

Vermont Medicaid Banner

Please share the information contained in the Banner with all staff members.
To access Full Banners, please visit: <https://vtmedicaid.com/#/bannerMain>



December 29, 2023

Closed for New Year's Day, Monday, January 1, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed in observance of New Year's Day on Monday, January 1, 2024.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual (<https://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>). Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Reminder To Use Most Current Gainwell Forms

This is a reminder that when submitting forms, providers are required to use the current version of all Gainwell forms. Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. This includes, but is not limited to, adjustment forms, refund forms, and/or affiliation request forms. Information submitted using outdated forms will be returned and providers will be asked to complete a new form. Please check <https://vtmedicaid.com/#/home> for the correct versions of all forms.

Help Vermonters with Medicaid Renewals

You can help support Vermonters with Medicaid renewals by sharing information about the renewal process. Please remind them that most households will receive a postcard when their renewal date is approaching. They may also receive reminder text messages or emails during their renewal period. Vermonters should pay close attention to all notices. Medicaid renewal forms will come at least one month before they are due. Vermonters may call 855-899-9600 if they have questions or visit <https://info.healthconnect.vermont.gov/find-local-help/find> to find a local assister to help.

Partners and providers can visit <https://dvha.vermont.gov/partners-providers> for helpful tips. You can also find tools for sharing information about Medicaid renewals at <https://dvha.vermont.gov/unwinding/communications-toolkit>.

Eligible for Medicare Enrollment - LCMHC and LMFT

As of 01/01/2024, Licensed Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) can enroll with Medicare. As Medicaid is the payer of last resort, all eligible MFT and MHC will be required to enroll and bill services through Medicare, prior to billing Medicaid. When enrolling please request a Medicare start date of 01/01/24. All eligible services on and after 01/01/24 must bill Medicare as primary. See the Medicare fact sheet at <https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>. Providers who are not eligible to enroll with Medicare can continue to provide Medicaid services. Additional information will be sent in future communications. If you have questions regarding the policy and billing changes for Medicaid, please contact your Gainwell Provider Relations Representative. <https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

December 22, 2023

PA Changes for Procedure Codes 81338, 81279, 81351, 81352, and 81353

The following codes 81338, 81279, 81351, 81352, and 81353 were inadvertently listed as procedures that do not require a PA. Therefore, effective 1/15/2024, these codes will require a prior authorization. ACO attributed members will not require a prior authorization.

- 81338 - Gene Analysis (MPL Proto-Oncogene, Thrombopoietin Receptor) For Detection Of Common Variants
- 81279 - Gene Analysis (Janus Kinase 2) Targeted Sequence Analysis
- 81351 - Gene Analysis (Tumor Protein 53) Full Sequence Analysis
- 81352 - Gene Analysis (Tumor Protein 53) Targeted Sequence Analysis
- 81353 - Gene Analysis (Tumor Protein 53) Targeted Sequence Analysis For Detection Of Unknown Familial Variant

Closed for Christmas Day - Monday, December 25, 2023

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Monday, December 25, 2023, in observance of Christmas Day.

Eligible for Medicare Enrollment - LCMHC and LMFT

As of 01/01/2024, Licensed Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) can enroll with Medicare. As Medicaid is the payer of last resort, all eligible MFT and MHC will be required to enroll and bill services through Medicare, prior to billing Medicaid. When enrolling please request a Medicare start date of 01/01/24. All eligible services on and after 01/01/24 must bill Medicare

as primary. See the Medicare fact sheet at <https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf>. Providers who are not eligible to enroll with Medicare can continue to provide Medicaid services. Additional information will be sent in future communications. If you have questions regarding the policy and billing changes for Medicaid, please contact your Gainwell Provider Relations Representative. <https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

December 15, 2023

Place of Service 10

Telehealth services are reimbursed at the same rate as in person visits. A system error was discovered for telehealth services billed with place of service 10. POS 10 is defined as - patient is located in their home (which is a location other than a hospital or other facility). The system has been corrected and claims will be adjusted and reprocessed by Gainwell, retroactive to 1/1/2023.

Prior Authorization Removed on CPT Codes 76981, 76982, and 76983

Effective 12/1/2023, DVHA will no longer require a prior authorization for CPT codes 76981 Ultrasound, elastography; parenchyma (e.g., organ), 76982 Ultrasound, elastography; first target lesion, and 76983 Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure).

HCPCS G2212 Prolonged Services No Longer Covered

Effective January 1, 2024, DVHA will no longer cover HCPCS code G2212 for prolonged services. Providers who seek reimbursement for prolonged services should begin using CPT code 99417. These codes are used to report prolonged service time by the physician or other qualified health care professionals provided on the same date as the highest level of service of the associated E/M service.

The medical record documentation should include the total amount of time spent with the patient providing the prolonged service time. Time spent rendering other separately reportable services other than the E/M service do not count toward the prolonged services time and should clearly indicate that it is not included in the time determining the prolonged service code.

HCPCS Code E0652 to be Added to the Imminent Harm List

Effective 1/1/2024 DVHA will add code E0652 pneumatic compressor, segmental home model with calibrated gradient pressure to the Imminent Harm List. All codes on the Imminent Harm list require a prior authorization. DVHA will follow NDC 280.6 Pneumatic Compression Devices and InterQual criteria. The determination of medical necessity for a pneumatic compression device must include: patient's diagnosis and prognosis; symptoms and objective findings, including measurements which establish the severity of the condition; reason the device is required, including the treatments which have been tried and failed; and clinical response to an initial treatment with the device.

Medicare Expansion to Enroll LCMHC and LMFT Webinar

Gainwell Technologies will be hosting a webinar to discuss the new Medicare expansion to enroll Licensed Clinical Mental Health Counselors (LCMHC) and Licensed Marriage and Family Therapist (LMFT), on Thursday, December 14th at 11am. This will be an open forum to allow providers the opportunity to ask questions regarding the Medicare coverage change and the expectations on submitting claims to Medicaid as of 01/01/2024. If you are interested in attending, register at

<https://attendee.gotowebinar.com/register/3281503883699791701>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Eligible for Medicare Enrollment - LCMHC and LMFT

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<https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

December 8, 2023

Gainwell Call Center Closed on Wednesday, December 13th, from 9:45am - 2:15pm

The Gainwell Call Center will be closed on Wednesday, December 13th, from 9:45am - 2:15pm for an internal meeting. The Call Center will be available outside of these hours as usual.

Eligible for Medicare Enrollment - LCMHC and LMFT

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<https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

Important Updates to JCODE Notice of Decisions

The Department of Vermont Health Access (DVHA) is making changes to the Notice of Decision (NOD) for physician administered (J Code) drugs, ensuring more timely notification of final determinations. The Pharmacy Benefits Manager, Change Healthcare, will begin sending NODs directly to the prescriber's office via fax starting November 30, 2023. Determinations will continue to be routed to DVHA for entry into the MMIS for medical billing. There will be a transition period to where administering providers may receive two NODs. **Please add your fax number to your review request.** Please verify your fax number is correct by logging in to the Provider Management Module <https://vermont.hppcloud.com/Home/Index/> and clicking on the Manage My Information section. For questions or help, please contact Gainwell Provider Services at 800-925-1706.

Banking Information VSECU

Gainwell has been alerted that the routing numbers for VSECU have changed. VSECU has stated the previous routing numbers are still being accepted but recommend proactively updating this information to avoid future interruption in your direct deposit transactions. If your current bank information on your active VT Medicaid enrollment is through VSECU, please navigate to your Provider Portal account to make the changes within your EFT enrollment. Please direct any questions to the Gainwell enrollment team at vtproviderenrollment@gainwelltechnologies.com.

Provider EFT Accounts and Fraud Prevention

Gainwell would like to inform providers that extra precautions will be taken when a request is received to update banking information for active enrollment. This is needed to confirm the request is valid. Gainwell has added this additional step to ensure no fraudulent activity takes place to your banking information. Any request to update existing banking information must be validated by direct outreach to the organization and confirmation of the request must be received before the bank information update is complete. Providers are encouraged to use their Provider Portal account to update information to ensure timely and secure transactions.

