



State of Vermont Provider Management Module (PMM)

Provider Enrollment Instructions Manual Version 3.3

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1 Green Mountain Care

Instructions for Enrollment & Revalidation

Thank you for your interest in becoming a Green Mountain Care healthcare professional. Provider participation is vital to the successful delivery of services to our Medicaid members. We welcome your application.

With our online Provider Management Module, enrolling in Vermont Medicaid is fast and efficient. You are no longer required to submit paper application forms and supporting documentation. This can all be done online, tailored to your provider type, streamlining the process. This online process decreases the time you spend on filling out forms as well as decreasing the overall processing time of your application. To learn more about Vermont Medicaid's online [Provider Management Module](#).

2 Overview & Federal Requirements

2.1 Affordable Care Act

In accordance with Section 6401 of the Affordable Care Act of 2010 (ACA), all enrolled and newly enrolling providers will be subject to federal screening requirements. State Medicaid Agency requirements are available for review at [Medicare Enrollment for Providers & Suppliers](#).

2.2 Provider Screening, Risk Categories & Change in Risk Level

Title 42 Code of Federal Regulations (CFR) §§455.410 and §455.450 require that all participating providers be screened upon initial enrollment and revalidation of enrollment. Health care providers are categorized by screening levels established by the Centers for Medicare & Medicaid Services (CMS) utilized by Department of Vermont Health Access (DVHA). The defined risk levels of limited, moderate, and high are based on an assessment of potential fraud, waste, and abuse for each provider/supplier type. Providers will be screened according to their risk level. Risk level assignments may be increased at any time at the discretion of DVHA and the new risk level will apply to all enrollment-related transactions.

2.3 Limited Categorical Risk

Providers/suppliers in the limited risk category include: physicians, non-physician practitioners other than physical therapists, medical groups or clinics, ambulatory surgical centers, competitive acquisition program part B vendor, end-stage renal disease facilities, federally qualified health centers, histocompatibility laboratories, hospitals (including critical access hospitals, department of Veterans Affairs hospitals, and other federally-owned hospital facilities), health programs operated by an Indian Health Program (as defined in section 4(12) of the Indian Health Care Improvement Act) or an urban Indian organization (as defined in section 4(29) of the Indian Health Care Improvement Act) that receives funding from the Indian Health Service pursuant to Title V of the Indian Health Care Improvement Act, mammography screening centers, mass immunization roster billers, organ procurement organizations, pharmacies that are newly enrolling or revalidating, radiation therapy centers, religious non-medical health care institutions, rural health clinics and skilled nursing facilities.

Screening Requirements for Limited Risk: Verify that the provider or supplier meets all applicable federal regulations and state requirements for the provider or supplier type prior to making an enrollment determination. Conduct license verifications, including licensure verifications across state lines for physicians, non-physician practitioners, providers and suppliers. Conduct database checks on a pre-and post-enrollment basis to ensure that providers and suppliers continue to meet the enrollment criteria for their provider/supplier type.

2.4 Moderate Categorical Risk

Providers/suppliers in the moderate risk category include ambulance service suppliers, community mental health centers (CMHCs), comprehensive outpatient rehabilitation facilities (CORFs), hospice organizations, independent clinical laboratories, independent diagnostic testing facilities (IDTFs), physical therapists enrolling as individuals or as group practices, portable x-ray suppliers (PXRS), revalidating home health agencies (HHA) and revalidating DMEPOS suppliers.

Screening Requirement for Moderate Risk: Perform the limited risk screening requirements and conduct on-site visits.

2.5 High Categorical Risk

Providers/suppliers in the high-risk category include newly enrolling durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) and newly enrolling home health agencies (HHAs).

Screening Requirements for High Risk: Perform the limited and moderate risk screening requirements and a fingerprint-based criminal background check will be required.

2.6 Service Location Updates for Moderate and High-Risk Level Providers

Providers/suppliers categorized as moderate or high risk needing to update a service location will require a new application. Under 42 CFR § 455.45 a change in practice location for your provider type requires as new enrollment.

2.7 Change in Risk Level

Providers and suppliers may have their risk level reassessed due to:

- Imposition of a payment suspension within the previous 10 years
- A provider or supplier has been terminated or is otherwise precluded from billing Medicaid
- Exclusion by the OIG
- A provider or supplier has had billing privileges revoked by a Medicare contractor within the previous 10 years and such provider/supplier is attempting to establish additional Medicare billing privileges by enrolling as a new provider or supplier or establish billing privileges for a new practice location
- A provider or supplier has been excluded from any federal health care program
- A provider or supplier has been subject to any final adverse action (as defined in 42 CFR 424.502) within the past 10 years
- Instances in which CMS lifts a temporary moratorium for a particular provider or supplier type and a provider or supplier that was prevented from enrolling based on the moratorium, applies for enrollment as a Medicare provider or supplier at any time within 6 months from the date the moratorium was lifted

3 General Information and Definitions

3.1 Provider Revalidation

In compliance with 42 CFR §455.414, all providers are required to revalidate their enrollment at least every three to five years depending on provider type and assigned risk level. Providers will be notified that they are required to revalidate prior to the revalidation deadline. Notifications will be sent to providers 90 and 45 days prior to the end date of their contract. It is important that the provider maintain their Mail-To address to ensure the notifications are sent to the most current address. Screening criteria apply during revalidation. Providers that do not revalidate their enrollment by the designated date will no longer be enrolled and will not receive reimbursement from Vermont Medicaid for services rendered after the designated date.

3.2 Application Fee

Under 42 CFR §455.460, institutional providers and certain other providers are subject to an application fee at time of application. This includes initial applications for enrollment, applications for the addition of a new practice location, and applications received in response to revalidation notification. Note: The application fee is NOT required for providers that have already paid the fee to Medicare, another state's Medicaid program, or another Vermont state agency. Providers are required to provide proof of payment to DVHA when application is made. CMS sets the application fee amount, which may be adjusted annually. CMS may agree to waive the application fee based on proof of financial hardship for a provider. To request a waiver, providers must submit, at the time of application, a letter that supports the request for the financial hardship waiver. The final decision to waive the application fee will be made by CMS. DVHA will inform you of CMS's determination, and if an application fee is due.

3.3 How to Determine Ownership or Control Percentages (42 CFR§455.102)

Indirect Ownership Interest

The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if "A" owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, "A's" interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if "B" owns 80 percent of the stock of a corporation which owns 5 percent of the stock of the disclosing entity, "B's" interest equates to a 4 percent indirect ownership interest in the disclosing entity and need not be reported.

Person with an Ownership or Control Interest

In order to determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if A owns 10 percent of a note secured by 60 percent of the provider's assets, A's interest in the provider's assets equates to 6 percent and must be reported. Conversely, if B owns 40 percent of a note secured by 10 percent of the provider's assets, B's interest in the provider's assets equates to 4 percent and need not be reported.

4 Non-Billing Enrollment Privileges: Ordering, Prescribing, Referring, & Attending (OPRA) Providers and Residents

The Affordable Care Act (ACA) requires that physicians or other eligible providers enroll in Medicaid to order, prescribe, refer or attend items or services for Medicaid beneficiaries, even when they do not submit claims to Medicaid. The Provider Enrollment and Revalidation Application for OPRA Providers is an abbreviated enrollment application for those OPRA providers and Residents that do not intend to submit claims. Enrolling ensures that physicians, other practitioners and facilities that provide services and bill based on your order referral, or prescription, will be paid for such items or services.

