

MONTANA DPHHS EDI PROVIDER ENROLLMENT FORM



Please return to:
Conduent EDI Solutions, Inc.
ATTN: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402



Montana Conduent EDI Provider Enrollment Form Instructions

If a provider is submitting to Conduent EDI Solutions, Inc. and wishes to retrieve their own responses from the Host Data Exchange (HDE), the *Montana Conduent EDI Provider Enrollment Form* is to be completed. The provider does not need to complete the *Provider Billing Agent/Clearinghouse Conduent EDI Solutions, Inc. Authorization form*.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider Billing Agent/Clearinghouses Conduent EDI Solutions, Inc. Authorization Form* is to be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Montana Conduent EDI Provider Enrollment Form* and the *Provider Billing Agent/Clearinghouses Conduent EDI Solutions, Inc. Authorization Form* should be completed.

The *Provider Billing Agent/Clearinghouses Conduent EDI Solutions, Inc. Authorization Form* precedes the *Montana Conduent EDI Provider Enrollment Form* in the attached document.

Instructions for completing the *Provider Billing Agent/Clearinghouses Conduent EDI Solutions, Inc. Authorization Form*

The *Provider Billing Agent/Clearinghouses Conduent EDI Solutions, Inc. Authorization Form* must be completed in its entirety and must include the signature of the provider or the provider's representative.

Section A. Provider Information

Please complete the demographic information. This is required.

Please enter your Federal Tax ID Number. A Group Provider should have the same Federal Tax ID Number for all providers it supports. This is required

Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

Please complete with the appropriate information. If you are authorizing a billing agent/clearinghouse to retrieve your electronic responses, please check which responses you are authorizing for retrieval.

The provider or the provider's representative must print their name, sign their name, and date the form.

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Please use the following instructions when completing the Montana Conduent EDI Provider Enrollment Form.

Section 1. Classification.

Please indicate whether you are an individual provider, a group provider, individual pharmacy, Branch Pharmacy, or corporate headquarters pharmacy. **This field is required.**

Section 2. Submission Method (This section is not applicable to pharmacies).

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information.

Please complete the appropriate provider information. **These fields are required.**

Please enter your Federal Tax ID Number. A Group Provider should have the same Federal Tax ID Number for all providers it supports. This is required
Your email address is optional and will be kept confidential.

Section 4. Montana Submitter ID.

If you are currently submitting electronic transactions to Montana FAS, please indicate your 7-digit submitter ID. This is your Montana DPHHS submitter ID assigned by FAS.

Section 4a. Submitter/Trading Partner ID.

If you are currently submitting electronic transactions to Conduent EDI Solutions, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information.

Please indicate specific contact person and additional contact information, if different from the provider information in Section 3 above.

Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse (This section is not applicable to pharmacies).

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP5010 users do not need to complete this section.

Sub-section 6b. Provider Using a Software Vendor.

If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete the following field.

Sub-section 6c. Submitter/Trading Partner ID Number.

If your Software Vendor/Billing Agent/Clearinghouse is currently submitting electronic transactions directly to Conduent EDI Gateway, please indicate their Conduent 5-digit submitter ID or 6-digit Trading Partner ID. You may need to contact your Software Vendor/Billing Agent/Clearinghouse for this information.

1.800.987.6719 (phone) 1.406.442.4402 (fax)
<https://edisolutionsmmis.portal.conduent.com>

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Section 7. Transactions Available for Transmission (This section is not applicable to pharmacies).

If you will be using the WINASAP5010 product, please complete section 7a. If you will be submitting electronic transactions other than WINASAP5010 submissions, please complete section 7b.

Nursing Facility Providers: Choose Transaction 837I (Institutional)

Sub-Section 7a. WINASAP5010 (Replacing ACE\$ Software).

Request for software.

Please indicate how you would like to receive the software and which transactions you will be submitting.

Sub-Section 7b. Standard Transactions (Submissions other than WINASAP5010).

