



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF VERMONT HEALTH ACCESS

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**State of Vermont**  
**Department of Vermont Health Access**  
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Agency of Human Services  
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## **Banner Request – Timely Filing Reconsideration Requests**

Providers are reminded that timely filing reconsideration requests must contain a detailed explanation of events that occurred resulting in the failure to meet filing requirements. Supporting documentation showing what follow up actions were completed must be included with your request. Such documentation could include billing account notes, emails and/or call reference numbers. **Failure to supply the appropriate documentation will result in a denial.** If you do not have supporting documentation to show timely follow up was completed do not send a timely filing reconsideration request as it will be denied. Providers are required to follow up on outstanding claims in a timely manner.

Timely filing is only overridden when an extenuating circumstance beyond the provider's control prevented the initial claim from being filed timely or the provider can prove they were actively trying to resolve their claim denials.

Employee negligence, employer failure to provide sufficient, well-trained employees, or failure to properly monitor the activities of employees and agents (e.g., billing services) are not extenuating circumstances beyond the provider's control. Waiting for prior authorization or correspondence from the Department or the fiscal agent is not an acceptable reason for late filing.

Claim transmission failures and/or failure to identify claim transmission errors in a timely manner does not warrant an override of a timely filing denial.

Timely filing reconsideration requests must be received within 90 days from the initial timely filing denial. Any requests received outside of this timeframe will not be reviewed by DVHA and will be returned to the provider.

