



# **Vermont Medicaid Banner**

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

## **May 27, 2022**

### **Enrollment Contract Termination for Claims Inactivity**

The DVHA and Gainwell regularly review all active providers within the Vermont Medicaid network. Providers who have not been the billing, attending, ordering, rendering or prescribing provider on a submitted claim within the past 3 years, will have their enrollment contract terminated and will be notified of their end date in the network. To reestablish your participation in the Vermont Medicaid provider network, you will be required to re-enroll through the Provider Management Module. The information on how to re-enroll can be found at <http://vtmedicaid.com/#/provEnrollInstructions>.

### **Reconsideration Requests and Timely Filing Reconsiderations**

Providers are reminded that information on how to submit a Reconsideration Request or Timely Filing Reconsideration, can be found at <http://www.vtmedicaid.com/#/home>. The Reconsideration Request process, used for a review of certain claims payment, can be found on page 9, Section 1.2.10, of the General Provider Manual (<http://vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf>). The Timely Filing Reconsideration process, used to request review of a timely filing claim denial, can be found on page 31, Section 3.3.2, of the General Billing & Forms Manual (<http://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>). It is important to review these processes prior to submitting a request for review. Failure to meet all requirements outlined in these processes will result in a return of your request with no further action taken.

### **Closed for Memorial Day – Monday, May 30, 2022**

The DVHA and Gainwell offices will be closed on Monday, May 30, 2022, in observance of Memorial Day.

## **May 6, 2022**

### **NBRC Announces Grant Round To Support Region's Rural Health Network**

The Northern Border Regional Commission (NBRC) announced that health care providers and organizations across Northern New England and New York will soon be able to apply for grant funds from the agency's partnership with the Department of Health and Human Services' Health Resources and Services Administration (HRSA). HRSA's Federal Office of Rural Health Policy will present an informational webinar on Thursday, May 5, 2022, from 11-12 PM. This webinar will provide an overview of this funding opportunity focused on increasing access to care, workforce, and value-based efforts through technical means. No registration is required.

To learn more about this Department of Health and Human Services' Health Resources and Services Administration (HRSA) partnership grant opportunity for providers and May 5, 2022 webinar, please visit the [Northern Border Regional Commission News Release](#).

### **Server Maintenance - May 8, 2022**

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, May 8, 2022. 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.

## **April 29, 2022**

### **Vermont Health Learn Courses**

The Department of Vermont Health Access (DVHA) educational presentations are available at <https://dvha.vermont.gov/vermont-health-learn>.

#### **Current courses:**

- Authorization for Individual Education Plan Services
- Coverage of Durable Medical Equipment for Dual Eligible Beneficiaries
- Medicaid Authorization for Pediatric Physical Therapy, Occupational Therapy, and Speech Language Pathology Therapy Services
- Obtaining Ambulatory Aids for Vermont Medicaid Members
- Obtaining Special Needs Beds for Vermont Medicaid
- Members Obtaining Shower/Bath Chairs for Vermont
- Medicaid Members Obtaining Manual Wheelchairs for Vermont Medicaid Members
- Obtaining Power Mobility Devices for Vermont Medicaid Members
- Team Care, A Managed Care Initiative

Each presentation includes 2-5 modules of 20 minutes or less, and a survey.

Please address any questions to: [AHS.DVHAClinicalServicesTeam@vermont.gov](mailto:AHS.DVHAClinicalServicesTeam@vermont.gov)

## **April 22, 2022**

### **Mobile Crisis Survey**

The Agency of Human Services (AHS) wants to hear your thoughts and experiences about mobile crisis services. Your input is vital in helping Vermont improve services. On behalf of AHS, Health Management Associates (HMA) is conducting this survey. The survey will take about 15 minutes to complete. The mobile crisis survey can be found [here](#). The survey will close Friday, April 29, 2022.

# **April 15, 2022**

## **Timely Filing Reconsideration Request Update**

Effective for requests received on or after 04/01/2022, the Agency of Human Services (AHS) will no longer offer a second opportunity for providers to submit additional information to support a request that the Agency reconsider denying a claim for failing to timely file. 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 with the Agency. As a reminder, when requesting reconsideration, providers are required to include a detailed description of the circumstances resulting in their failure to timely file the claim and supporting documentation as described in Section 3.3.2 of the [Vermont Medicaid General Billing and Forms Manual](#). Acceptable forms of supporting documentation include billing account notes, call reference numbers, other insurance correspondence and/or emails with the Agency or fiscal agent.

