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Vermont Medicaid Pharmacy Program: Coverage of Blood Pressure Monitors

Effective 09/22/23, the Vermont Medicaid program began covering at-home blood pressure monitors (automatic/digital) through the pharmacy benefit. This allows providers to prescribe at-home blood pressure monitors for members to obtain at a Medicaid enrolled pharmacy. Pharmacies may dispense at-home blood pressure monitors and receive reimbursement from Vermont Medicaid utilizing pharmacy billing. At-home blood pressure monitors continue to be available through the Durable Medical Equipment (DME) benefit, and the clinical criteria used to determine medical necessity remains the same for the DME and pharmacy benefit programs. The criteria used to determine medical necessity can be found on the DME criteria page, located on DVHA's website: <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>.

Please visit the following link **for additional provider resources** including **a new provider reimbursement Fact Sheet**, a downloadable informational poster about home monitoring, a Controlling High Blood Pressure tip sheet, and a link to an educational hypertension webinar:

<https://dvha.vermont.gov/providers/quality/performance-improvement-projects>.

IMPORTANT NOTE: A prescription for an at-home blood pressure monitor is required. Prescribers are encouraged to complete a prescription for an at-home blood pressure monitor for members to present to a Medicaid participating pharmacy or DME vendor.

If providers, DME vendors or pharmacists have questions about the process for helping members fill their at-home blood pressure monitor prescriptions, please refer to your Gainwell provider representative: <https://vtmedicaid.com/assets/resources/Provider-RepMap.pdf>.

Change Healthcare Timely Filing Communications

On February 21, 2024, Change Healthcare (CHC) experienced a significant cybersecurity issue that impacted pharmacies and providers across Vermont. As a result, electronic claim submission through CHC was unavailable for a period of several weeks.

To ensure timely filing limits are met and to avoid timely filing claim denials, Vermont Medicaid providers were and are reminded to seek alternative solutions for claims submission during the CHC outage and when experiencing any other technical issues that result in failure to transmit claims:

1. Providers may submit paper claims.
2. Providers may contract with another clearinghouse to enable electronic claims submission.

Failure to implement alternative solutions may lead to timely filing denials, as providers are still expected to meet the Vermont Medicaid timely filing limits regardless of the outage (see: [Vermont Medicaid Provider Manual 3.3.1 Timely Filing Limits](#)).

However, in recognition of the fact that affected providers may be experiencing increased administrative burden during this time, the Agency of Human Services will offer affected providers the opportunity to submit a timely filing reconsideration request **for claims that deny for timely filing** to be reviewed by the Department of Vermont Health Access (DVHA).

This affected-provider-specific timely filing reconsideration process is subject to the following limits:

- Reconsideration requests must be received by December 31, 2024.
- CHC-affected providers may submit one reconsideration request containing all affected claims for which they are seeking reconsideration. No more than one reconsideration request per provider shall be considered.
- Only denied claims with dates of service between January 15, 2024 – April 30, 2024, are eligible for reconsideration.
- Claims must meet the Federal filing requirements ([eCFR :: 42 CFR 447.45 -- Timely claims payment](#)) in order to be eligible for reconsideration.

For ease of reference, we are including a portion of the Federal Filing Requirements here:

- **Medicaid** primary claims – Claims must be received by Medicaid within 1 year from the date of service.
- **Medicare** primary claims – Claims must be received by Medicaid within 6-months from Medicare's processing date.

Providers will also be required to complete a certification form acknowledging they were affected by the CHC outage which will be submitted with a formal timely filing reconsideration request. To streamline this process, providers will work directly with their provider representatives at Gainwell Technologies to submit a spreadsheet with all claims received outside the Vermont Medicaid timely filing limits that denied for timely filing. The certification form can be found here, <https://dvha.vermont.gov/providers/timely-filing-claims>.

Please note that Medicare primary claims cannot be considered for an override if they are not received by Vermont Medicaid within 6-months of Medicare's processing date, as this is a Federal filing requirement.

How to return a Zero Paid Claim

(ACO Zero Paid, Payment Reform Zero Paid Encounters, etc.)

Vermont Medicaid has various programs that have Zero Paid Encounter claims processed to create the record of services rendered. If you determine there was an error on those claims, or determine they were billed in error, you must void or recoup the claim by completing one of the following options.

1. Electronic Void
2. Single/Multiple Adjustment Request Form – indicating to recoup the zero-dollar claim(s)
– Request form can be submitted with a corrected new paper claim.
3. Electronic Replacement Claim (to void the original and provide a new corrected claim)

Gainwell **CANNOT** accept REFUND checks for these Zero Paid claims – any cash refund dollars sent for Zero Paid claims will be returned, and a request will be made to submit a Claim Void or Recoupment instead.

VT Medicaid Provider Enrollment Information

Thank you for your continued participation in the Vermont Medicaid network, supporting VT members! To ensure our members have the most up to date information about your practice, we ask that you please review your enrollment information on a regular basis.

All your enrollment information can be found on our Provider Management Module Provider Portal here: <https://vermont.hppcloud.com/Home/Index/>. By logging in to your secure profile, you can view and update the following information:

- Legal Name
- Service Location Address (limited risk providers only)
- Mail-To Address
- Pay-To Address
- Legal Address
- Remittance Advice Address
- Contact Information (phone number, fax number, email, etc.)
- Accepting New Patients status
- Specialties and Taxonomies
- License and Certifications
- CLIA and DEA
- Group Affiliations and Authorized Administrator

If you do not have a Provider Portal account, or require assistance logging in, please contact a Gainwell enrollment representative at vtproviderenrollment@gainwelltechnologies.com.

Regular reviews of your information ensures Vermont Medicaid is providing the most current information to our members. Thank you for your continued support!

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