4.1 Enrolling in Vermont Medicaid as an OPRA Provider

- Does not obligate you to see Medicaid patients
- Does not mean you will be listed as a Medicaid provider for patient assignment or referral
- Helps ensure that your orders, prescriptions and referrals for Medicaid patients are accepted and processed appropriately
- A complete OPRA enrollment includes Non-Billing OPRA application, Provider Agreement, applicable Special Provisions and copies of the following documents, when applicable:
 - Proof of Professional Liability Insurance – attach a copy of the face page of Malpractice Certificate
 - CLIA Certificate or copy of agreement/contract to use another facility's lab to render laboratory services
- All professional licenses, accreditations or certifications

All professional licenses, accreditations or certifications. If a professional license/certification has been revoked or suspended, include a copy of the licensing authority's decision(s) and written confirmation from them that privileges have been restored.

All sections/fields indicated by an asterisk* must be completed in their entirety. Please review thoroughly, as failure to provide the information applicable to the service(s) to be provided within the applicant's scope of licensure will result in application being returned to you.

5 Medicare Crossover Providers Only

Completion of this form is limited to providers who render services to Medicare dual-eligible beneficiaries. A dual-eligible beneficiary is eligible for both Medicare and Vermont Medicaid.

A provider would fill out this form if seeking payment for cost sharing amounts.

In order to use this form, the provider must meet all the following conditions:

1. The provider must be Medicare enrolled.
2. The provider must have provided services to a dual-eligible beneficiary.
3. The provider is requesting a new enrollment or revalidation to submit claims for reimbursement for services provided to a dual-eligible beneficiary or the provider would like to change to previously submitted information.
4. Unless all the above statements apply, a provider is not eligible to use the Crossover form.
5. A dual-eligible beneficiary is defined as a Vermont Medicaid beneficiary that may be entitled to Medicare and eligible for some form of Medicaid benefit. There are various categories: Qualified Medicaid Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs) and Qualifying Individuals (QI-1s).
6. All applicants or providers must complete this section. Legal name of applicant/provider must match name listed on associated application enrollment. The signature must be an individual who is the sole proprietor, partner, corporate officer, or an official representative of a governmental entity or nonprofit organization who has the authority to legally bind the applicant or provider. Signatures must be in blue ink (which denotes authenticity).

5.1 Disclosing Entity

Overview of the Disclosure Form Federal law requires Vermont Medicaid have applicants and providers complete and submit a current Vermont Medicaid Disclosure Form as part of a complete application for enrollment, revalidation and to report a change in an entity or person, as defined below. For more information on federal disclosure requirements, please see 42 CFR

§§ 455.100 – 106, 42 CFR 455.436, and 42 CFR §1002.3. Completion is required for any person or entity that meets the below definitions. A separate online entry must be completed in full for each entity or person.

Medicaid Disclosure Form Definitions (42 CFR 455.101) and (42 CFR 1001.1001):

1. **Disclosing entity** is a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.
2. **Other disclosing entity** is any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
 - a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
 - b. Any Medicare intermediary or carrier; and
 - c. Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

5.2 Sub-Contractor

A subcontractor is:

- a. An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or
- b. An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

5.3 Ownership and Controlling Interest

Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity. It also means an interest in: a) The capital, the stock or the profits of the entity, or b) Any mortgage, deed, trust or note, or other obligation secured in whole or in part by the property or assets of the entity.

Person with an ownership or control interest means a person or corporation that:

- a. Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b. Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c. Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e. Is an officer or director of a disclosing entity that is organized as a corporation; or
- f. Is a partner in a disclosing entity that is organized as a partnership.

5.4 Managing Employee

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

5.5 Business Transaction

Significant business transaction means any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$ 25,000 and 5 percent of a provider's total operating expenses.

6 Determining Enrollment Type

Use the following descriptions to determine which enrollment type is appropriate for your application.

- **Atypical** applicable to groups or facilities that do not have NPI. Examples of Atypical providers could include waiver provider, transportation services, etc.
- **Facility** used by “brick and mortar” providers including hospitals, clinics, pharmacies, home health agencies and emergency transportation providers
- **Group** applicable to organizations of two or more rendering providers
- **Individual** applicable to individual providers that are both rendering and billing
- **Individual within a Group** applicable to individual providers who are rendering but not the billing provider
- **Ordering, Prescribing, Referring, Attending** please refer to Section 4.1 of this manual

7 How to Start a New Enrollment

The enrollment wizard is designed to streamline the enrollment and revalidation process with the following features:

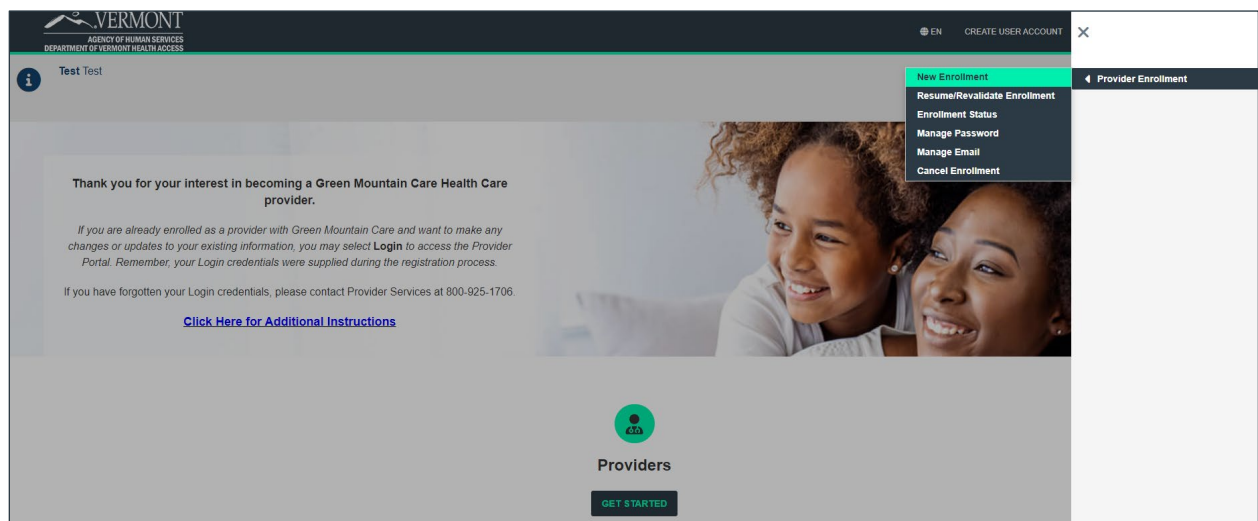
- **Customized questions** – While there are questions common to all newly enrolling or revalidating providers, others are specific to the enrollment or provider type. The wizard presents you with the questions necessary for your application.
- **Progress Bar** – The progress bar at the top of the page shows you where you are in completing the application.
- **Pre-populated data** for revalidations and qualified re-enrollments saves time as you only must review the data, update where applicable and attach required documents.
- The ability to **attach electronic copies of required documentation** directly to the application.

Some things you should know as you navigate the application:

- Field level, and page level help is available wherever the “?” icon is displayed.
- Collapse panels by clicking on the minus sign in the upper right corner. Expand panels by clicking on the plus sign in the upper right.
- The Clear button on any Search panel clears the data entered in the field.
- The Cancel button ignores any new/updated entries made on the screen.

7.1 Beginning a New Enrollment Steps:

1. Navigate to the [Provider Management Module](#).
2. Open the **Menu** found on the left of the window.
3. Select **Provider Enrollment**.
4. Select **New Enrollment**.
5. This will open the Welcome Page with instructions on what information you may need to complete your application. Once you have reviewed the Welcome Page, click **START** on the bottom right-hand corner of your screen to continue.
6. The Welcome Page also displays instructions on Change of Ownership (CHOW). See Section 14 for more information.



