
Change Healthcare Timely Filing Certification Form

Health Care Provider

Provider Name:

Vermont Medicaid Provider I.D.:

Provider Address:

Provider Contact Name and Email:

Health Care Provider Certification

Name of Person Filling Out this Form:

- I hereby certify that my practice was impacted by the Change Healthcare Outage in the following manner: I/my practice was unable to submit electronic claims to Vermont Medicaid for the following period [Month/Day/Year] to [Month/Day/Year].
- I hereby certify that, because I/my practice could not submit electronic claims due to the Change Healthcare Outage, some or all of my claims for the aforementioned period have been denied due to timely filing requirements. I further certify that I am seeking reconsideration for all such impacted claims and that I have identified all such impacted claims on my reconsideration request.
- I understand that I/my practice may request reconsideration of these claims only once, and I hereby waive my right to seek reconsideration on the basis of the Change Healthcare Outage for any impacted claims not identified by me at this time.
- Regardless of the specific period I have attested to above, I understand that only denied claims with dates of service from January 15, 2024 – April 30, 2024, are eligible for reconsideration on the basis of the Change Healthcare Outage.
- I further certify that I have read and understand any applicable Federal filing requirements and recognize that claims which do not meet those requirements will continue to be denied.

Signature:

Signature

Date Signed

As required under 42 C.F.R § 431.107 and the General Provider Agreement, Provider shall keep such records as are necessary to disclose fully the extent of services provided to Members and shall furnish records and information regarding any claim for providing such service to DVHA, the Vermont Attorney General's Medicaid Fraud Control Unit (MFRAU hereafter), and the U.S. Secretary of Health and Human Services (Secretary hereafter). Provider may be asked to furnish such records in order to verify the statements made herein.