# November/December 2026 Advisory

## Provider+: New Features Coming December 2026

The Department of Vermont Health Access (DVHA) and Gainwell are pleased to announce several Provider+ enhancements scheduled for release in December 2026. These improvements are designed to streamline provider self-service activities, improve visibility into provider data, and enhance the overall user experience. Some of these improvements include: streamlined functionality for the preferred communication field, validation of multiple service locations, clear identification of mandatory fields, web-based instructional videos, document validation of attached documents, modification to the malpractice insurance information section, visibility into the current stage and progress of a pending application, and many more.

Providers are encouraged to attend one of the scheduled webinars on November 17th and 24th, 2026 at 10am to become familiar with the upcoming changes prior to the December release. For those unable to attend, webinar recordings and supporting training materials will be made available through the Learning Management System (LMS) for on-demand viewing and future reference. Additional communications, training resources, and release information will be distributed as the December implementation date approaches. Thank you for your continued partnership and commitment to serving Vermont Medicaid members.

## Effective Date on Vermont Medicaid Enrollment Application

The Department of Vermont Health Access (DVHA) and Gainwell Technologies would like to remind providers that effective June 1, 2026, providers submitting an initial Vermont Medicaid enrollment application may request an effective date up to 90 days into the future or 90 days retroactively from the date a complete and accurate application is created.

Active providers may request a retroactive date of 90 to 180 days prior to approval if the criteria are met by submitting the Vermont Medicaid Retroactive Enrollment Form to Gainwell Enrollment at vtproviderenrollment@gainwelltechnologies.com within 90 days of the initial enrollment approval date.

The form can be found at Vermont Medicaid Retroactive Enrollment Request Form. If you have any questions, please contact Gainwell Provider Services at 800-925-1706.

# Template-Driven Clinical Documentation

This advisory is issued to remind Medicaid enrolled providers that template-based documentation, while convenient, frequently fails to meet Vermont Medicaid and Health Care Administrative Rules (HCAR) requirements for individualized, medically necessary care. Recent clinical reviews have identified a pattern of substantially similar clinical notes with checkbox-only interventions, template-driven documents that are not clearly specific to the member, documents with repetitive information that does not change over time to reflect the member's current condition, member responses that do not accurately reflect the services rendered, and/or are illegible.

Vermont Medicaid requires documentation of services to reflect the following:

- Individualized to the client
- Linked to the treatment plan
- Reflective of medical necessity
- Accurately documented to support the services performed
- Demonstrative of objective, measurable progress towards goals that are achievable in a reasonable time frame
- Does not include or clearly separates prior status and current status
- Clearly documents care coordination
- Includes a clear discharge plan

Templates often weaken these requirements by producing:

- Identical or near-identical notes or note components across dates of service
- Interventions pre-selected without narrative support
- Generic statements such as "client responded well", or "client is making progress" without specific supporting clinical details and/or measurements
- Missing or vague descriptions of the member's progress
- Inadequate linkage to goals or objectives
- Medical records that do not support the billed CPT or HCPCS code
- Medical records that do not support the duration and frequency of services billed

These issues can result in recoupments and further investigation into claims paid by Vermont Medicaid. Templates can support efficiency, but do not replace individualized, clinically accurate documentation. The use of templates is not prohibited; however, providers remain responsible for ensuring that documentation accurately reflects the individualized services provided, the member's response to treatment, and the medical necessity of each of the services billed.

# Dental Services Incentive Program Discontinuation

The Department of Vermont Health Access (DVHA) is notifying Vermont Medicaid dental providers of the discontinuation of the Dental Services Incentive Program.

As a result of the Vermont state budget passed by the Legislature, Vermont Medicaid will no longer issue Dental Services Incentive Program payments. Historically, eligible providers received incentive payments on a biannual basis. Effective immediately, these incentive payments will no longer be available.

DVHA extends its sincere appreciation to the dental providers who continue to serve Vermont Medicaid members and support access to oral healthcare throughout the state.

# Applied Behavior Analysis (ABA) Prior Authorization Updates

This is a friendly reminder that prior authorization requirements changed effective October 1, 2026. Please take a moment to review the updated requirements to ensure compliance with current billing and authorization guidelines. DVHA ABA Benefit Prior Authorization Requirements.

These changes are designed to promote consistent clinical review standards, improve documentation requirements, and ensure members continue to receive medically necessary ABA services in accordance with Vermont Medicaid policy.

To support this transition, the following new and updated resources, requirements, and clinical review tools will be implemented:

1. Updated Prior Authorization Request Form
2. New Comprehensive Assessment Form
3. New Clinical Criteria for ABA Services
4. Updated ABA Supplement
5. New ABA Website and Resource Center: DVHA Applied Behavior Analysis (ABA) Benefit

# Supervised Billing Provider Specialty Update Guidance

The Department of Vermont Health Access (DVHA) and Gainwell Technologies have published guidance for non-licensed providers who bill under a supervising provider and may need to update their provider specialty from Student Trainee to Graduate Trainee once they become eligible.

The guidance document is available through the Gainwell Learning Management System (LMS). Instructions for accessing the LMS can be found on the Vermont Medicaid website under Learning Management System (LMS) Access Instructions. Providers are encouraged to review this guidance to ensure their enrollment records remain accurate and aligned with Vermont Medicaid requirements.

# High-Tech Nursing Services Billing Reminder

Vermont Medicaid would like to remind providers billing High-Tech Nursing Services of the required claim submission criteria to support timely and accurate claims processing.

All claims submitted for High-Tech Nursing Services must include a referring physician and the appropriate DN qualifier.