7.2 Enrollment Registration

Registration is required for each application. An Application Tracking Number (ATN) will be sent to the email address entered during the initial registration step. The ATN and your self-selected password enable you to resume the application later or to check the status post- submission.

The ATN should be referenced on any documentation mailed or faxed during the enrollment or revalidation process. The presence of the ATN will allow the enrollment clerk to easily identify your application to attach the documentation provided.

Passwords must be between 8 and 20 characters and include a minimum of one upper case letter, one lower case letter and one numeric digit.

Registration

Register below to be assigned a unique enrollment tracking number. Be sure to write down your password. An email confirmation will be sent with the tracking number. If you don't submit your enrollment right away, you can use this tracking number and password to resume your enrollment application later.

Required Fields (*)

* Email

* Confirm Email

* Password

* Confirm Password

Provider Reference

PREVIOUS

REGISTER

8 How to Re-Enroll

If a provider was previously enrolled in Vermont Medicaid, and was terminated for any reason, the provider will need to start a new enrollment application. Please reference Section 7 of this manual for instructions on [How to Start a New Enrollment](#).

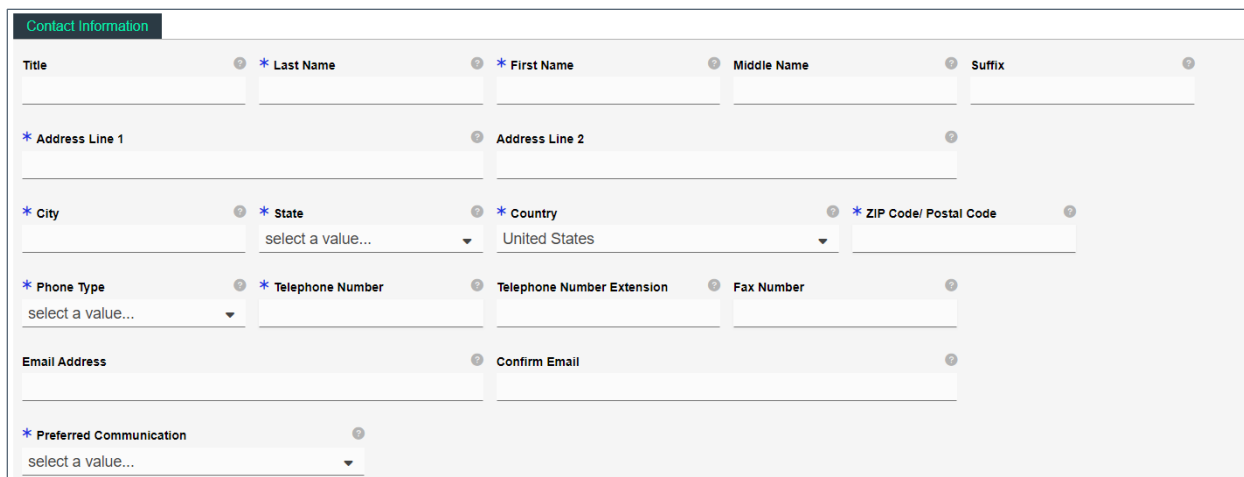
After completing the registration step of your new enrollment, follow the steps below for your re-enrollment application.

Note: This process is intended ONLY if you are no longer actively enrolled in the Vermont Medicaid network and wish to be re-enrolled. This is not to be used to adding new service locations to an existing, active enrollment.

1. Complete the Initial Enrollment Information and Provider Information Sections of the General Information page.

2. Answer “YES” to the question “Were you previously enrolled as a Provider?” and provide your previous 14-digit Service Location ID. If you do not have this ID, contact the Gainwell Provider Services Help Desk to obtain. Once entered, click YES in the red box.

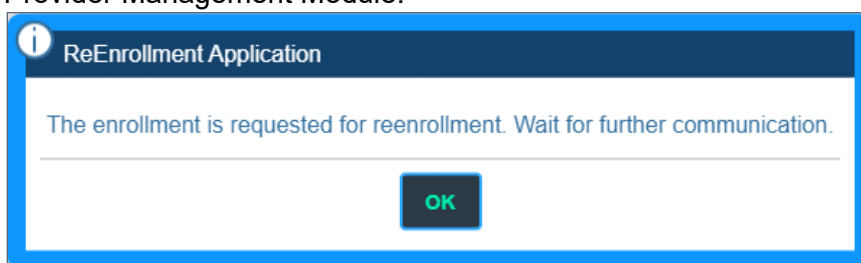
- Complete the Contact Information section, and then click Save and Continue.



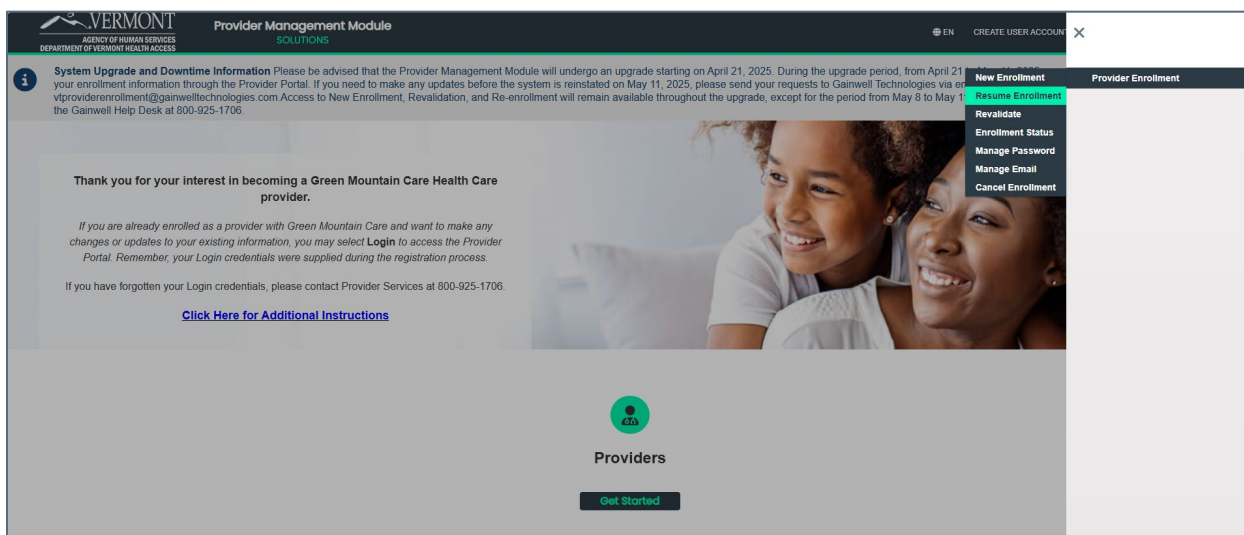
The form is titled "Contact Information" and contains the following fields:

- Title (required)
- Last Name (required)
- First Name (required)
- Middle Name
- Suffix
- Address Line 1 (required)
- Address Line 2
- City (required)
- State (required, dropdown menu)
- Country (required, dropdown menu, currently set to "United States")
- ZIP Code/Postal Code (required)
- Phone Type (required, dropdown menu)
- Telephone Number (required)
- Telephone Number Extension
- Fax Number
- Email Address (required)
- Confirm Email (required)
- Preferred Communication (required, dropdown menu)

- You will receive the following notification, click "OK." It will bring you back to the homepage of the Provider Management Module.



- You will receive an email sent to the email address that you used to register the application, with your Application Tracking Number. It will ask you to resume your application using that ATN and the password you created when you registered the application.
- Select Menu on the homepage, hover over Provider Enrollment and click "Resume Enrollment".



