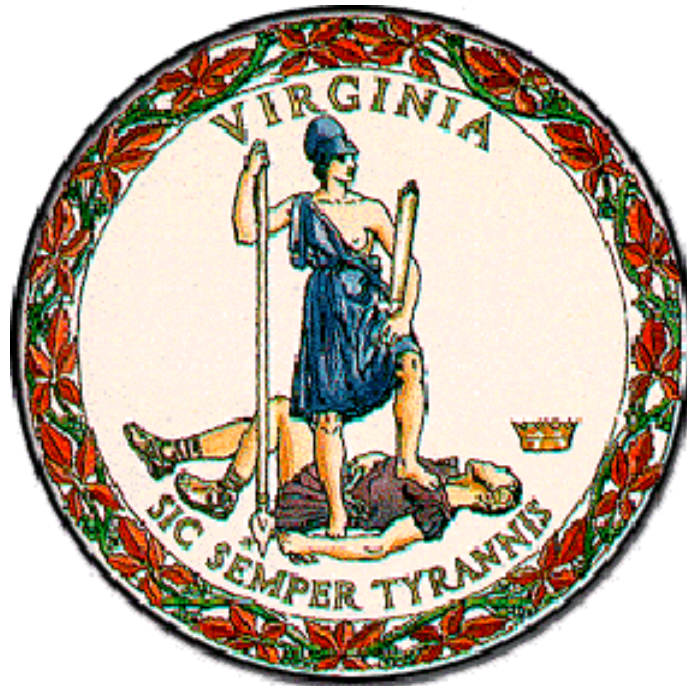


COMMONWEALTH OF VIRGINIA



**Medicaid Enterprise System (MES) Program
Encounter Processing Solution (EPS)**

EDI Registration Package

**Instructions and forms for
DMAS EDI Registration**

**May 11, 2023
Document Version 1.5**

Department of Medical Assistance Services (DMAS)



Publication Version Control

| Version | Date | Revision Description | Prepared By: |
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| 1.5 | 11MAY2023 | Removed IP address column with data from the Service Center Service Account Agreement form. | DMAS |
| 1.4 | 01MAY2018 | Added Service Center Service Account Agreement and Instructions; Changed Service Center Number to Service Center ID and added Program Name on forms; Changed Subcontractor Number to Subcontractor ID; Modified Service Center User Agreement and added Region; Modified Instructions as needed | DMAS |
| 1.3 | 15SEP2017 | Add checkboxes and instructions for Web Portal access on User form | DMAS |
| 1.2 | 25AUG2017 | Add DMAS NEMT Broker to Program checkbox and Instructions; Strikethrough Transaction Types | DMAS |
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Attention Virginia Medicaid Provider/Submitter:

The Virginia Department of Medical Assistance Services (DMAS) extends the opportunity to Submitters to file claims electronically. As a potential trading partner with DMAS, you must first be actively enrolled with Virginia Medicaid. Secondly, you must enroll with the DMAS Electronic Data Interchange (EDI) department by completing the enclosed agreements and forms as it relates to your organization.

Please return the completed DMAS EDI Trading Partner Registration Package via fax at 1-804-786-8992 or email to DMASEDISupport@dmass.virginia.gov.

Once the forms are received and approved, the DMAS EDI Department will send Service Centers an email with their Service Center Numbers. Providers and Provider Groups using a Billing Agent or Clearinghouse as a Service Center will receive a confirmation email only.

If you need additional assistance, please call the DMAS EDI Helpdesk toll-free at 1-866-637-8482 Monday-Friday 8:00 a.m. – 5:00 p.m. Eastern Time.

Regards,

Virginia Department of Medical Assistance Services Electronic Data Interchange Support Team

Contact

Mail Address: **Virginia Department of Medical
Assistance Services
600 East Broad St.
Richmond, VA 23219**

Fax: **1-804-786-8992**

Email: DMASEDISupport@dmass.virginia.gov

Voice Contact: **1-866-637-8482**



DMAS EDI ENROLLMENT FORMS INCLUDING INSTRUCTIONS

1.1 Instructions for Service Center EDI Trading Partner Agreement

Managed Care Organizations (MCO), Administrative Services Only (ASO), DMAS Non-Emergency Transportation (NEMT) Broker, Providers, Provider Groups and Billing Agents/Clearinghouses wishing to submit electronic transactions directly to the Department of Medical Assistance Services (DMAS) must complete the Service Center EDI Trading Partner Agreement.