## **Medical Documentation of Services**

As a reminder, providers must keep written documentation for all medical services, actual case record notes for any services performed, or business records that pertain to members for services provided and payments claimed or received. Providers must document all services provided on the same day of the encounter or within a reasonable time, within one week of providing the service, unless extenuating circumstances prevent the provider from documenting a service within that time. If extenuating circumstances prevent a provider from documenting a service within one week of providing the service, the provider must also document those extenuating circumstances. All documentation must be legible, contain complete and adequate information and applicable dates. Please refer to the [General Billing Manual](#) section 5.4.

## **Imminent Harm Code List Update**

Effective 5/1/22 for all ACO Attributed and non-ACO Attributed members, the DVHA has added new codes to the Imminent Harm Code List. The newly added codes are currently covered and require a prior authorization (PA), except for K0669. K0699 is a new addition to the Imminent Harm Code List requiring a PA.

For ACO members, the codes will be added to the main list as Prior Authorization is required.

For non-ACO members, the updated list can be found under the Imminent Harm List via this link: <https://dvha.vermont.gov/document/imminent-harm-list>. The codes added will be highlighted in yellow.

## **2022 HEDIS Performance Measure Production Includes a Medical Record Review (MRR)**

### **VT Medicaid and Cotiviti Partnering to Complete the 2022 Medical Record Review (MRR).**

In 2022, VT Medicaid is producing 4 Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures. Hybrid measures combine administrative claims data with data abstracted from member records during a Medical Record Review (MRR). Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April and requesting the submission of medical records to support VT Medicaid's Medical Record Review (MRR). Please note that providers are required to participate at no cost, as stated in your signed Medicaid Provider Enrollment Agreement. VT Medicaid may enforce a 10% withholding of all payments for providers that do not submit the required medical records at no cost within ten (10) business days. For more info please visit:

<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

## **April 8, 2022**

### **COVID-19 Related Treatment - Copay Exemption**

#### **Important Information for Treatment Related to COVID-19.**

To ensure that Vermont Medicaid members continue to have access to the medications they need and in response to evolving conditions related to COVID-19, the Department of Vermont Health Access (DVHA) is implementing the following changes to its prescription drug benefits programs:

- Copayments do not apply to any treatments of underlying conditions that may complicate the treatment of COVID-19, effective October 22, 2021.
  - This includes treatments for what is now being referred to as “long-COVID” or “long haul” COVID-19.
  - Copayments for COVID-19-related treatments do not apply while a Vermont Medicaid beneficiary is diagnosed with or presumed to have COVID-19.

Instructions for Vermont Medicaid participating pharmacies and prescribers:

- Prescribers shall write a memo/note on the prescription indicating it is being prescribed for treatment of COVID-19 or a COVID-19-related diagnosis.

All approved treatments for COVID-19, and medications that may be used to treat the symptoms of COVID-19, do not have co-pays.

If you have questions about this process, please contact your Provider Relations Representative directly at 800-925-1706.

### **FQHC/RHC Vaccine Administration**

As a reminder Vaccine Administration is included in the encounter rate for FQHC/RHC providers.

- If the member has a clinic visit the same day, then they should not be billing a separate claim for vaccines or vaccine administration.
- If the member goes in just solely for a Vaccine(s) and there is no clinic visit that day bill Fee for Service as there would be no E&M code/encounter.

### **KX Modifier**

Effective April 1, 2022, Medicaid is requiring use of the KX modifier to allow for claims processing for certain services administered to transgender, ambiguous gender, or hermaphrodite patients. Failing to use the KX modifier may result in a claim being denied because the procedure or diagnosis code does not typically agree with the patient’s gender. The KX Modifier should be used in the following circumstances to allow for claims processing:

- The procedure is not representative of the patient’s gender.
- The diagnosis is not representative of the patient’s gender, use of all relevant diagnosis codes is still required.

