

## **Frequently Asked Questions**

### **1. Who does the extension apply to?**

- a. The Department of Vermont Health Access (DVHA) is issuing an extension for all rostered non-licensed non-certified (NLNC) providers who are otherwise eligible to bill Vermont Medicaid, but have met their 5-year billing limit, to continue to bill for clinical services provided under Supervised Billing through 12/31/25.

### **2. Is the extension retroactive?**

- a. Yes, the extension granted will be retroactive. This means that the extension will be granted from 7/1/22 until 12/31/25. The Department of Vermont Health Access hopes that by making this extension retroactive, some of the unintended consequences of HCAR 9.103.3 will be remedied.

### **3. What does the extension mean for providers who were found to owe money in an SIU Audit?**

- a. **For providers who were subject to an SIU audit and were found in violation of the five-year Medicaid billing provision**, please do not take any action at this time. Each case is unique and if you are eligible to be refunded monies paid to Vermont Medicaid because of an audit, SIU will be in touch with further instruction. Our goal is to work with each provider to make this process as easy as possible and this may vary case by case.
  - i. Eligible Non-Licensed and Non-Certified supervised clinicians **must** have been active on the OPR roster for NLNC individuals, and have been in compliance with all other provisions of HCAR 9.103. Any clinician who was not listed on the OPR roster or was in an expired status, who was eligible for licensure but did not obtain licensure, who had documentation deficiencies in their claims, or was found to be in violation of any other portion of HCAR 9.103 will still be responsible for related audit findings.

### **4. What does the extension mean for all other providers?**

- a. **For NLNC providers who stopped seeing Vermont Medicaid members** due to the five-year Medicaid billing provision, you are eligible for the extension and may begin submitting claims for clinical services provided under Supervised Billing. All claims submitted must comply with timely filing requirements and remain subject to all other requirements as outlined in HCAR 9.103.
- b. **For providers who complied with the five-year Medicaid billing provision and who continued to see Medicaid patients pro-bono**, you may now submit claims for services provided to Medicaid beneficiaries under Supervised Billing in accordance with timely filing requirements and all other requirements as outlined in HCAR 9.103.
- c. **For providers who billed Vermont Medicaid for services provided under Supervised Billing in violation of the five-year billing provision but have not yet been subject to an SIU audit**, Vermont Medicaid will not recoup any monies related exclusively to the violation of the five-year Medicaid billing provision. You may still be subject to an SIU audit for all other violations of HCAR 9.103 and violation of any other Medicaid requirements.

- 5. When a provider is found to owe money, is that money recouped from the supervisor or supervisee?**
  - a. When the Department of Vermont Health Access audits a provider and concludes that the provider must repay monies to Vermont Medicaid, VT Medicaid enters a repayment agreement with the billing provider. It is expected that all providers will have billing agreements in place for anyone billing Vermont Medicaid under their name.
  
- 6. What does the extension mean for supervisees who will not be eligible for licensure by the 12/31/25 deadline?**
  - a. The Vermont Medicaid program is reimagining what the Supervised Billing rule looks like. If an individual takes advantage of the extension but has not obtained all required hours for licensure by 12/31/25, they should be able to operate under the new Supervised Billing structure to obtain licensure post extension. Our primary goal is to ensure that Vermont Medicaid beneficiaries receive quality and timely care, and we will be seeking additional input from stakeholders to ensure that the new iteration of Supervised Billing helps make licensure achievable.
  
- 7. What long term solutions is DVHA considering?**
  - a. At this time, DVHA is examining a variety of options for Supervised Billing in the future. We have not yet decided what the future version of Supervised Billing looks like, as we are still working with OPR and with stakeholders to determine what options may best serve Vermonters. As we continue to develop options, we will solicit feedback from supervisors, supervisees, and other stakeholders to ensure equitable outcomes.
  
- 8. Why were stakeholders not informed of the five-year provision located in the Supervised Billing rule? Why was there no notice?**
  - a. The Department of Vermont Health Access complies with all state and federal regulations and best practices related to noticing. In 2016 when the rule went into effect, it was posted in the Global Commitment Register for 30 days before it was made effective. DVHA posts changes to the Global Commitment Register for public noticing and ensures that provider banners are sent to providers when changes to any program or rule are made. We have, with every change, informed providers of the changes and updated all manuals and rules in compliance with federal and state laws. DVHA can only inform providers of changes according to the information they have on file with Gainwell. If a provider is not receiving messages, they can reach out to Gainwell to update their information.

DVHA acknowledges that providers felt the way the rule was written was not clear. We also want to acknowledge that it is also the responsibility of providers to stay up to date with the provider manual and the rules that govern their profession. If a provider is choosing to bill Vermont Medicaid under the Supervised Billing Rule, it is their responsibility to read the entire rule and remain informed in regard to what is required of them. It is the provider's responsibility to reach out with questions or clarification about any portion of the rule that they

do not understand. Providers should have processes in place to know when supervisees were reaching the end of their five-year period.

**9. Does this extension apply to audit findings related to clerical or EHR errors?**

- a. As outlined in the Vermont Medicaid General Billing and Forms Manual Rule 5.3.46.6, there are federal and state regulations about claims submitted to Medicaid. An SIU audit ensures compliance with these state and federal regulations. VT Medicaid’s primary concern is the health and wellbeing of Vermonters, and we want to ensure that Medicaid members receive the same level of care as individuals who are insured through the private marketplace. We use audits to ensure compliance with regulations that protect these individuals. **We will not be returning any payments recouped related to issues other than the sole violation of the five-year Medicaid billing provision outlined in HCAR 9.103.3(c).**

**10. Should providers still be working toward licensure? Even during the extension?**

- a. The Department of Vermont Health Access and HCAR 9.103 still require all individuals operating under supervised billing to eventually obtain licensure. Although the timeline for this may change in the coming months, that requirement will stay the same. DVHA strongly believes that it is important to encourage supervisees to obtain licensure and will shape future rules to reflect this.

**11. How will information be distributed going forward?**

- a. All details about the extension and the future version of Supervised Billing will be widely circulated via email and via provider banners by 12/31/25. We will also be posting the same information on our website and on the provider portal. If you received communication for our open forum hosted on 11/17/23, you should receive all future updates.

**12. Is DVHA working with OPR to create a more sustainable path forward?**

- a. Yes, the Office of Professional Regulation (OPR) and The Department of Vermont Health Access (DVHA) are working together to develop a sustainable and equitable path forward for Supervised Billing and for licensure and regulation in general. We are committed to ensuring that the departments align to better serve Vermonters.

**13. How should providers best navigate the time between when a supervisee obtains their license and when they are independently credentialed with Medicaid?**

- a. Once an individual obtains their license, they can apply to be enrolled with Medicaid. Medicaid allows six months between the date of service and the billed date for providers to submit claims, and this includes any period between licensure and enrollment. Vermont Medicaid will continue to pay valid claims during this time for all licensed individuals who are no longer eligible to provide services under Supervised Billing but are taking steps to enroll with Vermont Medicaid.

**14. What can we expect as next steps?**

- a. The extension will remain in place until 12/31/25 and we do not anticipate making any other changes in the interim. DVHA will use this period to develop a new version of Supervised Billing and to hold more stakeholder engagement sessions. Information about these stakeholder engagement sessions will be provided via the same method as the first open forum notification. We will inform providers of any long-term changes to Supervised Billing via banners, emails, and website postings as we near the end of the extension.