7. Enter your ATN and password, then click “Resume”.

The screenshot shows a web application window titled "PROVIDER ENROLLMENT" with a sub-tab "Resume Enrollment". The main heading is "Resume Enrollment". Below it, a message states: "Enter your assigned Tracking Number and Password in order to resume enrollment." There are two required input fields: "* Tracking Number" and "* Password", each with a small circular icon to its right. Below the password field is a link that says "Forgot Password?". At the bottom left is a "Cancel" button, and at the bottom right is a "Resume" button. In the top right corner of the form area, there is a note: "Required Fields (*)".

8. This will bring you back into the application, pulling in the information we have on file for the previously enrolled provider. Complete each page of the application, verifying the information and making updates as needed.

9 How to Revalidate

You will receive notice to revalidate 90 and 45 days prior to your revalidation due date. At 90 days, you will receive two notices. The first notice includes an Application Tracking Number (ATN) for your pre-populated application, and the second notice includes the password assigned to your revalidation. Pre-populated data for revalidations and qualified re-enrollments saves time as you only need to review the data, update where applicable and attach required documentation. Once you have received both notices, you are ready to begin the revalidation process. If you have misplaced your revalidation notices, please contact the enrollment department at vtproviderenrollment@gainwelltechnologies.com.

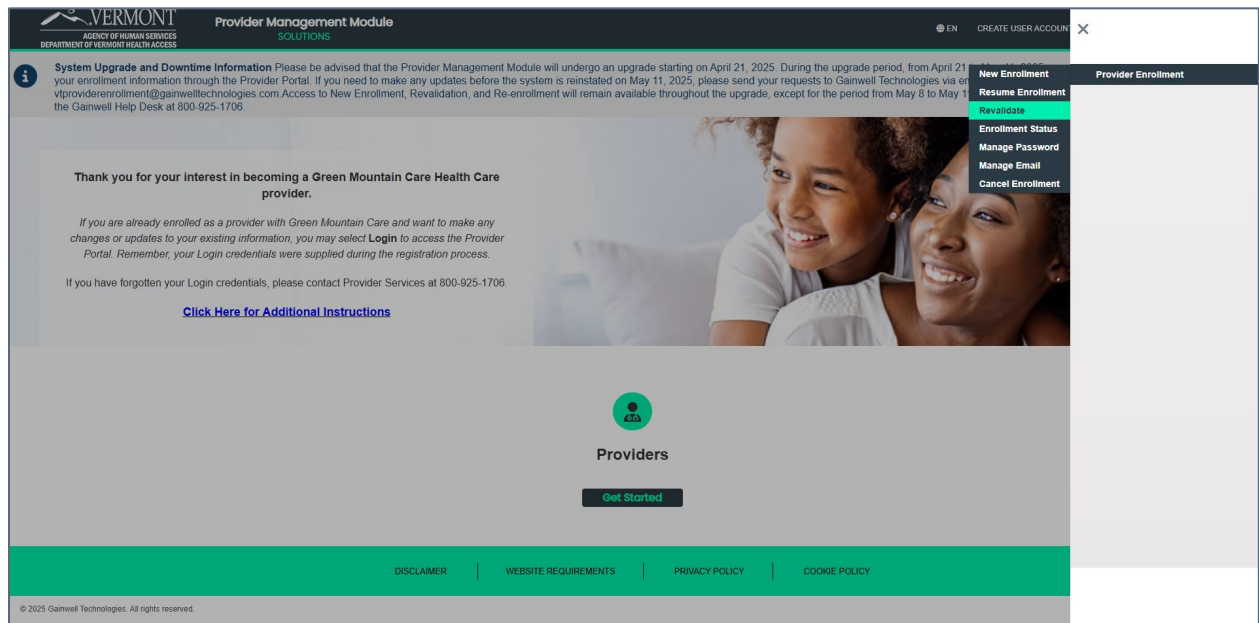
To access your revalidation application, you must first update the password, using the ATN and password provided to you on the 90-day notifications. Follow the steps below to begin your revalidation.

1. Go to the Provider Enrollment Portal and select Manage Password.
2. Enter the ATN and Existing Password from the revalidation notices. Then enter your New Password to assign to the application and Confirm New Password. Then click Submit.

The screenshot shows the Vermont Provider Management Module interface. At the top, there's a header with the Vermont Department of Human Services logo and the text 'Provider Management Module SOLUTIONS'. A navigation menu on the right includes 'New Enrollment', 'Resume Enrollment', 'Revalidate', 'Enrollment Status', 'Manage Password' (highlighted in green), 'Manage Email', and 'Cancel Enrollment'. The main content area features a message about a system upgrade and downtime, followed by a 'Thank you for your interest in becoming a Green Mountain Care Health Care provider.' section. Below this, there's a 'Providers' section with a 'Get Started' button. The footer contains links for 'DISCLAIMER', 'WEBSITE REQUIREMENTS', 'PRIVACY POLICY', and 'COOKIE POLICY'.

The screenshot shows the 'Reset Password' form. It includes a heading 'Reset Password' and a note: 'Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status. If you have questions or concerns, please reach out to the Provider Enrollment Team vtproviderenrollment@gainwelltechnologies.com'. The form has four required fields, each marked with an asterisk and a help icon: '* Tracking Number', '* Enter your existing Password', '* New Password', and '* Confirm New Password'. There's a 'Forgot Password?' link and a 'Clear' button. A 'Submit' button is at the bottom right. A legend indicates 'Required Fields (*)'.

- Return to the homepage and navigate to Resume Enrollment.



- Enter your ATN and newly created Password, then click Resume.

The screenshot displays the 'Revalidate Enrollment' form within the Provider Management Module. The form is titled 'Revalidate Enrollment' and includes a sub-header 'Revalidate'. It prompts the user to 'Enter your assigned Tracking Number and Password in order to revalidate enrollment.' There are two input fields: '* Tracking Number' and '* Password', both marked as required fields. A 'Forgot Password?' link is located below the password field. At the bottom of the form, there are 'Cancel' and 'Resume' buttons. The sidebar on the right shows the 'Revalidate' option selected under the 'Provider Enrollment' section.

- Review each page of the application, confirming the pre-populated information is correct, making relevant updates. Enter information that was not pre-populated.
- Submit the completed application before the revalidation period expires.

10 How to Resume an Application

If you are unable to complete your application during a single session for any reason, follow these steps to resume your application. Please note that once registered, you have 30 days to submit your application. You will receive notification of your expiring application at 15 days. On the 31st day, you will receive notification that your application has expired, and you will need to start a new application.

1. Go to the Provider Enrollment Portal and select Resume Enrollment.
2. Enter your Application Tracking Number (ATN) and Password.
3. Click Resume of the bottom right-hand corner of your screen Your application will open where you left off.

