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

July 19, 2019

When to use the Medicare Attachment Summary Form (MASF)
Providers are reminded when submitting a Medicare crossover claim on paper a Medicare Attachment Summary Form (MASF) must be attached anytime there is Deductible, Coinsurance or a payment made by Medicare. Otherwise a Medicare Attachment Summary Form should not be attached. If the service or item is denied by Medicare, a completed claim along with the Medicare EOB should be submitted. Providers have six months from the Medicare paid/denied date to submit a claim. Providers can find the MASF for the CMS-1500 and UB-04 here: http://www.vtmedicaid.com/#/forms. Claims with Deductible, Coinsurance or a payment made by Medicare can also be submitted electronically, which will eliminate the need to submit paper claims.

Online Enrollment Module
DXC and The Department of Vermont Health Access are excited to provide some statistics regarding the new online Provider Management Module that was implemented on 5/1/19. In the first two months of operation, we have enrolled over 900 providers in VT Medicaid, with an average process time of under 30 days.

As we move into the third month, we would like to remind providers that once you register an application in the Provider Management Module, you have 30 days to submit that application before it expires. You will receive email notifications starting on the 15th day reminding you that you have an application in process. If you are not able to submit the application within 30 days, you will need to start a new application.

Rate Increase for CFC and TBI Providers
Notice to all Choices for Care (CFC) and Traumatic Brain Injury (TBI) Providers: Medicaid rates for CFC home-based services, Enhanced Residential Care, Adult Family Care and TBI services will increase by 2% effective 7/1/19. Please refer to the rate table found here: https://asd.vermont.gov/resources/rates.
July 12, 2019

Server Maintenance – July 14, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, July 14, 2019. 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 802.878.7871, option 1 and then option 1 again.

July 5, 2019

Closed for Independence Day
The DVHA and DXC Technology offices will be closed on Thursday, July 4, 2019 in observance of Independence Day.

PERM Audit Reminder
Providers are reminded that the SFY2019 Payment Error Rate Measurement (PERM) audit is underway. CMS is working with AdvanceMed, who has started sending notices requesting selected medical records. For additional information please visit: http://dvha.vermont.gov/for-providers/payment-error-rate-measurement-perm/view

PERM Time Limit Requirements: Providers have 30 days from date of receipt of notice to submit required medical records and adjoining documents to AdvanceMed. If additional documents are needed, another notice will be sent, and providers will have 7 days from date of receipt to submit the requested documents to AdvanceMed. Please note: DVHA will enforce a 10% withholding from all providers that do not submit the required medical records and adjoining documents within 30 days or the additional documentation within 7 days.

Adult Dental Benefit Changes Planned for Jan 1, 2020
Good news! Changes are coming to the Medicaid dental benefit for Medicaid members age 21 and older. These changes are planned to take effect January 1, 2020. The changes include:

- Increasing the annual maximum dollar limit on adult dental services from $510 to $1,000 per member per calendar year;
- Up to 2 visits for preventive services, outside of the annual maximum dollar limit and with no co-payment, per calendar year.

Look for more details to come!

June 21, 2019

DXC Office Closed at 4PM on June 25, 2019
The DXC Technology office will be closed at 4:00PM on June 25, 2019 for system maintenance. We will resume normal office hours at 8:00AM on June 26, 2019.

June 7, 2019

No Medicaid Prior Auth Required for Ambulance Transport
This is a reminder that ambulance companies enrolled with Vermont Medicaid do not have to contact DVHA or DXC staff to receive a prior authorization for providing services. Providers must ensure the ambulance company utilized is enrolled with Vermont Medicaid and the following conditions are met
under 5.3.2 Ambulance Services and 5.3.2.2 Physician Certification under the Vermont Medicaid General Billing and Forms Manual.


Should you have any questions, please contact the DXC provider help desk at 800-925-1706 (In-state toll free) or 802-878-7871 (Out-of-State).

Online PA Requests for Medications
The eWEBS Pharmacy Provider Portal has been available since May 2018. Developed by our Pharmacy Benefits Manager, Change Healthcare, the portal is designed for use by prescribers and pharmacies to simplify access to member and drug information. It provides a secure way for registered users to look up member eligibility, member drug history, and preferred drug list (PDL) information. In addition, providers can electronically submit prior authorization requests, and track the progress of PA requests online! You can access the portal immediately via this link: https://providerportal.vtgov.emdeon.com/vtpp/application/login.jsp. Simply click on the link, click “Register” below the “Login” button and follow the directions to submit the enrollment form. You will be issued a user ID and password once your registration information has been submitted and validated. Questions about the portal can be directed to the Change Healthcare Pharmacy Help Desk at 1-844-679-5362.