Providers are encouraged to review their current billing practices and ensure all required referring provider information is included prior to claim submission. Adherence to these requirements will help minimize processing delays and facilitate accurate claim adjudication.

# Behavioral Management – Audit Results

**Topic:** Dental Behavioral Management (CDT Code D9920)

The Special Investigations Unit (SIU) conducts routine provider desk audits using a small sample of records to minimize the administrative burden of producing large volumes of medical records. The SIU reviews the submitted records to determine whether they substantiate the services billed to VT Medicaid. The goals of these audits are to recoup identified overpayments and to educate providers about any documentation deficiencies or improper billing practices to prevent future recoupments. Below is a snapshot of a recent audit. If you have any questions, contact the SIU at 802-241-9210.

***Review Criteria:***

A total of 13 dental providers were reviewed. For each provider, 10 dental records representing 10 different dates of service were requested, for a total sample of 130 dental records. The dental records were reviewed to determine whether the documentation supported billing for CDT Code D9920, ***behavior management.***

***Results:***

Thirteen providers were reviewed for the time-period January 1, 2022, through February 11, 2025. The findings below summarize deficiencies identified among the 13 providers.

- **38 dental records (29%**) did not document behavioral issues, extended time, or the use of additional staff or resources to sufficiently support billing D9920.
- **23 dental records (18%)** included some documentation of behavioral issues; however, the documentation lacked sufficient detail to support billing D9920.
- **10 dental records (8%)** were not signed by the treating Dentist.
- **2 dental records (2%)** could not be produced.
- **2 dental records (2%**) were lacking documentation to support other unrelated procedures (topical application of fluoride treatment and periapical first radiographic image) billed on the same date of service as behavior management.
- **1 dental record (1%)** documented inhalation of Notorious Oxide/Analgesia, Anxiolysis (D9230) which is not allowed to be billed on the same date of service as behavior management.

**Provider Resources:**

1. Vermont Medicaid Dental Supplement: Section 2.2 By Report
2. American Academy of Pediatric Dentistry. Overview. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:7-9 Clinical Practice Guidelines: Non-Pharmacological Behavioral Guidance Pg.280-281

3. 2023 American Dental Association (ADA) Understanding and Procedure Coding for Patients with Special Health Care Needs
   Understanding and Procedure Coding for Patients with Special Health Care Needs (v2023)
4. Vermont Medicaid Dental Supplement: Section 4.14.3 Patient Management

# Federal Rule Change to Funding for Gender Affirming Care

**What's Happening?**

On August 13, 2026, the Centers for Medicare & Medicaid Services (CMS) finalized a rule that prohibits federal Medicaid funding for certain gender-affirming hormone treatments and surgical procedures for individuals under age 18. The rule takes effect on October 13, 2026. These federal changes explicitly do not apply to mental health and counseling services for gender affirming care. Additional information is available on the DVHA website: Federal Rule Change to Funding for Gender Affirming Care.

DVHA wants to reassure our members, partners, and providers that nothing is changing for the coverage of gender affirming care in Vermont. Access to gender affirming care, including for minors, is protected by Vermont state law. (8 V.S.A. § 4071)

The new CMS rule means that States, including Vermont, cannot use federal Medicaid funding for certain specific gender affirming care treatments for minors. In those instances, Vermont will use state funding to ensure Medicaid members can continue to access their care.

DVHA supports access to evidence-based, medically necessary care. This includes gender-affirming care for eligible Medicaid members when it is clinically appropriate and recommended by a qualified provider.

**What's changing for Vermont Medicaid members?**

**Again, nothing is changing for our members' access to services as a result of this rule change.** Vermont will continue to provide coverage for gender affirming care for our Medicaid members, including those under 18, stepping in with state funds where federal funding ends.

***DVHA remains committed to making sure Vermonters have access to the care they need.*** Please contact Gainwell Provider Services at 800-925-1706 if you have further questions, would like to speak with someone at DVHA for additional clarification, or if we can offer additional resources in navigating these federal developments.

# IMPORTANT: Member Requirements and Changes for 2027

Beginning in January 2027, a new federal law related to H.R.1 will make Vermonters complete work requirements in order to access or keep Medicaid coverage and will affect how Vermont Medicaid Members apply for and stay enrolled in Medicaid. This is important for Pharmacies because it could affect Members' coverage and their ability to get prescriptions filled.

Affected Members have been notified of the upcoming changes which includes information about what work requirements are, https://dvha.vermont.gov/notices#WorkReg. Not all members will be affected at the same time. Some adults, aged 19-65, who are enrolled in Vermont Medicaid may

be required to meet Work Requirements at their first renewal in 2027. Many will also need to renew their Medicaid coverage every 6 months.

The Department of Vermont Health Access (DVHA) has set up a webpage to help Vermonters understand the Medicaid changes, Federal Medicaid Changes: Vermont Impact, brings together important information about what is changing and what Members need to know.

Please visit the resource page which provides communication tools for providers, this is part of the "Medicaid is Changing. Stay Covered" campaign. These materials are designed to assist providers in their communication with members We strongly encourage pharmacies to display self-printable fact sheets, rack cards, business cards, and/or flyers in easily accessible locations for members. Communications Toolkit for Vermont's Medicaid Changes.

DVHA is asking all Medicaid members to take two actions:

1. Make sure their information is up to date, such as address, email, phone number and other information, online at www.VermontHealthConnect.gov or by calling 1-855-899-9600.
2. Plan ahead if they think they need to meet the requirements and look into work, education, or community service options now. More about these options at How to meet Medicaid Work Requirements.

For questions, please email AHS.VTHealthAccess@vermont.gov and write "Questions about Medicaid changes" in the subject line.

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