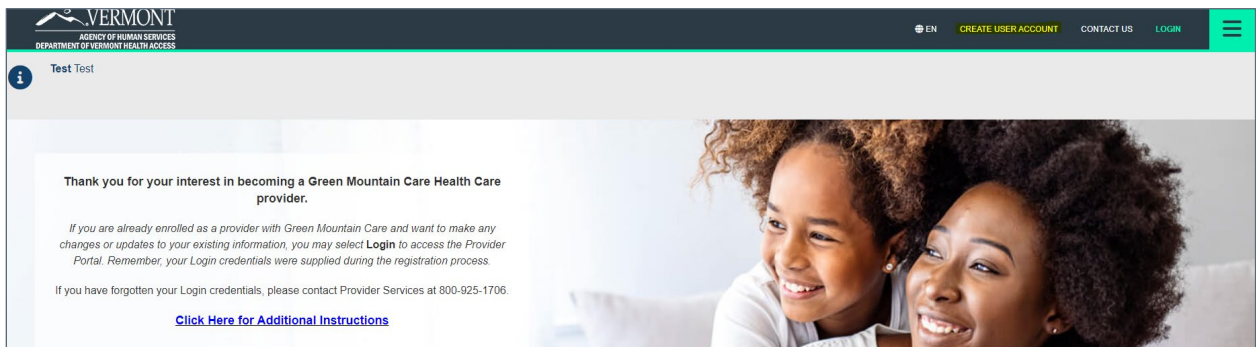
The screenshot shows the Vermont Agency of Human Services Department of Vermont Health Access Provider Management Module. The header includes the Vermont logo, 'Provider Management Module SOLUTIONS', and links for 'EN' and 'CREATE USER ACCOUNT'. A system upgrade notice is displayed at the top. The main content area features a 'Thank you for your interest in becoming a Green Mountain Care Health Care provider.' message, a 'Providers' section with a 'Get Started' button, and a sidebar with a 'Provider Enrollment' menu containing options like 'New Enrollment', 'Resume Enrollment', 'Revalidate', 'Enrollment Status', 'Manage Password', 'Manage Email', and 'Cancel Enrollment'. The footer contains links for 'DISCLAIMER', 'WEBSITE REQUIREMENTS', 'PRIVACY POLICY', and 'COOKIE POLICY'.

The screenshot shows the 'Resume Enrollment' page within the Vermont Provider Management Module. The header includes the Vermont logo, 'Provider Management Module SOLUTIONS', and links for 'CREATE USER ACCOUNT', 'CONTACT US', and 'LOGIN'. The page title is 'Resume Enrollment'. Below the title, there is a form with two required fields: '* Tracking Number' and '* Password'. A 'Forgot Password?' link is also present. At the bottom of the form, there are 'Cancel' and 'Resume' buttons. The footer contains links for 'DISCLAIMER', 'WEBSITE REQUIREMENTS', 'PRIVACY POLICY', and 'COOKIE POLICY'.

11 How to Register for the Provider Portal

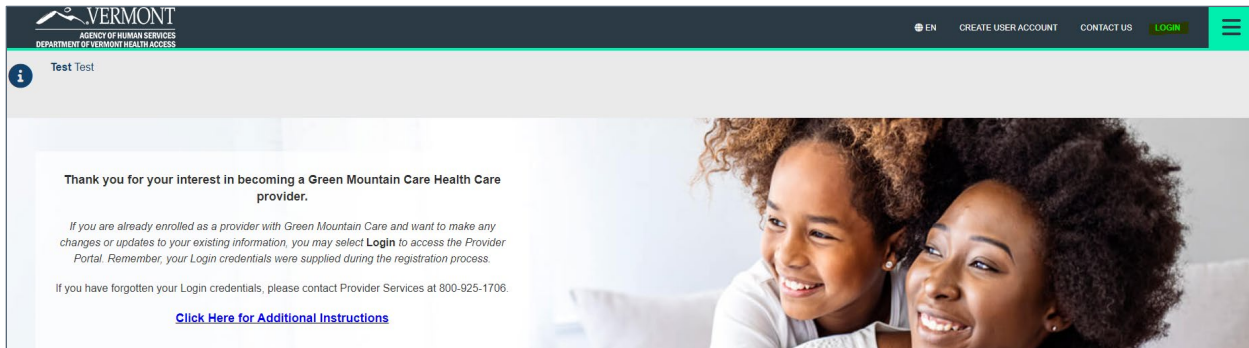
Upon successful enrollment in the Vermont Medicaid Program, you will receive a Welcome Letter. The Welcome Letter will include your Service Location ID and your VT Medicaid Provider Identifier. You will receive a separate notice including your invitation code to the Provider Portal. This information is derived from the information entered on the Agreement/Submit page of your application. Once you have this, you may begin registration for the Provider Portal. Follow the instructions on your notification to register your invitation code and create an account.

1. Go to the homepage of the Provider Management Module and click on **Create User Account**.
2. Enter the Invitation Code from your email notification.
3. Verify your identity.
4. Create Account Profile.
5. Accept User Agreement.



12 How to Update My Information

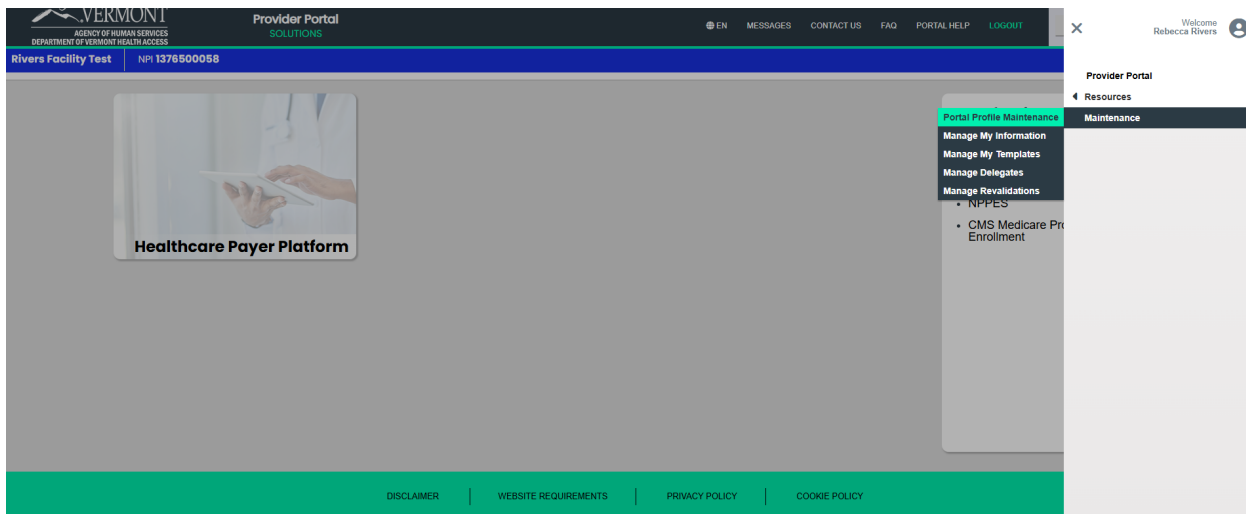
Once your Provider Portal registration is complete, you may log in to the Portal using the login and password you created during the registration process. To login, click on the Login button on the top right-hand section of the Provider Management Module homepage.