If you will be submitting transactions other than WINASAP5010 transactions, please complete this section. **Providers submitting through a Software Vendor, Billing Agent, or Clearinghouse must complete this section.**

Section 8. Delimiter Information (This section is not applicable to pharmacies).

If you will be submitting X12N transactions directly to Conduent, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP5010 users do not need to complete this section.**

Section 9. Electronic Response Retrieval.

Montana Providers will be able to retrieve responses via the Host Data Exchange (HDE). If you would like to participate in this service, please indicate which responses you would like to retrieve via HDE. If you are a pharmacy the only available response available to you is the X12N 835 (Payment Advice)

** Business Service Agreement

Section 10. Additional Provider List.

If you are submitting transactions on the behalf of multiple providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact Conduent EDI Enrollment for further instructions at the phone number listed below.

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Provider Billing Agent/Clearinghouse Conduent EDI Solutions, Inc Authorization Form

Section A. Provider Information.

Business Name

Provider Name (Last, First, MI and Suffix)

Provider Number

Federal Tax ID Number

Business Address

City, State, and Zip

Telephone Number

Fax Number

Contact Name

E-mail Address

Section B. Authorization Signature (required).

Provider, _____ hereby appoints

Provider name /Provider Representative name (please print)

_____, Billing Agent/Clearinghouse name (please print)

_____, Billing Agent/Clearinghouse Conduent Trading Partner/Submitter ID

to act as the authorized agent for the purpose of submitting health care transactions electronically to Conduent EDI Solutions, Inc. Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected below:

277-Claim Status Response

271-Eligibility Response

835-Healthcare Claims Payment Advice

278-Prior Authorization Response

Exception Report (Print Image)

999-Implementation Acknowledgement

277CA-Healthcare Claim Acknowledgement

Provider/Provider Representative name (Please print)

Provider/Provider Representative Signature

Date

1.800.987.6719 (phone) 1.406.442.4402 (fax)
https://edisolutionsmmis.portal.conduent.com/gcro/

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EDI PROVIDER ENROLLMENT FORM. Please print or type. Complete all areas of the Provider Enrollment Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification.

- Individual Provider Group Provider
- Individual Pharmacy Branch Pharmacy Corporate Headquarters Pharmacy

Section 2. Submission Method. Please indicate how you plan to submit your electronic transactions.
(This section is not applicable to Pharmacies)

- Asynchronous (Direct Submission to EDI) WINASAP5010 Vendor Software
- Billing Agent Clearinghouse

Section 3. Provider Information.

Business Name (If applicable)

Provider Name (Last, First, MI, and Suffix)

Business Street Address

City, State, and Zip Code

Telephone

Fax

Provider Number (Required for Individuals)

Federal Tax ID Number

Email Address (If applicable)

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Section 4. Montana Submitter ID.

If you are currently submitting electronic transactions directly to Montana FAS, please indicate your Montana 7-digit Submitter ID: NOTE: This is your Montana DPHHS Submitter ID Assigned by FAS.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Section 4a. Submitter/Trading Partner ID Number.

If you are currently submitting electronic transactions directly to Conduent EDI Solutions, please indicate your Conduent EDI Solutions 5-digit Submitter ID or 6-digit Trading Partner ID: NOTE: This is NOT your Montana submitter ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Section 5. Contact Information. Please indicate contact information.

<i>Contact Name</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Additional Contact Information. Please indicate additional contact information.

<i>Contact Name</i>	<i>Contact Title</i>
<i>Business Street Address</i>	
<i>City, State, and Zip Code</i>	
<i>Telephone</i>	<i>Fax</i>
<i>Email Address</i>	

Please attach additional sheets if necessary.

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Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse.
If you have indicated that you plan to use Vendor Software, a Billing Agent, or a Clearinghouse to submit your transactions electronically to Conduent EDI Solutions, please provide the following information.
 (If you plan on using WINASAP5010, you do not need to complete this section.)

Sub-section 6a. Type of Service that you use.

