



EDI Technical Analyst

CONDUENT
1011 Boulder Springs Drive
Suite 350
Richmond, VA 23225

Virginia.edisupport@conduent.com
tel 866.352.0766
fax 888.335.8460

Dear Virginia Medicaid Provider/Submitter:

Conduent would like to extend the opportunity of electronic claims submission to all submitters. The submitter may be an Individual Provider, Group Provider or Billing Agent/Clearinghouse. We are confident that you will be pleased with these services. Please keep in mind that Conduent's trained Helpdesk Staff is here to assist you at 1-866-352-0766 from 8:00 a.m. to 5:00 p.m. Eastern Standard Time.

In order to begin filing claims electronically, you must first be actively enrolled with Virginia Medicaid. Secondly, you must enroll with Conduent's Electronic Data Interchange (EDI) department by completing the enclosed Electronic Claims Submission enrollment packet as it relates to you and your organization.

Individual Providers, Group Providers and Billing Agents/Clearinghouses must complete a Service Center Operational Information Sheet and a signed Submission of Electronic Transactions Agreement for Service Centers. There should only be one National Provider Identification (NPI) number on both forms. Group providers will only need to enroll the group NPI, unless the individual provider(s) in the group wish to bill separately. Billing Agents/Clearinghouses must be equipped with a unique four digit provider number assigned by VA Medicaid.

Please return the Electronic Claims Submission enrollment packet via fax at 1-888-335-8460 or email to Virginia.edisupport@Conduent.com.

Once the paperwork is received and approved, the enrollment process will begin. The EDI Department will issue each submitter their own unique Logon/Password/Welcome packet via email. Only the submitter will receive a Logon/Password/Welcome packet. Providers using a Billing Agent or Clearinghouse will not receive a Logon/Password/Welcome packet.

Regards,

Virginia Medicaid Electronic Data Interchange Department

Please use these instructions while completing the Virginia Medicaid Electronic Data Interchange packet. Any new providers planning to submit or receive electronic transactions must return the complete packet to Conduent.

Each section of the enrollment form will have a corresponding section on the instruction pages. Please refer to the instruction pages for any section where questions arise. The instruction pages will have detailed explanations to assist you in completing each section of the enrollment form. If you need additional assistance, please call the EDI Helpdesk toll-free at 1-866-352-0766, Monday-Friday 8:00 a.m. – 5:00 p.m. EST.

Instructions for Form 101:

Submission of Electronic Transactions Agreement for Service Centers

Individual Providers, Group Providers and Billing Agents/Clearinghouses must complete a **Submission of Electronic Transactions Agreement for Service Centers Form** if this is the first time they are enrolling in Electronic Data Interchange. If a Provider or Billing Agent/Clearinghouse currently have a four digit Service Center number, then this form does not need to be signed. Providers or Billing Agents/Clearinghouses must adhere to the guidelines listed on the form.

Instructions for Form 102:

Service Center Operational Information

Section 1. Classification – Please indicate your classification (required)

If you are an individual provider not participating in a group, please select “Individual”. If you are a provider participation in a group practice, please select “Group”.

Section 1a. Submission Method– Please indicate how you will be submitting (required)

Please read through the options:

Software Vendor

I am a provider who will submit electronic transactions directly to Conduent using a practice management system or other third party software package. My software does not submit these transactions to a third party carrier, such as a billing agent or clearinghouse, but directly connects to Conduent.

Billing Agent/Clearinghouse

I am a provider who will contract to use the services of a billing agent or clearinghouse. I may send paper forms to my billing agent or use software to connect to my billing agent. My billing agent then forwards the transactions electronically to Conduent on my behalf.

Section 2. Submitter Information

Providers must complete this entire section. Use the address, telephone number and fax number of the provider’s office location. Providers classified as “Individual” must fill in their current provider number and specialty as it applies. Providers classified as “Group” must fill in their current provider number, group provider number and specialty as it applies. Email address will be kept confidential. Business Street Address must be the same that is on file with Virginia Medicaid.

Section 3. Contact Information (Software Vendor or Billing Agent/Clearinghouse)

Providers must complete this entire section. Providers using a Software Vendor may need to contact vendors to obtain version information. Providers may need to contact their Billing Agent or Clearinghouse to obtain the 4 digit Service Center ID.

