Enrollment Department
MedAvant
1854 Shackleford Court,
Suite 200
Norcross, GA. 30093

Phone: (800) 792-5256 Option 1
Fax: (404) 877-3324
provider.enrollment@MedAvanthealth.com

Payer Agreement Instructions for Mississippi Medicaid

Important Notes

The provider **must** be enrolled with the payer and have a valid Provider Identification Number (PIN) before completing the agreement to submit electronic claims. Please wait until the PIN has been assigned **before** completing these forms requesting submission of electronic claims. Please do not list the PIN as "pending".

To obtain a PIN for a specific payer, **the provider or Billing Service** must contact the payer's Provider Relations Department. MedAvant **cannot** make this request for the provider.

- If making copies include *all* pages of this agreement and be sure they are all legible.
- Submit one agreement for each Group ID.
- Incomplete or incorrect agreements will be returned delaying enrollment and approval.
- Approval will take 3- 4 weeks. If you receive an approval letter from the payer, contact us via phone or fax a copy to us. DO NOT transmit your claims until you receive an approval letter from MedAvant or your claims will reject.

Guidelines for completing: Mississippi Medicaid - Payer ID MC019

EDI Provider Agreement and Enrollment Form - Pages 1 through 5

Field	Instructions
Section 1 Application Type *New Submitter, New Retriever, Change/ Correction, Billing Agent/ Clearinghouse Authorization:*	Pre-filled.
Section 2 Provider Information *Provider/ Business Name, Street Address, City, State, Zip Code, Telephone, Fax, Pay-to Provider Number, EDI, Email Address:*	Complete as indicated. The Pay-to Provider Number is the Provider ID if you are an Individual Practitioner and the Group ID is you are a Group Practice.
Section 3 Submitter/ Trading Partner ID Number *If you are currently submitting electronic transactions directly to ACS EDI Gateway, Inc……*	Complete as indicated.
Section 4 Individual Contact Information *Contact Name, Contact Title, Street Address, City, State, Zip Code, Telephone, Fax, Email address:*	Complete as indicated.
Section 5 Submission Method *Please indicate how you plan….*	Pre-filled.
Section 6 Software Vendor Information *Software Vendor Company Name, Contact Name, Contact Title, Telephone, Fax, Email Address, Software Vendor's ACS EDI Gateway Trading Partner ID:*	Complete with the information about your Practice Management System (PMS).
Section 7 I plan to develop my own software *Software Name, Software Version, Protocol:*	N/A – Do not complete.

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Sections 9 through 15 *Billing Agent/ Clearinghouse Company Name, Contact Name, Contact Title, Telephone, Fax, Email Address, Billing Agent/ Clearinghouse ACS EDI Gateway Trading Partner ID:*	Pre-filled with MedAvant's information.

EDI Provider Agreement and Enrollment Form - Page 1 of 1

Field	Instructions
Authorization and Date	This agreement must be signed by the provider or authorized agent.

ACS EDI Gateway Trading Partner Agreement

Field	Instructions
Submitter: Signature, Printed Name and Title, Date	*Signature, Printed Name and Title of the provider and date*

Fax or mail the Agreement to the Payer:

Fax
(601) 206-3059
Address for USPS
Mississippi Medicaid Program Provider Enrollment P.O. Box 23078 Jackson, MS 39225

MedAvant's Claims Enrollment Form

Please complete a MedAvant Claims Enrollment Form for each Tax ID and fax it to MedAvant at: (404) 877-3324. This form can be used if you are enrolling with one or more new Payer(s) or if you are enrolling a new rendering provider with your existing Payer(s).

The Claims Enrollment Form, with instructions is located at:
http://www.MedAvanthealth.com/payerlist/default.asp

Questions? Contact MedAvant enrollment at:
(800) 792-5256 Option 1

EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

Please complete the following Mississippi Medicaid Provider EDI Enrollment Packet. The package consists of the ACS EDI Provider Enrollment Form, Mississippi EDI Provider Agreement and the ACS EDI Gateway Inc., Trading Partner Agreement. Once the package has been completed and signed please return it to the address above for processing. If you have any questions about the ACS EDI Provider Enrolment Form or EDI Trading Partner Agreement, contact the EDI Support Unit at 1.866.225.2502, Monday-Friday 7AM-5PM CST.

Please print or type. Complete all areas of Agreement and Enrollment form, unless otherwise indicated.

