



Department of Vermont Health Access November 2020 Advisory

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DXC Technology is now Gainwell Technologies

We are happy to announce that our DXC Technology state healthcare organization is now Gainwell Technologies. Providers and their staff are advised to adjust their systems to reflect this name change. During the next few months, providers will notice changes to correspondences, email addresses and the website as we start the process of changing our branding. You may have already heard the change when you called our offices. Our mailing addresses will remain the same. We thank the provider community for their patience during this transition and will continue to work hard to deliver the outstanding service to which you are accustomed.

gainwell




Claim Submission Review and Accuracy

The DVHA and Gainwell Technologies would like to remind providers that it is vital to review the accuracy of the information on your claims prior to submission. It is also important to notify Gainwell of any changes to your organization that may affect your claims submission. The DVHA and Gainwell have seen an increased number of requests to retro terminate contracts for providers from the VT Medicaid program. When Gainwell receives a request to retro terminate a provider, a review is conducted in order to ensure no claims have processed since the requested date of termination. If a claim has been processed with a date of service after the requested termination date, Gainwell will recoup those services from the billing provider, as all providers on your claim (billing/attending/referring/ordering/prescribing) must be actively enrolled with VT Medicaid on the date of service. In order to avoid such recoups, please be sure to review your claims for accuracy before you submit them for processing and notify Gainwell in a timely manner when a provider has terminated from your group or practice. The Termination Notice form can be found at <http://vtmedicaid.com/assets/provEnroll/TerminationNotice.pdf>.

When submitting a claim that includes a provider with multiple VT Medicaid provider ID's associated to a single NPI, you are required to also include the taxonomy. This taxonomy should be associated to the VT Medicaid provider ID for which you want the services billed under. This information can be found in the VT Medicaid CMS1500 and UB04 Billing Guide, located at <http://vtmedicaid.com/assets/manuals/CM-S1500UB04BillingGuide.pdf>. The DVHA and Gainwell Technologies have noticed many providers submitting claims using the VT Medicaid provider ID in lieu of the taxonomy. Below are the guidelines on what is allowed when billing to VT Medicaid. If you have an NPI, you are required to submit your claim using that NPI. If you have multiple VT Medicaid Provider Numbers under one NPI, you are required to bill using an NPI and taxonomy. Providers who do not have an NPI and are enrolled with VT Medicaid as Atypical are the only providers allowed to bill using a VT Medicaid Provider ID. Any claims submitted on or after 11/15/20, that are billed with a VT Medicaid Provider ID, and are not Atypical providers, will be returned.

This is a reminder for all providers, including groups, to review your provider listing and confirm whether you are accepting New Patients on Provider Lookup at <http://www.vtmedicaid.com/#/providerLookup>. Please use the Vermont Medicaid Provider Information Change Form for any updates to your service location. Additional service locations that need this update will require a separate form. Accepting new patients can be found in the Demographics section of the form. Be sure to fill out the required information that is marked with an asterisk *. Supplying your service location is necessary for the requested update.



Program Year 2020 Attestation Window for the Promoting Interoperability Program is Open

The Vermont Medicaid Promoting Interoperability Program (PIP)/Electronic Health Record Incentive Program (EHRIP) team would like to remind providers that the submission window for PY2020 applications opened on September 1, 2020 and will run through January 31, 2021. All Eligible Professionals who have received at least one payment from the Medicaid PIP/EHRIP are qualified to continue participation until they have participated for six (6) Program Years.

Learn more about PIP/EHRIP reporting and documentation requirements and review the guidance for Stage 3 Meaningful Use criteria at our website: <https://healthdata.vermont.gov/ehrip>. We also offer customized web-based consultations. If you would like to request a consultation or have any additional questions, email us at: ahs.dvhaEHRIP@vermont.gov.



Provider Revalidation Required Every 5 Years

The Department of Vermont Health Access would like to remind everyone that all providers are required to revalidate with Vermont Medicaid every 5 years to continue participation in the network. Providers will receive notifications 90 days prior to the required revalidation date, with a reminder notification sent 45 days prior. These notifications will provide the information needed to revalidation through the Provider Management Module. All providers can see their specific scheduled revalidation date by logging in to the Provider Management Module Provider Portal. Failure to revalidate will result in termination of your enrollment in the Vermont Medicaid Program.

For questions related to the revalidation process, please contact the Provider Services Help Desk at 800-925-1706 (Toll-Free In-State) or 802-878-7871 (Local and Out of State).



EDI Frequently Asked Questions

What is EDI?

EDI stands for Electronic Data Interchange. When computers exchange data using EDI, the data is transmitted in EDI Standard format so that it is recognizable by other systems using the same EDI Standard format. Companies who use EDI have their own translator software package to convert the data from the EDI Standard format to their computer system's format.

What Information is transmitted via EDI?

EDI can involve many types of information. Currently, the State of Vermont uses EDI standards to define the format of healthcare related information that is transferred from healthcare providers, to their Trade Partners, to the State of Vermont.

This information includes:

- 270 Health Care Eligibility Benefit Inquiry
- 271 Health Care Eligibility Benefit Response
- 276 Health Care Claim Status Request
- 277 Health Care Claim Status Response
- U277 Unsolicited Claims Status Response
- 820 Health Insurance Exchange Related Payments
- 835 Health Care Claim Payment Advice
- 837D Health Care Claim - Dental
- 837I Health Care Claim - Institutional
- 837P Health Care Claim – Professional
- Payer Initiated Eligibility/Benefit (PIE) Transaction (X279A1)
- 999 Implementation Acknowledgement

What are Trading Partners?

Companies that exchange EDI data are called trading partners.

What is PES?

Provider Electronic Solutions (PES) is a proprietary Windows-based software that enables providers to submit claims electronically, receive claim status, and verify beneficiary eligibility in a batch mode. This method eliminates re-entry of certain data. <http://www.vtmedicaid.com/#/pes>

Provider Resources

Provider Manuals: <http://www.vtmedicaid.com/#/manuals>

Provider Resources: <http://www.vtmedicaid.com/#/resources>

VT Medicaid Banner: <http://www.vtmedicaid.com/#/bannerMain>

Provider Enrollment Resources: <http://www.vtmedicaid.com/#/provEnrollDataMaint>

To request a digital copy of the advisory, please email vtpubs-comm@gainwelltechnologies.com

Please make sure to check the Banner regularly for the most up-to-date information.



Gainwell Technologies

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Hours of Operation (Provider Services):

Monday - Friday: 8:00AM to 5:00PM

Out-of-State Phone: 802.878.7871

In-State Phone: 800.925.1706

Fax: 802.878.3440

<http://www.vtmedicaid.com/#/home>



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DEPARTMENT OF VERMONT HEALTH ACCESS

Department Of Vermont Health Access

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Hours of Operation:

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