

Vermont Medicaid Banner

Please share the information contained in the Banner with all staff members.

To access Full Banners, please visit: <https://vtmedicaid.com/#/bannerMain>



October 10, 2025

Webinar for Supervised Billing Provider Enrollment

Gainwell Technologies will be hosting a webinar on how to enroll under the new supervised billing specialties, on Thursday, October 16th at 10am. During this webinar we will provide step by step instructions on how to complete the enrollment application, required attachments along with additional available resources. If you are interested in attending, register at [Supervised Billing Provider Enrollment](#). Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Supervised Billing Update

The Department of Vermont Health Access (DVHA) has updated [HCAR 9.103: the Supervised Billing rule](#). Enrollment of supervisees under Supervised Billing will open on 10/1/2025 and be mandatory for billing starting on 1/1/26. More information about the upcoming changes, the mandatory enrollment of supervisees, and opportunities for assistance with enrollment can be found on the [Supervised Billing website](#).

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 3.3.4 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 - Sunday, October 12, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, October 12, 2025. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

October 3, 2025

2025 Provider Survey

Vermont Medicaid providers are invited to participate in the Vermont Medicaid/Gainwell Technologies Provider Survey. We want to hear your thoughts on the assistance Provider Services offers for the Vermont Medicaid provider community. Please visit [Vermont Medicaid/Gainwell Technologies Provider Survey](#) to complete the survey. The deadline for survey completion is October 31, 2025.

Annual Updates for DVHA Prior Authorization Request Forms

DVHA conducts an annual review of forms required for submission to support a prior authorization request. The current required form utilized to conduct a medical necessity determination for wheelchairs has been reviewed and updated to support efficiencies. Please note if providers choose to submit a form other than DVHA's, identified content on DVHA's current form must be included to support a medical necessity determination. [DVHA Prior Authorization Request Forms](#)

How to Pay a VPharm Premium

Members with VPharm prescription assistance must pay their monthly premium. DVHA must get it by the due date to ensure a member doesn't lose or have a gap in coverage. There are three ways to pay - (1) check, (2) credit or debit card, or (3) Automatic deductions from a checking or savings account. If a member chooses the third option, they can now print out Form 143EW - agreement for electronic withdrawal. This saves members from having to make a call to get the form mailed. Information about VPharm and ways to pay are found at [Prescription Assistance](#).

September 26, 2025

REMINDER: Handwritten Notes

As a reminder, all handwritten documents to substantiate services rendered for payment must be legible and complete. Refer to the manuals for minimum documentation standards. Documents must be able to stand alone meaning, the minimum documentation requirements must be met, and documentation must be unique to each date of service. Documentation from previously rendered services cannot be the sole supporting document for future dates of service. When billing for multiple services, each individual service must be significantly and separately identifiable.

September 19, 2025

How to Submit a Secondary Insurance Dental Claim

Gainwell Technologies will be providing a webinar review on How to Submit a Secondary Insurance Dental Claim. This webinar will cover how to submit electronic and paper dental claims when the member has primary insurance. The webinar will be on September 25, 2025, at 10:30AM if you are interested in attending, please

register at [How to Submit a Secondary Insurance Dental Claim](#). Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

Medicaid Data Program (MDAAP) Application Deadline Extended

The deadline to apply for MDAAP Track 5 (VITLAccess Training & Connection) has been extended to November 1, 2025. VITLAccess is a secure web portal that lets authorized providers view patient health records from other providers across Vermont. No healthcare IT software purchase is required. To participate, providers must sign a VITL participation agreement, complete VITLAccess training and credentialing, and log into the VITLAccess clinical portal at least one time. Interested providers can learn about program eligibility requirements and incentive payments for Track 5 and on the [MDAAP website](#).

September 12, 2025

Reminder To Use The Most Current Forms

This is a reminder that when submitting forms, providers are required to use the current version of all Gainwell forms. Vermont Medicaid regularly updates its forms to reflect current state and federal requirements. This includes, but is not limited to, adjustment forms, refund forms, and/or reconsideration request forms. Information submitted using outdated forms will be returned and providers will be asked to complete a new form. Please check the [Vermont Medicaid website](#) for the correct versions of all forms.