Signature Blocks:

The Authorized Agent for the MCO/ASO, DMAS NEMT Broker, Provider/Provider Group or Billing Agent/Clearinghouse should read, sign and date the Agreement. Print the name and title of the Authorized Agent.

NOTE: For MCO/ASOs, the Authorized Agent must be the Chief Financial Officer (CFO).

The Authorized Agent can designate an Authorized Designee to sign on his/her behalf. The Authorized Designee should read, sign and date the Agreement. Print the name and title of the Authorized Designee.

NOTE: Either the Authorized Agent or the Authorized Designee can sign as the Service Center Authorized Agent on the additional Agreements.

IMPORTANT: The Service Center Operational Information form must be filled out and sent along with the Service Center EDI Trading Partner Agreement.



Service Center EDI Trading Partner Agreement

This is to certify that _____ of
Submitter of Electronic Transactions

_____, _____, _____, _____ on the
Street Address City State Zip Code

_____ day of _____, 20 _____, agrees to the following conditions for

submission of electronic transactions to the Department of Medical Assistance Services:

1. The Service Center agrees to abide by the policies and procedures of the Department of Medical Assistance Services.
2. The Service Center is not to be construed as an agent of the Department of Medical Assistance Services.
3. The Service Center is recognized as an electronic transaction preparation service, and any agreement of participation between providers and the Department of Medical Assistance Services is not affected by this agreement.
4. The Service Center will promptly notify the Department of Medical Assistance Services of any changes in the information submitted in this Service Center EDI Trading Partner packet.
5. The agreement may be terminated on thirty day's written notice by either party.
6. The agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

| | | |
|---|--------|-------|
| Signature of Service Center Authorized Agent: | | Date: |
| Printed Name: | Title: | |

| | | |
|--|--------|-------|
| Signature of Service Center Authorized Designee: | | Date: |
| Printed Name: | Title: | |

| | | |
|-------------------------------------|--------|-------|
| Signature of DMAS Authorized Agent: | | Date: |
| Printed Name: | Title: | |



1.2 Instructions for Service Center Operational Information

Managed Care Organizations (MCO), Administrative Services Only (ASO), DMAS Non-Emergency Transportation (NEMT) Broker, Providers, Provider Groups and Billing Agents/Clearinghouses wishing to submit electronic transactions directly to the Department of Medical Assistance Services (DMAS) must complete the Service Center Operational Information.

Service Center Information:

Enter the Name and NPI or API of the organization that will be submitting electronic transactions. Enter the Name, Email and Phone of the person to contact in case of questions or problems.

MCOs, ASOs and the DMAS NEMT Broker should check the box labeled *I am an MCO/ASO or DMAS NEMT Broker participating in the following Program:* and enter the name of the program. If an MCO/ASO participates in multiple programs, they will need to submit a Service Center EDI Trading Partner Agreement and Service Center Operational Information form for each program.

Billing Agents and Clearinghouses should check the box labeled *I am a Billing Agent/Clearinghouse acting on behalf of Provider/Provider Groups.* All Providers and Provider Groups submitting electronic transactions through the Billing Agent or Clearinghouse must submit a Service Center Provider Agreement.

Providers and Provider Groups submitting electronic transactions directly should check the box labeled *I am a Provider/Provider Group acting as my own Service Center using the following Software Vendor / Practice Management System:* Enter the Name and Contact information of the Software Vendor or Practice Management System used by the Provider/Provider Group.

I will send/receive the following Transaction Types:

Check each of the Transaction Types that will be exchanged by the Service Center. Transaction types that are crossed out are not available.

NOTE: Test files must be submitted and processed successfully for each type of transaction selected before the Service Center can submit files in production.

Once all applicable forms have been received and processed successfully, the DMAS EDI department will issue a Service Center ID and communicate it to the MCO/ASO, DMAS NEMT Broker, Provider/Provider Group or Billing Agent/Clearinghouse.



Service Center Operational Information

| | | | |
|----------------------|------------|----------|--|
| Service Center Name: | | NPI/API: | |
| Contact First Name: | Last Name: | | |
| Email: | | Phone: | |

I am an MCO/ASO or DMAS NEMT Broker participating in the following Program:

| | |
|---------------|-----------------|
| Program Name: | Effective Date: |
|---------------|-----------------|

I am a Billing Agent/Clearinghouse acting on behalf of Provider/Provider Groups.

