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 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 http://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](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: [http://www.vtmedicaid.com/assets/manuals/SupervisedBillingProviderManual.pdf](http://www.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, http://www.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 [http://vtmedicaid.com/#/provEnrollResources](http://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](mailto: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](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](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: http://www.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 (http://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](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](mailto: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.


**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/) 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/) 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](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.


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.


**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://dvha.vermont.gov/news/ltc-medicaid-trainings). 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,

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

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. http://www.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](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](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](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 (http://www.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](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 [http://www.vtmedicaid.com/#/feeSchedule](http://www.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 [http://www.vtmedicaid.com/assets/resources/2019ADADentalClaim%20Form.pdf](http://www.vtmedicaid.com/assets/resources/2019ADADentalClaim%20Form.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 [http://www.vtmedicaid.com/#/home](http://www.vtmedicaid.com/#/home).
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 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

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.