D5820 and D5821 Now Covered
Effective 7/1/2019, the following codes D5820, Interim partial denture (maxillary) - Includes any necessary clasps and rests, and D5821, Interim partial denture (mandibular) - Includes any necessary clasps and rests, will become a covered service for members under the age of 21 and will be added to the fee schedule. This will allow an interim solution to replace a missing tooth or teeth. The reimbursement rate for both D5820 and D5821 can be found at http://www.vtmedicaid.com/#/feeSchedule/hcpcs. Please use these codes in place of D5211 and D5212, when applicable.

Time Based Critical Care Codes
Originally DVHA allowed only one physician to bill for critical care services rendered to a patient during any billable period of time. Effective as of June 1, 2019, DVHA will be allowing more than one physician to bill for critical care services rendered to a patient during any billable period of time. Code 99292 may be reported alone when critical care is reported by another provider of the same group and specialty on the same date as another provider reporting 99291.

Server Maintenance – June 9, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, June 9, 2019. 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 802.878.7871, option 1 and then option 1 again.

May 24, 2019

Closed for Memorial Day
The DVHA and DXC Technology offices will be closed on Monday, May 27, 2019 in observance of Memorial Day.
May 17, 2019

The Ladies First Program is now the You First Program

The Ladies First Program is now known as the You First Program! You First will cover all of the same services as before. Please keep an eye out for new materials that are coming in the mail. Visit our website, YouFirstVT.org, to find out more.

May 10, 2019

Server Maintenance – May 12, 2019

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, May 12, 2019. 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 802.878.7871, option 1 and then option 1 again.

May 3, 2019

Store and Forward

Effective May 1, 2019, DVHA will allow teledermatology and teleophthalmology services provided via store and forward means. Store and Forward refers to an asynchronous transmission of a beneficiary’s medical information from a provider to another provider, through a secure connection that complies with HIPAA, without the beneficiary present in real time. In order to bill for services provided via store and forward means, the GQ (Store and Forward) modifier must be used AND one of the following codes: New Patients (99201, 99202, or 99203) or Established Patients (99211, 99212, or 99213). Please refer to the Telehealth rule found on the DVHA website: http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/3.101-telehealth-rule-adopted-rule.pdf.

PERM Audit Reminder

The Department of Vermont Health Access (DVHA) announces that the Payment Error Rate Measurement (PERM) audit has commenced for SFY2019 (which runs from July 1, 2018 to June 30, 2019). Providers selected for the audit are required to submit all requested claim medical records and documentation. Providers have 30 days from the date of receipt of notice to submit required claims medical records and adjoining documentation to AdvanceMed. If additional information is needed, providers have 7 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 7 days.

Please refer to http://dvha.vermont.gov/for-providers/payment-error-rate-measurement-perm/view for examples of the request letters from AdvanceMed.

Pricing Methodology Change for HCPCS A4483

The Department of Vermont Health Access (DVHA) has revised its payment methodology for HCPCS code A4483. For dates of service on or after 05/15/2019 this code will be paid using the manual
April 26, 2019

Provider Management Module Information
As we get closer to the launch of our new online Provider Management Module, there are a couple things we would like to note.

The Department of Vermont Health Access and DXC have taken all necessary steps to ensure your existing enrollment data is converted into this new system. This means that if you are actively enrolled with VT Medicaid prior to 05/01/19, you DO NOT need to re-enroll into the new system. Your information will be converted into the online system and you will have the ability to register for access to your information.

Also, if you have submitted a paper application to DXC during this period of time that we are in transition into the new system, DXC will enter your application into the new module on your behalf. Once entered, you will receive notifications regarding the status of your application.

Records Requests for HEDIS Measure Production
The Department of Vermont Health Access (DVHA) is currently performing medical record review for three HEDIS Hybrid measures: Adult BMI Assessment (ABA), Controlling High Blood Pressure (CBP) and Comprehensive Diabetes Care (CDC). DVHA is contracting with Cotiviti to retrieve medical records from Medicaid providers, and both the Contractor and DVHA’s in-house clinicians are completing record abstraction. Please be aware that providers may receive phone calls and faxed letters discussing the process of record retrieval for one or more of these measures. It is the expectation that medical records will be provided within 5 business days of receipt of the request. This expectation is also supported in your provider agreement, ARTICLE VI. AUDIT INSPECTION. For more information, please contact DXC at: 800.925.1706 (in-state) or 802.878.7871, option 1 (out-of-state).