I am a Provider/Provider Group acting as my own Service Center using the following Software Vendor / Practice Management System:

| | | |
|--|------------|----------|
| Name of Software Vendor or Practice Management System: | | Version: |
| Contact First Name: | Last Name: | |
| Email: | | Phone: |

I will send/receive the following Transaction Types:

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

| |
|--|
| Service Center ID (to be filled out by DMAS only): |
|--|



1.3 Instructions for Service Center Service Account Agreement

Managed Care Organizations (MCO), Administrative Services Only (ASO), DMAS Non-Emergency Transportation (NEMT) Broker, Providers, Provider Groups and Billing Agents/Clearinghouses complete the Service Center Service Account Agreement to receive a machine to machine Service Account for uploading and downloading EDI files to the DMAS Managed File Transfer (MFT) Server.

Contact Information:

Enter the Name, Email and Phone of the Contact who will be responsible for maintaining the Service Account.

Service Account Information:

Enter the IP Address of the machine that will connect to the DMAS Managed File Transfer (MFT) Server to upload and download EDI files. Check the box labeled *I am requesting Public Key authentication* to receive a Public Key.

Signature Blocks:

The Contact should sign and date the Service Center Service Account Agreement to acknowledge that he/she will be responsible for maintaining the security of the password and will not share it with anyone that does not have a need to know. Enter the Department and Title of the Contact.

Enter the Service Center Name of the MCO/ASO, DMAS NEMT Broker, Provider, Provider Group or Billing Agent/Clearinghouse. If the Service Center is an MCO/ASO, enter the Program Name. Enter the Service Center ID if it has been assigned already. Otherwise, leave it blank. The Authorized Agent or Authorized Designee for the Service Center should sign and date the agreement. Print the Name and Title of the Authorized Agent or Authorized Designee.

NOTE: The Service Center Authorized Agent must be either the Authorized Agent or Authorized Designee that signs the Service Center EDI Trading Partner Agreement.

The last block will be filled out by DMAS. Once the Service Account has been successfully established, the DMAS EDI Department will notify the Contact and communicate the Service Account information. The password will be sent in a separate email. If Public Key authentication is requested, the Public Key information will be sent in a separate email.



Service Center Service Account Agreement

Contact Information:

| | |
|---------------------|--------------------|
| Contact First Name: | Contact Last Name: |
| Contact Email: | Contact Phone: |

Service Account Information:

| | |
|-------------|--|
| IP Address: | Public Key: <input type="checkbox"/> I am requesting Public Key authentication. |
|-------------|--|

By signing below, I agree that I am responsible for maintaining the security of the password and will not share it with anyone that does not have a need to know:

| | |
|-----------------------|--------|
| Signature of Contact: | Date: |
| Department: | Title: |

By signing below, I certify that the service account is for the submission/receipt of EDI files on behalf of the specified Service Center.

| | | |
|---|---------------|--------------------|
| Service Center Name: | Program Name: | Service Center ID: |
| Signature of Service Center Authorized Agent: | Date: | |
| Printed Name: | Title: | |

| | |
|---|-------------|
| Signature of DMAS Representative: | Date: |
| Service Account ID (to be filled out by DMAS only): | |
| Host: TPT: TPT.MFT.DMAS.VIRGINIA.GOV | Port: 22 |
| PROD: MFT.DMAS.VIRGINIA.GOV | 22 |

NOTE: Password and Public Key (if requested) will be sent via separate emails.



1.4 Instructions for Service Center User Agreement

Managed Care Organizations (MCO), Administrative Services Only (ASO), DMAS Non-Emergency Transportation (NEMT) Broker, Providers, Provider Groups and Billing Agents/Clearinghouses must complete the Service Center User Agreement for each Service Center User who needs access to the EPS Web Portal or the DMAS Managed File Transfer (MFT) Server for uploading and downloading EDI files.

NOTE: Each User MUST have their own account. Password sharing is NOT allowed. If the Service Center has multiple Users, the Service Center must submit a form for each User.

IMPORTANT: All Users must also complete the additional forms in the EDI User Security Access Package and submit along with the Service Center User Agreement.

User Information:

Enter the Name, Email and Phone of the User who is requesting access to EPS.