Server Maintenance - Sunday, September 14, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, September 14, 2025. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 800.925.1706, option 1 and then option 1 again.

August 29, 2025

Closed for Labor Day - Monday, September 1, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, September 1, 2025, in observance of Labor Day. [2025 Holiday Office Closures](#)

August 22, 2025

Changes to Health Insurance

The Federal Government has passed a new law that brings a wide range of changes to both Medicaid and the health insurance marketplace. New rules will change how people apply for and stay enrolled in health insurance. Most of these changes do not go into effect until 2027 or later. To keep Vermonters aware of these changes, DVHA has posted dedicated webpages about Medicaid - <https://dvha.vermont.gov/medicaidchanges> - and the healthcare marketplace - <https://info.healthconnect.vermont.gov/2026changes>.

DVHA NEMT Manual Updates

DVHA has updated the Non-Emergency Medical Transportation Manual. Updates to the manual include clarification of program eligibility criteria and program benefits, addition of detail, and updates to reimbursement policies. The updated manual can be found at this page: Manuals | Department of Vermont Health Access, <https://dvha.vermont.gov/providers/manuals>. Additional detail about Vermont Medicaid's NEMT

program, and for all NEMT forms, please visit this page: [Non-Emergency Medical Transportation | Department of Vermont Health Access](#).

Speech Language Pathologists May Now Provide Speech Generating Devices and Repairs

To ensure access to medically necessary equipment to Vermont Medicaid members, speech language pathologists (SLPs) may now provide speech generating devices (SGDs) such as tablets, and associated repairs. Coverage is according to Health Care Administrative Rule 4.211 titled Augmentative Communication Devices and Systems.

Devices and repairs require prior authorization. SLPs may submit faxed requests for prior authorization to the Clinical Operations Unit at 802 879 5963. DVHA evaluation/prescription forms for SGDs can be found at: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>. Once prior authorization is obtained, SLPs may submit claims to Gainwell Technologies for reimbursement. For assistance with the authorization and claims processes, please contact vtproviderreps@gainwelltechnologies.com.

August 15, 2025

Closed for Bennington Battle Day – Friday, August 15, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Friday, August 15, 2025, in observance of Bennington Battle Day.

August 8, 2025

Server Maintenance - August 10, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, August 10, 2025. 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.

July 18, 2025

Clarification: Provider Management Module Access - Action Required

If you have not logged into your Provider Management Module account since May 12, 2025, action is required. Please be informed that the system upgrade was successfully completed. As part of this update, you will be prompted to enter and save a new PIN number. When setting your PIN, please also delete and re-enter your phone number to ensure it is saved correctly. Important: Make sure to remember your PIN, as it will be required if you need to reset your password in the future. Thank you for your attention to this matter.

How to Adjust/Correct a Professional Claim

Gainwell Technologies will be providing a webinar review on How to Adjust/Correct a Physician Claim. This webinar will cover how to submit electronic and paper adjustments, as well as how to correct a physician claim. This webinar will be on July 23, 2025, at 10:00am. If you are interested in attending, please register at <https://attendee.gotowebinar.com/register/1420817961115378010>. Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

Reminder About MDAAP Participation Deadline

The deadline for interested providers to formally join the Medicaid Data Aggregation and Access Program (MDAAP) by signing a participation agreement is September 15, 2025. MDAAP is an incentive program for eligible mental health providers, substance use disorder treatment providers, long-term services and support providers, to utilize health information technology. AHS recommends not waiting until the application deadline to begin participation. Providers also have a second deadline of December 1, 2025, to submit all milestone achievements towards earning incentive payments. Go to the MDAAP website (<https://healthdata.vermont.gov/mdaap>) for more information and to learn how to participate. Submit any questions or requests for program assistance to the MDAAP Business Support Team at ahs.dvhamdaap@vermont.gov.

July 11, 2025

Portal Access - Action Required

If you have not logged into your Portal since May 12, 2025 - Action Required: Please be informed that the system upgrade was successfully completed. As part of this update, you will be prompted to enter and save a new PIN number. When setting your PIN, please also delete and re-enter your phone number to ensure it is saved correctly. Important: Make sure to remember your PIN, as it will be required if you need to reset your password in the future. Thank you for your attention to this matter.