April 19, 2019

Provider Management Module Launch is Almost Here!
The Provider Management Module (PMM) launch date of 5/1/19 is almost here! The new module will replace the paper application process and reduce enrollment processing time.

Please utilize the new module for enrolling providers - paper applications will only be used in extenuating circumstances. For information regarding the PMM, along with training videos and instructions, please visit http://www.vtmedicaid.com/#/pmmCommunication.

April 12, 2019

Bill Monthly for Hospice Claims
The Department of Vermont Health Access (DVHA) and DXC Technology would like to remind providers that when billing Hospice services, it is required that claims are billed monthly, to ensure accurate and efficient claims processing. Hospice services should not be billed weekly or bi-weekly as that may result in delayed processing times and/or denials.

In addition, submit the documentation to CMS in advance of the claim submission to DXC. If CMS has not received the paperwork the claim will be denied as the Medicare information must cross from CMS to VT Medicaid for the claim to be paid.
Choosing the Right Telehealth Platform for your Practice

Vermont Medicaid is currently working on a project to improve the rates of substance use disorder treatment initiation and engagement. This includes treatment for all substances, not just opioids. Our team is promoting the use of telemedicine as an additional treatment option. We have interviewed Vermont providers who are currently delivering services to their clients via telemedicine technology. We have also developed a section on the DVHA website for providers devoted to telemedicine information: Telehealth — Department of Vermont Health Access

Many providers/practices have expressed an interest in telemedicine but want information on how to start and have indicated that identifying, selecting, and implementing a platform for service delivery can be challenging. If that’s the case for you, this article may contain useful information as you consider providing telemedicine: [https://mhealthintelligence.com/features/picking-the-right-telehealth-platform-for-a-small-or-solo-practice](https://mhealthintelligence.com/features/picking-the-right-telehealth-platform-for-a-small-or-solo-practice).

Looking for a place to start your research? Platforms currently being used in Vermont include VSee, American Well, and VTConnect. We are continuing to learn more about Telemedicine and will share information as available.

Current Forms Are Required

Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. All provider paperwork, including enrollment applications and forms, adjustment forms and refund forms, submitted on outdated versions, will be returned. Providers are encouraged to always check for the most current forms on the Vermont Medicaid website. [www.vtmedicaid.com/#/](http://www.vtmedicaid.com/#/)

Faster Easier Ways to Check Eligibility

Want to obtain member eligibility status quickly and efficiently? We offer two automated ways to verify eligibility.

The Voice Response System (VRS) service is available 24 hours a day, 7 days a week and can often be quicker than calling into our Provider Call Center. To use the VRS, please call 802-878-7871, option 1, and then option 1 again.

Providers may also choose to use the VT Medicaid Web Portal by going to [www.vtmedicaid.com/#/](http://www.vtmedicaid.com/#/), navigate to Transactions, and then Login. You may sign up for this service on the portal. For any issues with the web portal, please contact the EDI Coordinator at: 802-879-4450, option 3.

Provider Management Module Launch

The Department of Vermont Health Access (DVHA), in partnership with DXC Technology, is excited to announce a launch date of 5/1/2019 for the new and more efficient Provider Management Module (PMM).

We ask that you please continue to hold off on submitting any new applications. Applications that have been submitted since 1/18/19 have been reviewed for accuracy and completion and may have been completed.

Once the module is live, the applications we currently have will be processed by DXC in the order they were received. All paper applications will be entered into the module no later than 7/1/19.
Any providers who are actively practicing between the dates of 1/18/19 and 5/1/19 and need expedited enrollment may request priority processing by including a cover letter outlining your need and attaching it to a paper application.

For more information and instructions regarding the PMM, please visit http://www.vtmedicaid.com/#/pmmCommunication.

**Server Maintenance – April 14, 2019**
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 14, 2019. 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 802.878.7871, option 1 and then option 1 again.

**April 5, 2019**
**G0297 Low Dose CT Scan (LDCT) for Lung Cancer Screening**
Reminder that Low Dose CT-Lung Cancer Screening requires a Prior Authorization by Evicore.

