

Vermont Medicaid Banner

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April 17, 2026

CRT Waiver End and Continued Dental Coverage

As of 6/30/25, the Department of Mental Health's Community Rehabilitation and Treatment (CRT) Waiver program ended. Adults with severe mental illness (SMI) who meet eligibility criteria still have access to additional benefits and will continue to be served through the Designated Agencies (DAs) and Specialized Services Agency (SSA) adult mental health programs. Adults with SMI will have the same dental service exceptions that were available under the CRT waiver program. To confirm dental coverage, providers may check the Medicaid eligibility portal. Members who appear ineligible for standard Medicaid may still show waiver eligibility as "Case Rate" under the Third-Party Liability section. Providers may also call Gainwell Provider Services at 800-925-1706.

Non-Covered Enteral Supplies for Pediatric Members

Mini Ace Enema Button, Antegrade Continence Enema Button-AMT A4457 is a PAC 9 non-covered code on the DVHA fee schedule. This code may be submitted for prior authorization (PA) via EPSDT review for pediatric members. Providers can submit a completed [Uniform PA form](#).

This request should include the current visit note, demonstration of medical necessity from the ordering provider, if alternatives have been trialed, and requested supply frequency to support requested volume. For assistance, please contact Gainwell at 800-925-1706.

Pharmacy Provider Manual Updates

The Pharmacy Provider Manual has undergone updates in the following areas: 340B Eligible Drugs, Timely Filing Limits and Dispensing Limits and Days' Supply. You can review these updates in the [Pharmacy Provider Manual](#).

Telehealth Claims Reminder

REMINDER: Telehealth Services are reimbursed according to the fee schedule based on place of service (POS), and the appropriate telehealth modifier. Providers are required to append the appropriate telehealth modifier to indicate if services were delivered via audio only (93) or audio-video (95). Claims submitted without the appropriate telehealth modifier may be subject to recoupment. Providers are required to bill Vermont Medicaid correctly, which includes reporting the telehealth modifier along with the POS 02 or 10. See [Telehealth Billing - Place of Service \(POS\) 02 and 10 Frequently Asked Questions](#) for more information.

VT Medicaid & Virtix Health Launching the Medical Record Retrieval Campaign

Virtix Health is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in April 2026 to request the submission of medical records in support of VT Medicaid's Medical Record Review (MRR). Virtix Health 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 Chart Copy Instructions and only submit the type of record requested within the stated timeframe. For more info visit the [HEDIS Hybrid Measure Medical Record Review \(MRR\)](#) webpage.

April 10, 2026

Server Maintenance - Sunday, April 12, 2026

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 8, 2026. 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.

April 3, 2026

New to Medicaid Screening

Did you know, NEW MEDICAID members are eligible for a FREE SCREENING by the Agency of Human Services Vermont Chronic Care Initiative (VCCI) on behalf of the Department of Vermont Health Access!

Once completed, VCCI supports members with direct connections to services and resources. VCCI also answers questions and orients members to some of their insurance plan benefits.

The screening includes questions regarding access to care, presence/status of health conditions, and other needs that assist members in maintaining or improving their health. Members can complete the screening in three different ways - through an online member portal, via telephone, or mail.

For more information, please visit the New-to-Medicaid section of [Performance Improvement Projects \(PIPs\)](#) webpage.

Reminder Supervised Billing and Payment

The Department of Vermont Health Access (DVHA) and Gainwell Technologies would like to remind providers of the supervised billing requirements as of 1/1/26 for billing and payment. When submitting claims to DVHA for reimbursement:

- The supervisor must be listed as the billing provider
- The supervisee must be listed as the attending/rendering provider
- Modifier HO, HN, HM, AJ or AH not required
- If telehealth service is rendered, telehealth modifier is required
- DVHA will reimburse the supervising provider for services rendered, as they are the licensed provider in the State of Vermont.

This information is listed in the supervised billing manual located on the Vermont Medicaid website at [2026 Supervised Billing Manual for Behavioral Health](#).

Supervised Billing Provider Portal Specialties Update Guidance Published

The Department of Vermont Health Access (DVHA) has published a guidance document for non-licensed providers operating under Supervised Billing who need to update their provider specialty in the Provider Portal. This document walks providers through the steps necessary to update their enrollment from a “student trainee” to a “graduate trainee” when they become eligible. This guidance document is available through the Gainwell Learning Management System (LMS). Instructions about how to access the LMS are on the Vermont Medicaid website and are titled “[Learning Management System \(LMS\) Access Instructions](#)”.

Gaining Access to Gainwell Technologies Learning Management System (LMS)

This is a friendly reminder to ensure you are enrolled in our Learning Management System (LMS) to maintain full access to Gainwell's recorded webinars and provider training materials.

For access to the LMS, follow the steps posted on the Vermont Medicaid website at [Learning Management System \(LMS\) Access Instructions](#).