EDI PROVIDER ENROLLMENT FORM

Section 1 Application Type- Please select all that apply

- ☐ New Submitter (I would like to become a trading partner with ACS EDI to submit my claims such as 837.)
- ☐ New Retriever (I would like to become a trading partner with ACS EDI to retrieve my responses such as 835.)
- ☐ Change/Correction (I am a current trading partner with ACS EDI, I would like to update my current trading partner profile.)
- ☐ Billing Agent/Clearinghouse Authorization (I am a provider who will allow a billing agent/clearinghouse to submit and/or retrieve transactions on my behalf.)

Section 2 Provider Information

Provider/Business Name	
Street Address	
City, State, Zip Code	
Telephone	*Fax*
Pay-to Provider Number	
EIN (Required if your pay-to number is registered as a group provider number with Mississippi Medicaid.) ☐☐-☐☐☐☐☐☐☐	
Email Address	

Section 3 Submitter/Trading Partner ID Number

If you are currently submitting electronic transactions directly to **ACS EDI Gateway, Inc.**, please indicate your ACS EDI Gateway Submitter/Trading Partner ID. *(This section is required if you have chosen application type "change/correction" in section 1.)*	☐☐☐☐☐☐

EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

Section 4 Individual Contact Information- Please indicate contact if different from Provider Information in Section 2 (Attach additional sheets if necessary)	
Contact Name	*Contact Title*
Street Address	
City, State, Zip Code	
Telephone	*Fax*
Email address	

Section 5 Submission Method- Please indicate how you plan to submit your electronic transactions to Medicaid.
☐ Vendor Software (If you select this option then you are required to complete sections 6 and 11.)
☐ WINASAP2003 (If you select this option then you are required to complete section 10)
☐ Web Portal (If you select this option then you are required to complete section 12.)
☐ I plan to develop my own software (If you select this option then you are required to complete sections 7 and 11.)
☐ I plan to use a Billing Agent/Clearinghouse (If you select this option then you are required to complete sections 8 and 11.)

Section 6 Software Vendor Information- If you have indicated that you plan to use the services of a Software Vendor to submit your transactions electronically to ACS Edi Gateway, please provide the following information regarding your agent. Your Software Vendor is required to enroll and receive their own unique trading partner ID to test with ACS Edi Gateway. Please indicate your Software Vendor's ACS Edi Gateway trading partner ID. Please contact your Software Vendor for this required information.	
Software Vendor Company Name	
Contact Name	*Contact Title*
Telephone	*Fax*
Email Address	*Software Vendor's ACS EDI Gateway Trading Partner ID* *(required)* ☐ ☐ ☐ ☐ ☐ ☐

EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

Section 7 I plan to develop my own software- If you plan to develop your own software, you must test your software with ACS EDI Gateway. Please provide the following information.

Software Name	*Software Version*	*Protocol*

Section 8 Billing Agent/Clearinghouse Information- If you have indicated that you plan to allow a Billing Agent/Clearinghouse to submit and/or retrieve transactions electronically with ACS EDI Gateway on your behalf, please provide the following information regarding your agent. Your Billing Agent/Clearinghouse is required to enroll and receive their own unique trading partner ID to test and transmit with ACS Edi Gateway. Please indicate your agent's ACS Edi Gateway trading partner ID. Please contact your agent for the required information.

Billing Agent/Clearinghouse Company Name	
Contact Name	*Contact Title*
Telephone	*Fax*
Email Address	*Billing Agent/Clearinghouse ACS EDI Gateway Trading Partner ID (required)* ☐ ☐ ☐ ☐ ☐ ☐

Section 9 Delimiter Information- If you are submitting X12N transactions, please provide the following. (If nothing is entered the default delimiter will be used). (Note: Providers may need to contact their third-party vendor for this information.)

