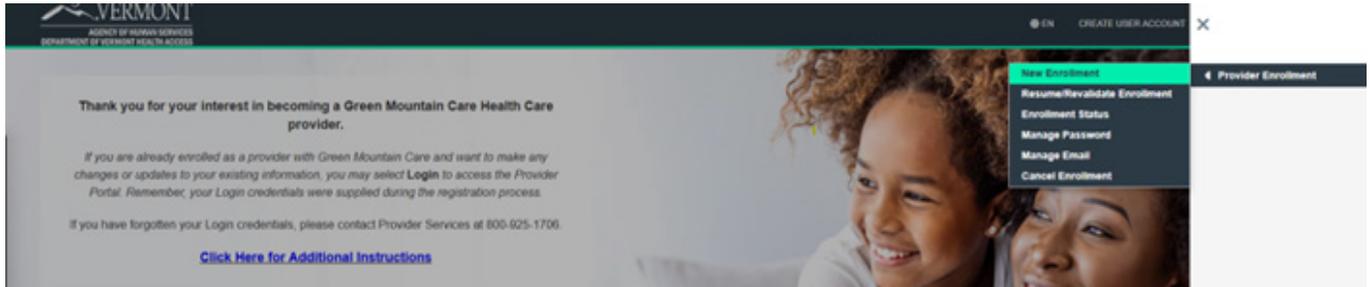
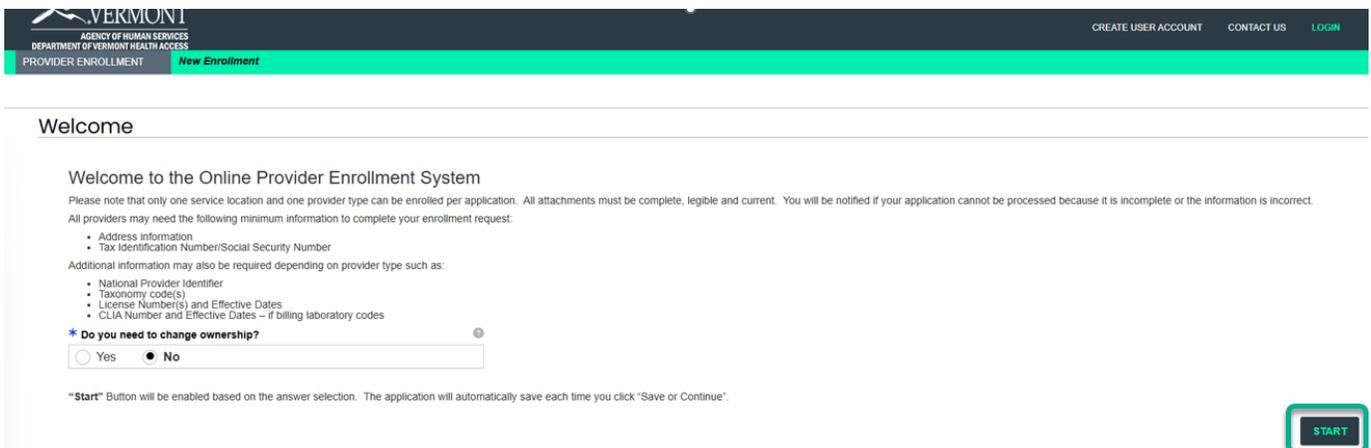


## Group Enrollment

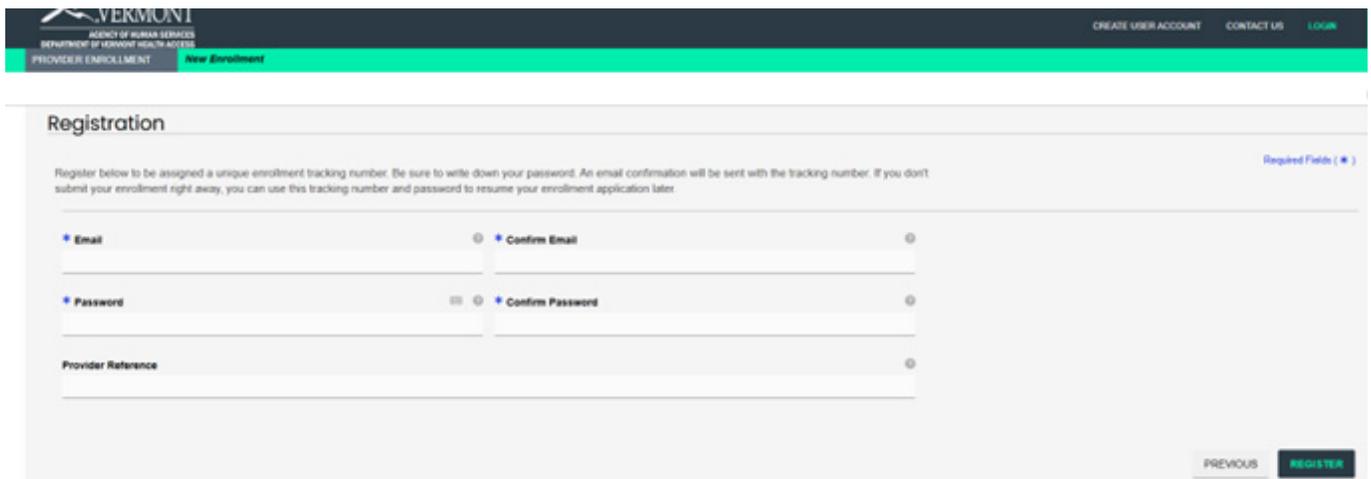
1. To start your application please go to [Home](#). Once you are here you are going to go up to the menu bar, click on provider enrollment, then click on New Enrollment