### **Provider/Practice Information Updates are Required**

Providers, it is important to keep your practice information updated. Information regarding providers leaving your practice or a provider already enrolled with Medicaid being added to your practice can be made using the on-line Provider Management Module. Be sure you are keeping information up to date. Changes specific to demographics, group affiliation, and address information can be updated using the portal. Failure to update provider information can result in denied claims, undeliverable correspondence

or delayed claims' payment. If you need assistance on accessing your information through the Provider Management Module, please contact the Gainwell help desk at 800-925-1706.

## Advisory Changing to Digital Only

The Advisory publication will be changing to a digital only format. Gainwell will no longer be sending the Advisory via USPS. If you wish to receive this publication as well as the VT Medicaid banner page, please contact the Gainwell Publications Coordinator at [vtpubs-comm@gainwelltechnologies.com](mailto:vtpubs-comm@gainwelltechnologies.com).

## Server Maintenance - April 10, 2022

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 10, 2022. 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.

## April 1, 2022

### Update to Telehealth Registration Requirements for Out-of-State

**For Immediate Attention:** In accordance with Act 85, health care providers who hold an out-of-state license and provide services through telehealth to patients/clients located in the State of Vermont will be required to obtain an Interim Telehealth Registration effective April 1, 2022. Providers are encouraged to visit the Office of Professional Regulation's (OPR's) website for more information: <https://sos.vermont.gov/opr/about-opr/covid-19-response/telehealth-out-of-state-expired-license-registration/>. The following information is currently posted on their website, "Anyone who does not hold an active, conventional Vermont license who is providing health care in Vermont via telehealth must register for an Interim Telehealth Registration. This includes mental health professionals providing telehealth services to patients or clients located in Vermont. Persons holding only an Interim Telehealth Registration may not provide in-person services to patients or clients located in Vermont. Please note that health care professionals who hold an active, conventional Vermont license do not need to obtain an Interim Telehealth Registration to practice telehealth in Vermont." To apply for an Interim Telehealth Registration, please submit your contact information through OPR's online service platform located at <https://sos.vermont.gov/opr/online-services/>.

### Interoperability & Patient Access: Daily MMA File Exchanges with CMS

The Interoperability & Patient Access (IPA) Project goal is to implement multiple rules required by CMS to improve patient access to their health information. On April 1, 2022, the State of Vermont Medicaid Program will increase the frequency of MMA file exchanges with CMS from monthly to daily. The MMA file identifies all dually eligible beneficiaries (full benefit and partial benefit) who get Medicaid help with Medicare premiums, and often for cost-sharing.

Daily file exchanges with CMS will provide dually eligible beneficiaries with almost "real time" access to appropriate programs, improve access to care, reduce provider burden and administrative waste. This change is a requirement of the Interoperability and Patient Access final rule (CMS-9115-F) to improve the dual-eligible beneficiary experience.

Additional information about the benefits of the IPA Project is available by clicking <https://dvha.vermont.gov/IPA>. Please address questions or concerns: [AHS.DVHAHCAOPSInbox@vermont.gov](mailto:AHS.DVHAHCAOPSInbox@vermont.gov).

## March 25, 2022

### Reconsideration Request Form Has Been Updated

Providers submitting reconsideration requests to Gainwell Technologies should use the new form that is now located on the Vermont Medicaid website (<http://www.vtmedicaid.com/#/forms>). This form is to be used for non-timely filing reconsideration requests only; there is a separate form for timely filing reconsideration requests. Effective 4/25/2022, old versions of the Reconsideration Request Form will no longer be accepted and will be returned to the provider.

### Provider Education Opportunity: Power Mobility Devices for Vermont Medicaid Members

Do you feel overwhelmed by the many types of power mobility devices and associated components that might benefit your patients? Overwhelmed by the complexities of obtaining a power mobility device through Vermont Medicaid?

The Department of Vermont Health Access (DVHA) has created a new provider education opportunity that can be completed virtually - at a day and time that works for your schedule. The presentation will help you:

1. Know how to choose the right power mobility device and components for your patient, from the many types that are available; and
2. Guide you through the process of obtaining the right power mobility device for your patient through Vermont Medicaid.