Server Maintenance - July 13, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, July 13, 2025. 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.

July 4, 2025

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 3.3.4 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.

Closed for Independence Day - Friday, July 4, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Friday, July 4, 2025, in observance of Independence Day.

June 27, 2025

Prior Authorization and Corresponding Claim Submission

As a reminder, the DVHA Clinical Operations Unit (COU) reviews for medical necessity and enters prior authorizations (PA) with the exact procedure code and modifier combination submitted by the requesting provider on the PA request form. In those instances when the procedure code and modifier to be billed does not exactly match the code requested/authorized, the provider must notify the COU in writing or by fax prior to claim submission. Please see section 2.3 of the General Billing and Forms Manual, <https://www.vtmedicaid.com/#/manuals>. Providers who do not notify COU of coding updates prior to submitting claims will have claims denied and will no longer be able to request a reconsideration. Reconsideration requests will be returned to provider.

Telehealth Place of Service Update

Telehealth Services are reimbursed according to the fee schedule based on place of service. For dates of service on or after 1/1/25, see below for clarification on the use of place of service 02 and 10.

- **POS 02:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in a hospital or other facility when receiving services.
- **POS 10:** The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home, which is a location other than a hospital or other facility where the patient receives care. This includes work or other community locations.

As a reminder, providers are required to append the appropriate modifier indicating if services were delivered via audio only (93) or audio-video (95).

DVHA Will Align HCPCS Codes for Wheelchairs with Medicare Coding

As of 8/1/25, DVHA will align wheelchair coding with Medicare. Codes K0001 through K0009 will take the place of certain e-codes that were formerly used. Durable Medical Equipment vendors can consult the Medicare LCD <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33788> to determine codes that will be accepted by DVHA. Note that Medicare does accept certain e-codes and those will remain in use by DVHA as well. Vendors can now bill for certain accessories and components that are add-ons to the base chair, such as elevating leg rests, that were previously considered part of the base chair due to the e-code definitions.

Medicaid Overview for Hospitals Webinar

Gainwell Technologies will be providing a webinar for a Medicaid overview for our Hospitals. This will include the past year to current processing stats, top denials, and recent and upcoming changes. This webinar will be on June 30th, 2025, at 1:00pm. If you are interested in attending, please register at <https://attendee.gotowebinar.com/register/6403260399343300184>. Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

Has Your Office Heard From Cotiviti About VT Medicaid Medical Record Retrieval?

Cotiviti is the record retrieval contractor for VT Medicaid and began outreaching selected providers on 05/05/25 to request the submission of medical records in support of VT Medicaid's Medical Record Review (MRR). If you have received a record request, please submit the requested records within ten (10) business days.

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 timeframe. Please note that providers are required to participate at no cost as stated in your signed Provider Enrollment Agreement. For more info please visit:

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

For questions or additional support, please email DHVA's Quality Unit at:

ahs.dvhaqualityimprovement@vermont.gov.

June 6, 2025

Updates to Medicaid Program Flexibilities

When Medicaid renewals started again in April 2023, DVHA carried out certain eligibility flexibilities, or adjustments, that helped customers keep their coverage without interruptions.

While official Federal waivers expire July 1, Vermont will keep many of these flexibilities in place. Key changes to programs that will continue include: using 3SquaresVT data to inform application processing; automatic renewal for households, following verification, that have no income or an income below 100% FPL; and suspension of Dr. Dynasaur premiums.

There are also two important changes. (1) Vermont will again review customer income and resources when determining eligibility for Medicaid based on being age 65 or older, blind or disabled. (2) End a customer's VPharm prescription assistance for non-payment of the monthly premium. DVHA will keep customers apprised of these changes.

