gainwell

Provider Electronic Solutions (PES) Software User Guide

Vermont Title XIX

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Section 1 Provider Electronic Solutions Overview

The Gainwell Provider Electronic Solutions (PES) program is designed to provide the billing provider with a faster and more efficient method of transaction submission and processing. Handling time and errors are reduced, eliminating delays in processing, and decreasing turnaround times. PES is a transaction entry software package developed by Gainwell that meets the standards implemented by HIPAA. The software allows for electronic transaction submission directly to the Gainwell OXi Translator.

Section 2 System Set-Up

2.1 Equipment Requirements

Provider Electronic Solutions is designed to operate on a personal computer system with the following equipment requirements.

Please Note: PES is not compatible with MAC's/Chromebook's/Tablets or Windows 10/11 S Mode.

Minimum	Recommended
Windows 10	Windows 10 or higher
4 Gigabytes RAM	8 Gigabytes RAM
800 X 600 Resolution	1024 X 768 Resolution
Internet Connection	Internet Connection
WinZip	WinZip

2.2 Provider Electronic Solutions Software Media

The Provider Electronic Solutions application programs and files are located on Vermont Medicaid's website at https://vtmedicaid.com/#/pes.

Section 3 Program Installation

The PES application was designed for installation on the PC hard drive or to a network. Before downloading and installing the software you must fill out a Trading Partner agreement and EDI Registration form found here: https://vtmedicaid.com/#/hipaaTools and submit these forms to VTEDICoordinator@gainwelltechnologies.com for processing. The EDI Coordinator will review and Issue a Transactional account on vtmedicaid.com and assist you with the download and install of the PES program.

3.1 Installing the Software

Access the web site https://vtmedicaid.com/#/pes. Select the **2.xx Full Install** from the list on the left.

Older versions of the software can be found at the top right under Previous Installs. This should only be used when there is a database compatibility issue. Please reach out to the EDI Coordinator for assistance upgrading your PES software to the latest version.

3.1.1 Saving the File

The file will be saved as a .zip file to your downloads folder. Once the download is completed, open your downloads folder, right click on the file labeled **VT_v02xx_setup.zip**-> go to properties and unblock the file on the bottom right. Once unblocked click ok and extract the file. Once extracted double click on the file titled **VT_v02xx_setup.exe**. This will begin the install and automatically proceed through the process.

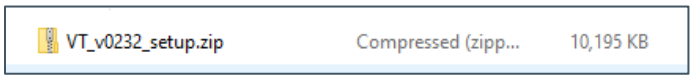

Figure 1. File Download Screen.

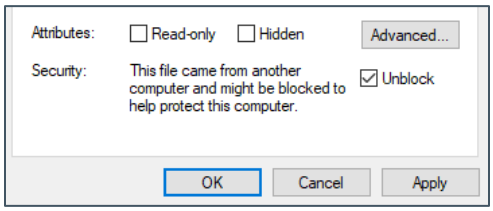

Figure 2. File Properties screen.

3.1.2 Welcome Screen

Select **Next** at the Welcome screen.

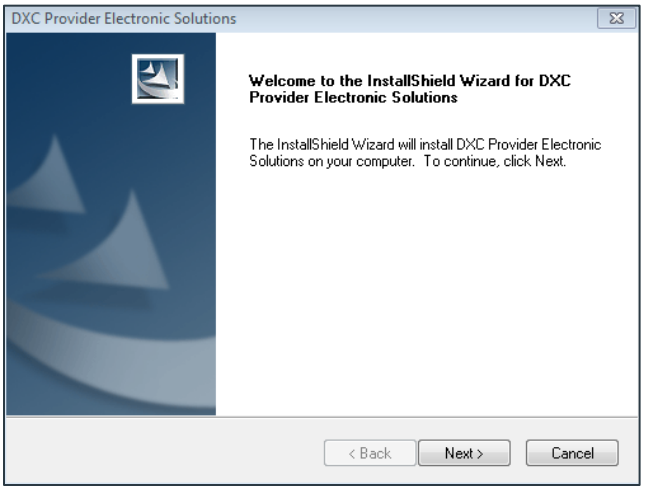

Figure 3. Welcome Screen

3.2 Setup Type

At the Setup Type screen, highlight TYPICAL or WORKSTATION and select the **Next** button. Most installations will be a typical installation. See **Figures 4a and 4b** for details.

3.2.1 Typical setup

The Typical installation installs all the files, including the database. This installation is used to install to a stand-alone PC, or initially to a network server.

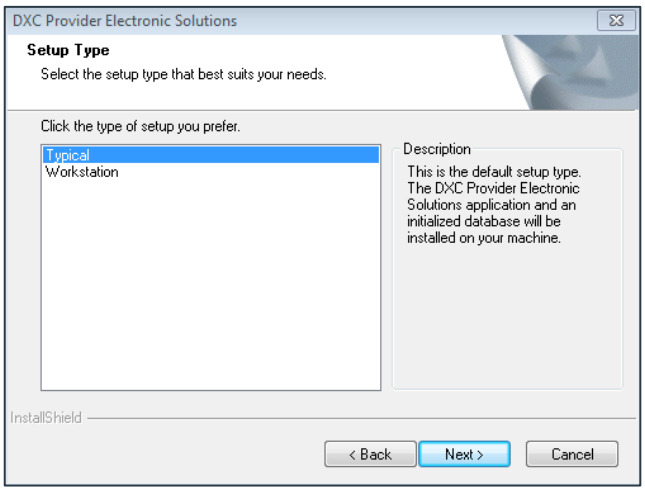

Figure 4a. Setup Type screen showing the description of a Typical setup.

3.2.2 Workstation Setup

The Workstation installation is used for all additional PCs that are connected to a network server where all users share the database. The initial installation of Typical to a PC has been completed as noted above. This installation type does not load the database files to the PC; however, it does allow for sharing the database files that were installed to the network.

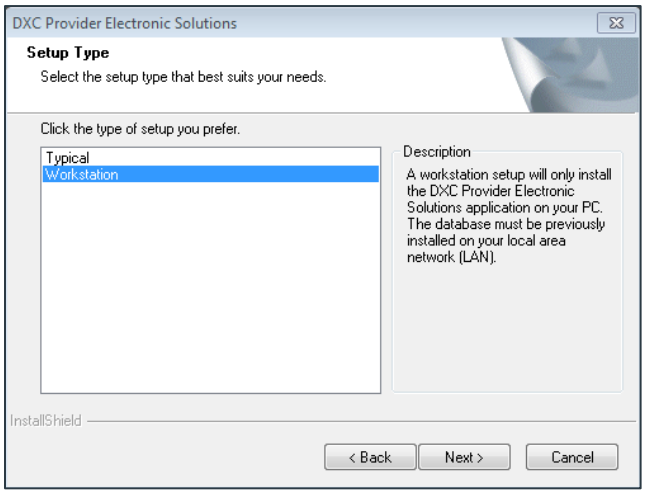

Figure 4b. Setup Type screen showing the description of a Workstation setup.

3.3 Choose Destination Location

At the Choose Destination Location screen, see Figure 5, select Next to install to the default directory, **C:\vthipaa**. If the software on the PC is to run from a network rather than the PC hard drive, select the appropriate destination drive.

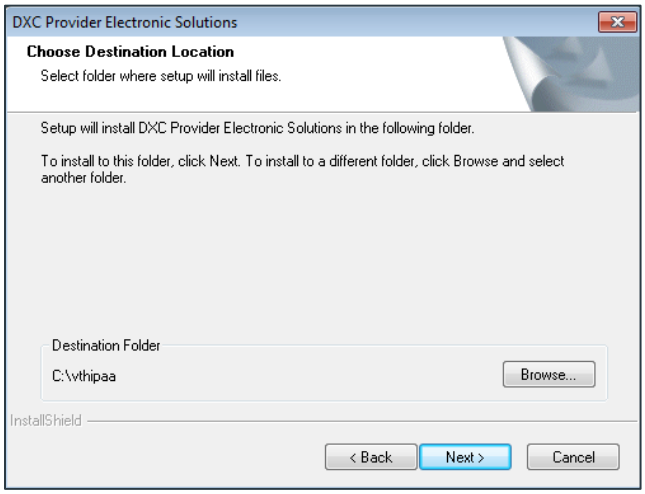

Figure 5. Choose Destination Location screen.

3.3.1 Choose Database Destination Location

At the Choose Database Destination Location screen, see Figure 6, select **Next** to load the database in the default directory, **C:\vthipaa**, or select the appropriate destination drive for installing to a network.

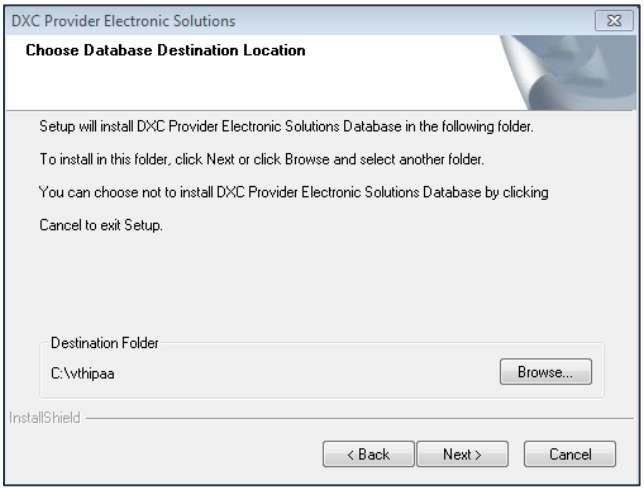

Figure 6. Choose Database Destination Location Screen.

3.3.2 Information Screen

At the Information screen, select **OK**, see Figure 7. As stated on this screen, note the drive and directory where the files were installed. The system will then install the program files.

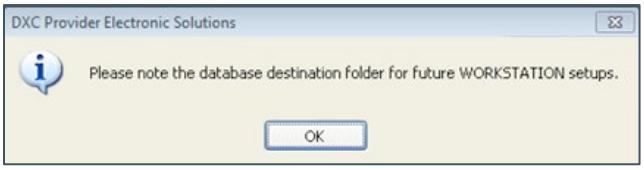

Figure 7. Information screen.

3.3.3 InstallShield Wizard Complete

At the InstallShield Wizard Complete screen, select **Finish** to complete the setup. See Figure 8. There will be an application folder placed on your desktop titled VT DXC Provider Electronic Solutions. At this time, you may close the WinZip window.

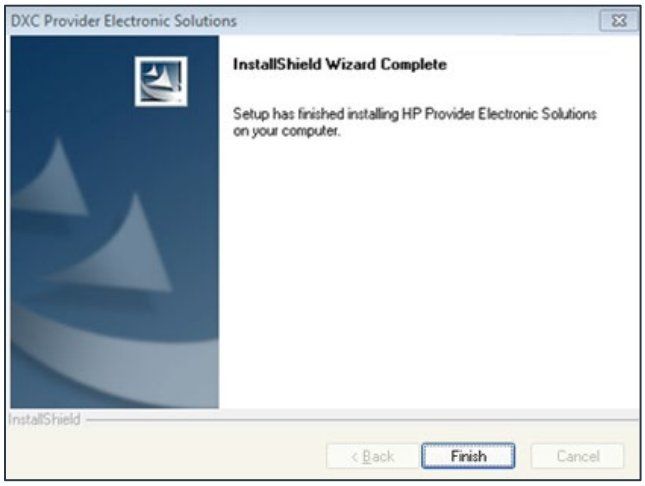

Figure 8. InstallShield Wizard Complete screen.

Section 4 Basic Skills

4.1 Signing On

To access the Provider Electronic Solutions application, follow these instructions.

4.1.1 Open PES

Double click the application folder from the desktop and then select DXC Provider Electronic Solutions or select the **Start** button in the bottom left-hand corner of the PC, then select the Program option and select “VT DXC Provider Electronic Solutions” and then “VT DXC Provider Electronic Solutions”.

4.1.2 Enter Default Information

Once the option is selected, the Logon screen appears. The default User ID is **pes-admin** and the default password is **eds-pes**. You will use the default password only during your first session.

Note: The first time you log on you will be prompted to change the password.

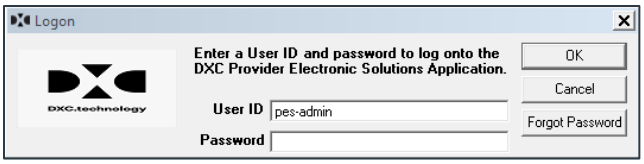

Figure 9. Logon screen.

4.1.3 Password Expired

Select **OK**.

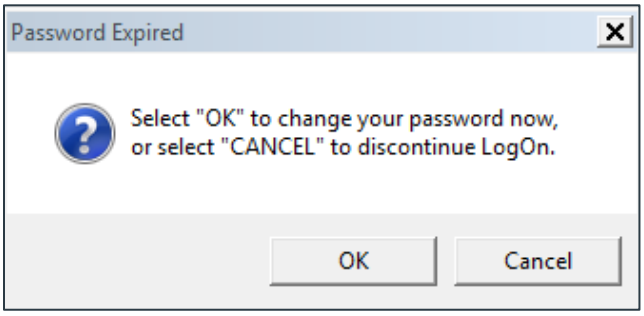

Figure 10. Password Expired dialog box.

4.1.4 Changing the Password

Enter the old password and then enter a new password twice. Click on the drop-down arrow on the Question field and select one of the questions listed. Enter the appropriate answer in the Answer and Rekey Answer fields. Select **OK**. A dialog box displays a message stating whether the update was successful.