The Obtaining Power Mobility Devices for Vermont Medicaid Members educational opportunity is available on the Vermont Health Learn Platform at: <https://catalog.vthl.org/catalog?pagename=Courses>.

Providers who have ideas for presentations that would be helpful to have developed are invited to send their suggestions to: [AHS.DVHAClinicalServicesTeam@vermont.gov](mailto:AHS.DVHAClinicalServicesTeam@vermont.gov).

### PERM Audit Update

The Payment Error Rate Measurement (PERM) audit has commenced and will examine sampled claims from July 1, 2021, through June 30, 2022. Providers with a sampled claim will receive a medical record request letter from NCI Information Systems, Inc., and are required to submit all requested claim medical records and documentation.

The first request letters are expected by early April. Providers have 30 days from date of receipt of notice to submit required claims medical records and adjoining documentation to NCI Information Systems, Inc. If additional information is needed, providers have 14 days from the date of receipt of notice to send in the information. DVHA will enforce a 10% withholding from all providers that do not submit the required medical record and adjoining documents within 30 days or the additional documentation within 14 days.

Beginning in March, providers with a sampled claim may be contacted by a state representative to confirm the correct contact information prior to the request letters going out.

**NEW:** CMS will be hosting a few webinar sessions for providers focusing on the below topics:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation, esMD program

These sessions will be held on:

- Tuesday 4/12 1pm-2pm
- Wednesday 4/13 3pm-4pm
- Thursday 4/14 3pm-4pm

Please see <https://dvha.vermont.gov/providers/audits/payment-error-rate-measurement> for a link to register for the webinar. Registration closes April 10th.

## **March 18, 2022**

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

In 2022, VT Medicaid is producing 4 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 4 hybrid measures this year are Controlling High Blood Pressure, Comprehensive Diabetes Care, Prenatal & Postpartum Care, and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April and requesting the submission of 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>

### **Update to Non-Emergency Medical Transportation Manual**

The Non-Emergency Medical Transportation (NEMT) Manual has been updated to reflect new language requirements. To access the manual, please visit <https://dvha.vermont.gov/providers/non-emergency-medical-transportation>.

## **March 11, 2022**

### **2022 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 selected providers in April 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>.

### **\*New\* Foster Care Learning Collaborative**

Vermont Medicaid is participating in a new CMS-sponsored Learning Collaborative focused on improving the rate of comprehensive health visits for children and youth entering foster care. DVHA is partnering on this important topic with other state-wide stakeholders, including: the Department of Children and Families (DCF), the Vermont Department of Health (VDH) and the Vermont Child Health Improvement Program (VCHIP).

Initial data analysis indicates that Vermont has room for improvement, especially in visit rates for the later childhood and adolescent age cohorts. Our team plans to share what we're learning through the national collaborative with our provider network. We hope to provide information on best practices related to communication, as well as successfully scheduling and coding these visits.

For an overview of healthcare issues for children and adolescents in foster care, including the AAP health recommendations, please see this article:

<https://publications.aap.org/pediatrics/article/136/4/e1142/73872/Health-Care-Issues-for-Children-and-Adolescents-in>

If your practice would be interested in participating in a targeted quality improvement (QI) effort with the help of our team, please reach out to: [AHS.DVHAQualityImprovement@vermont.gov](mailto:AHS.DVHAQualityImprovement@vermont.gov)

## **March 4, 2022**

### **Change Healthcare Provider Satisfaction Survey**

DVHA contracts with Change Healthcare to support Vermont's publicly funded pharmacy benefit programs. The Change Healthcare Help Desk supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefit programs. It is the first point of contact for pharmacy and medical providers for drug prior authorization requests, drug claims processing issues, and other drug-related questions, concerns, and complaints. Change Healthcare is conducting a provider satisfaction survey of pharmacies and prescribers and your participation in this survey is very important to DVHA as responses from this survey will be used for quality improvement efforts. The entire survey should take less than 5 minutes to complete. To take the survey please go to:

<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/2022%20CHC%20Prescriber%20and%20Pharmacy%20Survey.pdf>

### **Canceled: Provider Services Help Closed March 3, 2022**

Canceled: The Provider Services Help Desk will be closed from 3:00pm – 4:00pm on Thursday, March 3rd for internal training.

