

Provider Representative Coverage Map

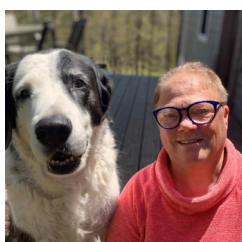
For general questions, please contact our Call Center at 800.925.1706.

If you have eligibility questions, please call our VRS line at 800.925.1706, option 1 then option 1 again, or use our web portal services at <https://vtmedicaid.com/#/home>.



Joe McGinnis - Joe.mcginis@gainwelltechnologies.com - 802.828.7414

Billing Provider Type	Type Description
004	Dentist
017	PT-OT-ST
018	Chiropractor
031	Rural Health Clinic
037	State Designated MH Clinic
038	State Def. Intellectual DIS Clinic
039	State Def. Child – Family Waiver Clinic
042	State Def. Ind Aging Waiver
043	Naturopathic Physician
044	Pharmacist
T01	Psych Residential Facility
T06	Nurse Practitioner
T07	Registered Nurse
T11	FQHC
T16	State Defined Targeted Case MGMT
T20	Family Support Management
T21	State Designated Children’s Med Services
T25	State Def. ADAP Facility
T27	State Defined Dept of Education
T34	State Def. Case Rate Agency
T44	Nutritional Educators
T46	Behavioral Analyst
T47	Family Supportive Housing
T48	Community Health Worker



Misty Griffith - Misty.Griffith@gainwelltechnologies.com - 802.497.6969

Billing Provider Type	Type Description
005	Physician
019	Master Level Psychologist
030	Psychologist
T38	LADC



Emma Rapp - emma.rapp@gainwelltechnologies.com - 802.800.2527

Billing Provider Type	Type Description
001	General Hospital
003	Clinic Center Urgent Care
013	Ambulance
T02	Dialysis Facility
T03	Ambulatory Surgical Center
T13	Non-Emergency Transportation Services
T31	Sole Source Eyeglass Lab
T37	Physician Assistant
T39	License Midwife
T45	Sleep Study Center

vtproviderreps@gainwelltechnologies.com - 802.497.6969

Billing Provider Type	Type Description
006	Podiatrist
007	Optometrist
008	Optician
009	Pharmacy
010	Home Health
011	Independent Radiology
012	Independent Lab
014	Durable Medical Equip.
020	Nursing Home
021	Nursing Home Non-Medicare
027	Hospice
029	ICF/Intellectual Disability
035	Audiologist
T04	Personal Care Services
T14	State Fed Residential Care Waiver
T17	State Def. Ind Case Manager
T19	State Def. Voc Rehab Agency
T23	State Def. Non-med Residential FAC
T26	State Def. Adult Day Facility
T36	Independ. Billing High Tech Nurse