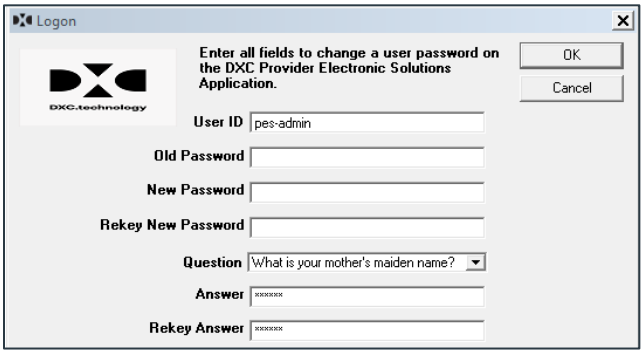

Figure 11. Logon screen showing the Change Password fields.

4.1.5 Logon Status

Select **OK** if the update was successful.

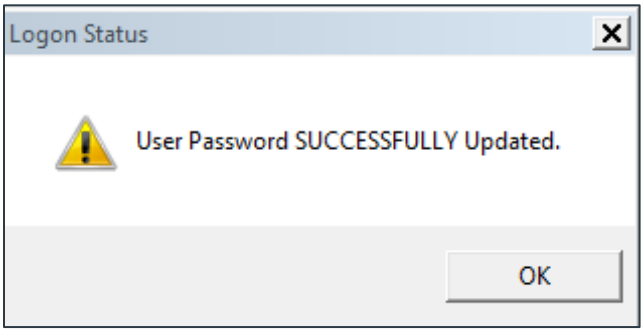

Figure 12. Logon Status dialog box.

4.1.6 First Logon

If this is your first logon, the system will display the message shown in Figure 13. Select **OK** to update personal options. The Options dialog box will display.

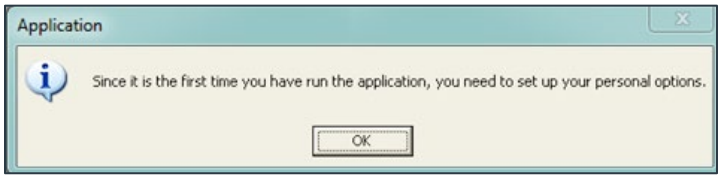

Figure 13. Application dialog box showing login status.

4.1.7 Batch Tab

Select the **Batch** tab. This information is necessary for connecting with the web site for uploading and downloading files. All fields are required, however, only one Communication Number and Qualifier is needed. **The Web User ID is the same as your Trading Partner number. Configuration for test claim submission will be done with the EDI Coordinator but is included in the instructions below.**

Note: In addition, the password below must match the password you created on vtmedicaid.com.

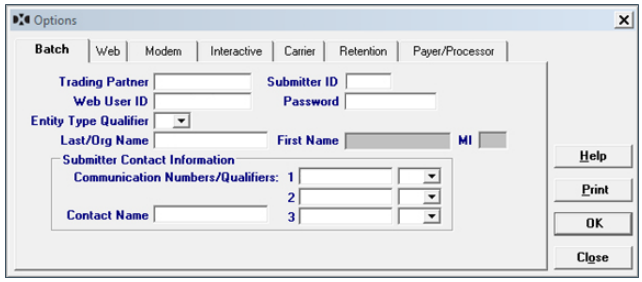

Figure 14. Options dialog box showing the Batch tab.

4.1.8 Web Tab

Select the **Web** tab. This is pre-set to use the Internet Explorer Settings on your PC. You will need to change the Environment Ind to A for submitting an acceptance test.

Once you receive confirmation from Gainwell that the test was successful, you will need to change the Environment Ind to P.

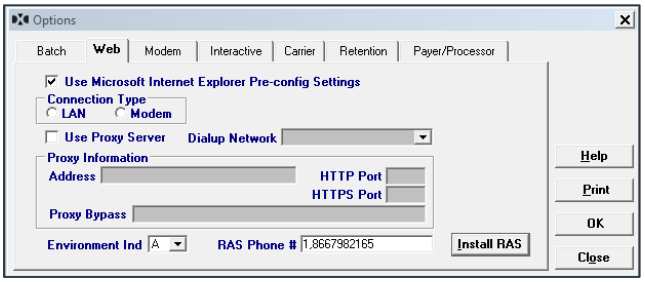

Figure 15. Options dialog box showing the Web tab.

4.1.9 Modem Tab

Select the **Modem** tab. In the Modem Type field select **Generic Configuration, for most modems** then hit the detect button below. This should state no modem detected. Click **OK**.

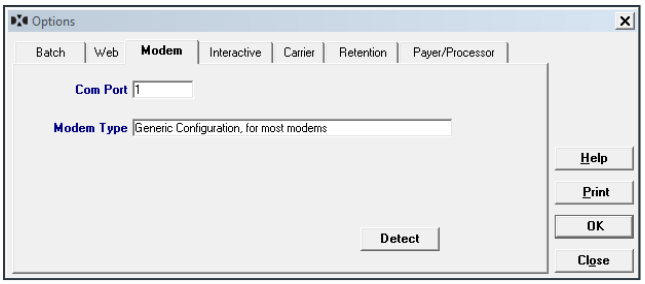

Figure 16. Options dialog box showing the Modem tab.

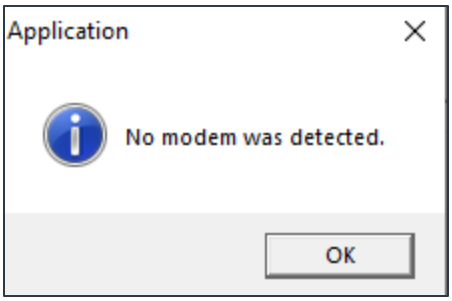

Figure 17. No modem detected box.

4.1.10 Interactive Tab

Select the **Interactive** tab. Verify that the Modem Init String field is populated from the modem type selected on the Modem tab.

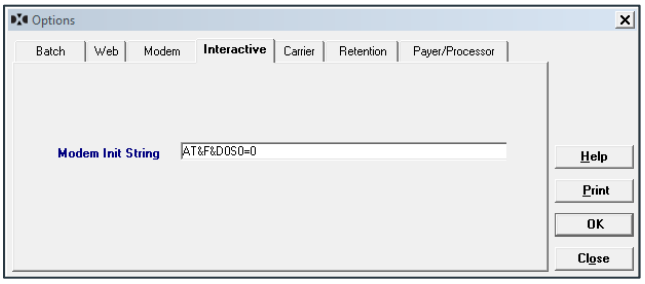

Figure 18. Options dialog box showing the Interactive tab.

4.1.11 Carrier Tab

Select the **Carrier** tab. This information is necessary for the submission of the transactions. In the Carrier ID field select INTERACTIVE -800. For Test set the X12 Production/Test Indicator to T, For Production set this to P.

Select the INTERACTIVE transaction type by selecting it at the bottom of the screen. It will highlight in blue. Set the X12 Production/Test Indicator to T for submitting a test and P for submitting to Production.

Once you receive confirmation from Gainwell that the test was successful, you will need to change the indicator to P.

Transaction Type Interactive is used for Eligibility Verification and Claim Status Request.

Transaction Type Batch Transmit is used for submitting claims.

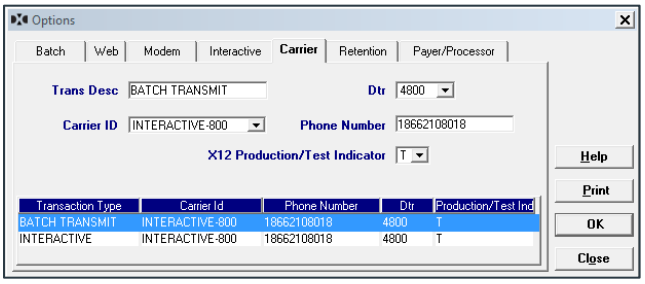

Figure 19. Options dialog box showing the Carrier tab.

4.1.12 Retention Tab

Select the **Retention** tab. This tab lists options for file storage and archiving.

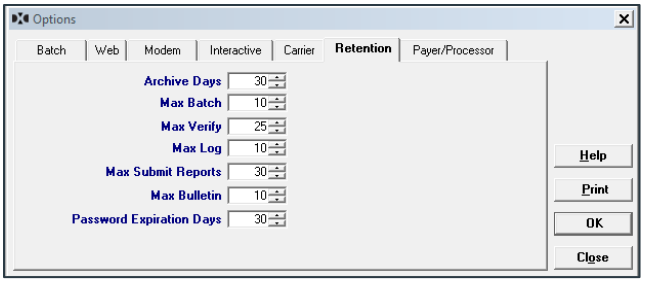

Figure 20. Options dialog box showing the Retention tab.

4.1.13 Payer/Processor Tab

All versions will need to update the **Payer/Processor** tab information. Please make sure your tab matches the Figure 21.

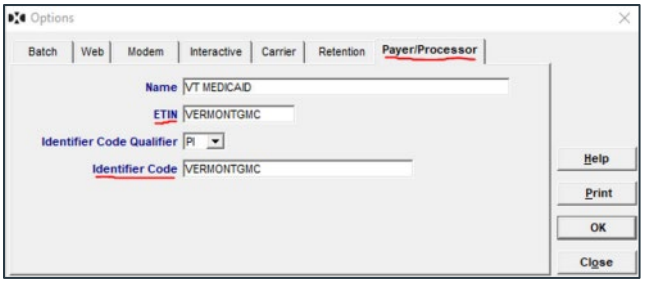

Figure 21. Options dialog box showing the Payer/Processor tab.

Section 5 Using the Software

This application appearance has been designed based on Windows. Each of the options at the top of the screen has the standard Windows options. The software has been enhanced to allow users to review each option through the Help feature.

5.1 Main Menu

The icons under the menu titles represent each of the forms that may be submitted. Each of them is listed at the end of this section. You may also select Forms from the tool bar to select your form.

Figure 22. Provider Electronic Solutions Main Menu.

From the menu you may select any of the options. They include the following:

- File
- Forms
- Communication
- Lists
- Reports
- Tools
- Security Maintenance
- Window

Note: If you have a window already open you will not have access to all the options above. Close the window to expand the options.

5.1.1 File

The **File** menu item exits the application. Please do not select the red X box in the upper right-hand corner of the screen. If your database has not finished saving, using the red X to exit the program may lock your database.

Figure 23. Main Menu showing the File menu item.

5.1.2 Forms

The **Forms** menu item allows you to open any of the transactions for entry. These are the same as the icons listed on the second line of the menu bar.

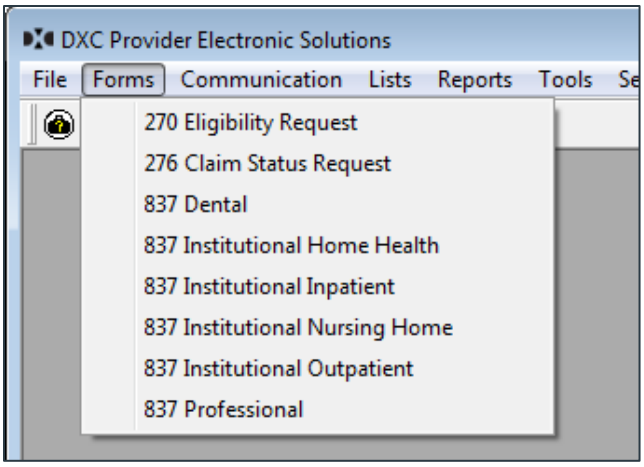

Figure 24. Main Menu showing the Forms menu items.

5.1.3 Communication

The **Communication** menu item allows for the following:

- **Submission** transmits transactions via vtmedicaid.com to the Oxi Translator.
- **Resubmission** resubmits a batch or copies the claims from a batch for editing and submitting.
- **View Batch Response** allows viewing of downloaded responses to Eligibility Verification and Claim Status requests.
- **View 835 ERA** *This functionality is disabled. If you are set up for 835 ERA files you will download them directly from vtmedicaid.com
- **View Accept/Reject Claim Report – Functional Acknowledgement** allows viewing of the Gainwell created report listing claims or files that were unable to be loaded into the system.
- **Communication Log** indicates the claim batch number and submission details.

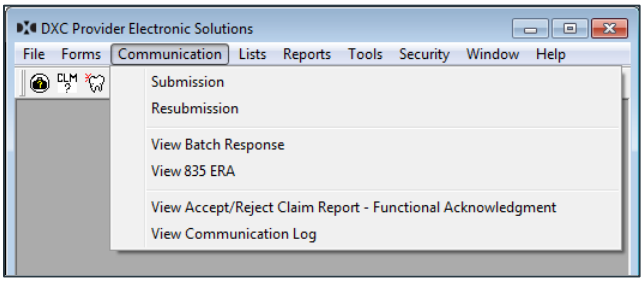

Figure 25. Main Menu showing the Communication menu items.

5.1.4 Lists

The **Lists** menu item allows you to select from the available lists to enter or edit information saved in the database for the categories listed in Figure 26.

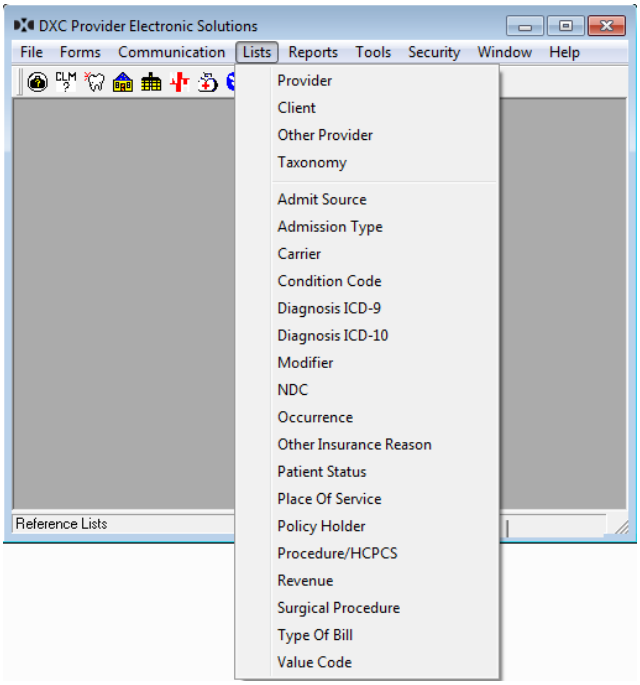

Figure 26. Main Menu showing the Lists menu items.