When the following criteria has been met:

- Patient has not received a low-dose CT lung screening in less than 12 months; and
- Patient has NO health problems that substantially limit life expectancy or the ability or willingness to have curative lung surgery; and
- Patient is between 55 and 80 years of age; and
- Patient has at least a 30 pack-year history of cigarette smoking; and
- Currently smokes or quit within the past (\(\leq\)) 15 years


**Maximum Allowable Units for Dental Codes**
The National Correct Coding Initiative has set Medically Unlikely Edits (MUEs) restricting the maximum number of units for a single date of service on several Dental codes effective 04/01/2019. These limitations will only apply to Physician and Outpatient claims, they will not be applied to Dental claims. For a complete list of the codes affected please see http://dvha.vermont.gov/for-providers/health-services-bulletins-alerts-and-advisories.

**March 8, 2019**
**Be on the Lookout for PMM Trainings**
Be on the lookout for trainings in your area beginning in March! With several different training opportunities online and at various locations around the state, you can select the training that will be best for you and your team. For more information on training and other Frequently asked questions please contact your provider relations rep or visit http://vtmedicaid.com/#/pmmCommunication.

**Closed for Town Meeting Day**
The DVHA and DXC Technology offices will be closed on Tuesday, March 5, 2019 in observance of Town Meeting Day.
MUE for E0961 is 2
The Medically Unlikely Edits (MUE) for HCPCS code E0961, Manual wheelchair accessory, wheel lock brake extension (handle), each, is 2. The MMIS system was set up to only allow 1 unit. The Department of Vermont Health Access (DVHA) has updated the system to allow for a maximum 2 units. Providers who have received denials should resubmit their claims.

Server Maintenance – March 10, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 10, 2019. 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 802.878.7871, option 1 and then option 1 again.

Telemedicine Testimonial
Recently, staff from DVHA’s Provider & Member Relations and Quality Improvement Units have been talking with local providers about their experiences offering services via telemedicine technology. Here is what one local behavioral health provider had to say about implementing telemedicine in her practice:

“Clients love the flexibility that telemedicine services provide. Telemedicine allows for continuity of care during times that would otherwise preclude face-to-face visits, such as illness or when a client lacks a driver’s license. HIPAA-compliant systems exist that allow providers to connect to clients through a secure portal, and even pass documents back and forth electronically. I’ve received positive feedback about the telemedicine services I provide from many of my clients, who range from CEO’s with busy schedules to construction workers on jobs in rural areas. Through the use of telemedicine, I can have extremely powerful and effective conversations and experiences with my clients. I can only see the use of telemedicine services growing. It’s part of our culture’s comfort zone now. If you plan to stay in this profession, you shouldn’t be asking yourself if you’ll move in this direction, but when.”

If you are interested in learning more about this topic, please consider bookmarking this link to a new section in the provider area of the DVHA website: DVHA telehealth website

March 1, 2019

Provider Management Module Training In March
Training on the Provider Management Module (PMM) will begin in March. We will be offering several different trainings that include, live in person trainings, a live webinar, recorded training sessions and a provider instructions manual. We can help you select which one is right for you and your team. Contact your Provider Relations Representative with questions on training. We look forward to training with you.

Reminder: ACO Patient Identification Survey
The Department of Vermont Health Access (DVHA) is fielding a survey regarding processes for determining ACO attribution status for Vermont Medicaid members. DVHA is working with OneCare Vermont Accountable Care Organization (OneCare) to improve processes around identifying ACO-attributed VT Medicaid members. The survey asks how providers currently identify patients who are attributed to the Vermont Medicaid Next Generation (VMNG) ACO program and will also solicit feedback on a proposed streamlined electronic solution for ACO patient identification, utilizing the 270/271 eligibility process.
Participation is greatly appreciated. Lack of participation may impact the ability of Vermont Medicaid to implement any improvements in the 270/271 process to identify ACO-attributed patients.

This survey should be completed by anyone at your organization who identify patients and determine their Medicaid eligibility. Please click https://www.surveymonkey.com/r/T35GTH3 to take the survey.

**Please submit completed surveys by February 28, 2019. We greatly appreciate your participation.**

**February 22, 2019**

**ADAP Funded Preferred Providers**

CMS has set the Medically Unlikely Edit (MUE), or maximum units, for H0006 (Alcohol and/or drug services; case management) to “1” effective 1/1/2019. As a result, H0006 will not be utilized by ADAP any longer. ADAP providers should use the new code is T1016 - Case management, each 15 minutes, for services provided on/after 1/1/2019. Please re-submit claims for services provided from 1/1/19 using the new code.

