

Appendix Q: Provider Electronic Solutions Software Setup

NOTE:

Provider Electronic Solutions (PES) is a Windows-based software that is not compatible with MACs/Chromebooks/Tablets/or Windows 10/11 S Mode. This software is not cloud-based and cannot be shared with multiple computers w/out a physical server. (For programs not using a Windows-based software, please bring your attention to the last paragraph)

1. Download and fill out the **Trading Partner Agreement** and **EDI Registration form** found here: <https://vtmedicaid.com/#/hipaaTools>.
2. Email the completed forms to Vtedicoordinator@gainwelltechnologies.com. Forms are processed w/in 7 Business days. A confirmation email will be generated once processed detailing your assigned Trading Partner number and instructions for logging into the platform.
3. Set up an appointment with the EDI coordinator to download and install the PES software. After the initial setup has been completed your Provider Representative will guide you through a software tutorial and test claim submission. The test claim is required before you will be allowed to submit claims for processing and payment. Once the test claim has been verified as successful your Provider Representative will help you configure the software to re-submit the test claim for processing.

The paperwork referenced above in item 1 can be found online at:

Trading Partner Agreement:

<https://vtmedicaid.com/assets/hipaaTools/TradingPartnerAgreement.pdf>

Page 1-Print your name on the line

Page 2-Fill out contact information

Page 5- Select Provider Electronic Solutions (PES) Software

Page 5- Number of Third Parties for which you bill. You are billing for yourself only so put 1

Estimated claim volume per month. Just guess. We won't hold you to this hard number.

Expected Frequency. I.e.: Monthly/Weekly/bi-weekly/daily

Page 6 - Repeat your name and number/email address and then Sign page 7.

EDI Registration:

<https://vtmedicaid.com/assets/hipaaTools/EDIRegistration.pdf>

Part 1A: This is your name and information

Part 1B: Select the same boxes as the image below.

Make sure to check the box labeled "Check here to authorize your Billing Service or Clearinghouse to see your Weekly Remittance Advice. You will be your own biller, so this gives you access to your own RA.

Depending on the Type of claim you are submitting Please choose the Transaction type on the left Either 837 Professional or 837 Institutional. I have included photos of both below.

Part 1b.

Pre-Certification (please check one)

- Using Provider Electronic Solutions Version 2.XX: Disributed by Gainwell
- Certified by Independent Agency: _____
- Translator Compliance Check: _____
- * Utilizing a Certified Vendor/Clearinghouse: _____
- Other (describe): _____

- Check here to authorize your Billing Service or Clearinghouse to see your weekly Remittance Advice.
- Enter "R" if you wish to remove authorization.

Transactions (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 837 Institutional Inpatient | <input type="checkbox"/> **835 Remittance (ERA in X12N format) |
| <input type="checkbox"/> 837 Institutional Outpatient | <input checked="" type="checkbox"/> 999 Functional Acknowledgement |
| <input type="checkbox"/> 837 Institutional Nursing Home | <input checked="" type="checkbox"/> 276/277 Claim Status Inquiry/Response |
| <input type="checkbox"/> 837 Institutional Home Health | <input checked="" type="checkbox"/> 270/271 Eligibility Request/Response |
| <input checked="" type="checkbox"/> 837 Professional | <input checked="" type="checkbox"/> Claim Accept/Reject Report |
| <input type="checkbox"/> 837 Dental | |

** If you checked this box, it must be accompanied by the 835 Enrollment form.
<http://www.vtmedicaid.com/#/hipaaTools>

Part 1b.

Pre-Certification (please check one)

- Using Provider Electronic Solutions Version 2.XX: Disributed by Gainwell
- Certified by Independent Agency: _____
- Translator Compliance Check: _____
- * Utilizing a Certified Vendor/Clearinghouse: _____
- Other (describe): _____

- Check here to authorize your Billing Service or Clearinghouse to see your weekly Remittance Advice.
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Transactions (Check all that apply)

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| <input type="checkbox"/> 837 Institutional Inpatient | <input type="checkbox"/> **835 Remittance (ERA in X12N format) |
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| <input checked="" type="checkbox"/> 837 Institutional Home Health | <input checked="" type="checkbox"/> 270/271 Eligibility Request/Response |
| <input type="checkbox"/> 837 Professional | <input checked="" type="checkbox"/> Claim Accept/Reject Report |
| <input type="checkbox"/> 837 Dental | |

** If you checked this box, it must be accompanied by the 835 Enrollment form.
<http://www.vtmedicaid.com/#/hipaaTools>

Part 2: Leave the Trading Partner ID blank (you do not have one yet)

Below that Enter your VTMC Provider ID#. Make sure you enter your name and Sign this. Select the boxes marked in the image below. Choose the photo example that matches your submission type 837 Professional or 837 Institutional.

Part 2.

Vermont Medicaid Provider List

Check each transaction that is authorized by the Provider for this Trading Partner.

Trading Partner ID:

Provider ID	Provider Name	Provider Signature	837 I	837 P	837 D	999	Claim Accept/ Reject Rpt	835	270/271	276/277	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please email the forms in PDF format to vtedicoordinator@gainwelltechnologies.com

NON-Windows-based Program:

PES is currently only compatible with Windows-based software. There is an option to utilize Parallels program however many of the new Mac's have a chip (M1) that further prevents the Parallels software from allowing the PES program to run inside it. Gainwell only provides

support for Windows installations. Other alternatives to PES include using a Billing Company/Clearinghouse Vendor, utilizing a PC Windows-based laptop specifically for Medicaid PES, or paper claim submission. Further questions can be directed to: VTEDICoordinator Vtedicoordinator@gainwelltechnologies.com