Please indicate the type of service that you use to submit electronic transactions.
 (This section is not applicable to Pharmacies)

Software Vendor (SV)
 Clearinghouse (CH)
 Billing Agent (BA)

SV/CH/BA Name			
<i>Contact Name</i>		<i>Contact Title</i>	
<i>Business Address</i>			
<i>City, State, and Zip Code</i>			
<i>Telephone Number</i>		<i>Fax Number</i>	
<i>Email Address</i>			

Sub-section 6b. Provider Using a Software Vendor.

If you plan to use Vendor Software, please complete the following information related to your software.

Software Name:		Software Version:		Protocol:	
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Sub-section 6c. Software Vendor, Billing Agent or Clearinghouse Submitter ID or Trading Partner ID.

Note: Your Software Vendor, Billing Agent or Clearinghouse must be equipped with their own uniquely assigned Conduent EDI Solutions Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor, Billing Agent/Clearinghouse to confirm their status with Conduent EDI.

Please indicate your Software Vendor/Clearinghouse/ Billing Agent's Conduent 5-digit Submitter ID or 6-digit Trading Partner ID: NOTE: This is not your 7-digit Montana submitter ID assigned by FAS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Section 7. Transactions Available for Transmission. (This section is not applicable to pharmacies)

Sub-Section 7a. WINASAP5010 (replacing WINASAP2003).

Request for free WINASAP5010 Software:

I will download a copy from the Conduent website at <http://medicaidprovider.mt.gov/claims>

<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 837D (Dental Claim)
<input type="checkbox"/> X12N 837I (Institutional Claim)	

Sub-Section 7b. Standard Transactions. Check all that apply (Submissions other than WINASAP5010)

<input type="checkbox"/> X12N 837P (Professional Claim)	<input type="checkbox"/> X12N 278 (Prior Authorization)
<input type="checkbox"/> X12N 837D (Dental Claim)	<input type="checkbox"/> X12N 270 (Eligibility Inquiry)
<input type="checkbox"/> X12N 837I (Institutional Claim)	<input type="checkbox"/> X12N 276 (Claim Status Inquiry)

Section 8. Delimiter Information. If you are submitting X12N transactions directly to Conduent, please provide please provide an alternate delimiter if you are not using the default.

(This information is not required for users of WINASAP5010 and not applicable to pharmacies)

Element Delimiter to be used: <input type="text"/>	Segment Delimiter to be used: <input type="text"/>	Sub-Element Delimiter to be used: <input type="text"/>
Default Delimiter (asterisk) *	Default Delimiter (tilde) ~	Default Delimiter (colon) :

Section 9. Electronic Response Retrieval. Check all that apply

All Montana providers can retrieve their electronic responses from Host Data Exchange (HDE). If you would like to participate in this service, please complete the section below.

Responses available for X12N Transactions.
 (If you are a pharmacy your only valid selection is the X12N 835 Healthcare Claim Payment/Advice)

<input type="checkbox"/> X12N 999 (Implementation Acknowledgement)	<input type="checkbox"/> X12N 835 (Healthcare Claim Payment/Advice)
<input type="checkbox"/> X12N 271 (Eligibility Response)	<input type="checkbox"/> X12N 277 (Claims Status Response)
<input type="checkbox"/> X12N 278 (Prior Authorization Responses)	<input type="checkbox"/> X12N 277CA (Healthcare Claim Acknowledgement)

Exception Report (Print Images) ** If you have selected this option you must complete the Business Associate Agreement (BAA). Please call 1.800.987.6719 to request the BAA be faxed or mailed to you or go to <http://medicaidprovider.mt.gov> and download the form. You may fax or mail this form to Conduent EDI Solutions.

Conduent EDI Solutions, Inc.

Trading Partner Agreement / Business Associate Agreement

This agreement must be completed online on the [Conduent's Formstack Website](#).

Please complete the Trading Partner Agreement prior to submitting this packet.

1.800.987.6719 (phone) 1.406.442.4402 (fax)
<https://edisolutionsmmis.portal.conduent.com/gcro/>