**Provider Enrollment/Provider Management Module Information**

As we get ready to launch the new and efficient Provider Management Module, we need your help as we prepare for updates.

If you are actively providing services to VT Medicaid members or anticipate providing services in the near future and need to be enrolled with VT Medicaid you may request priority processing by including a cover letter outlining your need with the paper application.

If you are not currently providing services to VT Medicaid members and don’t anticipate providing services in the near future, we ask that you please wait to submit your application until the module is live. Once the module goes live your application will be processed by DXC in the order that it was received. The proposed completion date for all stored applications being entered into the module is 05/24/19. For more information please visit [http://vtmedicaid.com/#/pmmCommunication](http://vtmedicaid.com/#/pmmCommunication).

**Telemedicine Questions from the Field: Chart Notes**

DXC representatives visit provider practices in-person each month. Currently, representatives are distributing information about substance use disorder treatment rates by region, as well as a telemedicine informational brochure. Offering treatment services via telemedicine technology is proving to be a good option for both providers and clients. Telemedicine visit notes should include the fact that the services occurred telephonically, along with your normal medical notes.

Here is a link to the telemedicine brochure for VT Medicaid providers: [telemedicine brochure for VT Medicaid](#)

**February 15, 2019**

**Closed for Presidents’ Day**

The DVHA and DXC Technology offices will be closed on Monday, February 18, 2019 in observance of Presidents’ Day.
February 8, 2019

2019 Ladies First Fee Schedule
The 2019 Ladies First Fee Schedule has been added to the Vermont Medicaid Fee Schedule page, http://www.vtmedicaid.com/assets/resources/2019_LF_Fee_Schedule.pdf. Ladies First providers are encouraged to review the fee schedule. If you don’t see a diagnosis code on the list, call Ladies First billing specialist at 800.508.2222 for claim review and possible manual payment.

Claims Return to Provider (RTP) Statistics
In the calendar year 2018, 9957 claims were returned to providers due to missing or incorrect information that does not allow claims to be processed. Detailed information was collected over the period of three months and we found that the top 6 reasons for having claim forms Returned to Providers (RTP) are:

- NPI not valid or not enrolled
- Taxonomy missing or invalid
- NPI printed outside of box field on claim form
- Claim was not submitted on an original red & white CMS1500 or UB04 form
- Number of claim details does not match number of details on Medicare Attachment Summary Form (MASF) Medicare form
- Patient name does not match name on attachment (MASF)

Providers are encouraged to ensure claims data is accurate. Ensuring this data is accurate (upon first claim submission), will help you save time and money.

Vermont Medicaid Terminations
Practitioners are reminded that if there is no claim activity within 36 months or more, they will be terminated from Vermont Medicaid. If this occurs, they will have to re-apply for enrollment into the Vermont Medicaid system.

Server Maintenance – February 10, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 10, 2019. 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 802.878.7871, option 1 and then option 1 again.

February 1, 2019

ACO Patient Identification Survey
The Department of Vermont Health Access (DVHA) is fielding a survey regarding processes for determining ACO attribution status for Vermont Medicaid members. DVHA is working with OneCare Vermont Accountable Care Organization (OneCare) to improve processes around identifying ACO-attributed VT Medicaid members. The survey asks how providers currently identify patients who are attributed to the Vermont Medicaid Next Generation (VMNG) ACO program and will also solicit feedback on a proposed streamlined electronic solution for ACO patient identification, utilizing the 270/271 eligibility process.

Participation is greatly appreciated. Lack of participation may impact the ability of Vermont Medicaid to implement any improvements in the 270/271 process to identify ACO-attributed patients.
This survey should be completed by anyone at your organization who identify patients and
determine their Medicaid eligibility. Please click https://www.surveymonkey.com/r/T35GTH3 to take
the survey.

Please submit completed surveys by February 28, 2019. We greatly appreciate your
participation.

Provider Manuals’ Alignment with AHS Policy
DVHA in collaboration with DXC Technology is pleased to announce that the enhanced Provider
Manuals will be available in February 2019 at www.vtmedicaid.com/. The manuals are: Applied
Behavior Analysis, Mental Health and Substance Abuse Services; Dental; Durable Medical Equipment;
Federally Qualified Health Centers & Rural Health Clinics; Home Health Agency, Assistive Community
Care Services and Enhanced Residential Care; Pharmacy; Primary Care Provider; Physical Therapy,
Occupational Therapy and Speech Language Therapy; Non-Emergency Medical Transportation; and
Vision. The General Provider Manual and the General Billing and Forms Manual has useful
information for all Practitioners.