EPS MFT Server Access:

Check the box labeled *Yes, I need access to the MFT Server to upload/download EDI files for EPS* if you will upload and download EDI files to the DMAS Managed File Transfer (MFT) Server using a secure FTP application, such as FileZilla, or a web browser, such as Internet Explorer.

EPS Web Portal Access:

Check the box labeled *Yes, I need access to the EPS Web Portal* if you need access to the EPS Web Portal to view file status and related information. Check the box labeled *Yes, I am authorized to perform File Certification* if you are the Authorized Agent or Designee.

EPS Regions:

Check the appropriate region(s) for which you need access.

Signature Blocks:

The User should sign and date the Service Center User Agreement to acknowledge that he/she will not share his/her password with anyone and understands that access will be revoked if he/she does. Enter the Department and Title of the User.

Enter the Service Center Name of the MCO/ASO, DMAS NEMT Broker, Provider, Provider Group or Billing Agent/Clearinghouse. If the Service Center is an MCO/ASO, enter the Program Name. Enter the Service Center ID if it has been assigned already. Otherwise, leave it blank. The Authorized Agent or Authorized Designee for the Service Center should sign and date the agreement. Print the Name and Title of the Authorized Agent or Authorized Designee.

NOTE: The Service Center Authorized Agent must be either the Authorized Agent or Authorized Designee that signs the Service Center EDI Trading Partner Agreement.

The last block is for DMAS internal use. Once the User account and privileges have been successfully established by DMAS personnel, the DMAS EDI Department will notify the User.



Service Center User Agreement

User Information:

| | |
|------------------|------------|
| User First Name: | Last Name: |
| Email: | Phone: |

| |
|---|
| <input type="checkbox"/> EPS MFT Server Access: Yes, I need access to the MFT Server to upload/download EDI files for EPS |
| <input type="checkbox"/> EPS Web Portal Access: <input type="checkbox"/> Yes, I need access to the EPS Web Portal <input type="checkbox"/> Yes, I am authorized to perform File Certification |
| <input type="checkbox"/> EPS Regions: <input type="checkbox"/> Production <input type="checkbox"/> TPT – Trading Partner Testing |

By signing below, I agree that I will not share my password with anyone and understand that my access will be revoked if I do:

| | |
|--------------------|--------|
| Signature of User: | Date: |
| Department: | Title: |

By signing below, I certify the User is authorized to submit/receive/view EDI files on behalf of the specified Service Center.

| | | |
|---|---------------|--------------------|
| Service Center Name: | Program Name: | Service Center ID: |
| Signature of Service Center Authorized Agent: | | Date: |
| Printed Name: | Title: | |

| | |
|-----------------------------------|-------|
| Signature of DMAS Representative: | Date: |
|-----------------------------------|-------|



User Account (to be filled out by DMAS only)

EDI Registration Package



1.5 Instructions for Service Center Subcontractor Agreement

Managed Care Organizations (MCO) and Administrative Services Only (ASO) that use a Subcontractor must complete a Service Center Subcontractor Agreement. The Service Center must specify the Subcontractor ID in files containing transactions from the Subcontractor. The Service Center is responsible for verifying that data received from the Subcontractor will pass validation. If the Service Center has multiple Subcontractors, the Service Center must submit a form for each Subcontractor.

Subcontractor Information:

Enter the Name of the Subcontractor which will be submitting data to the MCO/ASO. Enter the NPI or API of the Subcontractor. Enter the Name, Email and Phone of an EDI Contact for the Subcontractor.

I will send/receive the following Transaction Types using data from this Subcontractor:

Check the appropriate Transactions Types that the Subcontractor will submit to the MCO/ASO. Transaction types that are crossed out are not available.

Enter the Service Center Name of the MCO/ASO. Enter the Program Name. Enter the Service Center ID if it has been assigned already. Otherwise, leave it blank. The Authorized Agent or Authorized Designee for the Service Center should sign and date the form. Print the Name and Title of the Authorized Agent or Authorized Designee.

NOTE: The Service Center Authorized Agent must be either the Authorized Agent or Authorized Designee that signs the Service Center EDI Trading Partner Agreement.

The last block will be filled out by DMAS. The DMAS EDI department will issue a Subcontractor ID and communicate it to the MCO/ASO.



