HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 5 business days.

WHAT FORM(S) SHOULD I COMPLETE?

- Equality Care (Wyoming Medicaid) EDI Application

- ACS EDI Gateway Trading Partner Agreement

WHERE SHOULD I SEND THE FORMS?

- Mail the forms to:
  Office Ally
  Attn: Anita
  PO Box 872020
  Vancouver, WA 98687

> **MEDICAID WYOMING REQUIRES ORIGINAL SIGNATURES OF THE CLEARINGHOUSE ON THE TRADING PARTNER AGREEMENT. ONCE OFFICE ALLY HAS RECEIVED BOTH FORMS WE WILL SIGN THE TRADING PARTNER AGREEMENT AND MAIL BOTH FORMS TO ACS.**

WHAT PROVIDER NUMBER DO I USE?

- NPI Number

WHO CAN SIGN THE FORMS?

- The owner or authorized personnel

HOW DO I CHECK STATUS?

- Call ACS at 800-672-4959 and ask if you are enrolled and linked to Office Ally's Submitter ID 140348.
  - Please note that the standard processing time quoted above is based on when ACS receives the paperwork. Please allow a few extra days for Office Ally to sign and mail ACS.
- If you are enrolled and linked you MUST contact Office Ally at (866) 575-4120 and notify us of the approval BEFORE submitting claims for electronic transmission.

EqualityCare (Wyoming Medicaid)
EDI Application

Please type or block print the requested information as completely as possible. If any field is not applicable, please enter N/A. An incomplete form may delay the approval of this application. Please direct questions to the ACS EDI Help Desk at (800) 672-4959. Please return the completed form and Trading Partner Agreement to ACS EDI, Attention: EDI Enrollment, PO Box 667, Cheyenne, WY 82003. Please note: All fields must be completed in ink, and all signatures must be original – no copies, stamps, etc.

For Fiscal Agent Use Only

ACS Assigned Trading Partner Number

Completed Date

_____

_____

IMPORTANT: PLEASE READ INSTRUCTIONS ABOVE BEFORE PROCEEDING

1. Enter your **business or provider name** and address below. **(Physical address is required.)**

   _____
   Name

   _____
   Address 1

   _____
   Address 2

   _____
   City   State   Nine-Digit Zip

   _____
   Provider Contact E-mail address

   (_____) _____ - _____
   Phone (Primary)

2. Enter your name and contact information here.

   _____
   EDI Contact Name

   _____
   Address 1

   _____
   Address 2

   _____
   City   State   Nine-Digit Zip

   _____
   EDI Contact E-mail address

   (_____) _____ - _____
   Phone (EDI Contact Person)

2. Enter your NPI and/or EqualityCare Provider ID
   Please note: If you have group AND treating provider information, enter ONLY the group information.

   10-Digit NPI Number: _____

   9-Digit EqualityCare Provider ID: _____
   (if known)

3. If you or your organization is already billing claims electronically to EqualityCare, enter your 5-digit Submitter or 6-digit Trading Partner ID: _____

4. If you are not already submitting your claims electronically but wish to, indicate how you would like to submit them:

☐ Billing Agent
☒ Clearinghouse
☐ Vendor Supplied Software
☐ EqualityCare Web Portal (free web-based billing application)
☐ WINASAP 2003 Billing Software (free PC-based billing software)

If you marked **Billing Agent**, **Clearinghouse** or **Vendor Supplied Software**, you must supply their 5-digit Submitter ID or 6-digit Trading Partner ID assigned by ACS EDI Gateway: _140348_____

If you marked **WINASAP 2003**, how do you wish to receive the software?

☐ I will download it from the ACS EDI Gateway website (**http://www.acs-gcro.com/**)
☐ Please mail me a CD-ROM

5. The 835 Health Care Claim Payment/Advice is the electronic transmission of remittance data from EqualityCare to a provider (or clearinghouse). This remittance data is often referred to as an EOB (Explanation of Benefits). It is used to reconcile a payment against the claims a provider submitted to EqualityCare. To use the 835 Health Care Claim Payment/Advice requires special computer software capable of processing it. **Regardless of your choice to use the 835 Health Care Claim Payment/Advice, you will still receive a paper remittance advice with each payment.**

Will you or a third party use the 835 Health Care Claim Payment/Advice?

☐ I will retrieve my 835
☒ A third party (e.g., clearinghouse) will retrieve my 835
☐ I do not wish to use the 835 at this time

6. Complete the attached Trading Partner Agreement.

7. Return both the EqualityCare EDI Application and Trading Partner Agreement to:

ACS EDI
Attention: EDI Enrollment
P.O. Box 667
Cheyenne, WY 82003-0667

Revised: July 2009

ACS EDI GATEWAY
TRADING PARTNER AGREEMENT

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **SUBMITTER** (**"**Submitter") and **ACS EDI GATEWAY, INC.** ("Trading Partner"), collectively "the Parties."

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to a Health Plan;

Whereas, Trading Partner desires to receive such Transactions for this purpose recognizing that Trading Partner performs such services on behalf of the Health Plan; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means ACS EDI Gateway, Inc.

Submitter means the party identified as "Submitter" on the signature line of this Agreement who is a Health Care Provider as defined in 45 CFR 164.103.

Standard is defined in 45 CFR 160.103.

Transaction is defined in 45 CFR 160.103.

Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

A. The Parties agree, in regard to any electronic Transactions between them:

(1) They will exchange data electronically using only those Transaction types as selected by Submitter on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).

(2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.

(3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.

(4) They will not add any data elements or segments to the Maximum Defined Data Set.

(5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.

(6) They will not change the meaning or intent of a Standard's implementation specification.

(7) Trading Partner may reject a Transaction submitted by Submitter if the Transaction is not submitted using the data elements, formats, or Transaction types set forth in the TPEF. Trading Partner may refuse to accept any claims from Submitter if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a TPEF or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.

B. Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.

C. Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.

D. Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.

E. Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.

F. Trading Partner may publish data clarifications ("ACS Companion Guides") to complement each Implementation Guide. Submitter should use ACS Companion Guides in conjunction with the HIPAA Implementation Guides available at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

G. Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic acknowledgment that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.

H. Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. Miscellaneous

A. This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.

B. This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.

C. This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Florida law, exclusive of conflicts of law principles. THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF FLORIDA AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.

D. Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.

E. This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.

F. NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY TRADING PARTNER UNDER THIS AGREEMENT. TRADING PARTNER'S MAXIMUM AGGREGATE LIABILITY FOR DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO TRADING PARTNER BY SUBMITTER UNDER THIS AGREEMENT.

G. Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly, allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than

Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.

H. This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.

I. Submitter may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Submitter will sign a hard copy of this Agreement and mail to Trading Partner at the address indicated below. Trading Partner will return a copy of the fully executed Agreement to Submitter. The effective date of the hard copy Agreement is the date on which the Agreement is signed by Trading Partner. Electronic Copy Execution: Submitter should execute this Agreement by clicking on the "I AGREE" button that appears at the bottom of the Agreement. The effective date of the electronic copy agreement is the date Trading Partner receives the electronic transmission of Submitter's acceptance to the terms of this Agreement.

SUBMITTER:

140348
_____
Provider/Trading Partner ID

(For Pharmacies Only)

_____
NCPDP ID

_____
Other Pharmacy ID Type

_____
Other ID Number

_____
Signature

Brian O'Neill / President and CEO
_____
Printed Name and Title

_____
Date

ACS EDI
Attention: EDI Enrollment
P.O. Box 667
Cheyenne, WY 82003

_____
Signature

_____
Printed Name and Title

_____
Date