12.1 Portal Profile Maintenance

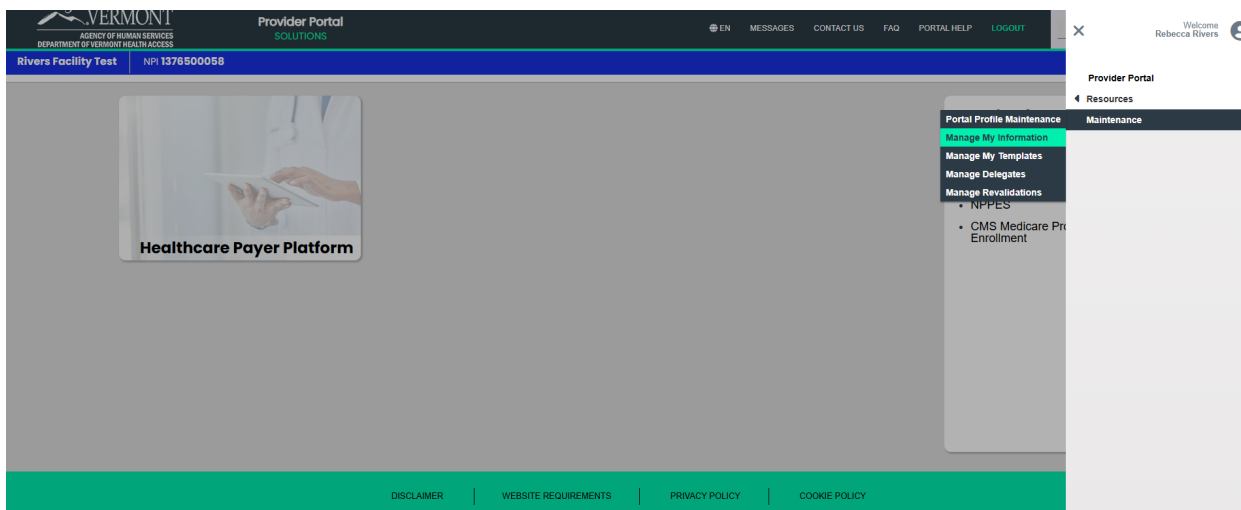
You have the capability of updating information that pertains to your user profile (i.e.: your contact information, language preferences, or password). To access this page, click on Maintenance and click on Portal Profile Maintenance.

Note: This is not where you update information regarding the provider's enrollment.



12.2 Manage my Information

The Manage My Information section of the Provider Portal is where changes to a provider's enrollment information can be made. To access this page, click on Maintenance and click on Manage My Information. Please note there are certain fields that cannot be edited in the Provider Portal. These are: Enrollment Type, Provider Type, NPI, Birth Date, SSN, EIN, and Tax Name. If this is information that you need to change, please complete a new enrollment.



12.3 Switching SSN to FEIN for Enrollment Type “Individual”

Individual Providers choosing to switch from SSN to EIN must submit a New Enrollment Application.

This information will apply to Enrollment Type “Individual” only. All other enrollment types please see [How to Update My Information section 12](#) and [FAQ](#) for changes to Tax ID. Individual Enrollment Types switching from SSN to EIN and choose to remain as an individual/sole practitioner, please follow the steps below.

Please go to [Provider Management Module](#), click on Menu> Provider Enrollment > New Enrollment. See section [7.1 Beginning a New Enrollment](#). Once you have registered your new enrollment, you will be at the General Information Tab. Your enrollment type will be “Individual”. Once you have completed the required fields for “Initial Enrollment Information”, you will then move to “Provider Information”, remaining in the tab for General Information. In the field for “Provider Information” you will be asked if you are an individual or business. Click on “Business” to enroll using your FEIN and complete the required fields. When you choose business, your SSN is still a requirement, however the FEIN field will be presented as well. Once you have completed the required fields you will be asked, “Are you currently enrolled as a Provider?” As a currently enrolled provider, while changing your SSN to FEIN, you will click yes and enter your seven-digit provider ID number. Please continue filling out the required information for the General Information tab, and as with all tabs when completing an online application, please remember to click on the “Save and Continue” button located at the bottom or top of the page. All tabs will need to be completed, and your new application submitted.

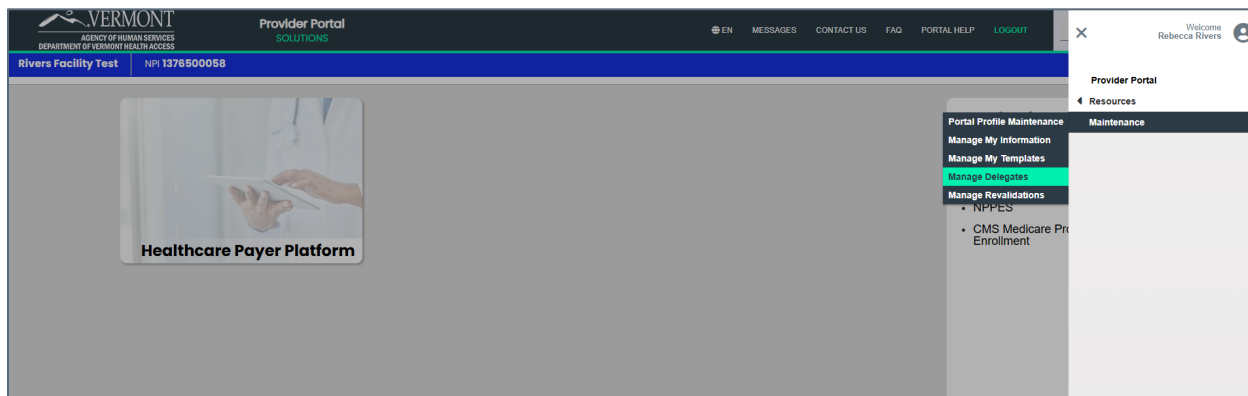
As an actively enrolled VT Medicaid provider, to avoid your application being returned as a duplicate enrollment, please also email vtproviderenrollment@gainwelltechnologies.com letting them know you have submitted a new enrollment application for the purpose of changing from SSN to FEIN.

Please note, enrollment for Individual as Business, you will not be required to upload your provider license. However, your license information during this process is required. To validate the license information you provide, please be sure to attach/upload your current provider license information when you are prompted to attach the required documents to accompany your online application.

12.4 Manage Delegates

To add, remove, or make edits to a provider’s Delegates, navigate to the Manage Delegates screen in the Provider Portal. To access this page, click on Maintenance and click on Manage Delegates.

If you hold a provider account (meaning you have direct access to provider enrollment data), you can add/remove delegates to maintain your information on your behalf. If your delegate has an existing delegate account, you can add that delegate by creating a new entry and using the delegate's relationship code to link to your account.



12.5 Add a New Delegate

You have the option to add an already registered delegate or add an unregistered delegate (an individual who does not already hold a delegate portal account).

To add a Registered Delegate, click **Add Registered Delegate**. Enter their Last Name and Relationship Code, then click Continue.

Delegates

Service Location Information

NPI	Base ID	Name
1376500058	3000055026	Rivers Facility Test

Service Location
select a value...

Delegate Information

Use Show Inactives check box to include inactive delegates.

ADD REGISTERED DELEGATE

Required Fields (*)

* Last Name	* Relationship Code

To add an Unregistered Delegate, click **Add Unregistered Delegate**. Enter all required information, including assigning roles and functions, then click Submit.

Delegates

Service Location Information

NPI	Base ID	Name
1376500058	3000055026	Rivers Facility Test

Service Location

select a value...

Delegate Information

Use Show Inactives check box to include inactive delegates.

Add Unregistered Delegate

Add Registered Delegate

ADD UNREGISTERED DELEGATE

Required Fields (*)

Enter the required information below. A registration invitation will be sent to the email address specified, directing the new delegate to register with the Provider Portal. The delegate will be required to enter the account information to complete the registration. The new delegate account will be in Pending status until they successfully complete the registration process.

* Last Name	* First Name	Middle Name

* Email	* Phone Number	* Primary Language	☒ Active
		select a value...	

Add Options

☒ Assign All Available Service Locations / Security Functions

Providers can specify that this is a Delegate Administrator for **all** service locations. The Delegate Administrator will automatically be given **all** security functions for **all** service locations and has the ability to add and maintain delegates for **all** service locations.

☐ Delegate Administrator

☐ Assign All Available Service Locations / Assign Selected Security Functions

☐ Select Service Locations / Security Functions

Cancel

Submit

12.6 Edit an Existing Delegate

Double click on the Delegate's name and a new window titled "Assign Delegate" will open. From here, you can update the Delegate's security functions and assign them as a Delegate Administrator if appropriate. Once you've finished making edits, click Save.

