



Empowering Healthcare

ERA Payer Agreement Instructions for Vermont Medicaid MC081

Important Notes

ERA transactions are available as an additional McKesson contracted service. To add ERAs to your contract please contact your McKesson Sales person or Value Added Reseller. ERAs must be part of your McKesson contract BEFORE requesting ERA service through the McKesson EDI Enrollment Department.

Electronic Funds Transfer (EFT) is an arrangement between the Physician/Provider and the Payer. McKesson does not manage or transmit EFTs.

Before receiving ERAs for VT Medicaid the Physician/Provider must:

- Be processing claims electronically with this payer
- Contract with McKesson for All Payer ERA service
- Complete an ERA Enrollment Request Form

Guidelines for completing: VT Medicaid ERA MC081

- Complete all required fields
- Submit one ERA/EFT Payer Agreement for each Physician/Group Tax ID.
- Once the agreement is open in Adobe Reader you can type information onto the form.
- Forward original ERA agreement along with your McKesson ERA Enrollment Request Form to the Enrollment Team for processing.
- Please allow up to 30 days for approval and receipt of VT Medicaid ERA.

Fax completed VT Medicaid ERA Agreement and McKesson ERA Enrollment Request Form to:

McKesson EDI Enrollment

800-633-4763

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: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Primary Contact Name: _____

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 type="checkbox"/>	Utilizing a Certified Vendor/Clearinghouse	
<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 type="checkbox"/>	276/277 Claim Status Inquiry/Response
<input type="checkbox"/>	837 Professional	<input 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