5.1.5 Reports

The **Reports** file menu item allows the printing of detail and summary reports for transactions and the contents of lists. Detail and summary reports may be printed for all the transactions. You may select one or more of the selection criteria to narrow the transactions to be printed.

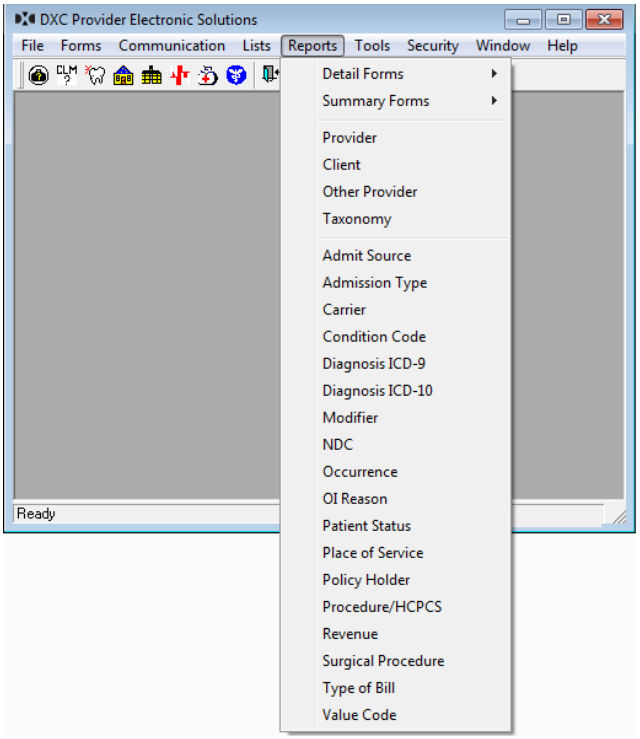

Figure 27. Main Menu showing the Reports menu items.

5.1.6 Tools

The **Tools** file menu item allows for the following:

- **Archive** allows you to archive old transactions or restore transactions that were previously archived.
- **Database Recovery** allows the user to compact, repair and unlock the database.
- **Get Upgrades** allows you to dial into the web site to check for and download upgrades to the software. See Section 9 for instructions on downloading upgrades.
- **Change Password** allows users to change their passwords.
- **Options** refer to Section 4 – Basic Skills.

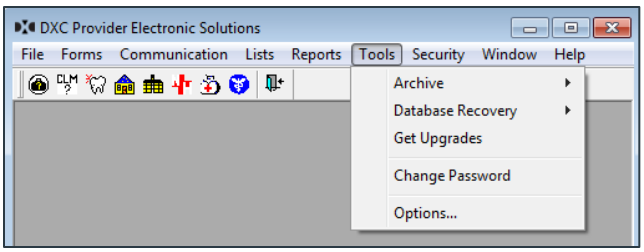

Figure 28. Main Menu showing the Tools menu items.

5.1.7 Security

The **Security Maintenance** menu allows administrators to enter, update and remove users, passwords and authorization levels.

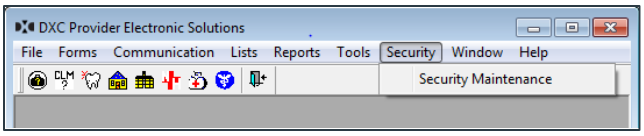

Figure 29. Main Menu showing the Security menu item.

5.1.7.1 Adding a New User

Each user should be assigned their own User ID and password. To add a new user:

1. Select Security and then Security Maintenance from the Menu Bar.
2. Assign a User ID unique to the individual.
3. Enter an initial password.
4. Enter the Authorization Level.

   A user with an authorization *Level of 2 User (Non-Administrator)* can enter, transmit, and download transactions and files. An authorization *Level of 3 Administrator* is allowed the same security as a User, and is also allowed to enter, modify, or delete User IDs.

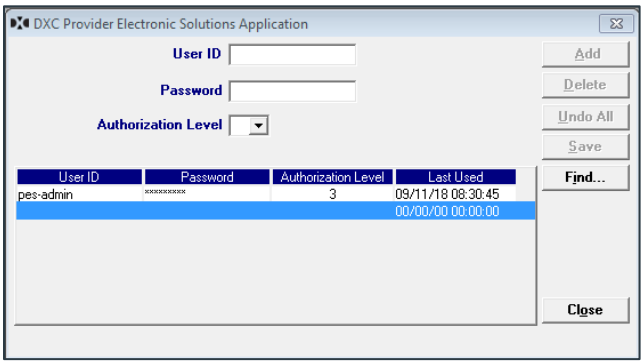

Figure 30. Assigning a security authorization level.

5.1.8 Window

The **Window** file menu item allows you to arrange the screens displayed.

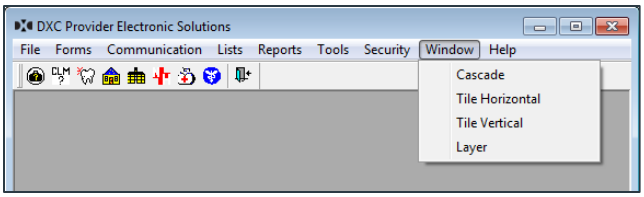

Figure 31. Main Menu showing the Window menu items.

Section 6 Menu Options

From the menu you may select any of the icons. The icons shown below represent each of the transaction types that are currently functional. To access the transaction, click on the appropriate icon or select Forms from the toolbar.


270 Eligibility Request

276 Claim Status Request


837 Dental


837 Institutional – Home Health


837 Institutional – Inpatient


837 Institutional – Nursing Home


837 Institutional – Outpatient


837 Professional

Placing the mouse pointer on the icon displays the name.

Section 7 Help Function

The **CONTENTS and INDEX** option is disabled. Please refer to the items in this manual or instructions here: https://vtmedicaid.com/#/pes.

The **About** option shows you the version of the software that is currently installed.

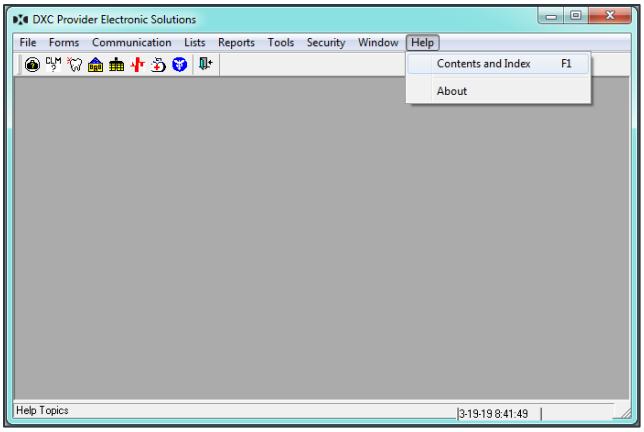

Figure 32. Main Menu showing the Help menu items.

Section 8 Lists

8.1 List Function Overview

The list function allows a provider to enter information that is frequently used and then access this information in a transaction using a Drop- Down Data Window (DDDW).

There are many data elements included in the software that are required to generate a HIPAA compliant format. This is especially true of provider and client information. As a result, the PES software requires that these lists be entered prior to completing a transaction. Additional lists include procedure code, diagnosis code, revenue center code and place of service.

There are two lists that have been populated with data. They are Carrier, which lists the codes and names of other insurance companies and the Place of Service list. Both lists may be updated to add, delete or change the information to better serve your office. Please be aware that the codes listed are standard codes and may not be changed without notice resulting from HIPAA or Gainwell updates.

The lists may be accessed from the Main Menu by selecting the List option or by double clicking in the appropriate field inside a form. This option allows a provider to add the information, as they need it, rather than requiring that all information be entered prior to keying a transaction.

Once the information has been keyed into the list, it is available from the DDDW to populate the fields. Although not all the information from the list will appear on the transaction screen, it will be used when formatting the HIPAA transaction prior to submission.

Lists may be sorted by the row headers. The client list is sorted by selecting the Client ID, Last Name or First Name heading. Selecting the header one time will sort in ascending order. Selecting twice will sort in descending order. Upon opening, the Client and Provider lists are sorted by ID number.

8.2 Provider, Client, Other Provider, and Taxonomy Code

Before you begin entering transactions, several lists must be completed. This may be done now, or as you key in your transactions. There are four lists that should be used and completed prior to finishing a transaction: Provider, Client, Other Provider, and Taxonomy Code.

- The Provider list maintains the provider's information by NPI number or by Vermont Medicaid Provider ID if you are enrolled as an Atypical provider.
- The Client list maintains the client information by Vermont Medicaid Client ID Number.
- The Other Provider list maintains the provider's information by NPI Number.
- The Taxonomy Code List represents the provider type, classification, area of specialization and training and education indicator. A list of taxonomy codes is available from the Washington Publishing Company at External Code Lists | X12.

Because of certain requirements of the ANSI ASC X12 transactions, the software is designed to require the entry of the lists for Provider and Client.

8.2.1 How to Bill Provider Lists

Click on **List** and select **Provider**.

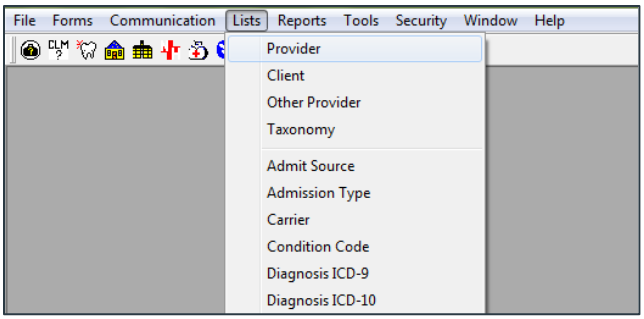

Figure 33. Lists Drop-down menu for Provider entry.

8.2.1.1 How to enter Group Provider

Below is the list of fields that need to be completed, and what is required in each field.

- **Provider ID/NPI** – Enter Group NPI
- **Provider ID/NPI Code Qualifier** – Select XX (Select G2 only if you do not have an NPI)
- **Taxonomy Code** – Enter Group Provider Taxonomy
- **Entity Type Qualifier** – Select 2 (nonperson)
- **Last/Org Name** – Enter Group Provider Name
- **SSN/Tax ID** – Enter Tax ID
- **SSN/Tax ID Qualifier** – Select 24
- **Line 1** – Provider address - *This address cannot be a PO Box.
- **City** – Town
- **State** – State
- **Zip** – Zip Code - *Must enter entire zip code including last 4 digits, if you don't know the last 4 digits enter four zeros' (as shown below).
- **Then click Save** (right hand side)
- **Then click Add** (right hand Side)

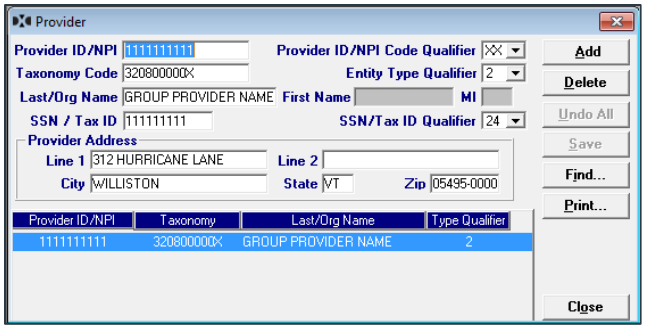

Figure 34. Group Provider data entry screen.

8.2.1.2 How to enter an Individual Provider

Below is the list of fields that need to be completed, and what is required in each field.

- **Field Provider ID/NPI** - Please enter Individual NPI
- **Provider ID/NPI Code Qualifier** - Select XX (Select G2 only if you do not have an NPI)
- **Taxonomy Code** - Enter Individual Providers Taxonomy
- **Entity Type Qualifier** - Select 1 (person)
- **Last/Org Name** - Enter Providers Last Name
- **First Name** - Enter Providers First Name
- **SSN/Tax ID** - Enter Tax ID or SSN
- **SSN/Tax ID Qualifier** - Select 24 (tax ID) or 34 (SSN)
- **Line 1** - Providers address - *This address cannot be a PO Box.
- **City** - Town
- **State** - State
- **Zip** - Zip Code - *Must enter entire zip code including last 4 digits, if you don't know the last 4 digits enter four zeros' (as shown below).
- **Then click Save** (right hand side)
- If you have more providers to add then click add (right hand side). If no, then click close or the red X in the upper right-hand corner.

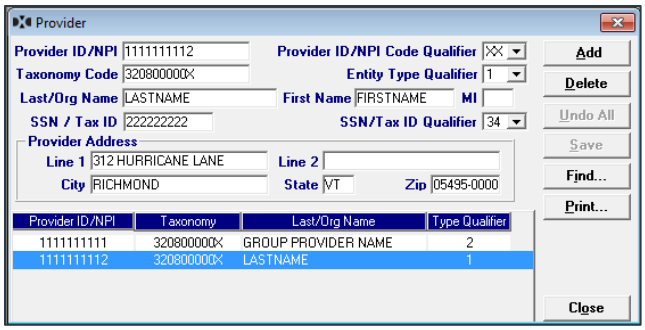

Figure 35. Individual Provider data entry screen.

8.2.2 How to Bill – Client Lists

Click on **List** and select **Client**.