12.7 Deactivate a Delegate

Double click on the Delegate's name. A new window titled "Assign Delegate" will open. From here, uncheck the "Active" box next to the delegates Relationship Code. Click Save.

Assign Delegate

Required Fields (*)

First Name

Last Name

User id

Julia

Bullock

VTUATDELG03

Email

Relationship Code

☒ Active

don.rush-page@dxc.com

Y6OPCQUQ

Providers can designate a Delegate Administrator (DA) for each service location. The DA is automatically given all security functions for the specified service location and has the ability to add and maintain delegates for the specified service location.

Active	DA	Service Location	Security Functions
☒	☐	Office - 95 CARRIGAN DR., BURLINGTON, VT 05405-1746	Provider Maintenance, File Download EDMS, Member In Focus

SECURITY FUNCTIONS

Select the functions that the delegate is authorized to access.
At least one function must be selected for active service locations.

Available Functions

Selected Functions

Provider Maintenance

File Download EDMS

Member In Focus

RESET

CANCEL

SAVE

13 Resources

If you need help obtaining any provider number, determining your application type, or other general application help, please contact Gainwell's Enrollment Team at vtproviderenrollment@gainwelltechnologies.com or call the Provider Services Help Desk at 800-925-1706.

If you are experiencing technical website difficulties, please contact the help directory on the PMM website (found by clicking the Contact Us link in the top right of the webpage).

To access step-by-step training videos, visit the [Gainwell Learning Center](#).

14 Change of Ownership (CHOW)

If you need to report a Change of Ownership with less than 50% interest, you can do so through your Provider Portal Account under Manage My Information. If the change of ownership is greater than 50%, you will need to complete a CHOW application or complete a new application. To decide which is required, complete the Change of Ownership information on the Welcome Page.

PROVIDER ENROLLMENT **New Enrollment**

Welcome

Welcome to the Online Provider Enrollment System

Please note that only one service location and one provider type can be enrolled per application. All attachments must be complete, legible and current. You will be notified if your application cannot be processed because it is incomplete or the information is incorrect.

All providers may need the following minimum information to complete your enrollment request:

- Address information
- Tax Identification Number/Social Security Number

Additional information may also be required depending on provider type such as:

- National Provider Identifier
- Taxonomy code(s)
- License Number(s) and Effective Dates
- CLIA Number and Effective Dates – if billing laboratory codes

*** Do you need to change ownership?**

☐ Yes ☒ No

"Start" Button will be enabled based on the answer selection. The application will automatically save each time you click "Save or Continue".

Start

You will be presented with a series of questions that will lead you to the correct application type.

If the Tax ID and NPI will transfer from the old owner to the new owner, answer as follows, entering the correct % of change of ownership, and click Start.

PROVIDER ENROLLMENT **New Enrollment**

Welcome

Welcome to the Online Provider Enrollment System

Please note that only one service location and one provider type can be enrolled per application. All attachments must be complete, legible and current. You will be notified if your application cannot be processed because it is incomplete or the information is incorrect.

All providers may need the following minimum information to complete your enrollment request:

- Address information
- Tax Identification Number/Social Security Number

Additional information may also be required depending on provider type such as:

- National Provider Identifier
- Taxonomy code(s)
- License Number(s) and Effective Dates
- CLIA Number and Effective Dates – if billing laboratory codes

*** Do you need to change ownership?**

☒ Yes ☐ No

*** Will the Tax ID transfer?**

☒ Yes ☐ No

*** Will the NPI transfer?**

☒ Yes ☐ No

*** What is the total % change of ownership?**

51

"Start" Button will be enabled based on the answer selection. The application will automatically save each time you click "Save or Continue".

Start

If the Tax ID and/or NPI will not transfer from the old owner to the new owner, you will receive notice that a new application is required.

TAX ID TRANSFER

Your State requires a new enrollment when the Tax ID is not being transferred.
Please start new enrollment

OK

15 Frequently Asked Questions

Q: Can I use the same email address for multiple providers in the group?

A: The email address is to establish contact with the agent completing the application and can be used on multiple applications.

Q: Do you need to submit actual ink signatures or just the email validation?

A: The new Provider Enrollment Wizard was developed to accept an electronic signature. This removes the need for a “wet” signature, more commonly known as a signature made on an original document using ink.

Q: Does the Provider Application have to be done in a specific order?

A: In the Provider Enrollment Wizard, you must complete each section in order; however, after you save a section, you can return to a previous section if necessary.

Q: How do I update my NPI with Vermont Medicaid?

A: A provider’s NPI cannot be corrected or updated after enrollment. A new application will be required.

Q: If a provider changes their tax ID number, is this considered a new enrollment?

A: Yes, if a provider needs to make a change to their tax ID, a new enrollment would be required.

Q: On the Address Page, will the “Same as Above” option populate the name and address fields if the “Pay to Name” is different than the enrollment name?

A: The Same as Above option should only be used if the provider being enrolled should receive the payment for services rendered. This option brings over the enrollee’s name and does not provide an option to change the Pay to Name. This could result in payments being made to the wrong name and address.

Q: What number do we call to get our ID numbers?

A: Provider’s NPI, VT Medicaid Provider ID and 14-digit Service Location ID can be found on the Provider Lookup at <http://vtmedicaid.com/#!/providerLookup>.

Q: When adding an individual to a group will you still be required to include the employer W-9 and liability insurance declaration page?

A: The W-9 and insurance are required for all providers. A list of required documentation will display as you complete the Provider Enrollment Wizard.

Q: When will we start getting notifications for revalidations?

A: Revalidation notices will be sent 90 days prior to the due date. A second reminder is sent 45 days prior to the due date.

Q: Will all groups be available for selection in the new system when we begin adding new providers to our group?

A: Yes, all actively enrolled groups are available in the system. As you add new members to your groups, you will need the group number for the group for which you wish to add new members.

Q: Will the Provider Enrollment Wizard application work better with Google, Firefox, Explorer or something else?

A: The new Provider Enrollment Wizard works well in all these browsers, but we recommend Internet Explorer.

Q: Do W9s ever expire?

A: W-9 forms do not expire. However, the IRS requires them to be replaced when specific information is changed, including changes in names, type of business entity or a taxpayer ID number.

16 Online Application Tab Descriptions

16.1 General Information

The General Information page is where the application begins.

The Enrollment Type and Provider Type selections made on this page determine the information you will be required to provide throughout the application. When you click Save and Continue on this page, you will not be able to change the enrollment type or provider type. If you realize later in the application that you made the wrong selection, you will have to cancel the enrollment and begin a new one. For more guidance on Enrollment or Provider Type, please refer to Section 6 of this guide.

If you are revalidating your enrollment, your Medicaid ID will be displayed. Certain information will pre-populate the application based on the information we have on file. This streamlines the process for you as you will only need to review your information, make any necessary updates and attach required documentation. If you are re-enrolling, please enter your previous 7-digit VT Medicaid provider number.

Please note that providers terminated for cause are not allowed to re-enroll and will have to contact our enrollment support center for further assistance. Cause for termination may include sanctions, convictions, fraud, etc.

The Contact information requested on this page is only for application-related questions. You will have the opportunity to identify contacts for payment and mailing information later in the application.

You must select the program in which you are enrolling in. Currently, VT Medicaid allows one option, FFS. Select FFS in the drop-down list.

16.2 Specialties

The enrollment wizard presents a list of specialties from which to choose based on the provider type selected on the General Information page. You may enter multiple specialties, but one must be made primary. All taxonomies under which you will bill services must be included on your application. Use the Additional Taxonomy panel to report any taxonomies not reported in the Specialty table.

Additional taxonomies can be added along with additional non-primary specialties.