Server Maintenance - December 10, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, December 10, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

December 1, 2023

Vermont Tobacco Cessation Learning Series: Best Practices and Resources

Best Practices and Resources for VT Providers - Nov. 30, 2023, 8am-9am.

According to 2021 data from the Behavioral Risk Factor Surveillance System, 16% of adults in Vermont smoke cigarettes and attempts to quit smoking cigarettes have decreased to the lowest level in the past decade (only 47%). Join us for a 3-part Learning Series, hosted by Healthcentric Advisors and the Vermont Department of Health.

This first session of the series will focus on best practices, such as the combination of medication and therapy, as well as Vermont programs and services available to support patients with tobacco cessation. Reimbursement options for providers will also be discussed, along with related tools and resources.

Reserve your spot: <https://www.zoomgov.com/meeting/register/vJltf-usrz0oH99lizzzJHpX-omDz5qLYvk>

Save the dates for upcoming sessions in this series: Dec. 14, 2023, at 8am, and Jan. 25, 2024, at 8am.

Comprehensive Pain Program Pilot

Beginning in November 2023, the Department of Vermont Health Access (DVHA) and the University of Vermont Health Network (UVMHN) are launching a Vermont Medicaid-covered pilot program for members to participate in the Partners Aligned in Transformative Healing (PATH) program at UVM Medical Center's Comprehensive Pain Program. The pilot will allow coverage for at least 100 Medicaid members diagnosed with chronic pain. PATH is a 16-week outpatient program that approaches chronic pain from a "whole person" perspective and integrates conventional medical treatment with a range of

complementary, non-traditional, and group therapies. Participants must meet certain eligibility criteria and be referred by their physician.

For more information, view the DVHA press release at <https://dvha.vermont.gov/news> and visit the UVMHN webpage: <https://www.uvm.edu/osher>.

Help Vermonters with Medicaid Renewals

You can help support Vermonters with Medicaid renewals by sharing information about the renewal process. Please remind them that most households will receive a postcard when their renewal date is approaching. They may also receive reminder text messages or emails during their renewal period. Vermonters should pay close attention to all notices. Medicaid renewal forms will come at least one month before they are due. Vermonters may call 855-899-9600 if they have questions or visit <https://info.healthconnect.vermont.gov/find-local-help/find> to find a local assister to help.

Partners and providers can visit <https://dvha.vermont.gov/partners-providers> for helpful tips. You can also find tools for sharing information about Medicaid renewals at <https://dvha.vermont.gov/unwinding/communications-toolkit>.

November 24, 2023

COVID-19 Vaccine Coverage

Effective 11/10/23, the Department of Vermont Health Access will reimburse all enrolled Vermont Medicaid pharmacies for the cost of the COVID-19 vaccine and its administration to children. This is time-limited in accordance with the Public Readiness and Emergency Preparedness Act (PREP Act) that authorizes pharmacists, pharmacy interns, and pharmacy technicians to administer COVID-19 vaccinations to children ages 3 years and older.

Pharmacies may submit claims retroactive to 9/11/23 that were administered outside of the Vaccines for Children program to reimburse Vermont Medicaid members for any out-of-pocket expense.

For additional info, please visit the COVID-19 Vaccine Coverage news article on the DVHA website: <https://dvha.vermont.gov/news>.

Vermont Medicaid Pharmacy Program Covering Blood Pressure Monitors

Effective 09/22/23, the Vermont Medicaid Pharmacy program began covering blood pressure monitors obtained through pharmacy providers. With this policy change, a patient with medical necessity is able to obtain blood pressure monitors at Vermont Medicaid enrolled pharmacies.

The Automatic Blood Pressure Monitor clinical criteria used to determine medical necessity when writing prescriptions can be found on the DME criteria page, located on DVHA's website. <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>

Improving access to blood pressure monitors is an important initiative at Vermont Medicaid. Please consider passing this information along to patients who meet criteria and for whom cost may be prohibitive. Additional resources, including provider/patient tip sheet and downloadable poster, can be found at <https://dvha.vermont.gov/providers/quality/performance-improvement-projects>.

340B Drug Discount Program – Modifiers

Providers are reminded all drugs purchased with a 340B discount must be billed to Vermont Medicaid with the appropriate 340B modifier included on the claim. When Medicaid is the primary payer modifier TB is used on the claim to indicate the drug was purchased through the 340B discount program. When Medicaid is the secondary payor/crossover claims accepted modifiers are TB or JG for 340B purchased drugs.

Drugs NOT purchased with a 340B discount – must NOT contain a 340B modifier on the billed claim, i.e., if the claim was filled with a supply of drugs not purchased with your discount, the 340B modifiers TB or JG should NOT be present on the claim. For entities carved in with HRSA and enrolled in the VT 340B program, the reconciliation process is guided by the presence of the 340B modifier.

<https://vtmedicaid.com/assets/manuals/340BMedicaidCarvelnProgram.pdf>

Closed for Thanksgiving - Thursday & Friday, November 23 & 24, 2023

The DVHA and Gainwell offices will be closed on Thursday, November 23, and Friday, November 24, 2023, in observance of Thanksgiving.

November 17, 2023

Reminder: Documentation of Services

Please remember that providers must document all services provided on the same day of the encounter or within one week of providing the service unless extenuating circumstances are documented. At minimum, documentation must include two patient identifiers, provider rendering services, provider signature, printed name & date. All documentation must be legible, contain complete and adequate information and applicable dates. Please refer to VT Medicaid General Provider Manual Rule 5.4: <https://vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf>. Providers should reference supplemental manuals as needed.

November 10, 2023

Veterans' Day - Friday, November 10, 2023

The DVHA and Gainwell offices will be closed on Friday, November 10, 2023, in observance of Veterans' Day.

Server Maintenance - November 12, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, November 12, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

October 27, 2023

Help Vermonters with Medicaid Renewals

You can help support Vermonters with Medicaid renewals by sharing information about the renewal process. Please remind them that most households will receive a postcard when their renewal date is

approaching. They may also receive reminder text messages or emails during their renewal period. Vermonters should pay close attention to all notices. Medicaid renewal forms will come at least one month before they are due. Vermonters may call 855-899-9600 if they have questions or visit <https://info.healthconnect.vermont.gov/find-local-help/find> to find a local assister to help.

Partners and providers can visit <https://dvha.vermont.gov/partners-providers> for helpful tips. You can also find tools for sharing information about Medicaid renewals at <https://dvha.vermont.gov/unwinding/communications-toolkit>.

COVID-19 Vaccine Coverage

Vermont Medicaid will reimburse Medicaid enrolled providers for COVID-19 vaccines effective September 11, 2023. Reimbursement for COVID-19 vaccines through the Medicaid medical benefit can be found on the [Vermont Medicaid Fee Schedule](#), and [Vermont Medicaid General Billing and Forms Manual](#). Providers should report 90480 for the administration of vaccines 91304, 91318, 91319, 91320, 91321, and 91322 on the same claim.

Please note: COVID-19 vaccines are available for Medicaid members under the age of 19 through the Vaccines for Children Program (VFC) and the Adult Vaccine Program.

Please contact your provider representative if you have any questions at 800.925.1706.

Vermont Medicaid Provider Education Tab

A new Provider Education Tab has been added to the Vermont Medicaid Website. Providers may now access Vermont Medicaid educational materials and resources at <https://vtmedicaid.com/#/providerEducation>. This new educational tab replaces the previously utilized Vermont Health Learn Platform.

2023 Provider Survey

Vermont Medicaid providers are invited to participate in the Vermont Medicaid/Gainwell Technologies Provider Survey. We want to hear your thoughts on the assistance Provider Services offers for the Vermont Medicaid provider community. Please visit <https://www.surveymonkey.com/r/BKS8P3Z> to complete the survey. Providers with no internet access may also request a paper copy by contacting the Provider Help Desk at 800.925.1706. The deadline for survey completion is October 31, 2023.