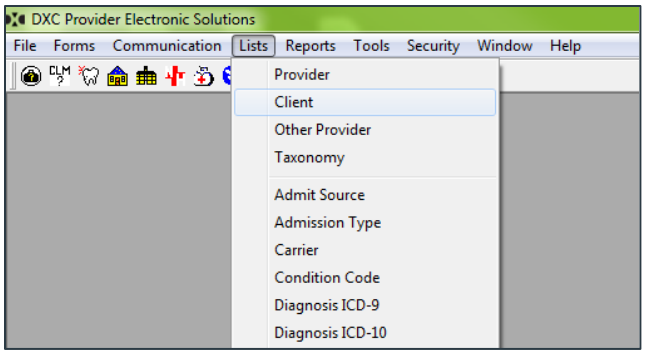

Figure 36. Lists Drop-down menu for Client entry.

8.2.2.1 How to Enter a Client

- **Client ID** - Enter VT Medicaid's UID number
- **ID Qualifier** - Select MI (This is the defaut)
- **Account #** - Your account number - *If you have an external software program that has assigned this client a number you may enter it here or repeat the VT Medicaid UID number. Do not leave this field blank.
- **Client SSN** - Leave blank - ***Do not enter** the patient's SSN number
- **Last Name** - Patients last name
- **First Name** - Patients first name
- **Clients DOB** - Patient's date of birth
- **Gender** - Select Female or Male
- **Line 1** - Client's address
- **City** - Town
- **State** - State
- **Zip** - Zip Code - *Must enter entire 9-digit zip code. Enter four zeros' (as shown below) if the full zip code is not known.
- **Then click Save** (right hand side)
- If you have more clients to add then click add (right hand side). If no, then click close or the red X in the upper right-hand corner.

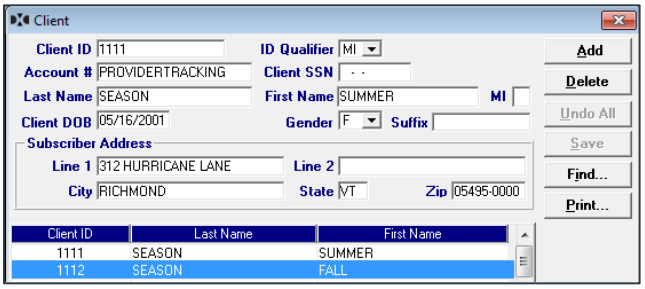

Figure 37. Client data entry screen.

8.2.3 Adding a Diagnosis

Click on **List** and select **Diagnosis ICD-10**.

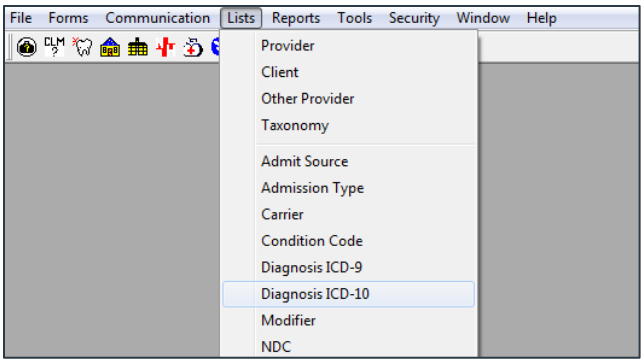

Figure 38. Lists Drop-down menu for Diagnosis Code entry.

8.2.3.1 How to Enter Diagnosis Codes

Below is the list of fields that need to be completed, and what is required in each field.

- **Diagnosis Code -** Enter your ICD-10 Diagnosis Code without the decimal point.
- **Description -** Enter your description for the Diagnosis.
- **Then click Save** (right hand side)
- If you have more diagnosis codes to add then click add (right hand side). If no, then click close or the red X in the upper right-hand corner.

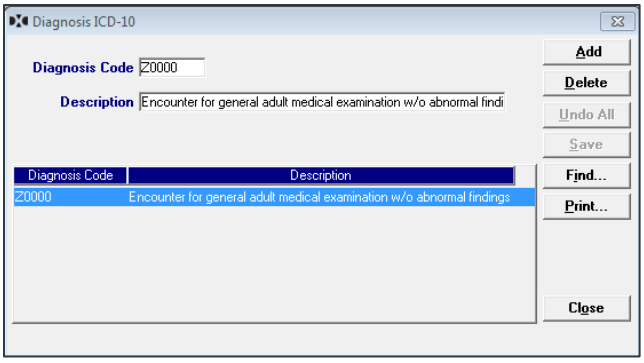

Figure 39. Screen for Diagnosis Code entry.

8.2.4 Adding a Modifier

Click on **List** and select **Modifier**.

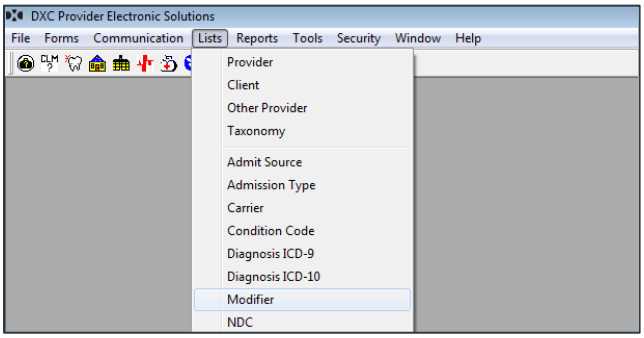

Figure 40. Lists Drop-down menu for Modifier entry.

8.2.4.1 How to Enter Modifier

Below is the list of fields that need to be completed, and what is required in each field.

- **Modifier Code –** Enter the Modifier Code.
- **Description -** Enter the description for the Modifier Code.
- **Then click Save** (right hand side)
- If you have more Modifier's to add then click add (right hand side). If no, click close or the red X in the upper right corner of the Modifier Window.

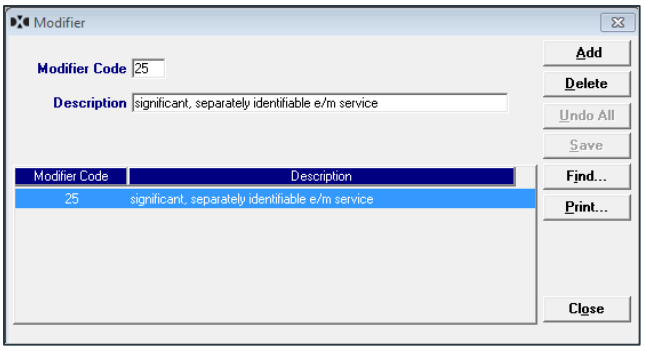

Figure 41. Screen for Modifier entry.

8.2.5 Adding a Procedure/HCPCS Code

Click on **Lists** and select **Procedure/HCPCS**.

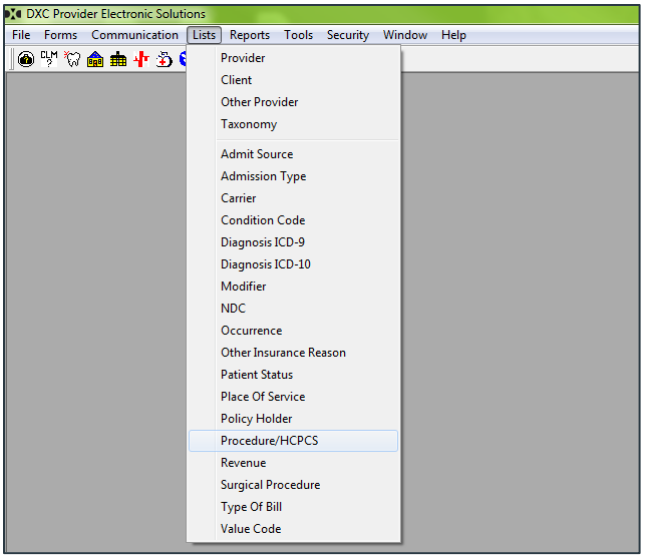

Figure 42. Lists Drop-down menu for Procedure/HCPCS entry.

8.2.5.1 How to Enter Procedure/HCPC Code

Below is the list of fields that need to be completed, and what is required in each field.

- **Procedure/HCPCS**
- **Description -** Enter description of your procedure/HCPCS.
- **Then click Save** (right hand side)
- If you have more procedure/HCPC codes to enter, click add (right hand side). If no, then click close or the red X in the upper right-hand corner

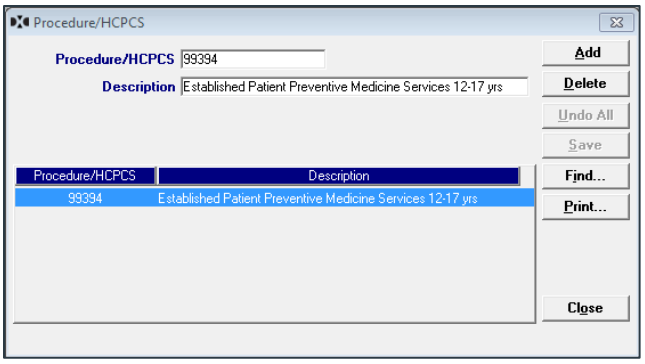

Figure 43. Screen for Procedure/HCPCS entry.

8.3 Building your Claim

Click on the appropriate menu option on the main menu. Now you can start building the claim. Below is a walkthrough of an 837 Professional claim. You may also watch the recorded Webinar here: https://vtmedicaid.com/#/webinars.

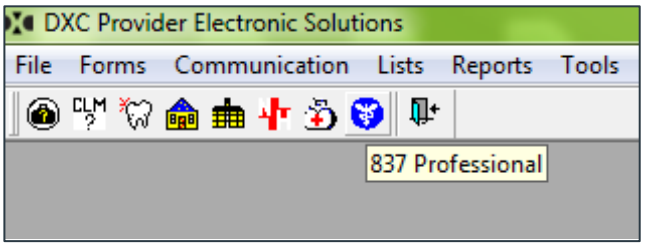

Figure 44. Menu options.

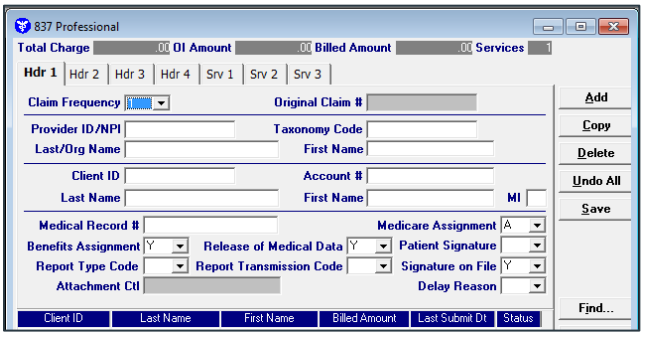

Figure 45. Claim entry window.

8.3.1 HDR1 Tab

Click the drop down on the field labeled **Provider ID/NPI** and select your provider information. Hit the tab button on your keyboard. Hitting tab will fill in the rest of the provider information.

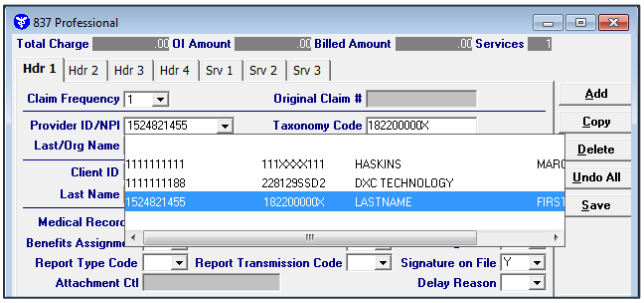

Figure 46. Provider ID/NPI entry.

Click the drop down on the field labeled **Client ID** and select the patient you are trying to bill for. Hit the tab button on your keyboard. Hitting tab will fill in the rest of the patient information.

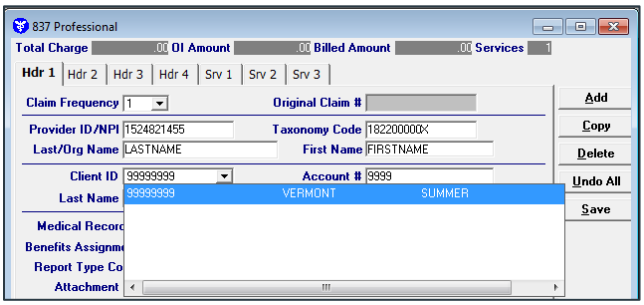

Figure 47. Client ID entry.

8.3.1.1 Header 1 Example

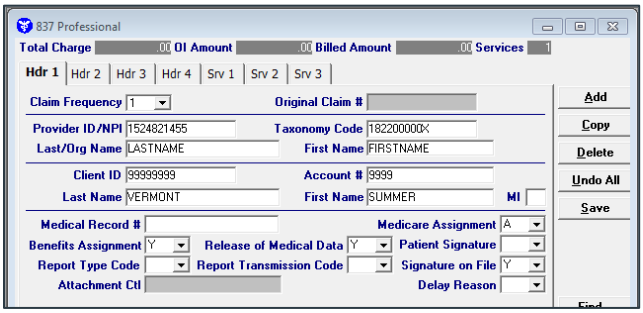

Figure 48. Completed Hdr 1 tab.

8.3.2 HDR2 Tab

Click the drop-down arrow next to the field labeled **Type** and select **10 ICD-10**.

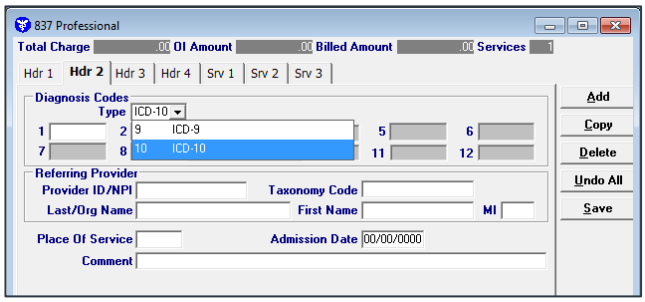

Figure 49. Diagnosis Code Type entry.