Server Maintenance - June 8, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, June 8, 2025. 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 30, 2025

Gainwell Technologies Banking Change

Gainwell Technologies has switched to a new financial institution for our banking needs. Beginning with your RA Payments dated May 16, 2025, and forward your payments will be from our new Bank of America account, and no longer from our TD Bank account. We also updated our name on payments sent via ACH/Direct Deposit. Old name DXC-Vermont on ACH deposits, new name Gainwell-VT will be on your direct deposits. This name is the one you see on your banking statements. Now is also a good time to remind everyone to sign up for direct deposit.

Receiving your Vermont Medicaid payments via EFT is a fast, secure, and convenient option. If you're not already enrolled for direct deposit, simply log in to your Provider Management Module (PMM) portal account to get started. Once logged in, select Manage My Information and navigate to the EFT panel. From there, you can add new banking details or update existing information.

Need help? Contact the Gainwell Technologies Help Desk at 800-925-1706 for assistance.

May 23, 2025

Reminder: Prior Authorization Approval Required Before Rendering Services

For all services requiring prior authorization (including laboratory services) providers must receive approval prior to rendering services per Medicaid Rule 7102. Retroactive prior authorization will not be granted unless the service was required to treat an emergency medical condition OR the service was provided prior to the determination of Medicaid eligibility and within the retroactive coverage period. Please see DVHA fee schedules (<https://vtmedicaid.com/#/feeSchedule>) and Medicaid adopted rule (<https://humanservices.vermont.gov/rules-policies/health-care-rules>) for more information.

Closed for Memorial Day - Monday, May 26, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, May 26, 2025, in observance of Memorial Day.

May 16, 2025

PMM Top Five Pending or Return to Provider Applications Reasons

Gainwell Technologies will be hosting a webinar on the top 5 reasons why a Provider Enrollment application would be pended or returned to provider. In the webinar we will go over the 5 most common reasons why the provider enrollment application could be pended and/or returned to provider, how to resolve and correct the issue and how to resubmit the application. This webinar will be on May 29, 2025, at 10:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/6634418424474791516>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there.

May 9, 2025

Provider Management Module System Upgrade

The Provider Management Module will undergo an upgrade from May 9, 2025 - May 11, 2025. During this time, the system will be unavailable. If you require enrollment assistance during this time, please outreach vtproviderenrollment@gainwelltechnologies.com or call the Help Desk at 800-925-1706.

Announcing the Gainwell Technologies Learning Management System (LMS) for Practitioners

Gainwell Technologies is happy to announce the launch of our Learning Management System (LMS). Once enrolled in the LMS you will have access to the Provider Management Module trainings (effective 5/11/2025) as well as Vermont Medicaid billing presentations. These courses can be completed at any time and allows for training on your time. For access, follow the instructions found at, <https://vtmedicaid.com/#/resources>.

Server Maintenance - May 11, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, May 11, 2025. 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 2, 2025**Important Changes to Coverage for Diabetic Supplies**

Effective 5/01/2025, there will be changes to Vermont Medicaid's Preferred Diabetic Supply List. OneTouch products from LifeScan, Inc., will no longer be covered by Vermont Medicaid. The products that will be removed from coverage include OneTouch Ultra and Verio Test Strips, OneTouch Verio Flex and Ultra Glucometers and OneTouch Ultrasoft and Delica Lancets/devices. Members will be required to switch to a selection of products on the Preferred Diabetic Supply List including Abbott (Freestyle), Owen Mumford USA, Inc. (Unistik lancets), or Trividia Health, Inc. (True Metrix). To see full communication including how pharmacists may prescribe accessory-type devices/diabetic testing supplies, and the detailed list of covered products: <https://dvha.vermont.gov/providers/pharmacy/pharmacy-programs-bulletins-and-advisories>. Questions: Optum Pharmacy HD at 1-844-679-5362/email to VermontHD@optum.com.

VT Medicaid & Cotiviti Launching the Medical Record Retrieval Campaign

Cotiviti is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in May 2025 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. This 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 timeframe. For more info visit <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

April 25, 2025**Update to Audio-Only Allowable Codes**

Effective 5/1/2025, Vermont Medicaid will allow the delivery of AMA CPT codes for audio-only telehealth services for new patient visits. Coverage for established patient visits using Synchronous Audio-Only Evaluation and Management Services were previously approved, and effective 1/1/2025. The updated and defined list of audio-only codes covered by Vermont Medicaid is available at: <https://dvha.vermont.gov/providers/telehealth>.