October 20, 2023

Top 10 Denials for UB-04 Outpatient Claim Webinar

Gainwell Technologies will be providing a webinar to review the Top 10 Claim Denial Reasons for UB-04 Outpatient Claims. In this webinar, we will discuss the 10 denial reasons, where to find them on your remittance advice, what the definition of the denial is, and how to correct the denial if applicable.

This webinar will be on October 26, 2023, at 11:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/7887628571225328213>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Changes to Out of Network Prior Authorization Request Forms

Please note the following DVHA prior authorization forms have been updated:

1. Out-of-Network Preadmission Request Form
2. Out-of-Network Elective Office Visit Request Form

Changes to the forms include updated form instructions, an attestation section, and reference to other out-of-network resources. Please find these forms at <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>. To identify if/when these forms should be utilized, including definitions and information about the VT Medicaid provider network, visit <https://dvha.vermont.gov/providers/provider-network-info>. Reminder when submitting forms, providers are required to use the current version of DVHA forms. Information submitted using outdated forms will be returned and providers will be asked to complete a new form. Forms effective 11/01/2023.

2023 Provider Survey

Vermont Medicaid providers are invited to participate in the Vermont Medicaid/Gainwell Technologies Provider Survey. We want to hear your thoughts on the assistance Provider Services offers for the Vermont Medicaid provider community. Please visit <https://www.surveymonkey.com/r/BKS8P3Z> to complete the survey. Providers with no internet access may also request a paper copy by contacting the Provider Help Desk at 800.925.1706. The deadline for survey completion is October 31, 2023.

October 13, 2023

2023 Provider Survey

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Vermont Medicaid Renewals Continue

Vermont Medicaid renewals are mailed the month a member's renewal is due. Most households will receive a text message or phone call in advance of this mailing. They will also receive text and email reminders 2 weeks after the initial notice. It is important that members pay close attention to all notices. Many resources are available to assist providers and can be found at <https://dvha.vermont.gov/partners-providers>. It is also important for providers to check member eligibility prior to each visit to ensure claims aren't denied for lack of eligibility.

October 6, 2023

2023 Provider Survey

Vermont Medicaid providers are invited to participate in the Vermont Medicaid/Gainwell Technologies Provider Survey. We want to hear your thoughts on the assistance Provider Services offers for the Vermont Medicaid provider community. Please visit <https://www.surveymonkey.com/r/BKS8P3Z> to complete the survey. Providers with no internet access may also request a paper copy by contacting the Provider Help Desk at 800.925.1706. The deadline for survey completion is October 31, 2023.

Vermont Medicaid Pharmacy Program Now Covering Blood Pressure Monitors

Effective 09/22/23, the Vermont Medicaid Pharmacy program will begin covering blood pressure monitors obtained through pharmacy providers. With this policy change, patients with medical necessity can get blood pressure monitors at pharmacies enrolled with Vermont Medicaid.

The Automatic Blood Pressure Monitor clinical criteria used to determine medical necessity when writing prescriptions can be found on the DME criteria page, located on DVHA's website:

<https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>.

Improving access to blood pressure monitors is an important initiative at Vermont Medicaid. Please consider passing this information along to patients who meet criteria and for whom cost may be prohibitive.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual. Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Server Maintenance - October 8, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, October 8, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

September 29, 2023

Audio-Only Services Modifier Change

Effective 1/1/2024, Vermont Medicaid will only allow modifier 93 for audio-only services and no longer allow the use of the V3 modifier. Modifier 93 is available for use on audio claims. Claims billed with the V3 modifier after 1/1/2024 will be denied for incorrect modifier.

Previously, as a response to the Public Health Emergency, Vermont Medicaid temporarily implemented the use of the V3 modifier to signify the service was completed via audio-only for medically necessary, clinically appropriate services delivered by telephone.

A list of audio-only covered codes can be found on the Department of Vermont Health Access website: <https://dvha.vermont.gov/providers/telehealth>.

Information About Facility-to-Facility Transfers

When a provider determines a facility-to-facility transfer is necessary and one of the criteria is met, Prior Authorization is NOT NECESSARY. Criteria not requiring PA includes:

1. Higher or alternate level of care is medically necessary; or
2. Treating provider/facility makes a referral to an admitting provider/facility; or
3. Admitting facility reviews clinical documentation and determines medical necessity and accepts the referral for admission.

Utilization of clinical level of care criteria is expected in determining whether a referred member's clinical presentation meets medical necessity for inpatient admission.

Provider representative contact: 800.925.1706

Ambulance transportation information: <https://dvha.vermont.gov/providers/ambulance-service>

Finalizing Waived Provider Enrollment Screening

The federal government ended the COVID-19 Public Health Emergency (PHE) effective 5/11/23. The national emergency declaration enabled CMS to grant Medicaid agencies a range of flexibilities under Section 1135 of the Social Security Act, including waivers for certain provider enrollment screenings. Resolution of any waived enrollment screening requirements that were passed under the 1135 waiver must now be finalized no later than 11/11/23.

The Department of Vermont Health Access (DVHA) is re-screening requirements that were waived during the PHE. As with normal provider enrollment operations, if any screening requirements are not met, it could be grounds for exclusion from participation in Vermont Medicaid. DVHA will notify providers accordingly.

Please direct any questions to the provider help desk at 800-925-1706.

September 22, 2023

Update to DVHA's Clinical Practice Guidelines

The Department of Vermont Health Access (DVHA) has posted updated clinical practice guidelines, which are developed from recognized sources, supported by a synthesis of current literature and clinical consensus, and are updated periodically. These developed guidelines offer clinical guidance to help facilitate and assure quality, effective treatment and interventions for Vermont Medicaid members. To access DVHA's clinical practice guidelines, please visit: <https://dvha.vermont.gov/providers/clinical-practice-guidelines>.

Postpartum Eligibility Period Expansion

Effective April 1, 2023, Vermont Medicaid expanded the postpartum eligibility period for pregnant Medicaid members from 60 days to 12 months from the end of pregnancy. Members will not lose Medicaid coverage within the 12 months following the end of their pregnancy, except in limited circumstances, such as if they move out of Vermont. The expanded postpartum period is expected to improve the stability of health insurance coverage for people in the postpartum period, which is expected to improve maternal health outcomes.

More Information can be found at: <https://dvha.vermont.gov/members/medicaid>.

Open Forum Webinar for Mental Health Counselors

Gainwell Technologies will be providing an open forum webinar for the following provider types: Master's Level Psychologist, Licensed Clinical Mental Health Counselor (LCMHC), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), Doctor of Psychology (PsyD), and Licensed Alcohol and Drug Counselor (LADC). This will be an open discussion, so we ask that you bring questions around billing, policy, and enrollment. To comply with HIPAA regulations, we will not be able to address any specific claim denials as this will require protected health information (PHI).

This webinar will be on September 28, 2023, at 10:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/901701282980022613>.

Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Telehealth Guidance Update

Medicaid providers are reminded that effective 7/1/2023, Vermont Medicaid allows the delivery of audio-only services limited to the defined list of codes that can be found at <https://dvha.vermont.gov/providers/telehealth>. This list mirrors what Medicare covers and includes additional codes that are clinically appropriate and align with AMA correct coding guidelines.

A review of claims since 7/1/2023 found that some providers are continuing to bill codes that are no longer allowed as audio-only. Medicaid will consider covering audio-only services that are not on the approved list when unforeseen circumstances require the service to be delivered audio-only. Some services may be delivered using telemedicine with real-time audio and video. DVHA continues to review telehealth coverage and encourages provider feedback by contacting Gainwell Provider Services at 800-925-1706.