Now click the drop down next **1** and select the diagnosis code for the patient you are billing for.

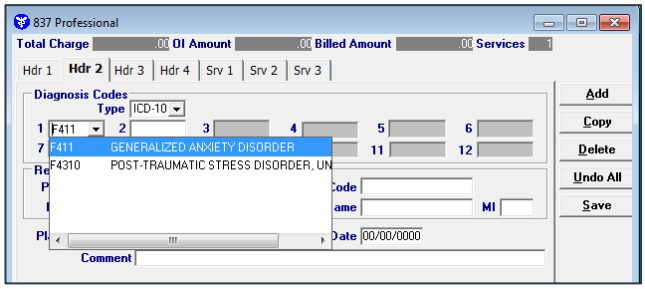

Figure 50. Diagnosis Code entry.

8.3.2.1 *Header 2 Example*

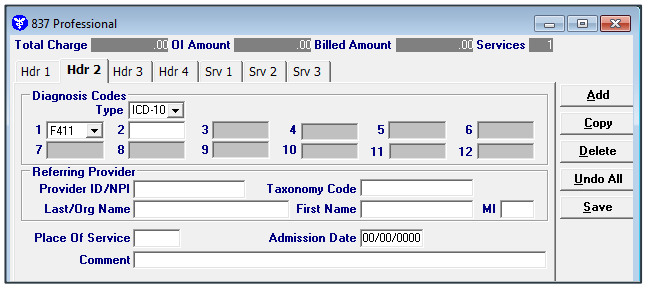

Figure 51. Completed Hdr 2 tab.

8.3.3 HDR3 Tab

If you do not have to enter any information in this tab, you can now move to the HDR4 tab.

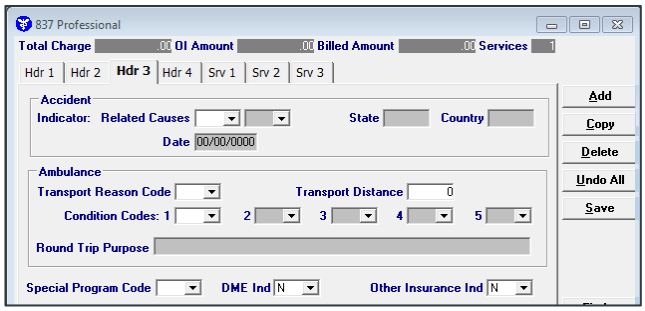

Figure 52. Accident or Ambulance screen.

8.3.4 HDR4 Tab

If you do not have to enter any information in this tab, you can now move to the SRV1 tab.

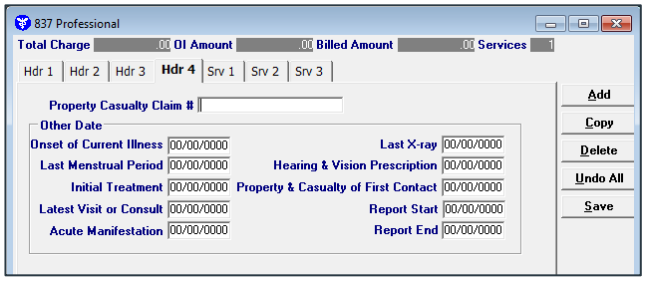

Figure 53. Hdr 4 tab.

8.3.5 Srv1 Tab

Below is the list of fields that need to be completed, and what is required in each field:

- **From DOS -** Enter your date of service then hit tab; Hitting tab will fill in the To DOS field
- **To DOS -** Enter your date of service
- **Place of Service -** Select your place of service
- **Procedure -** Select your CPT code
- **Modifier -** Select the appropriate modifier
- **Diag PTR -** Enter the number 1
- **Unit -** Enter the total days/units you are billing
- **Billed Amount -** Enter your total charge

8.3.5.1 Srv1 Tab Example

SRV1 should look like this:

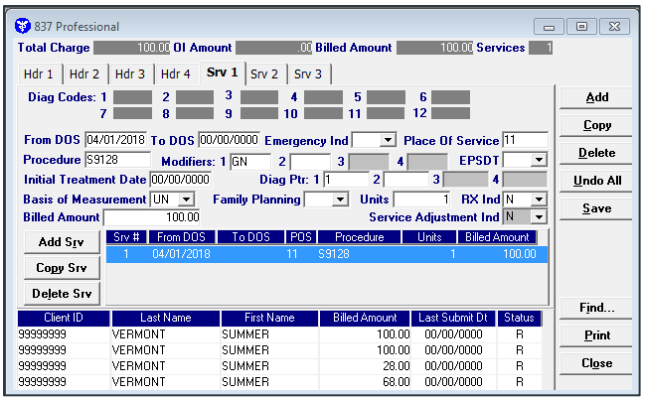

Figure 54. Srv 1 Tab.

8.3.6 Srv2 Tab

Under the Rendering Provider section please select:

- **Provider ID/NPI** - Select the individual provider who provided the service(s) only if the Billing Provider is a group. If the billing provider is an individual leave this blank. Then hit tab on your keyboard. Hitting tab will fill in the rest of the provider information.

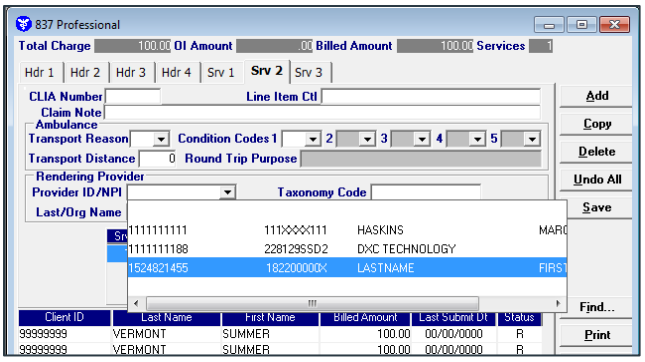

Figure 55. Srv 2 Tab.

8.3.6.1 Srv2 Tab Example

SRV2 should look like this:

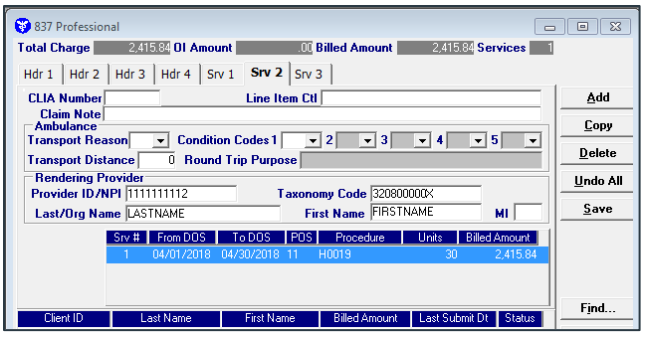

Figure 56. Completed Srv 2 Tab.

8.3.7 Srv3 Tab

You do not need to enter any information on this tab unless you are entering a DME claim. With DME claims the Ordering Provider is required.

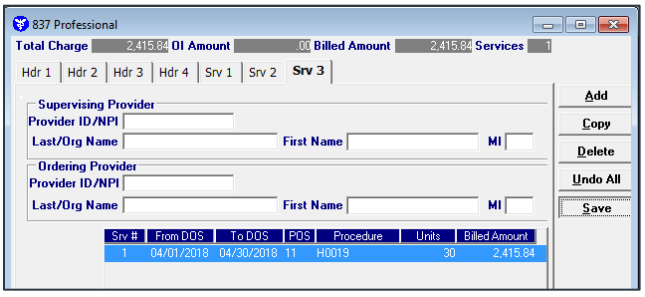

Figure 57. Srv 3 Tab.

Now click **Save** on right hand side. If all the mandatory information has been entered the claim will save and bring you back to the HDR1 tab.

8.3.8 Error Listing

If information is missing an error message box will pop-up. If this box appears, double click on the error and it will bring you to the field that needs to be corrected. Once the correction has been made, click **Save** on the right-hand side.

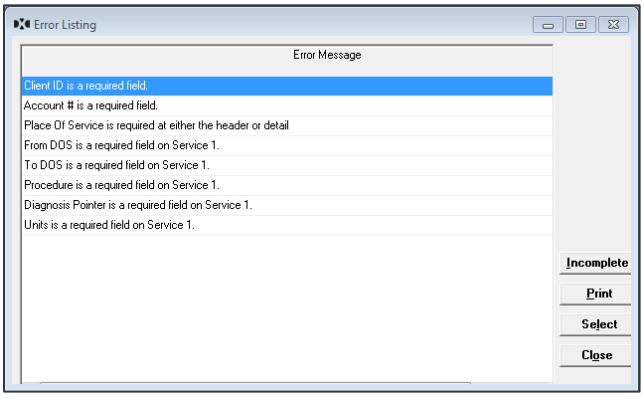

Figure 58. Error Listing window.

Once the claim is saved you will see it listed on the HDR 1 tab in R status at the bottom. That means the claim is ready to be submitted.

Once the claims have been submitted, they will be in F status meaning they have been submitted.

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
1111	SEASON	SUMMER	2,415.84	00/00/0000	R

Figure 59. R status example.

Section 9 Submitting Claim(s)/Receiving Transactions

Submitting and Receiving transactions are accomplished using the **Communication** menu item. **Select Submission** regardless of whether you want to submit or receive files.

9.1 Submitting Files

Click on Communication on the main menu and select Submission.

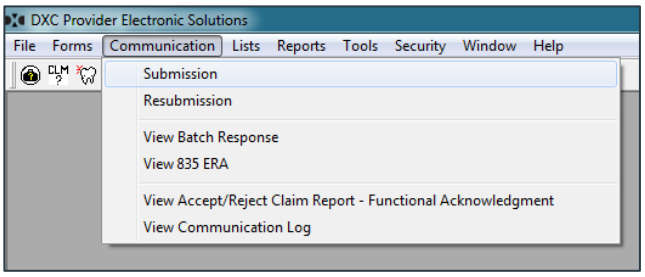

Figure 60. Communications drop-down menu.

Select the type(s) of file to submit under **Files to Send** by clicking on each transaction needed. You may send multiple transaction types in one submission. Click on the Submit button. All files are submitted as batch files, however, eligibility and claim status may also be submitted interactively. Then click submit on the right.

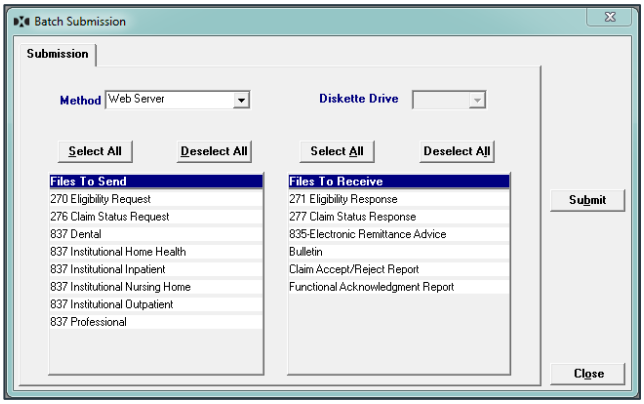

Figure 61. Batch Submission window.

This screen will appear if the submission was successful.

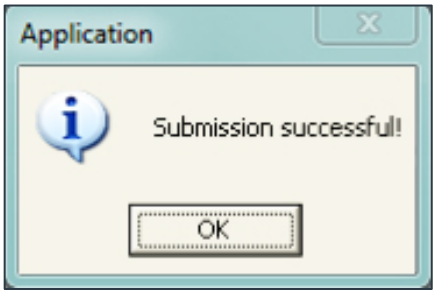

Figure 62. Submission successful window.

This screen will appear if the submission fails.

Figure 63. Submission failed window.

Then unselect the 837 Professional under the **Files to Send**.

9.2 Retrieving Files

If you wish to receive return files, please wait 5 minutes from your successful submission before selecting **Files to Receive.** Files available to receive are the Claim Accept/Reject Report and Functional Acknowledgement Report. Once selected click submit.

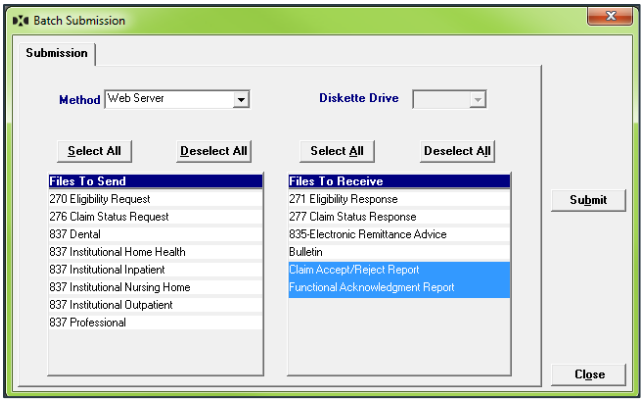

Figure 64. Batch Submission window Files to Receive.

The **Claim Accept/Reject Report** and **Functional Acknowledgement Report** can be retrieved after each submission of 837 transactions. Reminder return reports will not be available for 5 minutes after a successful submission.

The **Functional Acknowledgement Report** will inform you of the HIPAA compliancy of the submission. This report pertains to the HIPAA compliancy of the entire file. In cases of rejection, it is the entire file that is rejected, and the error must be corrected prior to submitting the file. This file extension is .999. Please refer to page 12 of the HIPAA Standard Companion Guide: https://vtmedicaid.com/assets/hipaaTools/HIPAACompGuidev5010.pdf.

The **Claim Accept/Reject Report** is claim specific for errors that prevents Gainwell from processing the claim. This file extension is .html. This report cannot be read inside of PES. If you receive a .html report, please outreach to the EDI Coordinator for assistance.

Section 10 How to Copy Claim in F status

You may copy a previously submitted claim and modify/update any information that needs to be changed such as dates of service, units, and billed amount. Below is the instruction on how to copy a previously submitted claim.

On the **HRD 1** tab select the client's name of the claim you would like to copy.

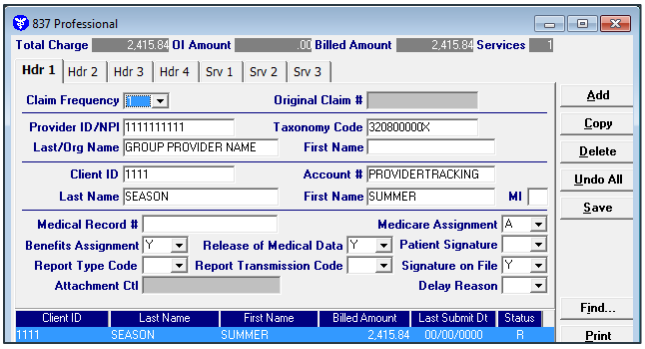

Figure 65. HDR 1 Tab.

Then click **Copy** on the right-hand side. Once you click copy the "claim frequency" field will highlight blue.

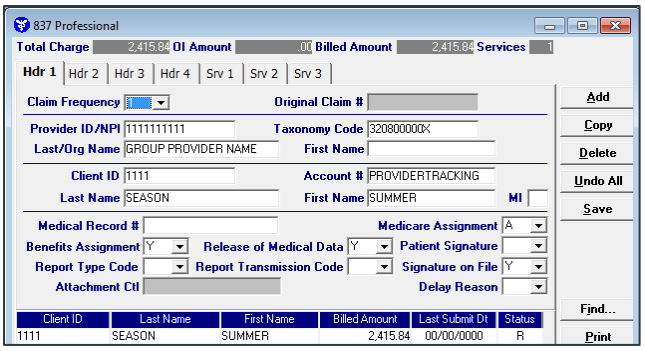

Figure 66. HDR 1 Tab.

Now click on the **SRV1** tab and change the Date of service, units, and billed amount, and any other changes you need to make.

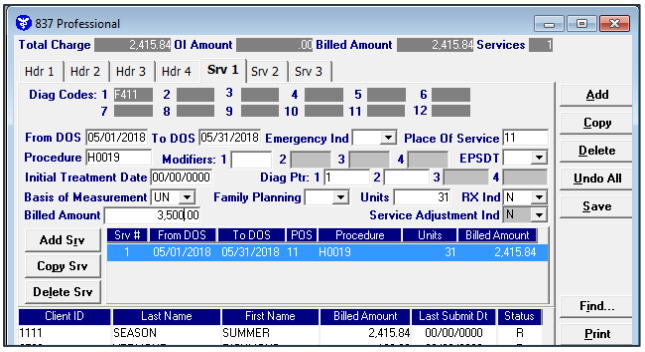

Figure 67. SRV 1 Tab.

Once you have completed your changes/update click the **Save** button on the right-hand side.

The new claim will be listed at the bottom of the screen in R status. Which mean it's ready to be submitted.

Section 11 Resubmitting Claims or Files

The software has a resubmission feature which allows you to resend file(s) or individual claims with or without making corrections.

Click on the **Communication** menu item and select **Resubmission**.

The **Batch Resubmission** screen will appear.

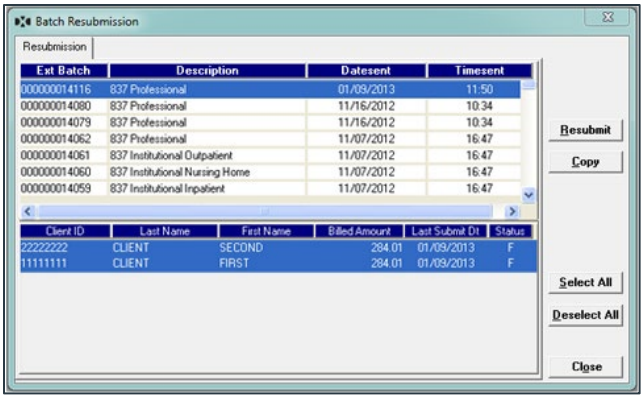

Figure 68. Batch Resubmission screen.

Select the batch requiring resubmission or correction in the upper portion of the screen. The claims contained in the file will be displayed in the lower section of the screen. At this point, you may select all the claims or deselect all the claims by using the buttons on the right-hand side. You may select only specific claims from a file to resubmit if necessary.

Once the appropriate selection has been made, click on the **Resubmit** button if you want to submit the claims without making any changes. If you need to make changes to the claims, click on the Copy button. This will place the claim(s) in a ready status and may be accessed under the appropriate form type.

Section 12 Other Insurance and Medicare Crossovers

Providers may submit claims electronically when the primary payer has made a payment. You may also submit approved claims that did not cross over directly from Medicare. If the claim was denied by the primary payer, including Medicare, you must submit on paper with a copy of the Explanation of Benefits. A recorded webinar for 837 Professional Secondary claims can be found here: https://vtmedicaid.com/#/webinars.

All other insurance payments must be reported at the service (detail) level in addition to the total paid amount reported in the header.

Enter **Y** in the **Other Insurance Ind** field. This field is contained on the last HDR tab of each claim form (except Professional forms where it appears on Hdr 3). The screen example below is from the 837 Professional claim form.

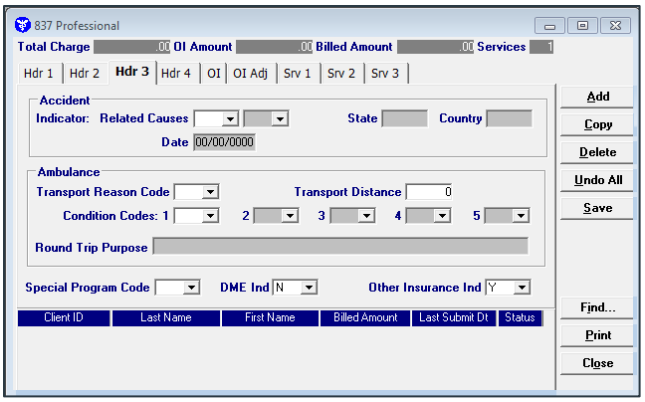

Figure 69. HDR3 screen showing Other Insurance Indicator.

Once you have changed the **Other Insurance Ind** to **Y**, there will be an **OI** tab and an **OI ADJ** tab included in the claim. These two tabs will be used to enter the insurance information as well as the total payment received and are identical on all claim forms.

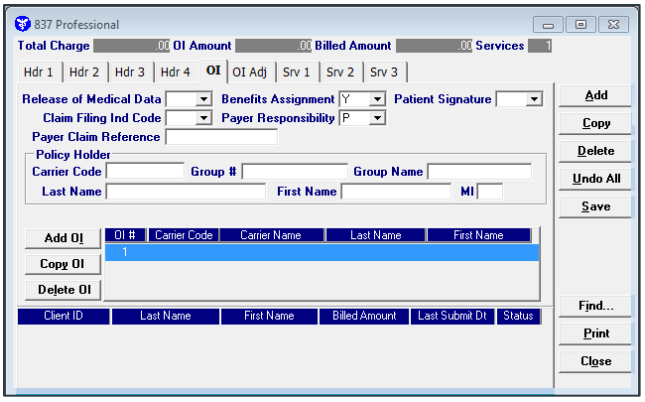

Figure 70. HDR3 screen showing Other Insurance Indicator.

The **OI** and **OI ADJ** screens apply to the entire claim and the Paid Amount on the OI ADJ screen must be equal to the sum of the Paid Amounts on the SRV ADJ screens.

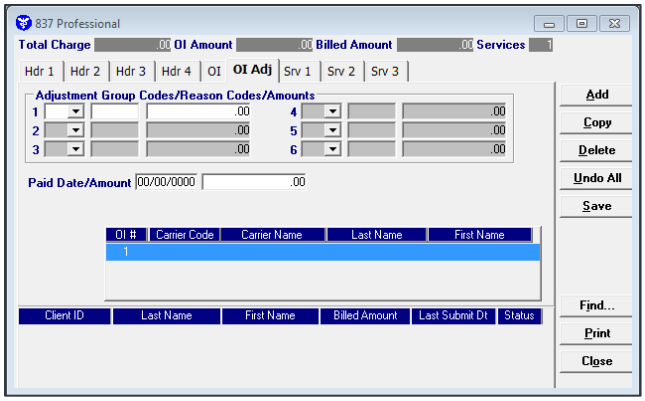

Figure 71. OI ADJ screen showing Other Insurance Adjustment.

12.1.1 Policy Holder Information

Double click on the **Carrier Code** field on the OI Tab to enter the required Policy Holder information. The following screen will appear and must be completed to save your claim.

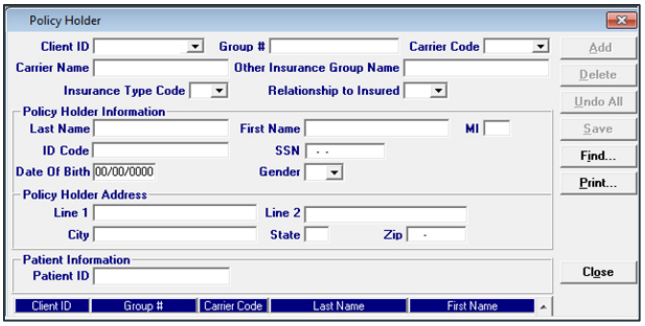

Figure 72. Policy Holder screen.

12.1.2 Service Adjustment Indicator

Enter **Y** in the **Service Adjustment Ind** field on each service billed. This field is contained on the **SRV 2** screen for **Dental**, **SRV 1** screen for **Professional**, and **SRV** screen for all **Institutional**. Once you have changed the Service Adjustment Ind to Y, there will be a SRV ADJ tab included in the claim. This tab will be used to enter the insurance information for the service being entered.

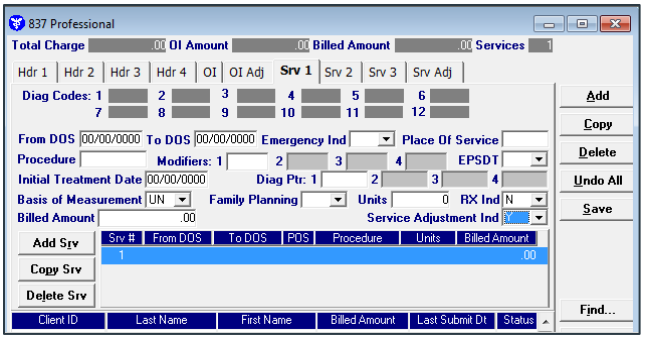

Figure 73. SRV screen showing Service Adjustment Indicator.

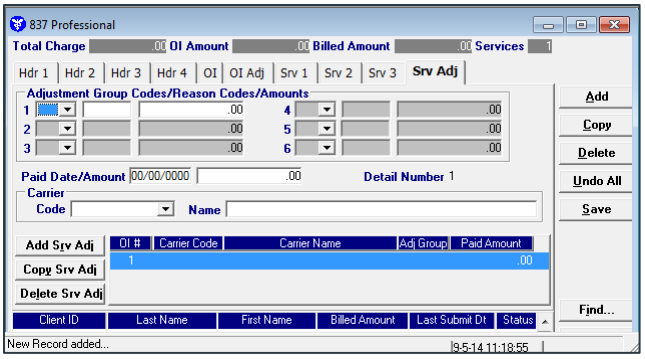

Figure 74. Srv Adj Tab screen.

For claims to process as a cross over from **Medicare**, it must contain the correct information as follows:

- Claim Filing Ind Code on the OI Tab must be MA if the service is covered as a Medicare Part A service and MB if a Part B service or Part C service.
- Carrier Code on the Policy Holder list must be MDA for Medicare A and MDB for Medicare B and C.

The **Adjustment Reason Code** on the **OI Adj** tab must be 1 for deductible and 2 for coinsurance with the corresponding amounts entered in the Adjustment Amount field. For Medicare B claims, you must also enter information at the detail level by entering Y in the Insurance Adjustment Ind field. This will add the SRV ADJ tab. This screen is like the OI ADJ screen and must be completed for each service billed.

Section 13 System Edits

Select a transaction from the Menu Bar. Each transaction has different fields and requirements. If you are not sure of a field, select the Save button. Any required fields will display as errors.

This software has been designed with edits that assist in completing a transaction properly. The system reports any errors resulting from these edits once the save button has been selected. To submit a transaction, all errors must be resolved. If there are no major errors, the transaction may be saved in an incomplete status. This retains the information keyed but does not transmit the transaction until the error(s) are corrected.

To correct an error, double click on the error listed in the Error Message box. The field containing the error is then displayed. Repeat this process until all errors have been corrected.

For specific information regarding a field, please refer to your Provider Representative. https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf

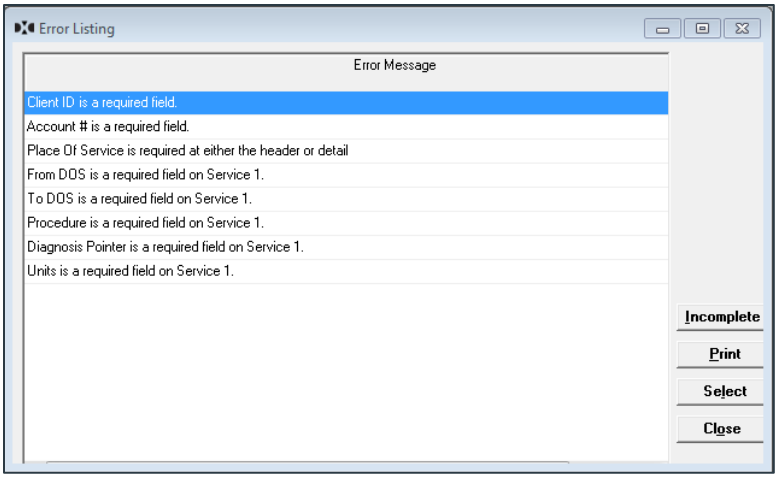

Figure 75. Error Message Box.

Section 14 Instructions for Completing Electronic Adjustments

Previously paid claims can be adjusted using the Replacement Claim transaction by entering the Claim Frequency Code 7 or recouped using the Void Claim transaction by entering the Claim Frequency Code 8.

For dental and professional claims, the Claim Frequency Code can be found on HDR 1.

For all institutional claims, the Claim Frequency Code is the third digit of the Type of Bill. When a Claim Frequency Code 7 or 8 is entered, you must enter the original ICN of the claim being replaced or voided.

When submitting a Replacement Claim, you must enter all details contained on the original claim.

Note 1: Adjustments are accepted only for claims in a Paid status. Adjustments cannot be made on claims in suspense, not fully adjudicated, or denied.

Note 2: Adjustment claims MUST match the following 3 elements from the original claim you wish to adjust: ICN, Provider ID, and client UID.

14.1 To VOID (recoup) a Claim using PES Software

1. Rebuild the claim
    a. Click on original electronic paid claim (status F) if submitted originally in PES. Click OK in pop up window. Click Copy and then Save. Original claim information will self-populate fields.

    -OR-

    b. Use information from original paid paper claim to fill PES claim fields exactly as on paper.
2. Indicate Adjustment Code
    a. For Detail Paid (HCFA) claims, click ↓ for Claim Frequency field on Header 1. Select 8 - Void.
    b. For Header Paid (UB92) claims, change last digit of 3-digit code in Type of Bill field to 8.
        i. For example, If Type of Bill was originally 333, change to 338.
3. Enter original claim 15-digit Internal Control Number (ICN) in Original Claim # field.
4. Press Save. (Void claim will go into Ready status to be sent electronically.)

14.1.1 Reading the RA

Accepted Void Electronic requests will create a new version of the claim, as currently occurs with the paper adjustment process. This new version will report in the Adjustments Section of the RA and will be denied with EOB 636 – "Electronic Void Adjustment Accepted". This causes the original payment to be recouped in full.

Rejected Void requests will create a new claim that is denied. The two primary rejections are EOB 737 – "Electronic Adjustment Rejected. Original Claim not in Paid status" and EOB 736 – "Electronic Adjustment Rejected. Original Claim Not Found". This will appear in the Denied Claims section of the Remittance Advice.

14.2 To REPLACE (adjust) a Claim using PES Software

Note: Original claims with incorrect Provider ID or MID cannot be replaced, they must voided.

1. Rebuild the claim
    a. Click on original electronic paid claim (status F) if submitted originally in PES. Click OK in pop up window. Click Copy. Original claim information will self-populate fields.
    -OR-
    b. Use information from original paid paper claim to fill PES claim fields exactly as on paper.
2. Indicate Adjustment Code
    a. For Detail Paid (HCFA) claims, click ↓ for Claim Frequency field on Header 1. Select 7 - Replace.
    b. For Header Paid (UB92) claims, change last digit of 3-digit code in Type of Bill field to 7.
        i. For example. If Type of Bill was originally 333, change to 337.
3. Enter original claim 15-digit Internal Control Number (ICN) in Original Claim # field.
4. Make corrections (adjustments) to desired fields.
5. Press Save. (Replacement claim will go into Ready status to be sent electronically.)

14.2.1 Reading the RA

Accepted Electronic Replacement requests will create a new version of the claim, as currently occurs with the paper recoup process. This new version will report in the Adjustments Section of the RA and be denied with EOB 220 – Electronic Adjustment Accepted. See New ICN. This causes the original payment to be recouped.

Then a new claim (new ICN) is created with the replacement data provided. This new claim will process like a regular new claim and will be reported in the paid or denied section of the Remittance advice.

Rejected Replacement requests will create a new claim that is denied. The two primary rejections are EOB 737 – Electronic Adjustment Rejected. Original Claim not in Paid status and EOB 736 – Electronic Adjustment Rejected. Original Claim Not Found. This will appear in the Denied Claims section of the Remittance Advice.

Section 15 Eligibility and Claim Status Requests

Eligibility verification and Claim Status requests can be completed either as a batch or interactive transaction. The interactive transaction returns the response to a single request within a few seconds. The batch transaction allows for submission of multiple requests in one transaction and the response may be retrieved the following processing day. You may also use the Eligibility and Claim status functionality directly on vtmedicaid.com by signing in with your Trading Partner number and Password.

15.1 Eligibility Request

Both batch and interactive requests are completed on the Eligibility Request screen. To submit an interactive request, complete the required fields and click the Send button. To submit a batch of requests, complete the required fields and click on the Save button for each request. Once all the requests have been entered, follow the instructions for submitting Files under Section 7.1.

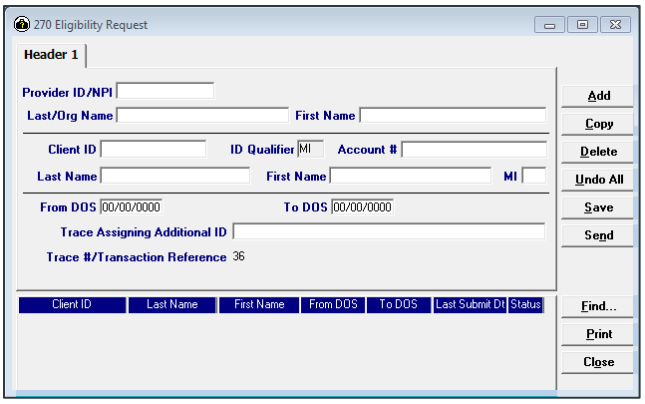

Figure 76. Eligibility Request screen.

15.2 Claim Status Request

Both batch and interactive requests are completed on the Claim Status Request screen. To submit an interactive request, complete the required fields and click on the Send button. To submit a batch of requests, complete the required fields and click the Save button for each request. Once all the requests have been entered, follow the instructions for submitting Files under Section 7.1.

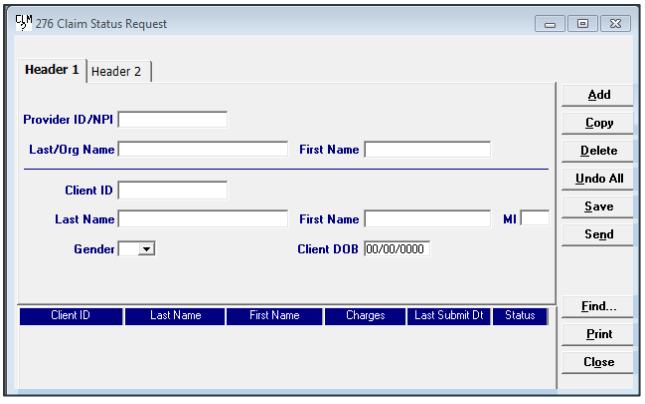

Figure 77. Claim Status Request screen.

Section 16 Archive Forms

Claims which were previously submitted and in a finalized status may be archived. This will assist with keeping claims organized.

The software contains a prompt feature for archiving claims. The default for the prompt is 30 days and may be changed by accessing Tools, Options, Retention, and then increase or decrease Archive Days. The following message will appear upon start-up if there are claims with a submit date greater than the number of days listed on the Retention Tab. You may choose to archive at this time by selecting Yes. If you choose No, the message will appear each time you start the software until such time as the claims are either archived or the number of days on the Retention Tab is changed.

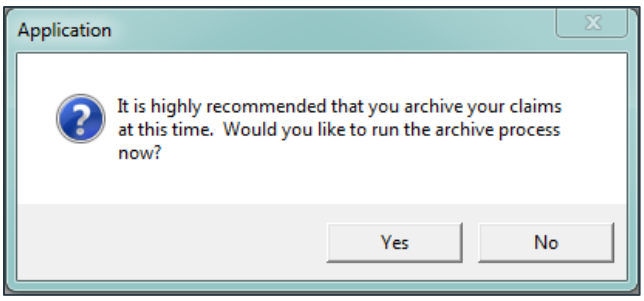

Figure 78. Archive Notification screen.

The following message will appear when Yes is clicked. This is a reminder for those who installed the software on a server.

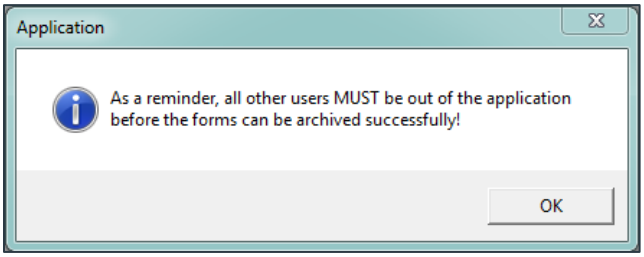

Figure 79. Notification screen.

The following message will appear to give you a chance to cancel the process if you do not want the Incomplete claims to be deleted. Click on No to cancel the process or Yes to Continue. The number of days listed will correspond to the days set on the Retention Tab.

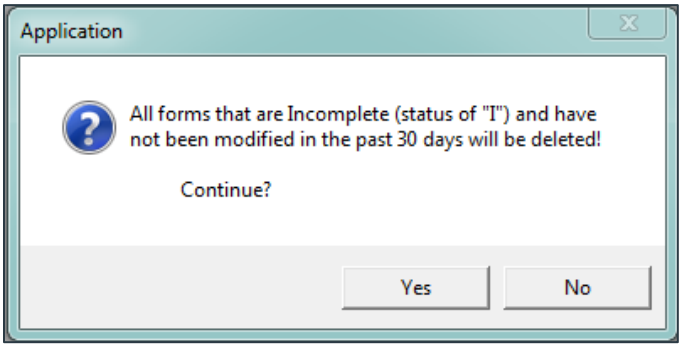

Figure 80. Notification screen.

The following screen will appear which allows you to select the transactions for archive. You may select all form types by clicking on Select All or you may select individual form types to archive. You may increase or decrease the number of days by changing the number under Archive Forms at least __ days old. The default corresponds to the number listed under Archive Days on the Retention Tab. Click on OK to continue.

The Archive file name is created using the date the forms are archived. It is recommended you use the default archive file name and location, however, if you change it you will need to remember it for retrieval purposes.

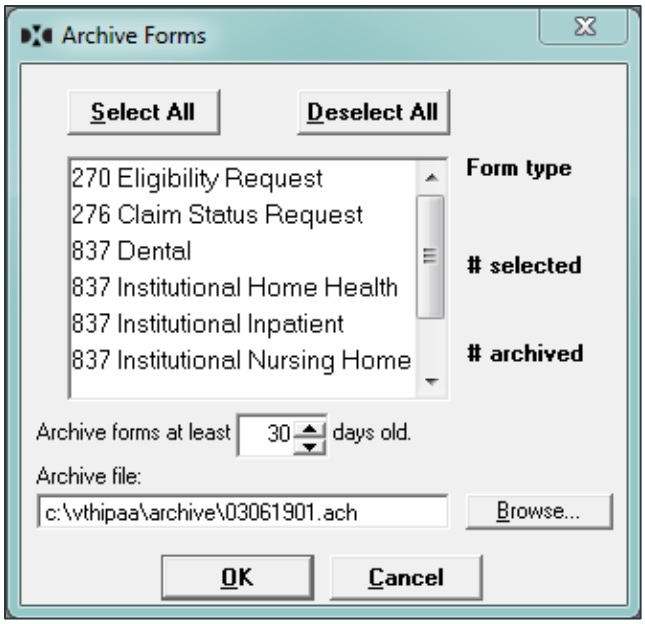

Figure 81. Archive Forms Selection screen.

The following message will appear when the archive process is complete.

Figure 82. Successful Archive screen.

If you wish to archive forms even though you have not been prompted, you may do so by clicking on Tools, Archive, and Create from the main menu as shown below. Complete the archive by following the instructions listed above.

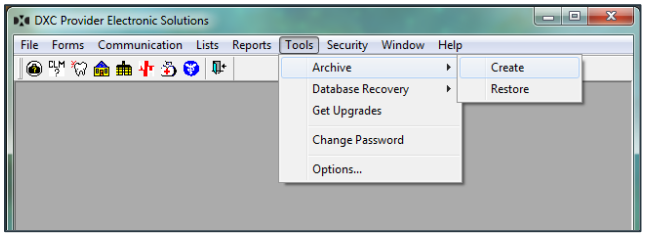

Figure 83. Create Archive screen.

Section 17 Restore Archive Forms

To restore archived forms, click on Tools, Archive, and Restore from the main menu.

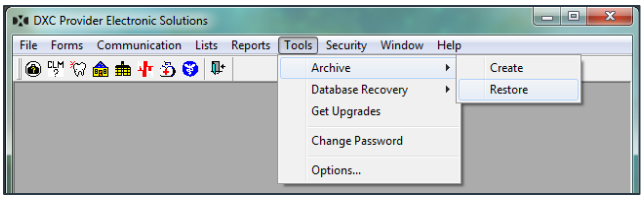

Figure 84. Restore Archive screen.

The following screen will appear. If you know the name of the file you wish to archive, you may enter it or simply click Browse for the list of available files.

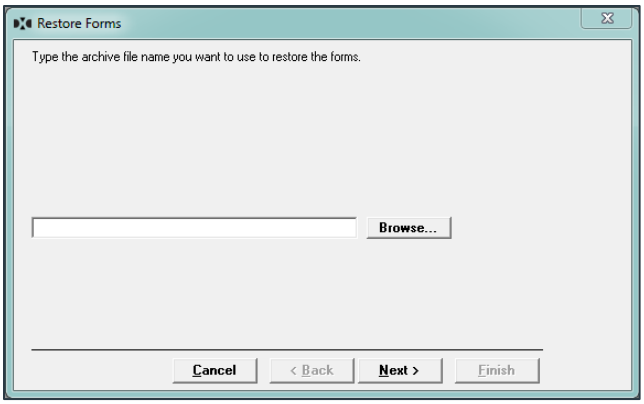

Figure 85. Restore Forms screen.