Section 4. Transactions available for Transmission

Providers must select the type of transactions they wish to submit to Conduent and receive from Conduent. If a Provider wishes to not submit or receive a certain transaction, it should be noted here as well. During the testing phase, the Provider will need to submit a test file for EACH transaction they wish to submit.

Service Center Operational Information

Section 1. Classification – Please indicate your classification (required)

Individual Group

Section 1a. Submission Method– Please indicate how you will be submitting (required)

Software Vendor Billing Agent/Clearinghouse

Section 2. Submitter Information

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT NAME FOR REJECTS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

Section 3. Contact Information (Software Vendor or Billing Agent/Clearinghouse)

NAME OF SOFTWARE VENDOR OR BILLING AGENT:			
<i>IF USING SOFTWARE VENDOR</i>		<i>IF USING BILLING AGENT</i>	
VERSION:	FOUR DIGIT SERVICE CENTER NUMBER:		
PRIMARY CONTACT:	TITLE:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

Section 4. Transactions available for Transmission

Add	Delete		Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	Eligibility Req/Resp (270/271)	<input type="checkbox"/>	<input type="checkbox"/>	Dental Claims (837-D)
		Claims Status Req/Resp. (276/277)	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Claims (837-I)
		Premium Payment for Enrolled Members (820)	<input type="checkbox"/>	<input type="checkbox"/>	Professional Claims (837-P)
<input type="checkbox"/>	<input type="checkbox"/>	Eligibility Roster (834)	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy Claim (NCPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Remittance Advice (835)			

Instructions for Form 103:

Provider Service Center Authorization

Section 1. Electronic Remittance Request - 835

Providers must select this if they have contracted to use the services of a Billing Agent or Clearinghouse and that have authorized them to receive electronic remittances (835). Providers must have the billing agent's or Clearinghouse's Service Center Number that was assigned to them by Virginia Medicaid. Providers may need to contact their Billing Agent or Clearinghouse to obtain the four digit Service Center ID.

Section 1a. Paper Remittances Time Period

Providers will receive paper remittances for a certain period of time. Providers can choose how long they wish to receive BOTH electronic and paper remittances in this section. If no time period is selected, the Provider will receive both for 60 days.

Section 1b. Termination of Service Center

Providers can have only ONE entity receive electronic remittances. If a Provider was previously attached to another Service Center, the original Service Center must be terminated. Provider may need to contact the original Billing Agent or Clearinghouse to obtain the 4 digit Service Center ID.

Section 2. Claims Status Request/Response (276/277):

Providers must select this if they have contracted to use the services of a Billing Agent or Clearinghouse and that have authorized them to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services. Providers must have the billing agent's or Clearinghouse's Service Center Number that was assigned to them by Virginia Medicaid. Providers may need to contact their Billing Agent or Clearinghouse to obtain the four digit Service Center ID.

Section 2a. Termination of Service Center

Providers can have only ONE entity submitting Claims Status Requests and receiving Claims Status Responses. If a Provider was previously attached to another Service Center, the original Service Center must be terminated. Provider may need to contact the original Billing Agent or Clearinghouse to obtain the 4 digit Service Center ID.

Provider Service Center Authorization

Please review and check the block(s) which pertain to you:

Section 1. Electronic Remittance Request - 835

I certify that I have authorized a Billing Agent or Clearinghouse (Service Center Number _____) to receive my electronic remittances (835) and that Service Center must have prior approval from Conduent to receive such electronic remittances.

Section 1a. Paper Remittances Time Period

I understand that I will continue to receive paper remittances ONLY for the time period selected below after the electronic remittances start. If no time frame is selected below, the default is 60 days.

30 Days 60 Days 90 Days 120 Days

Section 1b. Termination of Service Center

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center Number _____ effective on _____ for my 835s.

Section 2. Claims Status Request/Response (276/277):

I certify that I have authorized a Billing Agent or Clearinghouse (Service Center Number _____) to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

Section 2a. Termination of Service Center

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center Number _____ effective on _____ for my 276/277s.

Please review and check the block(s) which pertain to you:

Provider Signature:		NPI/API Number:
Printed Name:	Date:	Telephone Number:
Signature:		Title: