary Contact Phone: 888-255-7293

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

EDS INTERNAL USE			
DATE	APPROVED BY	TRADING PARTNER ID	WEB LOGON