September 15, 2023

Change to Medically Necessary Abortion Coverage

Effective 1/15/23, the Department of Vermont Health Access (DVHA) established a Medicaid investment to reimburse Vermont Medicaid providers for medically necessary abortions, regardless of patient income or Vermont residency status. VT Medicaid already covers medically necessary abortions for members. This change provides Medicaid funding for services to people who are not eligible for Medicaid and allows access to abortion services that have become more restrictive or unavailable to millions of people across the United States.

Providers need to contact their Gainwell Provider Rep to submit a claim with the 219A Abortion Certification form. Form 219B will not be accepted.

Provider Rep Map: <https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

DVHA Clinical Forms: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>

Expansion of Providers Who May Bill for Compression Garments

As of 9/1/23, physical therapists and occupational therapists may dispense upper and lower extremity compression garments. Podiatrists may order and dispense lower extremity compression garments. Coverage and reimbursement for these items is according to the Medicaid fee schedule found on the

Department of Vermont Health Access (DVHA) website. The clinical coverage criteria and reimbursement are the same for all provider types.

DVHA has introduced a form for compression garment information and ordering. This form will help to organize a requested order and to align the member's needs with the proper type of garment. The form can be accessed at the VT Medicaid portal (<https://vtmedicaid.com/#/home>) and the DVHA website (<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>).

September 8, 2023

Vermont Medicaid Renewals Continue

Vermont Medicaid renewals are mailed the month a member's renewal is due. Most households will receive a text message or phone call in advance of this mailing. They will also receive text and email reminders 2 weeks after the initial notice. It is important that members pay close attention to all notices. Many resources are available to assist providers and can be found at <https://dvha.vermont.gov/partners-providers>. It is also important for providers to check member eligibility prior to each visit to ensure claims aren't denied for lack of eligibility.

Server Maintenance - September 10, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, September 10, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

September 1, 2023

Updated Hysterectomy Prior Authorization Requirements

Effective August 1, 2023, Vermont Medicaid has removed the prior authorization requirement for hysterectomy surgical procedures for all members aged 18 and older, regardless of diagnosis. Prior authorization for hysterectomies will only be required for members under 18 years of age.

The Department of Vermont Health Access implemented this change after careful consideration of public comments and consultation with the Clinical Utilization Review Board (CURB) after the July 1, 2022 change to remove prior authorization requirements for hysterectomy surgical procedures not related to gender affirming surgery.

The Hysterectomy Consent Form is required for all hysterectomy procedure claims and can be found at <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>.

If you have questions, please contact the provider help desk at 800-925-1706.

Closed for Labor Day - Monday, September 4, 2023

The DVHA and Gainwell offices will be closed on Monday, September 4, 2023, in observance of Labor Day.

August 18, 2023

Bennington Battle Day - Wednesday, August 16, 2023

The DVHA and Gainwell offices will be closed on Wednesday, August 16, 2023, in observance of Bennington Battle Day.

August 11, 2023

Clarification on Dental Rates Updated on July 1, 2023

Effective 7/1/23, the reimbursement rates for Medicaid-covered dental services were adjusted to 75% of general regional commercial dental rates, which represents an approximate 50% increase in reimbursement for dental services provided to Vermont Medicaid members. The adult annual cap on dental expenditures also increased to \$1,500. For overall equity and continuity, VT Medicaid continues to maintain a single rate schedule for both general and specialty dental providers. For all HCPCS codes and rates visit: <https://vtmedicaid.com/#/feeSchedule/hcpcs>.

VT Medicaid members under the age of 21, those who are pregnant or in the 12-month postpartum eligibility period, and those served in the Developmental Disabilities Waiver or Community Rehabilitation and Treatment Program are not subject to the adult annual dental cap.

Update: Billing for Adult Dental Coverage for the DDS and CRT Waiver Programs

Effective 7/1/23, adult dental services are available without an annual cap on expenditures for individuals receiving services in the following groups: (1) Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, and (2) Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program. There is also coverage for medically necessary denture services for these groups.

For the DAIL DDS Waiver Program only, the CG modifier should be added at the end of each procedure code submitted for adult members. This will allow the claim to be paid without utilizing the annual cap.

To confirm who qualifies, call Gainwell Provider Services at 800-925-1706. Additional information is available in the Dental Supplement, <https://dvha.vermont.gov/providers/manuals>.

Vermont Medicaid Renewals Continue

Vermont Medicaid renewals are mailed the month a member's renewal is due. Most households will receive a text message or phone call in advance of this mailing. They will also receive text and email reminders 2 weeks after the initial notice. It is important that members pay close attention to all notices. Many resources are available to assist providers and can be found at <https://dvha.vermont.gov/partners-providers>. It is also important for providers to check member eligibility prior to each visit to ensure claims aren't denied for lack of eligibility.

Server Maintenance - August 13, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, August 13, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

August 4, 2023

New Incontinence Supplies Single Vendor

Effective 8/15/2023, all medically necessary incontinence products for Vermont Medicaid members will be supplied through a single vendor, ActivStyle, which is an AdaptHealth company. This change will provide a single point of contact for members to reduce barriers to access, improve member support, provide product options, and distribute supplies at a lower cost. Disposable incontinence supplies include the following products: diapers, briefs, underpads, and underwear liners.

For information about coverage criteria and where to send prescriptions, visit the Department of Vermont Health Access (DVHA) website <https://dvha.vermont.gov/incontinence-supplies>.

For information for Vermont Medicaid members and how to order products, visit the DVHA website <https://dvha.vermont.gov/members/incontinence-supplies>.

For further questions, please contact Gainwell Provider Services at 800-925-1706.

July 21, 2023

Top 10 Claim Denial Reason Webinar

Gainwell Technologies will be providing a webinar to review the top 10 claim denial reasons for CMS 1500 Physician claims. In this webinar, we will discuss the 10 denial reasons, where to find them on your remittance advice, what the definition of the denials are and how to correct the denial if applicable.

This webinar will be on July 26, 2023, at 11:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/1338089590601639263>. Space is limited, so be sure to register as soon as possible.

We look forward to seeing you there!

July 14, 2023

Vermont Medicaid Renewals Continue

Vermont Medicaid renewals are mailed the month a member's renewal is due. Most households will receive a text message or phone call in advance of this mailing. They will also receive text and email reminders 2 weeks after the initial notice. It is important that members pay close attention to all notices. Many resources are available to assist providers and can be found at <https://dvha.vermont.gov/partners-providers>. It is also important for providers to check member eligibility prior to each visit to ensure claims aren't denied for lack of eligibility.

July 7, 2023

Dental Rate and Cap Updates July 1, 2023

Effective July 1, 2023, the reimbursement rates for Medicaid-covered dental services have been updated to 75% of regional commercial dental rates. This reimbursement methodology change represents an approximate 50% increase in reimbursement for dental services provided to Vermont Medicaid

members. The adult annual cap on dental expenditures has increased to \$1,500 to coincide with the updated rates, also effective July 1, 2023. Medicaid members under the age of 21, and those who are pregnant or in the 12-month postpartum eligibility period, are not subject to the adult annual cap for dental services.

Information is available in the updated Dental Supplement <https://vtmedicaid.com/assets/manuals/DentalSupplement.pdf>.

Adult Emergency Dental Services

Effective 7/1/23, VT Medicaid will cover emergency dental services for adults aged 21 and older after the annual cap on expenditures has been met. The cap increases to \$1,500 effective 7/1/23. Emergency dental services treat acute pain, infection, or bleeding and can be delivered in a dental office. Medically necessary emergency dental service codes will be covered under the dental benefit and no longer need approval by the Department for Children and Families General Assistance (GA) Voucher Program. Medicaid members under age 21, and those who are pregnant or in the 12-month postpartum period, are not subject to the annual cap. The KX modifier should be billed at the end of each emergency procedure code for adult members after the annual cap has been met.

See Sections 2.1.2 and 9 of the Dental Supplement <https://dvha.vermont.gov/providers/manuals>.

