State of Vermont
Agency of Human Services
280 State Drive
Waterbury, VT 05671-1000
www.humanservices.vermont.gov

Jenney Samuelson, *Secretary*
[phone] 802-241-0440
[fax] 802-241-0450

Date: March 30, 2022

Re: Response to Public Comments for Global Commitment Resister (GCR) Policy 21-084: Timely Filing Reconsideration Request Process

The public comments received on this policy change are below. A Frequently Asked Questions document is available here in response to provider comments and questions. Final policies such as this one are available on the Global Commitment Register Final Policies website.

Comment: We do believe the change in this policy is limiting to providers to provide adequate documentation regarding timely filing reconsiderations. At times more information may become available after requesting a reconsideration. Human error may also occur and we would like the opportunity to be able to request more than one reconsideration in the event this occurs. We do believe reimbursement should be made for services that are performed at the hospitals to ensure that we can continue to provide care to our patients. DVHA and VT Medicaid have very specific instructions and timelines around billing that are not standard across all payers, and may cause issues when trying to seek reimbursement. We respectfully ask that you do not limit our opportunity to seek reimbursement as it is done in good faith for services that were provided in medical necessity.

Comment: I am writing to comment on the proposed policy change regarding timely filing as outlined in GCR 21-084. While I agree that providers need to provide sufficient supporting documentation when submitting a timely filing request, there are circumstances where the State's funding systems create a timely filing delay that Designated Agencies have no control over. This is particularly true with the DAIL Developmental Services retroactive approval of clients who are approved for DS Waiver funding under a monthly PMPM payment model. State approvals for new clients are often made retroactively going back several months. At the start of a new fiscal year, approvals for services provided may be issued 4 to 8 months in the past. I am concerned about the potential impact on funding and cash flow of these critical services when we submit a claim of this nature that is outside of the timely filing window and we inadvertently do not provide all of the requisite documentation. Under this proposed policy change, it would appear that a provider would not have any recourse to have the claims reconsidered. I would ask that this rule change have some capacity to be judiciously applied by Medicaid processors and DHVA staff to account for situations beyond a provider's control where an administrative oversight might jeopardize payment for services rendered.

Thank you for your consideration.