Reminder Regarding Proper Diagnosis Coding

As a reminder, Vermont Medicaid follows ICD-10-CM Official Coding Guidelines. Providers are instructed to code to the highest level of specificity. List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit shown in the medical record to be chiefly responsible for the services provided. Prior Authorizations, Standard Written Orders and claims submitted to VT Medicaid, must have matching diagnoses and must be supported by documentation or claims may not be eligible for payment.

Clarification: Psychotherapy Billing

Providers may be reimbursed for psychotherapy when tools (such as art, music, or play) are used during a session to support the therapeutic process. For the session to be reimbursed by Vermont Medicaid, the psychotherapy session note must document how the use of the tool (ex. art or music) is clinically appropriate and how the tool assists members in meeting the short and long-term therapeutic goals outlined in their treatment plan. The use of tools must not be the primary intervention of the psychotherapy session and must support a DVHA-recognized evidence-based treatment approach. Therapeutically indicated tools can be

included in the total time billed to Vermont Medicaid. Additional billing information can be found in the "Psychotherapy and Other Psychiatric Services Supplement" available on the DVHA website.

VT Medicaid and Cotiviti Partnering to Complete the 2025 Medical Record Review (MRR)

In 2025, VT Medicaid is producing ten 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 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 18, 2025

Enrollment Portal System Upgrade and Downtime Information

Please be advised that the Provider Management Module will undergo an upgrade starting on April 21, 2025. During the upgrade period, from April 21 to May 11, 2025, you will be unable to make changes to your enrollment information through the Provider Portal. If you need to make any updates before the system is reinstated on May 11, 2025, please send your requests to Gainwell Technologies via email at vtproviderenrollment@gainwelltechnologies.com. Access to New Enrollment, Revalidation, and Re-enrollment will remain available throughout the upgrade, except for the period from May 8 to May 11, 2025. Should you have any questions, please contact the Gainwell Help Desk at 800-925-1706.

April 11, 2025

Top 5 RTP Timely Filing Reasons & How to complete Timely Filing Request

Gainwell Technologies will be hosting a webinar on the Top 5 Return to Provider Reasons for Timely Filing Reconsiderations and How to Complete a Timely Filing Reconsideration Request. In this webinar, we will discuss the top 5 reasons timely filing reconsiderations are returned to the provider, and how to complete a timely filing reconsideration with all mandatory information required. The webinar will be on April 24, 2025, at 10:00am. If you are interested in attending register at <https://attendee.gotowebinar.com/register/4398475766820165467>. Space is limited, so please be sure to register as soon as possible.

Advanced Directive Week

Vermont Advance Directive Week (April 13-19, 2025) is devoted to educating and raising awareness about the importance of advance care planning. Each year, this week coincides with National Healthcare Decisions Day (NHDD), "an annual initiative celebrated on April 16th to encourage and empower people to begin or continue conversations about their wishes for care through the end of life." NHDD is coordinated by The Conversation Project which provides resources to participants in all 50 states and more than 20 countries. Please see Vermont Ethics Network for more information at <https://vtethicsnetwork.org/>.

The DVHA would like to remind our providers that we cover The Advanced Care Planning codes. They are CPT codes 99497 and 99498.

VT Medicaid Producing Hybrid Measures via Medical Record Review (MRR)

In 2025, VT Medicaid is producing ten Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures and running the full set of administrative measures. Hybrid measures combine administrative claims data with data abstracted from member records during a MRR. Five of the measures we are abstracting are the same as last year: CBP, GSD, HPCMI, PPC and WCC. There are five new Long-Term Services & Supports (LTSS) measures: Comprehensive Assessment and Update (LTSS 1-CAU), Comprehensive Care Plan and Update (LTSS 2-CPU), Shared Care Plan with PCP (LTSS 3-SCP), Reassessment or Care Plan Update after Inpatient Discharge (LTSS 4-RAC) and Screening, Risk Assessment and Plans of Care to Prevent Future Falls (LTSS 5-LSF). Please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

Server Maintenance - April 13, 2025

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April 4, 2025

2025 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>.

