

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



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)

www.acs-gcro.com

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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.

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

<p>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:</p> <p>NOTE: This is NOT your Montana submitter ID</p>	<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)

<input type="checkbox"/> Software Vendor (SV) <input type="checkbox"/> Clearinghouse (CH) <input type="checkbox"/> 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://www.acs-gcro.com/gcro/winasap-software>

X12N 837P (Professional Claim)

X12N 837D (Dental Claim)

X12N 837I (Institutional Claim)

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

X12N 837P (Professional Claim)

X12N 278 (Prior Authorization)

X12N 837D (Dental Claim)

X12N 270 (Eligibility Inquiry)

X12N 837I (Institutional Claim)

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:

Default Delimiter (asterisk) *

Segment Delimiter to be used:

Default Delimiter (tilde) ~

Sub-Element Delimiter to be used:

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)

X12N 999 (Implementation Acknowledgement)

X12N 835 (Healthcare Claim Payment/Advice)

X12N 271 (Eligibility Response)

X12N 277 (Claims Status Response)

X12N 278 (Prior Authorization Responses)

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://www.acs-gcro.com/Medicaid_Accounts/Montana/EDI_Enrollment/edi_enrollment.htm and download the form. You may fax or mail this form to Conduent EDI Solutions.

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Section 10. Additional Provider/Pharmacy List

Provider/Pharmacy Name	Provider/NCPDP ID (NABP)

Please attach additional sheets if necessary