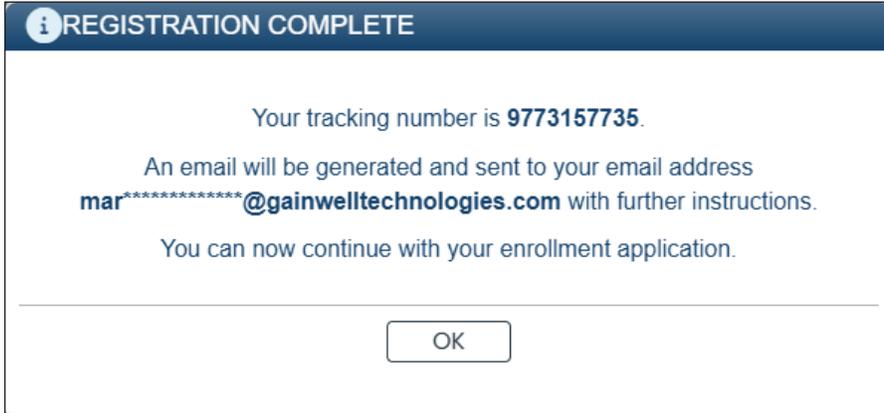
2. Then you are going click Start (highlighted below). If you would like we do offer an Enrollment Pre-checklist which will let you know what you will need to complete your application prior to starting. However, this is optional and not a requirement.



3. Once you click start it's going to ask you to register by entering your email address and creating a password for the application. This is in case you need to log back into the application at a later time to finish or make corrections.



4. Then you are going to receive a pop up with your application tracking number, which you will also need if you need to log back into your application. I would recommend writing this down, but it will also be emailed to the email you provided on the registration page.



5. You will then be brought to the general information of the application, where you will be asked to select your enrollment type and provider type. I would like to note once you have selected your enrollment type and provider type and save, you will not be able to change them as our system is intuitive and those to items drive what will be needed for the rest of the application.
6. You will select the Enrollment type will be Group, and your provider type will be T47 - Family Supportive Housing, and your provider specialty will be S55.
- **Provider Type:** T47 (FAMILY SUPPORTIVE HOUSING)
  - **Specialty:** S55-Permanent Supportive Housing
  - **Taxonomy:** 171M00000X - Case Manager/Care Coordinator

Service Name	CPT Code	Unit of Service/Payment	Rate or Cap
Pre-Tenancy Support Services	H0044 U1	PMPM	\$667.00
Tenancy Sustaining Services	H0044 U2	PMPM	\$667.00
Housing Move-In Support (household furnishing, moving expenses, etc.)	H0043 U1	Cost-based reimbursement up to a lifetime cap	Up to \$1,000
Essential Utility Set-Up	H0043 U2	Cost-based reimbursement up to a lifetime cap	\$500 for utility deposits \$500 for re-instatement of utilities payment \$500 for utility arrears
Home Remediation Services (pest eradication, etc.)	H0043 U3	Cost-based reimbursement up to an annual cap	\$3,000 per year
Security Deposit	H0043 U4	Cost-based reimbursement up to a cap	Up to \$2,000 <b>One-time only per Participant.</b>

## Provider Electronic Solutions Software Setup

### WHAT'S THIS?:

Getting set up with Provider Electronic Solutions (PES) will allow you to submit Medicaid claims electronically.

### WHEN:

Once you receive notice that you are now a Medicaid provider, you can start the process listed here.

### 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](mailto:Vtedicoordinator@gainwelltechnologies.com). Forms are processed within 7 Business days. A confirmation email will be generated once processed detailing your assigned Trading Partner number and instructions for logging into vtmedicaid.com.
3. Set up an appointment with the EDI coordinator to download and install the PES software.
4. 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 – you will likely chose monthly

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 Group 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 give you access to your own RA.**

**Part 1b.**

**Pre-Certification** (please check one)

- Using Provider Electronic Solutions Version 2.XX: Distributed 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.

<https://vtmedicaid.com/#/hipaaTools>

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

Below that Enter your Seven-Digit Vermont Medicaid Provider ID#. Make sure you enter your Group name (This must match your enrollment with the State of Vermont) and Sign this. Select the boxes marked in the image below.



**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"/>

Please email the forms in PDF format to [vtedicoordinator@gainwelltechnologies.com](mailto:vtedicoordinator@gainwelltechnologies.com)

Your representative will then help you submit a test claim. Once approved they will help you move over to the production system.

**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](mailto:Vtedicoordinator@gainwelltechnologies.com)