Clarification: Billing for Psychiatry Residents and Fellows

DVHA would like to clarify correct coding for residents under the GME program. Psychiatry residents and fellows who hold a license with the Vermont Medical Practice Board fall under the rules and requirements of the GME payment structure. Under the GME structure, providers are reimbursed for services pursuant to the Vermont Statutes and the Vermont State Plan. Vermont Medicaid makes annual payments to cover these services. These individuals do not fall under Supervised Billing.

Removal of Out of State Elective Office Visit Prior Authorization Requirements for BCH

Effective 4/1/2025, Vermont Medicaid will not require prior authorization for elective office visits for services provided by Boston Children's Hospital. Medical providers do not need to send prior authorization requests to the Department of Vermont Health Access for elective office visits provided by Boston Children's Hospital. Any services that require prior authorization can be found on the Vermont Medicaid Fee Schedules.

Recruiting for New Beneficiary Advisory Committee

To help Vermont Medicaid work better for its members, the Department of Vermont Health Access (DVHA) is standing up a new a **Beneficiary Advisory Committee (BAC)**. This group will be a way for Vermonters to

help identify gaps and barriers to coverage. Their feedback goes directly to those who manage Vermont Medicaid.

To make this a strong and diverse consumer advisory group, DVHA is seeking:

- Current and Former Medicaid members
- Family or Caregivers of Medicaid members

Print this [informational flyer](#). Hang it in your office. The first meeting is planned for June 2025. Members may get paid \$50 for each meeting. More information and how to apply: <https://dvha.vermont.gov/advisory-boards/beneficiary-advisory-committee>.

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 3.3.4 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.

March 7, 2025

Reminder To Use The Most Current Forms

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

Server Maintenance - March 9, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 9, 2025. 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.

February 28, 2025

Closed for Town Meeting Day - Tuesday, March 4, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Tuesday, March 4, 2025, for Town Meeting Day.

February 21, 2025

Removal of Visit Limit Restrictions & Prior Authorization Requirements

Effective 2/15/2025, DVHA will remove visit limit restrictions and prior authorization (PA) requirements for physician visits by location.

The identified following limits will be removed:

- Office Visits - up to five visits per month
- Home Visits - up to five visits per month
- Nursing Facilities - up to one visit per week

This removes PA for services exceeding visit limits. Providers are expected to document medical necessity of services delivered. Please reference the following adopted Medicaid Rule, Adopted Clean Medical Necessity HCAR 4.101 and section 5.4 of the General Provider Manual for documentation requirements.

Remittance Advice Review Webinar

Gainwell Technologies will be providing a webinar on how to review your remittance advice. In this webinar, we will review each section and what information can be found in each section.

This webinar will be on February 28, 2025, at 10:00 am. If you are interested in attending, register at <https://register.gotowebinar.com/register/3414231439597156951>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there.

Vermont Clinicians Speak about Youth Tobacco Treatment

The Department of Vermont Health Access (DVHA) will be hosting a Youth Tobacco Use and Treatment webinar, What to Expect and Methods for Being Successful. Dr. Faricy, pediatric pulmonologist at UVM Health Network, will discuss some of the latest data to ground the serious issue of vaping and smoking among Vermont youth, how it can be related to mental health issues, and ways to have the conversation that can lead to successful treatment. Dr. Faricy is interested in answering your questions and will provide some specific Vermont-based and national resources to help you provide effective tobacco use disorder treatment. Please send your question directly to Dr. Faricy at lauren.faricy@uvmhealth.org prior to the webinar.

This webinar will be on March 7th, 2025, at 12:00 pm. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/6341528315067073621>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there.

February 14, 2025

ADA 2024 Dental Claim Form Accepted Starting March 1, 2025

Effective March 1, 2025, Vermont Medicaid will begin accepting both ADA 2019 and 2024 Dental Claim Forms. This date marks the start of a 6-month transition period, during which both claim forms will be accepted. After September 1, 2025, Vermont Medicaid will only accept the ADA 2024 Dental Claim Form. Any claims submitted using the ADA 2019 claim form after September 1, 2025, will be returned.