If you are a new user, email baselinemedicaidtraining@gainwelltechnologies.com to request an enrollment key. In this email, please provide the state your organization is based in and be sure to include your NPI and specify that you are enrolled in VT Medicaid.

If you experience any issues, contact our Provider Relations Representatives at vtproviderreps@gainwelltechnologies.com.

2026 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. Virtix Health 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 the [HEDIS Hybrid Measure Medical Record Review \(MRR\)](#) webpage.

March 20, 2026

Reminder New Timely Filing and Reconsideration Request Process

As a reminder Vermont Medicaid began accepting Claims Reconsideration and Timely Filing Appeal requests via email at VT-reconsiderations@gainwelltechnologies.com. Beginning July 1, 2026, Vermont Medicaid will no longer accept paper submissions for Claims Reconsiderations or Timely Filing Appeals.

Return to Provider Claims

Beginning April 1, 2026, providers will start to see returned claims delivered electronically via email. Returned claims will be sent from VTDocumentControl@GainwellTechnologies.com. Providers are encouraged to ensure this email address is not blocked and is added to their safe sender list to avoid delays.

Changes to Inpatient Claims Process for Incarcerated Members

DVHA has implemented a benefit suspension in the MMIS for incarcerated, full-benefit Medicaid members. The benefit suspension is represented by the "Z9" aid category code in the Provider Portal Eligibility Verification System. When a member's benefits are suspended (Z9), their only billable coverage is inpatient hospital services. As a result of these changes, Vermont Medicaid will no longer require submission of "Z9" forms for inpatient hospital claims and hospitals should not anticipate receiving "Z9" forms from DOC or Wellpath. Hospitals can bill Medicaid for DOC inpatients directly if the member has active Z9 coverage, or if the member has active coverage that includes inpatient services (but is not Z9).

If the DOC inpatient is not enrolled in Medicaid, they can be assisted in applying on the standard Medicaid application. If/when they are found eligible, coverage for inpatient services will be available.

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March 13, 2026

Double-Sided Claim Attachments Are Not Allowed

When submitting claims with attachments, please ensure that the attachments are one-sided with no staples. Only one side of the attachment is scanned during processing. Please reach out to your provider representative if you have any questions.

March 6, 2026

2026 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 US. VT Medicaid produces these measures to evaluate health plan processes and member health outcomes. To produce some of the measures, DVHA must request members' medical records from providers and trained clinicians review and abstract data from the record that does not show up in claims data. Virtix Health is the record retrieval contractor for VT Medicaid and on behalf of Quality Measure vendor, Vital Data Technology, and will begin outreaching selected providers in March and requesting the submission of medical records to support VT Medicaid's 2026 MRR. For more info, please visit [HEDIS Hybrid Measure Medical Record Review \(MRR\)](#).

Submission Clarification Code for 340B Pharmacy Claims Required at Point of Sale (POS)

Effective 01/01/26, all 340B entities enrolled with the Health Resources and Services Administration (HRSA) and the Vermont Medicaid 340B Program are required to identify 340B drugs at point-of-sale (POS) when submitting claims. Pharmacies will be required to submit a value of "20" in the Submission Clarification Code field of the NCPDP Telecommunication Standard and a value of "08" in the Basis of Cost Determination field. Pharmacies MUST submit their 340B acquisition cost on the claim. Claims that have not been identified as 340B drugs will be invoiced for rebate in accordance with the Medicaid Drug Rebate Program. It is the responsibility of covered entities to identify 340B claims at POS to avoid duplicate discounts. The Vermont Medicaid 340B Drug Discount Program Provider Manual can be found at [340B Medicaid Carve In Manual](#).

Server Maintenance - Sunday, March 8, 2026

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 8, 2026. 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 27, 2026

2026 You First Fee Schedule

The 2026 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.

Closed for Town Meeting Day - Tuesday, March 3, 2026

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Tuesday, March 3, 2026, in observance of Town Meeting Day.

February 20, 2026

Provider Management Module Scheduled Maintenance

The Provider Management module will be unavailable due to scheduled maintenance beginning Friday, February 20, 2026, at 6:00 PM and continuing through Saturday, February 21, 2026, at 7:00 AM.

MD Referral is Not Required for Outpatient Re/hab Therapy Services

Effective 1/1/26, an MD referral is not required for Outpatient Re/hab therapy services for Vermont Medicaid members. This includes Physical Therapy, Occupational Therapy, and Speech Language Pathology. With this change, please note care coordination amongst a member's medical team is a clinical standard that supports best practice and health outcomes. Due to federal requirements, an MD referral is still required for Home Health therapy services.

February 13, 2026

Benefit Suspension and Coverage Verification for Incarcerated Members

DVHA implemented a benefit suspension in the MMIS for incarcerated, full-benefit Medicaid members on January 1, 2026. The benefit suspension is represented by the "Z9" aid category code in the Provider Portal Eligibility Verification System. When a Medicaid member's benefits are suspended (Z9), their only billable coverage is inpatient hospital services. When a Medicaid member is released from incarceration, their other health care coverage will be available, and they will no longer have the Z9 aid category code. It can take 24-48 hours after release for the suspension (Z9) to stop appearing in the MMIS, but when it does, providers can bill from the date of release forward.