Element Delimiter to be used: *Default Delimiter (asterisk)* *		*Segment Delimiter to be used:* *Default Delimiter (tilde)* ~		*Sub-Element Delimiter to be used:* *Default Delimiter (colon)* :	

Section 10 Transactions - WINASAP2003

Request for Software

☐ I will download the WINASAP2003 Software (http://msmedicaid.acs-inc.com)

☐ Please mail me a CD-ROM of the software

X12N 837P (Professional Claim) ☐	X12N 837I (Institutional Claim) ☐
X12N 837D (Dental Claim) ☐	

EDI Provider Agreement and Enrollment Form

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Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

Section 11 Transactions - Other than WINASAP2003			
X12N 837P (Professional Claim)	☐	X12N 270 (Eligibility Inquiry)	☐
X12N 837D (Dental Claim)	☐	X12N 276 (Claim Status Inquiry)	☐
X12N 837I (Institutional Claim)	☐	X12N 278 (Prior Authorization)	☐

Section 12 Web Transactions			
X12N 837P (Professional Claim-batch only))	☐	X12N 270 (Eligibility Inquiry- batch only)	☐
X12N 837D (Dental Claim-batch only)	☐	X12N 276 (Claim Status Inquiry- batch only)	☐
X12N 837I (Institutional Claim- batch only)	☐	X12N 278 (Prior Authorization- batch only)	☐

Section 13 Electronic Response and Report Retrieval for Provider			
Are you interested in retrieving your reports and/or responses electronically? Yes ☐ **No** ☐			
If yes, please fill out the appropriate sections below			
Reports Available via ACS EDI Gateway iDex (Internet Data Exchange) **http://mississippimedicaid.acs-inc.com/**			
Remittance Advice (as print image)	☐	997 Functional Acknowledgement (X12N submissions only)	☐
271- Eligibility Response	☐	835- Healthcare Claim Payment Advice	☐
278- Prior Authorization Response	☐	277 Claims Status Response	☐
820- Premium Payment	☐	824- Error Report	☐

Section 14 Electronic Response and Report Retrieval for Billing Agent or Clearinghouse			
Do you authorize your Billing Agent/Clearinghouse to retrieve your response and/or reports electronically on your behalf? Yes ☐ **No** ☐			
If yes, please fill out the appropriate sections below			
Billing Agent/Clearinghouse Company Name (required) ______________________		*Billing Agent/Clearinghouse ACS EDI Gateway Trading Partner ID (required)* ☐☐☐☐☐☐	
Remittance Advice (as print image)	☐	997 Functional Acknowledgement (X12N submissions only)	☐
271- Eligibility Response	☐	835- Healthcare Claim Payment Advice	☐
278- Prior Authorization Response	☐	277 Claims Status Response	☐
820- Premium Payment	☐	824- Error Report	☐

EDI Provider Agreement and Enrollment Form

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Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

Section 15 Web Portal- (Note: You will not be able to receive an X12 response unless you submitted an X12 transaction)

☐ I will retrieve my reports from the web. (Note: Only available if transactions were submitted through the web portal- see Section 12)

Reports Available via Web Portal http://msmedicaid.acs-inc.com			
271- Eligibility Response	☐	997 Functional Acknowledgement (X12N submissions only)	☐
278- Prior Authorization Response	☐	835- Healthcare Claim Payment Advice	☐
820- Premium Payment	☐	277 Claims Status Response	☐
824- Error Report	☐		

EDI Provider Agreement and Enrollment Form

Please return to:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

The following constitutes an Electronic Data Interchange Agreement ("EDI Agreement") between the Health Care Provider listed in Section II ("Provider") and the Mississippi Division of Medicaid ("DOM") or its designated Fiscal Agent. This EDI Agreement defines the requirements for Electronic Data Interchange between the Provider and the DOM or its designated Fiscal Agent. Any references in this EDI Agreement to the submission of electronic transactions, refers to electronically submitted transactions as chosen by the Provider.

Section I—Terms of Agreement

The Provider agrees to abide by the requirements for Administrative Simplification as defined in the provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) based on the compliance date of the final rules or a date mutually agreed upon between the Provider and the DOM or its designated Fiscal Agent.

The Provider agrees to abide by the requirements for EDI submissions and submitters as published in the appropriate DOM Electronic Transactions Submission Manual.

The Provider agrees to send and receive data in a manner that protects the integrity and confidentiality of the transmitted information according to the relevant provisions of state and federal laws and regulations.

The Provider agrees that if a Billing Agency or Clearinghouse is used for the submission of electronic transactions, the Billing Agency or Clearinghouse identified in Section III must have a Trading Partner Service Agreement on file with the DOM or its designated Fiscal Agent.

If using a Billing Agency or Clearinghouse, the Provider agrees to report information accurately and completely to the Billing Agency or Clearinghouse as required in the Appropriate DOM Electronic Transactions Submission Manual and agrees to be completely responsible for the electronic transactions generated from the information submitted to the DOM or its Fiscal Agent by the Billing Agency or Clearinghouse.