For detailed instructions on how to complete the ADA Claim Forms, please refer to the instructions available on the VT Medicaid Portal Provider Resources webpage: <https://vtmedicaid.com/#/resources>.

2025 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 evaluate 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 April and requesting the submission of medical records to support VT Medicaid's 2025 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 17, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, February 17, 2025, in observance of Presidents' Day.

February 7, 2025

2025 You First Fee Schedule

The 2025 You First Fee Schedule has been added to the [Vermont Medicaid Fee Schedule](#) page. Providers are encouraged to review the fee schedule. If you have questions, please review the You First website at YouFirstVT.org or email YouFirst@vermont.gov.

Server Maintenance - February 9, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 9, 2025. 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 24, 2025

Update to Audio-Only Allowable Codes

Medicaid providers are reminded that effective 1/1/2025, Vermont Medicaid allows the delivery of audio-only services limited to the defined list of codes that can be found at <https://dvha.vermont.gov/providers/telehealth>. This list mirrors AMA correct coding guidelines, some of the codes which Medicare covers, and additional codes that are clinically appropriate. DVHA continues to review telehealth coverage and encourages provider feedback by contacting Gainwell Provider Services at 800-925-1706.

Important Notice: Changes to Covered Drugs

The following products (Tirosint (levothyroxine sodium) capsules, Xtampza ER (oxycodone ER) capsules, and Nucynta (tapentadol) and Nucynta ER tablets) no longer participate in the Medicaid Drug Rebate Program, are no longer considered covered outpatient drugs, and are therefore excluded from Vermont Medicaid coverage. To assist with transitioning your patient(s) please refer to other covered alternatives listed on the Vermont Preferred Drug List (PDL). The Vermont PDL offers a multitude of rebatable products covered by Vermont Medicaid. If you feel it is medically necessary for your patient to use a non-rebatable product, an exception

request will need to be filed. For questions, please contact the Optum Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to VermontHD@optum.com.

Medical Necessity Form Requirement Discontinued

Effective March 1, 2025, in alignment with Medicare, DVHA will no longer require the medical necessity form submission with prior authorization (PA) requests or claims. This form was previously required with specified PA requests related to DME and supplies. PA requests must be submitted with an appropriate PA form and medical record documentation to support medical necessity (<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>). DME vendors must ensure the ordering provider order or prescription is maintained on record. See the General Billing and Forms Provider Manual (<https://vtmedicaid.com/#/manuals>) section 2.3.1 for information about documentation required for PA submission.

January 17, 2025

Open Forum Webinar for Mental Health Counselors

Gainwell Technologies will be providing an open forum webinar for the following provider types: Master's Level Psychologist, Licensed Clinical Mental Health Counselor (LCMHC), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), Doctor of Psychology (PsyD), and Licensed Alcohol and Drug Counselor (LADC). This will be an introduction to your new provider rep Misty Griffith and open discussion, so we ask that you bring questions around billing and claim review. To comply with HIPAA regulations, we will not be able to address any specific claim denials as this will require protected health information (PHI). This webinar will be on January 30, 2025, at 10:00am. If you are interested in attending, register at <https://register.gotowebinar.com/register/251467549845351766>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there.

Closed for Martin Luther King Jr. Day - Monday, January 20, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, January 20, 2025, in observance of Martin Luther King Jr. Day.

January 10, 2025

Server Maintenance - January 12, 2025

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 12, 2025. 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 3, 2025

Genetic Testing PA Requirements

Providers are reminded that all prior authorization requests for genetic testing submitted to the Department of Vermont Health Access must include specific examples of how the requested testing will directly impact the member's medical management. Submission of generic letters endorsing the request does not support a medical necessity determination and may result in an administrative denial. Please include literature and/or existing guidelines to support the medical review.

Genetic testing PA request form can be accessed at: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>. Failure to submit completed form and/or all required documentation will result in delayed review.

Reminder To Use The Most Current Forms

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

Closed for New Year's Day - Wednesday, January 1, 2025

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Wednesday, January 1, 2025, in observance of New Year's Day.