Adult Dental Coverage Exceptions for Members Served by Waiver Programs

Effective July 1, 2023, Vermont Medicaid will cover adult dental services without an annual cap on expenditures for Vermonters receiving services in the following programs: (1) The Department of Disabilities, Aging and Independent Living Developmental Disability Services (DDS) Waiver Program or (2) The Department of Mental Health Community Rehabilitation and Treatment (CRT) Waiver Program. In addition to waiving the annual cap, Vermont Medicaid provides coverage for medically necessary denture services for Medicaid members served by these programs.

To find out whether Medicaid members you are treating are in these groups, call Gainwell Provider Services at 800-925-1706. Additional information is available in the Dental Supplement <https://dvha.vermont.gov/providers/manuals>.

Over-the-Counter Drug Coverage Changes 8/1/23

Effective August 1, 2023, the Department of Vermont Health Access is discontinuing coverage for over-the-counter melatonin, vitamin D, and antihistamine products. This change in coverage is a result of changes to the State Fiscal Year 2024 Medicaid budget. This coverage change applies to Medicaid members aged 21 and older and Medicare members enrolled in VPharm. These products are available for purchase out-of-pocket without a prescription.

Coverage will remain in place as medically necessary for Vermont Medicaid members under the age of 21 according to [Health Care Administrative Rule 4.106, Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services](#).

For further questions, please contact Gainwell Provider Services at 800-925-1706.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a

detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual. Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Server Maintenance - July 9, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, July 9, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

June 30, 2023

Telehealth Guidance

Effective 7/1/23, Vermont Medicaid will continue allowing audio-only services for a defined list of codes that can be found at <https://dvha.vermont.gov/providers/telehealth> (**watch for updates**). This list mirrors what Medicare covers. It includes additional codes that are clinically appropriate and align with correct coding guidelines. Medicaid will cover audio-only services with a V3 modifier to signify it was completed via audio-only. Medicaid will consider covering audio-only services that are not on the approved list when unforeseen circumstances require the service to be delivered audio-only.

Audio and video telemedicine coverage is continuing through 12/31/24. See the 5/26/23 HIPAA Compliance Notice banner for more information. DVHA continues to review telehealth coverage and encourages provider feedback by contacting Gainwell Provider Services at 800-925-1706.

Conditions for Supervised Billing

As of 7/1/2023, DVHA will strictly enforce that all non-licensed behavioral health clinicians under supervision must be listed on the roster maintained by the Office of Professional Regulation (OPR). Additionally, they must be actively working towards their licensure and must obtain their license within five years. Individual non-licensed providers who remain on the roster after five years are expected to be licensed and therefore will no longer be permitted to bill Medicaid under a supervising clinician. No extensions will be granted. Please refer to the Health Care Administrative Rules 9.103 - Supervised Billing. For more information regarding supervised billing, please visit:

<https://vtmedicaid.com/assets/manuals/SupervisedBillingProviderManual.pdf>

Health Visit Guidelines for Children Entering Foster Care + Billing Tool

Vermont Medicaid is participating in a CMS-sponsored Learning Collaborative focused on improving the rate of comprehensive health visits for children and youth entering foster care. Like other states, Vermont's data shows room for improvement. Our team is testing best practices related to communication, as well as successfully scheduling and coding these visits. To that end, we have developed a new billing tool for children/youth in foster care. It can be found at this link:

<https://dvha.vermont.gov/providers/quality/performance-improvement-projects>. AAP guidelines indicate that children/youth should be scheduled for a comprehensive health assessment within 30 days

of entering foster care, regardless of proximity to their last visit. Additional health supervision visits are also recommended. The Z-code highlighted on this tool may be used for a secondary diagnosis for all encounters and has been tested to ensure it is available for provider reimbursement.

Increase in Outpatient Psychotherapy Session Limit

The Department of Vermont Health Access (DVHA) increased the limit for outpatient psychotherapy from 24 sessions per calendar year to 260 sessions per calendar year. The limit applies to all Vermont Medicaid members regardless of ACO attribution. Codes 90832, 90834, 90837, 90839 and 90840 count towards the limit. If sessions exceed 260 per calendar year, a provider is required to send a prior authorization request to the DVHA Clinical Integrity Unit for review. The request should include a completed **State of Vermont Uniform Medical Prior Authorization Form**

(<https://dvha.vermont.gov/sites/dvha/files/documents/providers/HealthServices/Uniform%20PA%20Form%20DVHA1216.docx>) and clinical documentation. Fax requests to DVHA at 855-275-1212. Please refer to the Vermont Medicaid General Billing and Forms Manual Section 5.3.46.2 Psychotherapy, <https://vtmedicaid.com/#/manuals>.

Closed for Independence Day - Tuesday, July 4, 2023

The DVHA and Gainwell offices will be closed on Tuesday, July 4, 2023, in observance of Independence Day.

June 23, 2023

Billing for Labor Associated with Not Otherwise Specified Custom Fabricated Codes

The Department of Vermont Health Access (DVHA) is issuing clarifying guidance on how to report labor time associated with not otherwise specified (NOS) custom fabricated Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) codes. NOS codes are manually priced by DVHA and require the purchase invoice to be submitted with the claim for reimbursement. Providers should state the specific labor time in 15-minute increments associated with the custom fabrication of the item on the purchase invoice. Reimbursement for the labor component will be calculated separately from the invoice cost of the components used to fabricate the final product and will be included in the overall payment for the code. Labor time can only be reported on the purchase invoice for NOS codes.

June 16, 2023

Provider Management Module Upgrade

The Provider Management Module has a new look! DVHA and Gainwell have upgraded the VT Medicaid enrollment modules to include new features designed to increase ease of use and efficiency. Visit <https://vermont.hppcloud.com/Home/Index/> to check it out!

We also added new resources that include videos and written materials. These can be found on the VT Medicaid website at <https://vtmedicaid.com/#/provEnrollResources>. If you have any questions regarding the new and improved Provider Management Module, please contact Gainwell's Provider Services Help Desk at 800-925-1706, or email us at vtproviderenrollment@gainwelltechnologies.com.

June 9, 2023

Vermont Medicaid Renewals Continue

Vermont Medicaid renewals are mailed the month a member's renewal is due. Most households will receive a text message or phone call in advance of this mailing. They will also receive text and email reminders 2 weeks after the initial notice. It is important that members pay close attention to all notices. Many resources are available to assist providers and can be found at <https://dvha.vermont.gov/partners-providers>. It is also important for providers to check member eligibility prior to each visit to ensure claims aren't denied for lack of eligibility.

Server Maintenance - June 11, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, June 11, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

June 2, 2023

Provider License Notification Reminder

DVHA and Gainwell will be implementing system automation to ensure all applicable provider's license information is current and in good standing in accordance with VT Medicaid active enrollment criteria.

Beginning June 5, 2023, DVHA may suspend and/or terminate network contracts for any provider whose license is out of compliance due to non-renewal or inability to validate. When a renewal license cannot be validated, Gainwell will continue to send notification 30 days in advance to providers whose license is expiring. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). When you receive this notification, please update the provider's license through the [Provider Management Module](https://vermont.hppcloud.com/Home/Index/) (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before the license expires.

If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

Medicaid and Dr. Dynasaur Renewals

Since April, Vermont Health Connect has been checking to see if members are still eligible for Medicaid and Dr. Dynasaur. Please note, a member's Medicaid will not suddenly end. DVHA appreciates your help in informing members to make sure their mailing address, email address, and phone numbers are correct. We have tools to support your efforts at <https://dvha.vermont.gov/unwinding/communications-toolkit>. Please also remember to check members' eligibility prior to their appointment.