Correction: The help desk will be open.

## **February 25, 2022**

### **Closed for Town Meeting Day – Tuesday, March 1, 2022**

The DVHA and Gainwell offices will be closed on Tuesday, March 1, 2022, for Town Meeting Day.

### **Provider Services Help Closed March 3, 2022**

The Provider Services Help Desk will be closed from 3:00pm–4:00pm on Thursday, March 3rd for internal training.

## **February 18, 2022**

### **Switching SSN to FEIN for Enrollment Type “Individual”**

Vermont Medicaid does not require that providers switch their enrollment from SSN to EIN, but many providers are choosing to make this change. If you are an Individual Provider choosing to switch your enrollment from SSN to EIN, please navigate to <http://www.vtmedicaid.com/#/home>, click on “**Provider Enrollment**” at the top of the screen and choose the third option from the top; “**Instructions**”. Then, open the “[Green Mountain Care Instructions for Enrollment & Revalidation](#)”. Next, scroll to Section 12.3



Switching SSN to FEIN for Enrollment Type “Individual”. This section contains the specific process that must be followed in order to make this update. If you have questions about this process, please outreach to the Provider Services Help Desk at 800-925-1706.

## **Provider Education Opportunity: Obtaining Manual Wheelchairs for Vermont Medicaid Members**

As a provider, do you feel overwhelmed by the number of wheelchair types and associated components that might benefit your patients? Do you feel overwhelmed by the complexities of obtaining a wheelchair through Vermont Medicaid?

The Department of Vermont Health Access (DVHA) has created a new provider education opportunity that can be completed virtually - at a day and time that works for your schedule. The presentation will help you:

1. Know how to choose the right wheelchair for your patient, from the many types of wheelchairs that are available; and
2. Guide you through the process of obtaining the right wheelchair for your patient through Vermont Medicaid.

This **Obtaining Manual Wheelchairs for Vermont Medicaid Members** educational opportunity is available on the Vermont Health Learn Platform at: <https://catalog.vthl.org/>.

Providers who have ideas for presentations that would be helpful to have developed are invited to send their suggestions to: [AHS.DVHAClinicalServicesTeam@vermont.gov](mailto:AHS.DVHAClinicalServicesTeam@vermont.gov).

## **2022 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 2022 Medical Record Review (MRR). For more info, please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

## **Closed for Presidents’ Day – Monday, February 21, 2022**

The DVHA and Gainwell offices will be closed on Monday, February 21, 2022, in observance of Presidents’ Day.

## **February 11, 2022**

### **PERM Audit Update**

The Payment Error Rate Measurement (PERM) audit has commenced and will examine sampled claims from July 1, 2021, through June 30, 2022.

Providers with a sampled claim will receive a medical record request letter from NCI Information Systems, Inc., and are required to submit all requested claim medical records and documentation. The first request letters are expected in late March or early April. Providers have 30 days from date of receipt of notice to submit required claims medical records and adjoining documentation to NCI Information

Systems, Inc. If additional information is needed, providers have 14 days from the date of receipt of notice to send in the information. DVHA will enforce a 10% withholding from all providers that do not submit the required medical record and adjoining documents within 30 days or the additional documentation within 14 days.

In early March, providers with a sampled claim may be contacted by a state representative to confirm the correct contact information prior to the request letters going out. Please see <https://dvha.vermont.gov/providers/audits/payment-error-rate-measurement> for more information.

## **Voice Response System (VRS) Menu Has Changed**

Please note that there have been changes made to the menu when calling the VRS/help desk at 800-925-1706. Along with additional menu prompts and resource information, we have provided information regarding timelines for processing enrollment applications and prior authorizations. Please make sure to listen to all information prior to making a selection. This change is effective 2/11/2022.

## **PES Webinar**

Gainwell Technologies will be providing an in-depth overview on how to submit 837 Professional claims using the PES software. This PES training will be provided via webinar on February 23, 2022, starting at 10:00am. This webinar will demonstrate how to setup the PES software once you are logged in, how to create lists, build your 837 professional claims, and then how to submit successfully. If you would like to join this webinar, please send an email to [vtproviderreps@gainwelltechnologies.com](mailto:vtproviderreps@gainwelltechnologies.com), including your name, contact phone number and email address, by Friday, February 18, 2022. If you would like more information on the details of this webinar, please contact your Provider Relations Representative directly.