If using a Billing Agency or Clearinghouse, the Provider agrees to not use any Billing Agency or Clearinghouse except the one listed in Section III of this agreement until this EDI Agreement has been terminated in writing to the DOM or its designated Fiscal Agent.

If using an EDI software vendor for submission of electronic transactions, the Provider agrees to insure that all data meets the requirements for EDI submissions and submitters as published in the appropriate DOM Electronic Transactions Submission Manual.

If any information supplied in this EDI Agreement changes at any time during the Provider's enrollment in the Mississippi Medicaid program, the Provider agrees to notify the DOM or its designated Fiscal Agent immediately in writing. Failure to do so may invalidate this EDI Agreement.

Whenever necessary, this EDI Agreement may be amended by mutual consent of the DOM and the Provider to meet federal or other operational requirements.

The Provider agrees that the EDI Submitter ID is confidential and is not transferable or assignable.
This EDI Agreement is not transferable or assignable and may be terminated on thirty (30) days written notice by either party.

This EDI Agreement is automatically terminated in the event the Provider's license is revoked by the Appropriate Board, the Provider is disqualified through a federal administrative action, or as set forth in Miss. Code Ann. Section 43-13-121(l) (1972, as amended

Authorization

I certify that all statements made herein are true and complete to the best of my knowledge	
Authorized Signature	Date

ACS EDI Gateway, Inc. Provider Agreement

Please return to:

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

ACS EDI GATEWAY
TRADING PARTNER AGREEMENT

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **SUBMITTER ("**Submitter") and **ACS EDI GATEWAY, INC.** ("Trading Partner"), collectively "the Parties."

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to the Mississippi Division of Medicaid;

Whereas, Trading Partner desires to receive such Transactions for this purpose; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means ACS EDI Gateway, Inc.

Submitter means the party identified as "Submitter" on the signature line of this Agreement who is a Health Care Provider as defined in 45 CFR 164.103.

Standard is defined in 45 CFR 160.103.

Transaction is defined in 45 CFR 160.103.

Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

A. The Parties agree, in regard to any electronic Transactions between them:

(1) They will exchange data electronically using only those Transaction types as selected by Submitter on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).

(2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.

(3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.

(4) They will not add any data elements or segments to the Maximum Defined Data Set.

(5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.

(6) They will not change the meaning or intent of a Standard's implementation specification.

(7) Trading Partner will accept Transactions from Submitter according to the ACS EDI Gateway TPEF but may subsequently deny a Transaction for further processing if the Transaction is not submitted using the data elements, formats or Transaction types set forth in the TPEF. Trading Partner may return a Submitter to a test status if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a TPEF or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.

B. Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.

C. Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.

D. Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.

E. Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.

F. Trading Partner may publish data clarifications ("ACS Companion Guides") to complement each Implementation Guide. Submitter should use ACS Companion Guides in conjunction with the HIPAA Implementation Guides available at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

G. Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic acknowledgment that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.

H. Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. **Miscellaneous**

A. This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.

B. This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.

C. This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Mississippi law, exclusive of conflicts of law principles. THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF MISSISSIPPI AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.

D. Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.

E. This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.

F. NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY TRADING PARTNER UNDER THIS AGREEMENT. TRADING PARTNER'S MAXIMUM AGGREGATE LIABILITY FOR DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO TRADING PARTNER BY SUBMITTER UNDER THIS AGREEMENT.

G. Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.

H. This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.

- Submitter may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Submitter will sign a hard copy of this Agreement and mail to Trading Partner at the address indicated below. Trading Partner will return a copy of the fully executed Agreement to Submitter. The effective date of the hard copy Agreement is the date on which the Agreement is signed by Trading Partner. Electronic Copy Execution: Submitter should execute this Agreement by clicking on the "I AGREE" button that appears at the bottom of the Agreement. The effective date of the

- electronic copy agreement is the date Trading Partner receives the electronic transmission of Submitter's acceptance to the terms of this Agreement.

SUBMITTER:

____
Signature

____
Printed Name and Title

____
Date

Mississippi Medicaid Program
Provider Enrollment
P.O. Box 23078
Jackson, Mississippi 39225

____
Signature

____
Printed Name and Title

____
Date