Non-Enrolled Prescribers and Controlled Substances

The Special Investigations Unit (SIU) is committed to fighting fraud, waste, and abuse within Vermont's Medicaid program. The SIU has recently been made aware of members who have been prescribed controlled substances from prescribers who are not enrolled in our program, which results in an unnecessary cash payment by the patient. The SIU has concerns about the quality, safety, and appropriateness of this scenario - as well as fraud, waste, and abuse implications. We encourage

pharmacists and pharmacy staff that observe patients paying cash for controlled substances (or any other concerns regarding Medicaid members) to please contact the DVHA Special Investigations Unit. You can report your concerns anonymously! The following link has contact information and a referral form: <https://dvha.vermont.gov/providers/special-investigations-unit>.

REMINDER: Supervision of Non-Licensed Behavioral Health Clinicians

Please remember that all non-licensed behavioral health clinicians under supervision must be listed on the roster maintained by the Office of Professional Regulation (OPR), must actively be working towards their licensure, and must obtain their license within five years. Individual non-licensed providers who remain on the roster after five years are expected to be licensed and therefore will no longer be permitted to bill Medicaid under a supervising clinician, as published in the [Health Care Administrative Rules 9.103 – Supervised Billing](#). For more information regarding supervised billing, please visit: <https://vtmedicaid.com/assets/manuals/SupervisedBillingProviderManual.pdf>.

May 26, 2023

Provider License Notification Reminder

DVHA and Gainwell will be implementing system automation to ensure all applicable provider's license information is current and in good standing in accordance with VT Medicaid active enrollment criteria.

Beginning June 5, 2023, DVHA may suspend and/or terminate network contracts for any provider whose license is out of compliance due to non-renewal or inability to validate. When a renewal license cannot be validated, Gainwell will continue to send notification 30 days in advance to providers whose license is expiring. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). When you receive this notification, please update the provider's license through the [Provider Management Module](#) (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before the license expires.

If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

Supporting Vermonters with Medicaid Renewals

Thank you for your continued efforts in sharing the message about Medicaid renewals. Together we can better support Vermonters through this change. Members can report changes to their contact information online (<https://healthconnect.vermont.gov/>) or call Customer Support at 1-855-899-9600.

Not all Vermonters enrolled in Medicaid will be reviewed at the same time. The renewals will be spread out over 12-14 months. Vermont members will be contacted the month of their renewal via mail, text, and calls. They will also receive text and email reminders two weeks after the initial notice to renew or act. If a member's Medicaid coverage is going to end because they're no longer eligible, they will get information in the mail on how to apply for other health insurance. Eligible Vermonters can get help paying for a Qualified Health Plan as increased financial help has been extended through 2025.

Fair Hearing Extended Time to Appeal Ended May 11, 2023

The COVID-19 Public Health Emergency ended on May 11, 2023. During the public health emergency, the time to request a state fair hearing was extended by an extra 120 days by Vermont's 1135 waiver. As of

May 11, 2023, the appeal time for a state fair hearing on services will revert to what it was prior to the public health emergency, which is 120 days from the internal appeal decision.

Changes to Dental PA Request Forms and Request for Orthodontic Services

Please note the following important changes to the DVHA dental prior authorization (PA):

- The DVHA dental PA request forms for "Harmful Habits: Limited and Comprehensive Orthodontic Treatment" have been revised to include an additional specification that requires the identification of "number of units requested". DVHA implemented this change to distinguish complexity and reimburse for units of service accordingly. Interceptive cases with less complexity and time are reimbursed for one, two, or three units. Full comprehensive cases are reimbursed for four units of service. Forms can be found at <https://dvha.vermont.gov/forms-manuals/forms/dental-prior-authorization-forms>
- Orthodontic services: To best support efficient medical necessity review processes, please submit the PA request form, and associated clinical records (x-rays, photos, and models) via email to AHS.DVHAClinicalUnit@vermont.gov, or USPS to ensure quality and clarity of content transmission.

HIPAA Compliance Notice

It was announced on Tuesday, March 17, 2020, by the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) that the Office will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies, such as FaceTime or Skype, when used in good faith for diagnosis or treatment during the COVID-19 nationwide public health emergency.

Notification of Enforcement Discretion for Telehealth: (<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>) **This enforcement discretion will expire with the end of the COVID-19 PHE on May 11, 2023.** OCR is affording a 90-day transition period to come into HIPAA compliance for telehealth ending on August 9, 2023. Federal Register: Notice of Expiration of Certain Notifications of Enforcement Discretion Issued in Response to the COVID-19 Nationwide Public Health Emergency: (<https://www.federalregister.gov/documents/2023/04/13/2023-07824/notice-of-expiration-of-certain-notification>)

Closed for Memorial Day - Monday, May 29, 2023

The DVHA and Gainwell offices will be closed on Monday, May 29, 2023, in observance of Memorial Day.

May 19, 2023

Medicaid Renewals have Restarted for Vermonters

Vermonters currently enrolled in Medicaid and Dr. Dynasaur are once again seeing renewal notices in their mailboxes. We need your help to educate and encourage people to learn more about the Medicaid renewal process. We need to ensure we have members' current mailing address, email, and mobile phone number. We have resources available for you at <https://dvha.vermont.gov/unwinding/communications-toolkit>.

Provider License Notification Reminder

DVHA and Gainwell will be implementing system automation to ensure all applicable provider's license information is current and in good standing in accordance with VT Medicaid active enrollment criteria.

Beginning June 5, 2023, DVHA may suspend and/or terminate network contracts for any provider whose license is out of compliance due to non-renewal or inability to validate. When a renewal license cannot be validated, Gainwell will continue to send notification 30 days in advance to providers whose license is expiring. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). When you receive this notification, please update the provider's license through the [Provider Management Module](https://vermont.hppcloud.com/Home/Index/) (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before the license expires.

If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

May 12, 2023

Provider License Notification

DVHA and Gainwell will be implementing system automation to ensure all applicable provider's license information is current and in good standing in accordance with VT Medicaid active enrollment criteria.

Beginning June 5, 2023, DVHA may suspend and/or terminate network contracts for any provider whose license is out of compliance due to non-renewal or inability to validate. When a renewal license cannot be validated, Gainwell will continue to send notification 30 days in advance to providers whose license is expiring. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). When you receive this notification, please update the provider's license through the [Provider Management Module](https://vermont.hppcloud.com/Home/Index/) (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before the license expires.

If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

Server Maintenance - May 14, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, May 14, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

May 5, 2023

Provider License Notification

DVHA and Gainwell will be implementing system automation to ensure all applicable provider's license information is current and in good standing in accordance with VT Medicaid active enrollment criteria.

Beginning June 5, 2023, DVHA may suspend and/or terminate network contracts for any provider whose license is out of compliance due to non-renewal or inability to validate. When a renewal license cannot

be validated, Gainwell will continue to send notification 30 days in advance to providers whose license is expiring. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). When you receive this notification, please update the provider's license through the [Provider Management Module](#) (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before the license expires.

If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

Return Claim Reasons Webinar

Gainwell Technologies will be providing an overview of the reasons why a claim would be returned to a provider. In this webinar, we will review the reasons why a claim would be returned and how to correct the issue. This webinar will be on May 24, 2023, at 10:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/7247399439177018719>. Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

Free Access to VisualDx from Vermont Department of Health

The Vermont Department of Health has launched a first-of-a-kind program to support healthcare professionals with timely information on disease diagnosis, testing, treatment, and patient education resources. For more information on the Vermont Clinician Support Initiative, please visit <https://www.healthvermont.gov/media/newsroom/news-release-vermont-initiative-gives-clinicians-new-tools-infectious-disease>.

All Vermont physicians, nurse practitioners, and physician assistants have FREE access to the VisualDx clinical support knowledge system. The continually updated system includes more than 45,000 skin, oral, eye, genital, hair, nail, radiographic, and ECG images and is used widely to assist in diagnosis and educate patients. Learn more by visiting www.visualdx.com/vdhcsi/.