Thanks to all the many contributors who worked on these manuals.

January 25, 2019
Reminder: New Timely Filing Guidelines Effective 02/01/2019
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching.
There is only 1 week left to get all your outstanding timely filing reconsiderations in prior to the
02/01/2019 effective date.

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This
change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing
guidelines will become effective for timely filing reconsideration requests received on or after
02/01/2019. More detailed information on the new timely filing guidelines can be found here:

January 18, 2019
Closed for Martin Luther King Jr. Day
The DVHA and DXC Technology offices will be closed on Monday, January 21, 2019 in observance of
Martin Luther King Jr. Day.

Reminder: New Timely Filing Guidelines Effective 02/01/2019
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching.
There are only 2 weeks left to get all your outstanding timely filing reconsiderations in prior to the
02/01/2019 effective date.

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This
change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing
guidelines will become effective for timely filing reconsideration requests received on or after
02/01/2019. More detailed information on the new timely filing guidelines can be found here:

Important Provider Enrollment Information
As we get ready to launch the new and efficient Provider Management Module, we need your help as
we prepare for updates and ask that you please wait to submit an application until the module is live.
On 01/18/19, new applications received will be reviewed by DXC for completeness. The application will be logged and stored until the module goes live. Once the module goes live your application will be processed by DXC in the order that it was received. The proposed completion date for all stored applications being entered into the module is 05/24/19. Any providers who are actively practicing between the dates of 1/18/19 and 3/29/19 and need to be enrolled with VT Medicaid may request priority processing by including a cover letter outlining your need with a paper application. For more information please visit http://vtmedicaid.com/#/pmmCommunication.

**January 11, 2019**

**Reminder: New Timely Filing Guidelines Effective 02/01/2019**

The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There are only 3 weeks left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date. **DVHA highly recommends having your reconsideration packets to DXC no later than 01/15/2019 to allow time for review and processing.**

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

**Server Maintenance – Sunday, January 13, 2019**

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 13, 2019. 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 802.878.7871, option 1 and then option 1 again.

**Choices for Care Updated 804B Form**

The Choices for Care 804B Form now has a new location on the Vermont Medicaid web portal. The form is located at http://www.vtmedicaid.com/#/forms. Please note that the mailing address and fax number for returning the form has also changed. The Choices for Care 804B Form is used to change a members long term care coverage or setting.

**January 4, 2019**

**340B Providers and UD Modifier**

340B providers are reminded as of date of receipt June 1, 2016, the modifier “UD” must be included with the J-Codes on the Prior Authorization (PA) request form. Beginning February 1, 2019, provider requests to add or remove the modifier retrospectively are no longer be accepted. DVHA staff will no longer add or remove the modifier. Failure to include the “UD” modifier or the inappropriate inclusion of the “UD” modifier will result in denial of the PA request and/or the resulting claim. Please email VT340B@DXC.com with any questions you may have.

**Clinical Laboratory Fee Schedule**

Due to the late release of the CMS Clinical Laboratory Fee Schedule, the Department of Vermont Health Access (DVHA) will not be updating the Clinical Laboratory Fee Schedule until on or around April 1st, 2019.
Reminder: Current Forms Are Required
Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. All provider paperwork, including enrollment applications and forms, adjustment forms and refund forms, submitted on outdated versions, will be returned. Providers are encouraged to always check for the most current forms on the Vermont Medicaid website.
http://www.vtmedicaid.com/#/home

Reminder: New Timely Filing Guidelines Effective 02/01/2019
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There are only 4 weeks left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date. DVHA highly recommends having your reconsideration packets to DXC no later than 01/15/2019 to allow time for review and processing.

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

Vermont Medicaid Next Generation ACO Program
Under the Vermont Medicaid Next Generation ACO program, prior authorization requirements were waived in 2018 for all Vermont Providers for ACO-attributed members and services. Beginning in January 1, 2019, prior authorization for ACO-attributed members and ACO covered services are completely waived, and adjustments have been made to the MMIS to no longer require PA forms of any kind for ACO-attributed members and ACO-covered services, EXCEPT for a small number of codes that will always require prior authorization, even for ACO-attributed members. Providers will always need to use the traditional (not short) DVHA prior authorization forms for these exception codes. Further information and a code-level list of ACO-covered services and equipment and whether they require prior authorization can be found at http://dvha.vermont.gov/for-providers/clinical-coverage-guidelines.