## **February 4, 2022**

### **2022 You First Fee Schedule**

The 2022 You First Fee Schedule has been added to the Vermont Medicaid Fee Schedule page (<http://www.vtmedicaid.com/#/feeSchedule>). Providers are encouraged to review the fee schedule. If you have questions, call You First at 800-508-2222 or email [YouFirst@vermont.gov](mailto:YouFirst@vermont.gov).

### **Using Correct Taxonomy Numbers on Claim Forms**

DVHA and Gainwell would like to remind providers that if a provider has more than one taxonomy associated to the same NPI, the applicable and valid taxonomy number is required.

- To report billing provider taxonomy numbers on paper claims: for CMS-1500 claim form, use box 33B; for UB-04 claim form, use box 57A; for dental claim form, use 52A.
- To report attending provider taxonomy numbers on paper claims: for CMS-1500 claim form, use box 24J; for UB-04 claim form, use box 81CCa; for dental claim form, use 56A.

Do not use the ZZ qualifier at the beginning of the field; this qualifier is for electronic claims only. If you are unsure if the provider has multiple provider numbers, please check the Active Provider listing that is available on our website under Member Services, then Provider Look-Up. <http://www.vtmedicaid.com/#/providerLookup>

### **Interoperability & Patient Access: Daily File Exchanges with CMS**

The Interoperability & Patient Access Project goal is to implement multiple rules required by CMS to improve patient access to their health information. One of these rules requires states to exchange Buy-In and MMA files with CMS daily.

### **Daily Buy-In file exchanges to begin 02/01/2022**

This file identifies individuals dually eligible for Medicare and Medicaid for whom the state will pay Part A and/or Part B premiums.

### **Daily MMA file exchanges to begin on 04/01/2022**

This file identifies all individuals who are dually eligible (fully or partially) for Medicare and Medicaid.

Increasing these file exchanges will improve the experience of dually eligible individuals by helping states, providers and payers improve the coordination of eligibility, enrollment, and benefits for this population. States are required to implement MMA and Buy-In daily exchanges with CMS starting April 1, 2022. Additional information is available by clicking <https://dvha.vermont.gov/IPA>.

Please address questions or concerns to [Samantha.Haley@vermont.gov](mailto:Samantha.Haley@vermont.gov).

## **January 28, 2022**

### **Change to VT Medicaid Admission Notification Form for Inpatient and Detoxification Services**

The Department of Vermont Health Access (DVHA) has updated the VT Medicaid Admission Notification Form for Inpatient Psychiatric & Detoxification Services which is required to be faxed within 24 hours or next business day of an urgent or emergent hospital admission. Two questions on Medicare or other insurance coverage have been added. Please begin using this form 01/28/2022. You can access the write in version and the type in version on the DVHA website at: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>.

### **Guidance on the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule**

The Centers for Medicare & Medicaid Services (CMS) released guidance on the Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule (<http://dvha.vermont.gov/news/guidance-omnibus-covid-19-health-care-staff-vaccination-interim-final-rule>) that was published on November 5, 2021. The emergency regulation is intended to help safeguard health care workers and the people they serve from COVID-19 and its variants for all individuals seeking care by imposing requirements regarding vaccinations for eligible staff at many health care facilities participating in the Medicare and Medicaid programs. Health care workers in CMS-certified facilities must be vaccinated. The Interim Final Rule and this CMS guidance apply to nursing homes, home health agencies, hospices, hospitals, ambulatory surgical centers, federally qualified health centers, end stage renal disease facilities, and rural health clinics. It does not apply to Designated Agencies. The guidance provides important information on implementation as well as guidelines to assess and maintain compliance with the COVID-19 vaccination requirements.

More information, including Frequently Asked Questions, may be found under the “**Clinical and Technical Guidance for All Health Care Providers**” at the following link: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

Please refer to the COVID 19 Page <https://dvha.vermont.gov/covid-19> often for updated information.