HCPCS J1726, Makena, to be Non-covered Code

Effective April 06, 2023, the U.S. Food and Drug Administration announced the final decision to withdraw approval of Makena, hydroxyprogesterone caproate injection. This drug was approved to reduce the risk of preterm birth in women pregnant with one baby who have a history of spontaneous preterm birth. Due to this announcement, the Department of Vermont Health Access will be discontinuing coverage of HCPCS code J1726 (Makena, hydroxyprogesterone caproate injection 10 mg), effective 04/06/2023.

April 21, 2023

DVHA LTC Medicaid Virtual Financial Eligibility Trainings

DVHA is offering trainings Long Term Care (LTC) Medicaid providers, community partners, and hospitals. The trainings will give providers a basic overview of the LTC Medicaid Financial Eligibility process.

Please note that both sessions cover the same material.

April 18, 2023, from 1:00 p.m. to 4:00 p.m. (Rescheduled from April 11th)

April 19, 2023, from 9:00 a.m. to 12:00 p.m.

Visit the DVHA Website for the links to join: <https://dvha.vermont.gov/news/ltc-medicaid-trainings>

April 14, 2023

DVHA LTC Medicaid Virtual Financial Eligibility Training April 11

DVHA Long Term Care (LTC) Medicaid will be holding two virtual training sessions to give providers a basic overview of the LTC Medicaid Financial Eligibility process for LTC Medicaid providers, community partners, and hospitals. Please note, both sessions cover the same material.

April 11, 2023, from 1:00 p.m. to 4:00 p.m.

Visit the DVHA Website for the link to join: <https://dvha.vermont.gov/news/ltc-medicaid-trainings>.

DVHA LTC Medicaid Virtual Financial Eligibility Training April 19

DVHA is offering a second date for Long Term Care (LTC) Medicaid providers, community partners, and hospitals. The trainings will give providers a basic overview of the LTC Medicaid Financial Eligibility process. Please note that this session covers the same material as the April 11 session.

April 19, 2023, from 9:00 a.m. to 12:00 p.m.

Visit the DVHA Website for the link to join: <https://dvha.vermont.gov/news/ltc-medicaid-trainings>.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the [Vermont Medicaid General Billing and Forms Manual](#). Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Ensuring Prior Authorization Requests are Submitted Accurately and Processed Efficiently

The Department of Vermont Health Access (DVHA) is providing guidance to all Vermont Medicaid providers to clarify the process and ensure efficient and timely submission of prior authorization requests for Vermont Medicaid members. Prior authorization requests that DVHA receives are frequently incomplete, inaccurate, and/or lack the required clinical documentation to support a review of a prior authorization. When this occurs, the prior authorization request may be placed into “Informational Status”. Informational status for prior authorization requests should be the rare exception, not the rule. DVHA is asking all providers to submit prior authorization requests with the required information. Requirements can be found in the General Billing and Forms Manual, section 2.3.1.1, <https://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>.

EPSDT Preventive Pediatric Periodicity Schedule Update

The Vermont Medicaid Early Periodic Screening and Diagnostic Treatment (EPSDT) Periodicity Schedule is updated for April 2023. The Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (<https://www.aap.org/en/practice-management/care-delivery->

[approaches/periodicity-schedule/](#)) is the schedule of screenings and assessments recommended at each well-child visit from infancy up to age 21. Information about EPSDT and the recommended list of health checkups for pediatric and adolescent visits, as well as for dental care, can be found on the Vermont Medicaid website at <https://dvha.vermont.gov/members/vermont-medicaid-programs/medicaid/epsdt>.

VT Medicaid & Cotiviti Launch the Medical Record Retrieval Campaign

Cotiviti is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in April 2023 to request the submission of medical records in support of VT Medicaid's Medical Record Review (MRR). Cotiviti will call each provider to confirm they have reached the correct office before faxing a record request letter and a member request form or a member list with the names of the Medicaid members for whom they are requesting records. The cover letter will be on VT Medicaid letterhead and will be signed by our Chief Medical Officer. Please pay close attention to the HEDIS Measure Requirements and Date of Service fields and only submit the type of record requested within the stated time frame. For more info, visit <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

April 7, 2023

Pregnancy to 12 Months from End of Pregnancy Medicaid and Dental Coverage

The Department of Vermont Health Access is expanding the postpartum eligibility period for pregnant Medicaid members from 60 days to 12 months from the end of pregnancy, effective 4/1/2023. Members who are pregnant or in the 12-month postpartum period are eligible for full Medicaid benefits. Copays are not required for Medicaid members who are pregnant or 12 months postpartum.

For dental coverage, this includes comprehensive coverage of dental services without the annual cap of \$1,000, and coverage of all medically necessary services on the dental fee schedule. The Vermont Medicaid Dental Supplement outlines dental coverage during pregnancy to 12 months from the end of pregnancy. <https://vtmedicaid.com/#/manuals>. Dental Providers are reminded to use the HD Modifier at the end of each procedure code when submitting claims for members who are pregnant to 12 months from end of pregnancy.

Server Maintenance - April 9, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 9, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

March 31, 2023

VT Medicaid Producing Hybrid Measures by Completing a Medical Record Review (MRR)

In 2023, VT Medicaid is producing 5 Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures as well as running the full set of administrative measures. Hybrid measures combine administrative claims data with data abstracted from member records during a Medical Record Review (MRR). The 5 hybrid measures this year are Controlling High Blood Pressure (CBP), Hemoglobin A1c

Control for Patients with Diabetes (HBD), Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (HPCMI), Prenatal & Postpartum Care (PPC), and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April and requesting the submission medical records to support VT Medicaid's Medical Record Review (MRR). For more info please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 24, 2023

5% Copay Cap

Medicaid members have co-pays for medical services. There is a limit on how much a member may spend on co-pays. The limit is 5% of their household income in a quarter. DVHA reviews how much a member has paid for co-pays every quarter. The quarters are January-March, April-June, July-September, and October-December. If a member has met the 5% copay in the quarter, they will not have to pay a copay for the rest of the quarter. Copays will resume when the next quarter starts. As of April 1, 2023, Vermont Medicaid will automatically track member copays and turn them off once members meet 5% of their household income. Providers can check under Eligibility on the VT Medicaid portal to see if the copay is waived.

For more information, please visit the DVHA website: <https://dvha.vermont.gov/providers/5-percent-copay-cap>.

March 17, 2023

Vermont Medicaid Website and Medicaid Provider Portal Webinar 3/30/2023

Gainwell Technologies will be providing an overview of the Vermont Medicaid Website and the Medicaid Provider Portal. In this webinar, we will review all resources available on the Vermont Medicaid Website and the Medicaid Provider Portal. This webinar will be on March 30, 2023, at 11:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/1624079159006807385>. Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

2023 VT Medicaid's Medical Record Review (MRR)

VT Medicaid produces health plan performance measures each year to help gauge our members' well-being. To successfully run some of these measures, we need to access information from our members' medical records. Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching to selected providers in March and requesting the submission of medical records to support our Medical Record Review (MRR). Please note that providers are required to participate at no cost as stated in your signed Provider Enrollment Agreement: Article VI. Audit Inspection. For more info, please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 10, 2023

Prior Authorization Requirements for Dental Services Suspended until 3/15/2023

DVHA made changes to prior authorizations that went into effect on 1/1/2023. Due to system

changes, it was not clearly identified what Prior Authorization changes were made. This message clearly outlines which dental codes still require prior authorization. Prior authorization is not required, except for the following dental services: orthodontic services, cone beam imaging, and miscellaneous dental codes. At this time, DVHA has suspended the prior authorization requirements for the above dental services until 3/15/2023. If you submitted claims that were denied for No prior authorization between 1/1/2023 & 2/22/2023, please resubmit these claims to Gainwell for payment. Please use the DVHA Fee schedule (<https://vtmedicaid.com/#/feeSchedule>) to confirm prior authorization requirements for any dental code and refer to the DVHA Dental supplement (<https://dvha.vermont.gov/providers/manuals>) for service limitations.

Closed for Town Meeting Day – Tuesday, March 7, 2023

The DVHA and Gainwell offices will be closed on Tuesday, March 7, 2023, in observance of Town Meeting Day.

