

MEDICAID VERMONT (MCDVT) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) DO I NEED TO COMPLETE?

- [Vermont Medicaid EDI Registration Form](#)
 - If you would like Office Ally to receive Electronic Remittance Advice on your behalf, you must authorize Office Ally to see your weekly remittance advice in part 1b on page 1 of the registration form. You also need to check #835 Remittance (ERA in X12N format) under Transactions.
- [Department of Vermont Health Access 835 ERA Enrollment form](#)
 - To activate ERA's, this form is required in addition to the ERA selections made on the EDI enrollment form.

WHERE DO I SEND THE FORM(S)?

- The EDI Registration Form MUST be mailed with the ORIGINAL signature to:

Hewlett Packard Enterprise
Attn: EDI Coordinator
PO Box 888
Williston, VT 05495
- The Vermont 835 Enrollment form can be mailed to the address above or emailed to vtedicoordinator@hpe.com.

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- That standard processing time is 7-14 business days.

HOW DO I CHECK THE STATUS?

- You may call Medicaid Vermont at (802) 879-4450 option 3 and ask if your provider ID has been linked to Office Ally's Trading Partner ID 701101732.
- Once enrollment has been approved, to complete your enrollment follow instructions on the "Note to My Clients Plus users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:
Providers Submitter Number**

REVISED 9/29/16