16.3 Addresses

The enrollment wizard supports multiple addresses. The Service Location, Mail To and Pay To address information is required for enrollment types Individual, Atypical, Group and Facility. Providers enrolling as Individuals within a Group are not prompted for address information because the system will default to the information provided by the group. Ordering, Prescribing and Referring (OPR) enrollments require the Service Location and Mail To addresses only.

The remaining address types give you the option to copy the address and/or contact information from a previous entry. This feature eliminates the need to enter the same information multiple times. If you elect to copy an address and subsequently realize there is an error, un-select the Same As box, return to the original address, make the correction, then select Same As again. You can copy the information from the previous entries only after completing the required fields under the previous address entries.

The Informational Mail To information is optional and is used for general provider mailings including bulletins, newsletters or other general information. Complete this panel only if you do not wish to have general mailings sent to the Mail To address provided earlier.

The Doing Business panel is optional. This information is used if the enrollment team has questions specific to Doing Business As information provided earlier in the application.

The Medical Records Request panel is optional. This information is used if the provider wants the patient records to be mailed to this address.

Once any information is entered into the optional panels Informational Mail To, Remit To, and the Doing Business As, the following fields must be populated before being able to save and continue: Location Name, Last Name, First Name, Address Line 1, City, State, Country, Zip Code and Phone Number. If none of the fields of the optional address panels are populated, then the Location Name field is not a requirement.

All addresses entered in this section of the application are verified with the US Postal Service. Change suggestions as a result of the USPS verification process will display. You may either accept the changes or exit out of the screen to keep your entry as is.

16.4 Service Location

The Service Location page presents you with a list of details to be added for your service location. It captures mandatory details like preferred member's gender details, age restrictions on patients to whom the services are rendered and details pertaining to any special provisions or considerations given to patients of special needs at your service location. The Service Address Information is available to the public unless you elect to opt out of the provider directory.

16.5 Organization

Please complete information about your organization. You will need to provide your Organization type and your tax classification. If you are registered with the Secretary of State or Incorporated, you will need to provide that information.

16.6 Associations

The Associations page is where an individual provider associates with a group, a group lists individual providers associated with it or a facility lists individual Ordering, Prescribing and Referring providers. Associations are limited to providers currently enrolled in the program.

For individual providers to establish an association to a group, the group must first be enrolled in the program.

Effective Date should reflect when the association began. If the relationship is current, enter an end date far into the future, for example, 12/31/2999.

16.7 Credentials

The Credentials page is where you enter all relevant licensure and Medicare participation information. You must be holding a license in good standing in the same state as the location where you will render services. Please confirm all credentials are current before submitting your application as expired credentials will result in denial.

Click on Create New button on each appropriate panel and enter all required information. You may create more than one record in each of the panel following the same process. Edit any entry by clicking on the pencil icon.

16.8 Capacity

The Capacity page is where you enter in the maximum number of VT Medicaid members you will accept per Specialty.

16.9 Provider Type

Providers that bill laboratory services must submit Certified Laboratory Improvement Amendments (CLIA) information. List all current CLIAs assigned to your NPI.

Hospitals are required to enter information about the type and number of available beds. When there are no known end dates, enter 12/31/2999. Create one entry for each bed type.

Providers enrolling to provide Durable Medical Equipment (DME) services should complete the DMEPOS information, as relevant.

16.10 Other

Telehealth: Indicate if you provide telehealth services to Vermont located members.

List all languages spoken at the Service Location. This information will be included in the provider directory.

Identify any certifications held, along with the required information for each. If the Certification Type selected is Other, then the Other Certification and Certification Number should be entered.

All providers must respond to the malpractice question. Providers that respond yes to the malpractice question will be required to complete the section in its entirety. When claim status is closed, Settlement paid amount must be entered. Zero is a valid dollar amount.

The Medical Related Organization Panel Capture any medical related organizations in which the provider has ownership, e.g., laboratory, home health agency, radiology facility, mobile. This panel displays for the following Providers Enrollment Types: Individual physician, OPR and individual within a group.

If your Malpractice is covered by a Federal Tort Claims Act (see title 28, U.S. Code, section 1346 (b), and sections 2671 through 2680), please use the effective date of your application, or your requested effective date in the malpractice field; with an end date of 12.31.9999. Upload of your Federal Tort as proof of malpractice will be required in the attachment step on your online application. The Federal Tort should show the Federal Seal on the document, provider name and NPI applied and legible.

16.11 EFT

If you wish to be enrolled to receive payments from VT Medicaid electronically, select yes to the first question on this tab. This will open the panel and allow you to provide us your financial information.

You will be required to enter your Financial Institution Name, Routing Number, Type of Account, Provider's Account Number and the Preferred ID (Tax ID or NPI) to link to the Account Number.

You will be required to submit a copy of voided check or bank letter with your application. This document will be required in the Attachments page of the application.

16.12 Disclosures

Every enrolling provider is required to complete the self-disclosure form in its entirety.

Every provider who has Owners and/or Managing Employees must complete the applicable disclosure forms for each disclosed entity. You must respond to the first question in both the Ownership and Control Interest and Managing Employee forms. When you respond "yes", you will be prompted to complete the rest of the form. If you respond "No" to the first question, you are finished with this section and may Save and Continue.

To add a disclosed entity, click Create New to open a new form. Once you have completed the form, the status will change from New to Completed. The application cannot be submitted until all three forms show a status of Completed.

To view a completed form, click on the disclosure form type. Another window will open listing all disclosed entities. Click on the pencil icon to open each form.

16.13 Background Check

The Background Check page reminds high-risk providers that they, and all their associated disclosed entities, specifically individuals with more than 5% ownership in the provider's business, are subject to compliance with the fingerprinting requirement.

This page also allows these individuals to indicate if they have previously submitted fingerprints to Medicare or Medicaid within the past five years. This information is used to determine compliance with the fingerprint requirement.

Once you have submitted your application, additional information will be sent to you within 30 days from the Department of Vermont Health Access with further instructions.

16.14 Fees

The Affordable Healthcare Act requires that certain providers pay an application fee. The fee is determined annually by CMS. If you owe a fee, you must mail a money order or cashier's check, made payable to The Department of Vermont Health Access. Payment must be made prior to approval of your application.

16.15 Attachments

The enrollment wizard enables you to attach required documentation directly to the application for faster processing. Common required attachments include W-9, proof of professional insurance, a copy of your license, proof of application fee payment (applicable only to a limited number of provider types) and a copy of the CLIA.

The enrollment application will accept any standard file type including .pdf, .jpeg, .png, .doc, .docx, .xls, .xlsx. Review your attachments to make sure you aren't missing any, unless you intend to fax or mail them.

Don't worry if you are not able to attach all required documentation electronically. When you submit the application, you will have the option to print a cover page that must be included with any faxed or mailed attachments. The cover page includes a bar code that enables the documentation to be associated with your application. Please note that the enrollment will remain in a pending status until all required documentation is received.

16.16 Agree/Submit

Once you click on the Submit button, you cannot make any further changes to your application. Errors and omission cause delays in application processing, so we encourage you to take a few minutes and do the following:

- Double-check that you have entered all required information correctly. Use the tabs at the top of the screen to navigate through the pages.
- Review your attachments to make sure you aren't missing any, unless you intend to fax or mail them instead.
- Read the terms of the agreement, sign and date as required.

To electronically sign your application, click on the "Request Verification Code" button. This will generate an email to be sent to the verification email address listed on your application. Prior to leaving this page of the application, or the application entirely, check your email and enter the verification code immediately. The verification code will expire if you leave this page or the application.

Thank you for using our Provider Enrollment Wizard!