When Browse is selected, the following screen will appear with all available files. Select the file containing the forms to be restored and then click on Open.

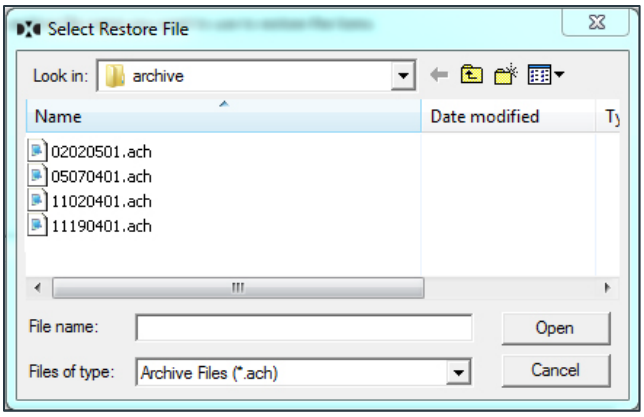

Figure 86. File Selection screen.

The following screen will display. Click on Next or Browse if the wrong file was selected.

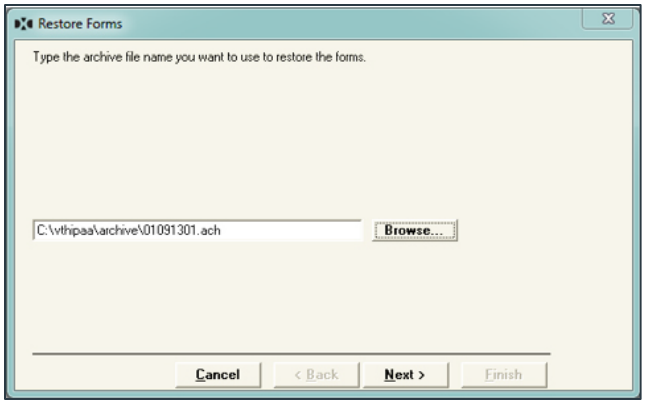

Figure 87. Restore Forms screen.

The following screen will display after Next is selected. All form types included in the selected archive file will be displayed. Select the form type needing to be restored and then click Next.

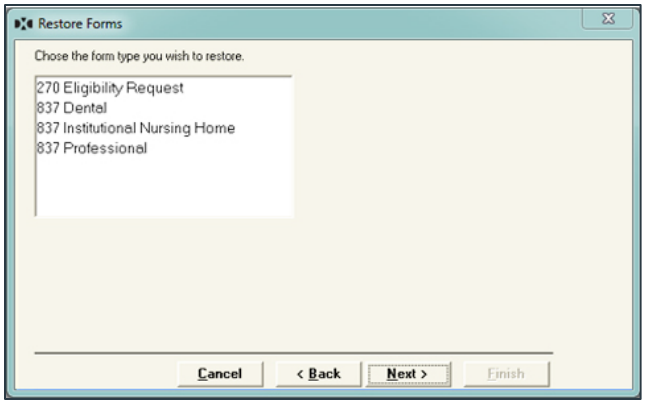

Figure 88. Form Type Selection screen.

The following screen will display showing the forms contained in the file. You may restore all forms by clicking on Restore all forms or you may select individual forms by clicking on the form(s) needed. You must hold down the Shift key if more than one, but not all, are needed. Once the forms are selected, click on Finish.

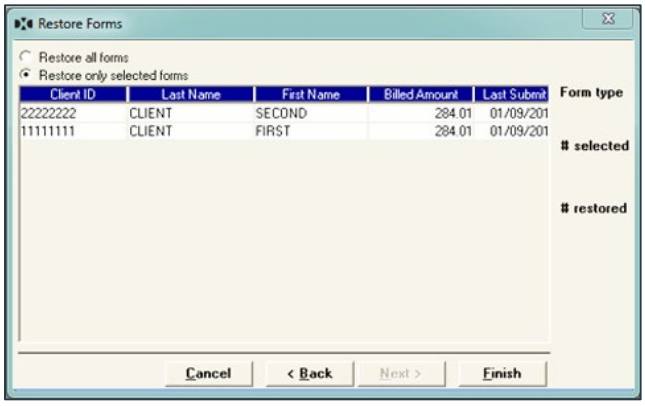

Figure 89. Restore Forms screen.

The following will appear to indicate the restore has been completed.

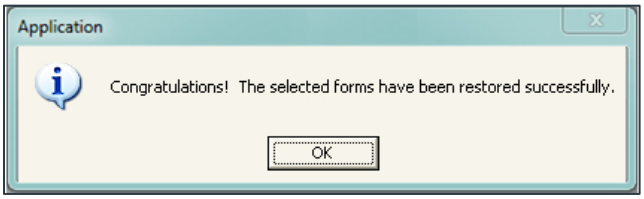

Figure 90. Successful Restore screen.

Section 18 Upgrades

There are two methods for downloading an upgrade to the application. The first method is the recommended method. These procedures are only valid for updating when the PES Application is already installed.

All Upgrades must be done consecutively. *If you need to apply more than one upgrade, you must use the Manual Download from the Web instructions located in section* 18.2.

It is highly recommended that you save a backup copy of the database file prior to performing an upgrade. *The database file name is vtnewecs.mdb and is located in the VTHIPAA folder. Saving a backup copy of the database may prevent loss of any Lists you have created as well as claims previously submitted.*

18.1 Upgrades within the Application

While in the PES Application, select the menu item **Get Upgrades** under the **Tools** menu.

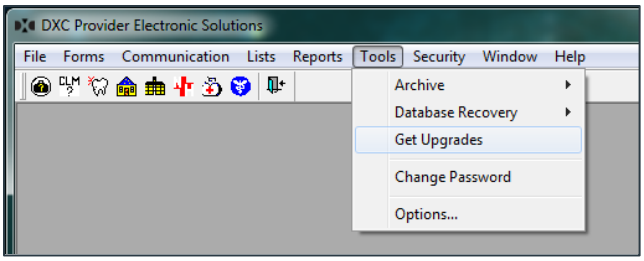

Figure 91. Get Upgrades screen.

When the following appears, you may exit the PES Application and apply the upgrade or apply the upgrade later. If you choose to apply the upgrade later, you will begin with step 3.

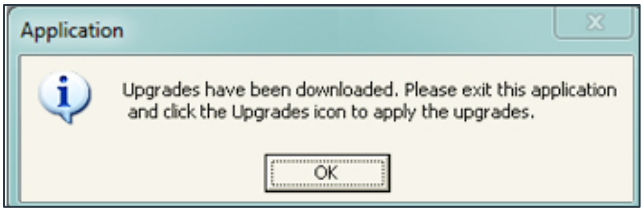

Figure 92. Information screen.

18.1.1 Applying the Upgrade

Go to your Desktop and **Open** the VT Gainwell Provider Electronic Solutions folder.

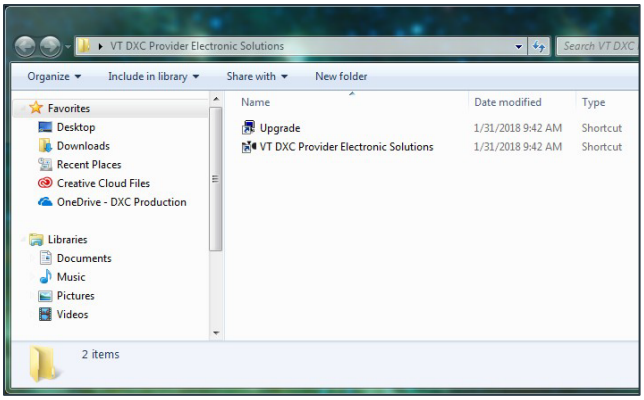

Figure 93. Startup screen.

Double Click on the **Upgrade** icon. This will begin the upgrade process. The following message box appears allowing you to make a selection.

Note: If you press enter instead of selecting Yes or No, the default is No.

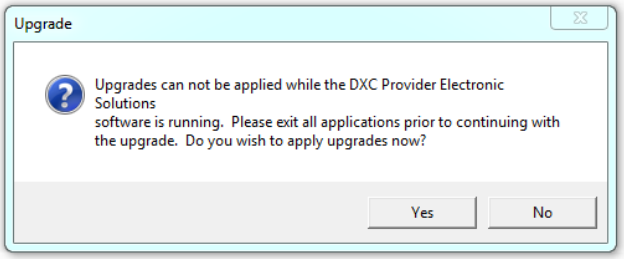

Figure 94. Upgrade screen.

Click on **Yes**.

You will be notified that there is only one upgrade and do you want to upgrade to 2.##. **Click** on **Yes**. The upgrade will begin.

When prompted, **Click** on **Next**.

When the upgrade has finished, you will be prompted to **Click** on **Finish**.

PES upgrades do not require a reboot. Open the software and verify the version number. The version number appears as the application is opening. You may also verify the version number once the application is running by clicking on Help and then About.

18.2 Manual Download from the Web

Go to web site at https://vtmedicaid.com/#/pes.

From the **Type** dropdown menu, select **Upgrade** to view only the upgrade downloads.

Select the appropriate 2.## upgrade (where ## is the desired upgrade version number).

The following box appears:

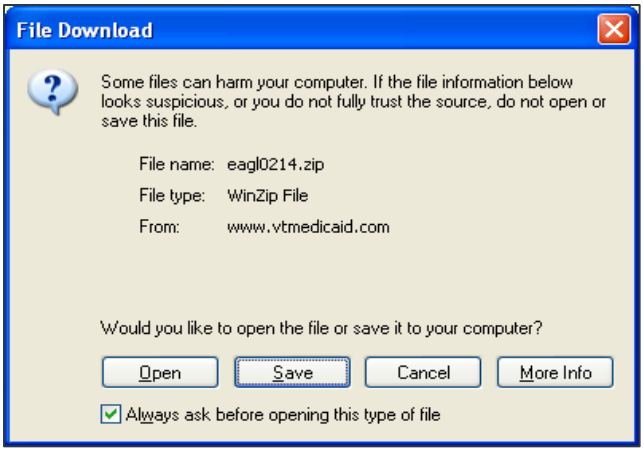

Figure 95. File Download screen.

Click on Save.

Note: Upgrades are zipped files. **Do not press open an upgrade.**

The following browser screen appears. Use this browser to locate the subfolder ‘upgrades’ inside the folder the PES database is installed. If you accepted the default paths when you installed, the path is “C:\vthipaa\upgrades”.

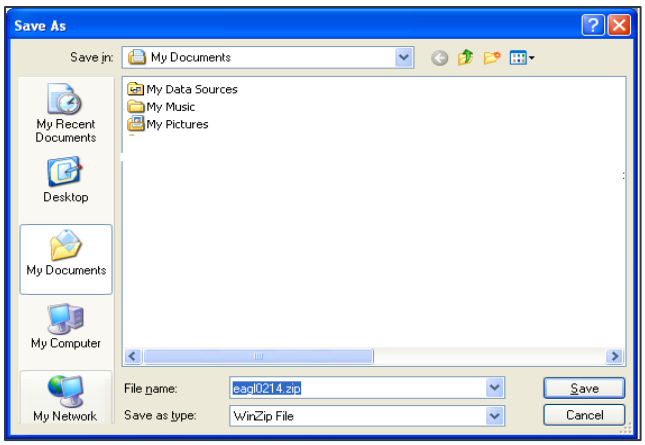

Figure 96. Browser screen.

Click on the Save button.

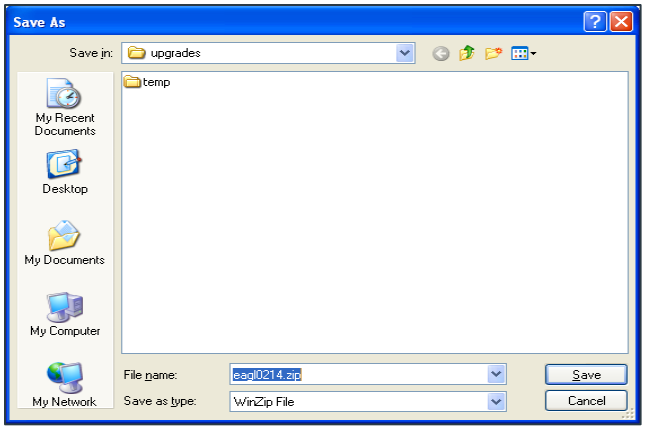

Figure 97. Browser screen.

The following screen appears, showing the progress of the download.

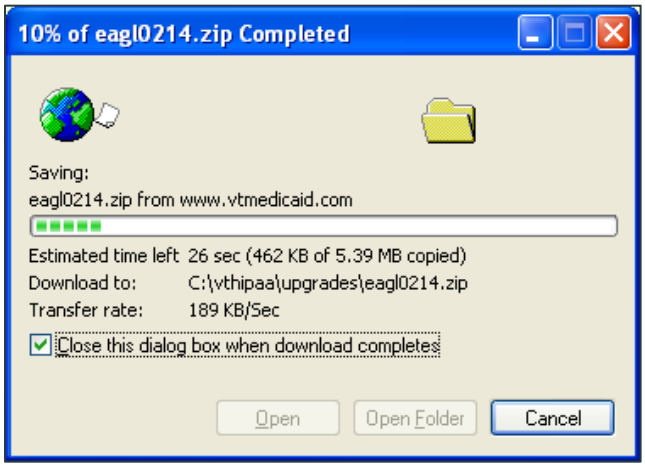

Figure 98. Download screen.

Upon completion of the download, you may close out of the browser.

Continue by **Applying the Upgrade -** steps located in 18.1.1.