Department of Vermont Health Access

March/April 2026 Advisory

Provider+ Portal Access

Gainwell Technologies would like to remind our providers of how to gain access to our Provider+ Portal. This portal is also the home to the Provider Management Module (PMM) for provider enrollment and maintenance with VT Medicaid.

If there is no existing access to the Provider+ Portal within your organization, please complete the Portal Access Request Form, found at Provider Enrollment and Data Maintenance Forms and submit to our Enrollment Team for processing. Please note that these can take up to 30 days for processing, but once complete, an invitation code will be sent to the contact listed on the form.

Please note that the invitation code will be active for 14 days from receipt. If this code is not used before it expires, a new request form will be required.

If there is someone within your organization with Provider+ Portal access, they can grant access via delegates.

For more information, please see the Provider Management Module Manual at Provider Instructions on the Provider Management Module Training page. Or the Provider+ Portal Access Training on our Learning Management System (LMS).

Instructions for enrolling in LMS can be found on the Provider Resources page under Learning Management System (LMS) Access Instructions.

2026 You First Fee Schedule

The You First program has updated our Fee Schedule for 2026. Please review the fee schedule and review You First membership eligibility. The You First program (formerly Ladies First) is able to pay for heart health, breast and cervical cancer screenings for eligible people in Vermont. We appreciate any referrals to our program and are available by phone and email for any questions from providers, billers, and potential members. Learn more about us by visiting our website or emailing YouFirst@vermont.gov.

Covered Services & Billing Tips

Special Investigations Unit (SIU) Reminder

The Special Investigations Unit (SIU) of the Department of Vermont Health Access (DVHA) safeguards against unnecessary or inappropriate use of Medicaid services, excess payments, and provides for the control of utilization of services under Vermont's health care programs. Providers are required to bill Medicaid correctly and in an effort to assist them with proper billing of Medicaid services, we have identified the following ***reminder****:*

Choices for Care High/Highest Needs Spouse Providing Companion Care

During the COVID-19 Public Health Emergency a temporary measure was put in place for participants enrolled in Choices for Care and Brain Injury Service Providers through the State of Vermont's Department of Disabilities, Aging, and Independent Living. The measure temporarily suspended Home and Community-Based Services program policies that prevented specific family members or individuals, including legal spouses from receiving payroll services for Instrumental Activities of Daily Living (IADL)and Companion Care. The temporary measure was lifted on 11/11/2023 and is no longer in place.

Spouses cannot be paid through the Choices for Care Medicaid program funds for companion care or IADLs such as meal prepping, housekeeping, medication management, and household maintenance. Proper documentation and medical notes outlining continued physical limitations and daily care needs and who is providing required assistance is crucial to ensuring program enrollees are receiving the correct individualized needs and the proper allocation of program funds.

Resources:

COVID-19 Emergency Program Flexibilities Ending

Choices for Care Program Manuals

HEDIS Performance Measure Medical Record Review (MRR) Requests

HEDIS stands for Healthcare Effectiveness Data and Information Set and is one of the most widely used sets of health care performance measures in the United States. Medicaid (and commercial) plans across the country produce them 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 pieces of the member's record for information that does not yet show up consistently through claims processing or other clinical data sources. This includes information like lab results, documentation of certain screening tools being used, even a member's height, weight, or blood pressure.

DVHA has contracted with a company named Vital Data Technology (VDT) to perform the MRR. Virtix Health, on behalf of VDT and DVHA, has been contracted to retrieve medical records from providers for five hybrid measures. Virtix Health will launch the record retrieval in March 2026. You may receive a letter requesting records for one or more of your patients that qualify for these measures. The top of the letter will have DVHA's logo on it and the bottom will be signed by DVHA's Chief Medical Officer Dr. Michael Rapaport.

Please pay close attention to the HEDIS Measure Requirements and the Chart Copy Instructions provided and only submit the type of record requested within the stated time frame. Providers are required to participate at no cost, as stated in your signed Medicaid Provider Enrollment Agreement: ARTICLE VI. AUDIT INSPECTION. DVHA may enforce a 10% withholding of all VT Medicaid payments for providers that do not submit the required medical records at no cost within ten (10) business days.

For more information, visit the HEDIS Hybrid Measure Medical Record Review (MRR) web page.

Medicare Saving Program: Changes for 2026

Starting 1/1/26, more people are eligible for a Medicaid Savings Program (MSP) because the income limits have gone up. This affects Members and new applicants for the Qualified Medicare Beneficiary (QMB) and Qualified Individual (QI-1) programs. Also, the Specified Low-Income Beneficiary (SLMB) program ended on 12/31/25. Most members who were in the SLMB program were automatically moved to Qualified Medicare Beneficiary (QMB). Members included in these moves received a notice advising them of their change in MSP and the effective start date. Information about these changes, and new fillable application and renewal forms, are found on the Medicare Savings Program web page.

Members with questions about how the move will affect their PDP can call SHIP/Senior Solutions at 1-800-642-5119 or the Healthcare Advocate/Legal Aid at 1-800-917-7787.

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