Providers needing to verify coverage for an incarcerated Medicaid member approaching release can call Provider Services and ask for the member's suspended aid category code and coverage. On or before appointment date, re-verify coverage.

Closed for Presidents' Day - Monday, February 16, 2026

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, February 16, 2026, in observance of Presidents' Day.

February 6, 2026

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 will receive 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 at [Medicare Savings Program](#).

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.

Server Maintenance - Sunday, February 8, 2026

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January 30, 2026

Home Health Physical, Occupational, and Speech Therapy Prior Authorization Changes

Effective 1/1/26, prior authorization will not be required for home health physical, occupational, and speech language pathology therapy services for Vermont Medicaid members, regardless of age or medical condition. These changes will promote efficiencies and decrease provider administrative burden. Contact your Gainwell provider services representative for any questions or concerns, at 800 925 1706.

Children with Special Health Needs - Early Intervention for Pediatric Feeding Disorder

VDH's Children with Special Health Needs implemented a screening tool developed by the nonprofit Feeding Matters Inc. as part of a statewide pilot project to screen children in Early Intervention for Pediatric Feeding Disorder (PFD). Vermont is the first in the nation screening effort, with almost 1,200 screened children! Currently, the results indicate a 20% positive screening rate. This pilot also tracks Vermont provider's use of the more specific diagnosis code set (Feeding Disorder ICD-10 codes R63.30 - R63.39) in outpatient settings. For information about PFD and coding, including differential

diagnosis ARFID, the PFD Toolkit for providers is at Feeding Matters: [PFD ICD-10 Toolkit - Feeding Matters](#). For questions about PFD and diagnosis criteria, please reach out to Feeding Matters: info@feedingmatters.org. For questions about the Screening Pilot contact Marinell.Newton@vermont.gov.

January 23, 2026

Prior Authorization Online Module

The Department of Vermont Health Access (DVHA), in collaboration with Gainwell Technologies, is preparing to launch an online Prior Authorization (PA) module in early 2026. This enhanced system will allow providers to submit PA requests electronically and conveniently monitor their progress. Additional updates and information will be shared as the implementation approaches. Please connect with your Provider Relations Representative directly for any questions related to future communications.

Dental Codes that require an Area of Oral Cavity When Billed

DVHA requires identified procedure codes, associated with Area of Oral Cavity (AOC) such as tooth number and surface be billed to Vermont Medicaid. Effective 02/16/2026, these codes will be required when billing to Vermont Medicaid.

Please review the [Dental Supplement](#) in section 8 for the codes now requiring this change in billing to avoid claim denials.

Applied Behavior Analysis Updated Resources

The Department of Vermont Health Access (DVHA) has updated the [Applied Behavior Analysis Supplement Manual](#).

Additional resources are available at: [Clinical Practice Guidelines](#) and [Applied Behavior Analysis Benefit Updates](#).

January 16, 2026

Coverage Changes to Prescription Biosimilar Drugs

Effective 01/01/2026, Vermont Medicaid implemented the following changes to the Physician fee schedule and Hospital Based Outpatient Services (OPPS) fee schedule. Coverage status and prior authorization requirements may be found on the fee schedules posted on the Vermont Medicaid Portal.

Products that will be preferred, without prior authorization: Cimerli (ranibizumab-eqrn) Q5128, Lucentis (ranibizumab) J2778, Ontruzant (trastuzumab-dttb) Q5112, Kanjinti (trastuzumab-anns) Q5117, Trazimera (trastuzumab-qyyp) Q5116.

Products that will be non-preferred, prior authorization will be required: Herceptin (trastuzumab) J9355, Herzuma (trastuzumab-pkrb) Q5113, and any other biosimilar products to trastuzumab not listed as preferred.

Reminders for Ambulance Providers

As a reminder, Vermont Medicaid does not accept modifiers utilized by Medicare for ambulance claims.

When billing for a round trip, the TO and FROM addresses must be present in box 32 on the CMS1500 claim form or in the notes section on an electronic claim. "First transport" or "second transport" must also be indicated in box 19 or in the notes section on an electronic claim, as outlined in the [General Billing and Forms Manual](#) in section 5.3.2.1.

Closed for Martin Luther King Jr. Day - Monday, January 19, 2026

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices will be closed on Monday, January 19, 2026, in observance of Martin Luther King Jr. Day.

January 9, 2026

Server Maintenance - Sunday, January 11, 2026

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 11, 2026. 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 2, 2026

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.

VT Medicaid Provider Enrollment Information Reminder

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. 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, Accepting New Patients status, Specialties and Taxonomies, License and Certifications, CLIA and DEA, and 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. Regular reviews of your information ensures Vermont Medicaid is providing the most current information to our members. Thank you for your continued support!

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.