Gainwell Help Desk Closed on Friday, March 10th, from 10:00am-12:00pm

The Gainwell Help Desk will be closed on Friday, March 10th, from 10:00am-12:00pm for an internal meeting. The Help Desk will be available outside of these hours as usual.

Server Maintenance - March 12, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 12, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

March 3, 2023

Provider Licensure

Thank you for your participation with Vermont Medicaid. DVHA would like all providers to take note of a new notification you may be receiving from Gainwell Technologies on behalf of the State of Vermont. Starting 04/01/23, a notification will be sent to providers who require an active license to maintain their enrollment with Vermont Medicaid 30 days before the license on file expires. Gainwell will only send notifications when a license cannot be validated with current automated systems. When you receive this notification, please update your license through the Provider Management Module (<https://vermont.hppcloud.com/Home/Index/>) in the Provider Portal before your license expires. The notification will be sent to the contact information on file and delivered via the preferred communication method assigned (mail or email). If you have questions or need access to the Provider Portal in the Provider Management Module, please contact the provider help desk at 800-925-1706.

2023 HEDIS Performance Measure Production Includes a Medical Record Review (MRR)

Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. VT Medicaid produces these measures to measure health plan processes and member health outcomes. To produce some of the HEDIS measures, DVHA must request members' medical records from providers and then trained clinicians review and abstract data from the member's record that does not show up in claims data. Cotiviti is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in March and requesting the

submission of medical records to support VT Medicaid's 2023 Medical Record Review (MRR). For more info, please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

February 24, 2023

InterQual® Solution Tool for Providers

Beginning February 12, 2023, providers will have access to InterQual® solution, an evidence-based clinical decision support solution that helps healthcare organizations make appropriate medical-utilization decisions. This tool replaces the Smart Sheets from McKesson. To access this new tool, log into your vtmedicaid.com account. Once logged in, go to 'Secure Options' and click on 'InterQual® solution' from the drop-down menu.

February 17, 2023

2023 You First Fee Schedule Available

The 2023 You First Fee Schedule has been added to the Vermont Medicaid Fee Schedule page (<https://vtmedicaid.com/#/feeSchedule>). Providers are encouraged to review the fee schedule. If you have questions, call You First at 1-800-508-2222 or email YouFirst@vermont.gov.

You First is a unique program offering support for breast and cervical cancer screening and heart disease prevention. We aim to support our members in overcoming barriers to getting timely screenings and reaching their heart health goals.

February 10, 2023

2019 ADA Dental Claim Forms Required March 1, 2023

Effective March 1, 2023, all paper dental claims must be submitted on the 2019 ADA Dental Claim Form (<https://vtmedicaid.com/assets/manuals/DentalSupplement.pdf>). The 2012 form will not be accepted beginning March 1, 2023, and claims submitted on the 2012 dental form will be returned to providers unprocessed.

Compression Garment Information and Ordering Form

DVHA has introduced a new form to be utilized for compression garment information and ordering. This form will help to organize a requested order and to align the member's needs with the proper type of garment. The form can be accessed at the VT Medicaid portal (<https://vtmedicaid.com/#/home>) and the DVHA website (<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>).

Server Maintenance - February 12, 2023

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 12, 2023. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

January 27, 2023

Copay

Effective February 1, 2023, Vermont Medicaid will reinstate copays from Medicaid members for hospital outpatient services and certain medications. Medications include the following prescription and over-the-counter medications: analgesics (e.g., acetaminophen and ibuprofen), antihistamines, cough suppressants, cough & cold combination products, inhalers, and leukotriene receptor antagonists. These copays were put on hold at the beginning of the COVID-19 Public Health Emergency (March 2020). All other copays - including for dental services and most prescription drugs - remained in place during the COVID-19 Public Health Emergency. Information about copays for Medicaid members can be found at <https://dvha.vermont.gov/members/medicaid>.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the [Vermont Medicaid General Billing and Forms Manual](#). Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Correction of Sublocade HCPCS codes Q9991/Q9992

The Department of Vermont Health Access (DVHA) will be implementing corrections to HCPCS codes for Sublocade injection: Q9991 - Buprenorphine xr 100 mg or less and Q9992 - Buprenorphine xr over 100 mg. The correction adds these codes to the list of covered medications in approved Division of Substance Use (DSU) Hub Opioid Treatment Centers. These codes have been added effective 01/01/2023. This addition will allow DSU approved Hub Treatment Centers (Provider type T25/Specialty S18) to purchase Sublocade injections directly from the manufacturer for administration to the patient. Prior authorization is required, and treatment centers must be certified in the Sublocade Risk Evaluation and Mitigation Strategies (REMS) Program.

January 20, 2023

Agreement and Contact Form for 340B Carved-In Providers

The Vermont Medicaid 340B Process requires providers who have Carved-In for 340B at the Health Resources and Services Administration/HRSA Website (<https://www.hrsa.gov>) to also complete an agreement and contact form with the State of Vermont. We encourage all carved-in providers to review the forms you have submitted to vt-340b@gainwelltechnologies.com to ensure we have your current information on file. The agreement and forms can be located at vtmedicaid.com/Information/Forms, then search for 340B.

There are 2 forms to be completed:

1. Provider Enrollment Amendment
2. Contact Information Sheet

Visit [vtmedicaid.com/Information/Provider Manuals/340B Medicaid Carve-In Manual](https://vtmedicaid.com/Information/Provider-Manuals/340B-Medicaid-Carve-In-Manual) for an overview of the VT 340B process.

If you have any questions about 340B or to confirm the forms we have on file, contact us at vt-340b@gainwelltechnologies.com.

Communication Accessibility

ASL Interpretation? Captioning Services? TTYs? Are they the only options for Accessibility for Deaf, Hard of Hearing, and DeafBlind individuals? There's more out there than you can imagine. Check this website out for more information: Vermont's [Resources for Deaf, Hard of Hearing and DeafBlind](https://dail.vermont.gov/services/programs/deaf-hard-hearing-deafblind) communities. <https://dail.vermont.gov/services/programs/deaf-hard-hearing-deafblind>

Mental Health Payment Reform Updates for Designated and Specialized Services Agencies

Effective 01/01/2023, the Vermont Department of Mental Health (DMH) implemented changes to the Mental Health Payment Reform Case Rate allowable procedure code and modifier combinations.

The following changes are related to the covered procedure codes and modifier combinations list:

- Procedure code H2011 will no longer be considered Mental Health Case Rate qualifying.
- Modifiers XE and XP will be made available in Mental Health Payment Reform Case Rate Billing, as appropriate, for certain services billed on the same day that are distinct because they are separate encounters or with a separate practitioner.
- Modifiers 76 and 77 are removed from use in Mental Health Payment Reform.

The following codes are no longer covered and have been removed from the Payment Reform code list:

- 96101
- 99201
- 99241

Reimbursement for High-Investment Carve-Out Drugs Effective 1/1/2023

The Department of Vermont Health Access (DVHA) will be changing the way it pays for certain high-cost carve-out inpatient drugs. This change is to ensure providers are paid their actual cost for the drug and to allow the State to take advantage of available federal rebates. Hospitals will be required to separate the high-cost drug from the inpatient claim. The inpatient claim will pay using the standard Diagnosis-Related Group (DRG) methodology minus the carved out high-cost drug. Prior Authorization is required for drug and inpatient stay. Along with billing the high-cost drug on the CMS-1500 claim form, the provider will also submit the invoice for the drug. These drugs cannot be acquired through the 340B program and reimbursement will be paid at the actual acquisition cost. Full communication: <https://dvha.vermont.gov/providers/pharmacy/pharmacy-programs-bulletins-and-advisories>

Closed for Martin Luther King Jr. Day - Monday, January 16, 2023

The DVHA and Gainwell offices will be closed on Monday, January 16, 2023, in observance of Martin Luther King Jr. Day.