Service Center Subcontractor Agreement

Subcontractor Information:

| | | | |
|---------------------|------------|----------|--|
| Name: | | NPI/API: | |
| Contact First Name: | Last Name: | | |
| Email: | | Phone: | |

I will send/receive the following Transaction Types using data from this Subcontractor:

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

By signing below, I certify that the Subcontractor is authorized to prepare/receive electronic transactions to/from the specified Service Center:

| | | |
|---|---------------|--------------------|
| Service Center Name: | Program Name: | Service Center ID: |
| Signature of Service Center Authorized Agent: | | Date: |
| Printed Name: | Title: | |

| | |
|---|-------|
| Signature of DMAS Representative: | Date: |
| Subcontractor ID (to be filled out by DMAS only): | |



1.6 Instructions for Service Center Provider Agreement

Providers and Provider Groups wishing to submit electronic transactions through a Billing Agent or Clearinghouse must submit a Service Center Provider Agreement. Providers and Provider Groups wishing to change to a different Billing Agent or Clearinghouse must submit a new Service Center Provider Agreement.

Provider Information:

Enter the name and NPI of the Provider or Provider Group. Enter the Name, Email and Phone of the Contact for the Provider or Provider Group.

Add/Remove Service Center – Electronic Remittances (835):

The Provider/Provider Group should check the box labeled **I authorize the Service Center to receive electronic Remittances (835) on my behalf** to authorize the Service Center to receive their electronic Remittances. Enter the Service Center Name and Service Center ID of the Billing Agent or Clearinghouse. The Provider/Provider Group must contact the Billing Agent or Clearinghouse to get the Service Center Number. Enter the Effective Date.

The Provider/Provider Group should check the box labeled **In order to facilitate the above, I need to terminate the following Service Center** if the Provider/Provider Group is currently using a Service Center to receive electronic Remittances and is changing to a different Service Center. Enter the Service Center Name and Service Center ID of the current Billing Agent or Clearinghouse that the Provider/Provider Group is terminating. Enter the Effective Date.

Add/Remove Service Center – Claims Status Request/Responses (276/277):

The Provider/Provider Group should check the box labeled **I authorize the Service Center to submit and receive Claims Status Request/Responses (276/277) on my behalf** to authorize the Service Center to submit and receive their electronic Claim Status Request and Responses. Enter the Service Center Name and Service Center ID of the Billing Agent or Clearinghouse. The Provider/Provider Group must contact the Billing Agent or Clearinghouse to get the Service Center Number. Enter the Effective Date.

The Provider/Provider Group should check the box labeled **In order to facilitate the above, I need to terminate the following Service Center** if the Provider/Provider Group is currently using a Service Center to submit and receive electronic Claim Status Request and Responses and is changing to a different Service Center. Enter the Service Center Name and Service Center ID of the current Billing Agent or Clearinghouse that the Provider/Provider Group is terminating. Enter the Effective Date.

The Provider/Provider Group or Authorized Representative should sign and date the agreement. Print the name and title of the person signing the Service Center Provider Agreement.



Service Center Provider Agreement

| | | |
|---------------------|------------|------|
| Provider Name: | | NPI: |
| Contact First Name: | Last Name: | |
| Email: | Phone: | |

Add/Remove Service Center – Electronic Remittances (835):

I authorize the following Service Center to receive electronic Remittances (835) on my behalf:

| | | |
|--------------------------------------|--------------------|-----------------|
| Name of Billing Agent/Clearinghouse: | Service Center ID: | Effective Date: |
|--------------------------------------|--------------------|-----------------|

In order to facilitate the above, I need to terminate the following Service Center:

| | | |
|--------------------------------------|--------------------|-----------------|
| Name of Billing Agent/Clearinghouse: | Service Center ID: | Effective Date: |
|--------------------------------------|--------------------|-----------------|

Add/Remove Service Center – Claims Status Request/Responses (276/277):

I authorize the following Service Center to submit and receive Claims Status Request/Responses (276/277) on my behalf:

| | | |
|--------------------------------------|--------------------|-----------------|
| Name of Billing Agent/Clearinghouse: | Service Center ID: | Effective Date: |
|--------------------------------------|--------------------|-----------------|

In order to facilitate the above, I need to terminate the following Service Center:

| | | |
|--------------------------------------|--------------------|-----------------|
| Name of Billing Agent/Clearinghouse: | Service Center ID: | Effective Date: |
|--------------------------------------|--------------------|-----------------|

| | | |
|------------------------|--------|-------|
| Signature of Provider: | | Date: |
| Printed Name: | Title: | |