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## The New Normal for Medicaid Renewals

From 2020 to early 2023, anyone enrolled in Medicaid was automatically renewed, regardless of their eligibility. This federal policy was in place to ensure that people had access to health coverage during the Public Health Emergency.

In April 2023, States “restarted” checking whether their Medicaid members were still eligible. Rather than trying to check everyone all at once, this renewal effort was spread out over a 12-14-month period.

The last group of Vermonters to restart their renewal process were mailed renewal notices in March 2024.

Going forward, eligible Vermonters can still enroll in Medicaid at any time of year. And, once a year will go through a renewal process.

### Changes to Operations During the Restart Period

During renewal restart period, the Department of Vermont Health Access made two operational changes to ensure every customer would know when it was their time to renew.

- **Red-striped envelopes.** Renewal notices were sent in an envelope with a red stripe. This was done to grab the attention of customers, so the mailed notice would be easily seen.
- **Texts and emails.** Customers were sent direct text messages and emails. These were reminders at the start of individual renewals AND reminders at the end before their health coverage ended.

Due to positive feedback, **we will continue to text and email when it is a customer’s turn to renew their coverage.** Customers should continue to pay extra special attention to the red-striped envelope. Red means there is critical information. This is to help ensure that a renewal notice, or other critical information will not get lost amidst all the mail.

## What Else Will Continue?

Refresh. Review. Reply. This was the mantra we used to remind Vermonters of the three steps they needed to follow to keep health coverage. These three steps continue to guide our work helping Vermonters. Here is a quick reminder of what those words mean.

**Refresh.** Vermonters should [update and make changes](#) to their address or personal situation. This increases the likelihood that we can reach Vermonters and that there will be no break in coverage.

**Review.** Customers should continue to pay extra special attention to the red-striped envelope. Red means there is critical information.

**Reply.** Vermonters should let us know if they want their Medicaid to continue and about any changes that may affect eligibility.

As always, we will contact every customer on Medicaid or Dr. Dynasaur at their renewal month. They will get a notice saying that either (1) their Medicaid is renewed or (2) they [need to send in more information](#), using the form included with the renewal notice.

If a customer is no longer able to keep Medicaid coverage, they will get information on how to apply for other health insurance. Eligible Vermonters could get help paying for a [Qualified Health Plan](#). If eligible for [Marketplace subsidies](#), people losing Medicaid coverage may find health plans that, like Medicaid, have zero (or near-zero) dollar monthly premiums.

## How You Can Help

We are asking you to build awareness among your patients and staff about our continued efforts to help Vermonters to get and stay covered with some form of health coverage.

## MDAAP Provides Incentive Payments for Technology Investments

The Vermont Agency of Human Services is pleased to announce the launch of the **Medicaid Data Aggregation & Access Program (MDAAP)**, which is designed to incentivize eligible providers to implement health information technology to better manage records and to share data electronically with the [Vermont Health Information Exchange \(VHIE\)](#).

More specifically, the MDAAP is designed for Vermont mental health providers, substance use disorder treatment providers, and long-term services and supports providers who were ineligible for federal electronic health record (EHR) incentive programs.

Participation in MDAAP offers several benefits, which includes but is not limited to:

- Incentive payments to implement an approved electronic health records (EHR) system
- Incentive payments to establish an electronic connection to share health data with the VHIE
- Access to longitudinal client data in the VHIE submitted by other member providers and organizations
- Program support resources for assistance in vendor selection and contracting, implementation guidance and best practices, security risk assessment, and training for use of VHIE applications

MDAAP participants will have the option of selecting one of five program tracks:

1. Implement certified electronic health record technology (CEHRT) and connect to the VHIE
2. Implement an approved “EHR Lite” solution and VITLAccess account(s)
3. Connect to the VHIE with an existing CEHRT solution
4. Connect to the VHIE with an existing “EHR Lite” solution
5. Establish VITLAccess account(s)

VITL stands for the Vermont Information Technology Leaders, which is a nonprofit organization that advances health care reform efforts in Vermont using health information technology. More at <https://vitl.net/>.

The agency has developed an MDAAP website: <https://healthdata.vermont.gov/mdaap>. The website contains many program details, including information about eligibility requirements, program [tracks and milestones](#), incentive payments, how to apply, [frequently asked questions \(FAQs\)](#), and more.

We encourage every interested provider to visit this site to learn more about the program, including how to request an application for participation. Providers can also submit any questions or requests for program assistance to the MDAAP support team at: [ahs.dvhamdaap@vermont.gov](mailto:ahs.dvhamdaap@vermont.gov).

## Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual (<https://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>).

Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.



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