

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Effective retroactively to February 21, 2024, and effective through June 30, 2024, pharmacies, and other qualified providers including hospitals, Federally Qualified Health Centers, long term care facilities, primary care providers, chiropractors, physical therapists, dentists, mental health therapists, dermatologists, and other specialty care providers are eligible to receive payments in amounts representative of up to 7 days of claims payments for Medicaid services including, hospital inpatient and outpatient services, primary care and specialty services, pharmacy services, long term care facility services, dental services, behavioral health services, and other professional services that are not otherwise paid as a result of the Change Healthcare cybersecurity incident.

For pharmacy services, the interim weekly payment is based on an average of total claims for services paid to the provider, inclusive of all base payments. For the first week, the interim payment remitted for payment on March 1, 2024, includes the most recent 8-week paid claims average (for the period of January 5 through February 23, 2024) and for all subsequent weeks, payment is the most recent 25-week paid claims average (for the period of September 8, 2023, through February 23, 2024). Pharmacies with five or fewer prescriptions filled during the 25-week period, or whose weekly average is less than \$500 are not eligible for payments. Pharmacies with new high-cost drug prescriptions can request higher payment. These requests are individually reviewed by the Department of Vermont Health Access Pharmacy Unit.

For all other eligible providers noted above, the interim weekly payment is based on total claims for services paid to the provider, inclusive of all base payments includes the most recent 25-weeks paid claims average for the period of September 8, 2023, through February 23, 2024. These interim payments to providers will end on June 30, 2024, or sooner once impacted providers are able to process claims.

This is not an advanced payment or prepayment prior to services furnished by providers. These payments will be reconciled to the final payment amount the provider was eligible to receive under the Medicaid state plan for the specified services during the timeframe for which it was receiving interim payments under this provision.

The reconciliation will be completed within 60 days following the last day of the quarter in which the state is able to again process payments for claims following the resolution of the Change Healthcare cybersecurity incident.

If the reconciliation results in discovery of an overpayment to the provider, the state will seek repayment of the overpayment amounts within 60 days and will return the federal share within the timeframe specified in 42 CFR 433.316 and 433.320 regardless of whether the state actually recoups the overpayment amount from the provider, unless an exception applies under 42 CFR part 433, subpart F.

If the reconciliation results in an underpayment to the provider, the state will make an additional payment to the provider in the amount of the underpayment within 60 days. The state will follow all applicable program integrity requirements relating to interim payments to providers and the associated reconciliation process.

The state will ensure that all providers receiving payments under this interim methodology for eligible services will continue to furnish services to Medicaid beneficiaries during the interim payment period and that access to Medicaid services is not limited.