

FAQ related to GCR 21-084 Timely Filing Reconsideration Request Process

Go to [Global Commitment Register Proposed Policies](#) to view the notice.

Question	What is the proposed change?
Answer	Currently, if a provider fails to submit any supporting documentation with their timely filing reconsideration request, a letter requesting additional information is sent prior to issuing a final denial of the request. With this proposed change, the request for supporting documentation will no longer be issued before a final denial letter is issued. If such documentation is not supplied with the initial request, the request will be denied, and the provider will have no further recourse for VT Medicaid reimbursement.

Question	What is staying the same?
Answer	Vermont Medicaid providers are responsible for <u>including appropriate documentation to support their request to override timely filing with their timely filing reconsideration request.</u>

Question	What is considered supporting documentation?
Answer	Acceptable forms of supporting documentation include billing account notes, call reference numbers, other insurance correspondence and/or emails with an Agency of Human Services department or fiscal agent.

Question	Is this policy change limiting our opportunity to seek reimbursement?
Answer	No. It is always the Agency's goal to reimburse providers for services rendered. If the filing limits are not met the Agency will still reimburse providers if an extenuating circumstance beyond the provider's control prevented the claim from being filed timely or the provider can demonstrate they were actively trying to resolve their claim issues.

Question	Will the request to override timely filing be denied if supporting documentation is included but is missing elements needed to make the decision to approve or deny?
Answer	No. If the supporting documentation received with the reconsideration request is not enough for the Agency to make a decision, there is still opportunity for communication between the provider and the Agency to obtain the missing information.

Question	What is the estimated impact to providers?
Answer	The Department of Vermont Health Access conducted a review to determine how many providers took advantage of the second opportunity to send supporting documentation with their timely filing reconsideration requests. The analysis showed that in a 12-month period, out of more than 350 initially denied requests there were only 17 instances when providers resubmitted a request with supporting documentation. Based on this analysis the impact to providers is estimated to be minimal.