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Agency of Human Services

Act 48 of 2021: Provider Funding Opportunity
Frequently Asked Questions

Who is eligible for this funding opportunity?

Act 48 of 2021 provides an opportunity for health care providers delivering health care services for children under 19 years of age and pregnant individuals who have an immigration status for which Medicaid coverage is not available to receive funding from the Department of Vermont Health Access/Agency of Human Services. Health care services must be delivered between July 1, 2021 – June 30, 2022. For more information, visit the full requirements of Act 48 of 2021, the Act 48: Funding for Providers webpage, or the Information for Non-Citizens webpage.

Do we have a sense of the scale of this work? How do we know the potential number of patients total in each area?

At this time, it is estimated that 100 children and 22 pregnant individuals who have an immigration status for which Medicaid coverage is not available are receiving health care services from Vermont providers. The geographic distribution and specific providers are currently unknown with a few exceptions. Initiating a discussion with your community's providers is the best way to obtain additional information about the potential number of patients in your health service area.

Is there guidance/best practice(s) for how to identify this patient population through screening for immigration status for practices/provider entities who don't know if they are currently seeing this patient population?

The Department shared this question with community organizations that work closely with this patient population to ensure any information provided under this opportunity was informed and coordinated. The resulting guidance was:

> Only those staff who would be assisting someone to apply for health insurance should ask screening questions and [we recommend that] any information shared about immigration status should NOT be included in records, to the extent possible, to minimize risk to the

patient. For this particular [funding opportunity for providers], the question(s) would be only asked to pregnant individuals or children under 19 and in conversation (not in writing). In some cases, an individual is familiar enough with health insurance and eligibility that two questions could be enough.

These questions should always be prefaced with, "I need to ask you some potentially sensitive questions to help figure out if you are eligible for an opportunity that could help cover health care costs for pregnant individuals and/or children. We will only use the information if it is needed to help you qualify for coverage of health care services and it won't impact you getting the health care services you need."

Question 1: "Were you (or your child, as applicable) born in the United States?" If the answer is no, ask Question 2.
Question 2: "Do you (or your child, as applicable) have a green card?"

If the answer to both questions 1 and 2 is no, and the patient meets or potentially meets income eligibility, their provider could apply for funding under the Act 48 provider funding opportunity that is available right now, and the patient could be encourage/assisted in applying for the Act 48 Immigrant Health Insurance Plan that begins July of 2022.

How do we identify the individuals who would qualify for this funding?

Please see similar question above. In addition, initiating a discussion with community providers may also be an avenue for obtaining additional information about the potential number of patients in your health service area. The Act 48 Provider Attestation Form provides information for identifying individuals who are eligible under Act 48 of 2021; you may also review the full requirements of Act 48 of 2021.

The sense is independent practices are not seeing many of the people eligible under this opportunity, but do we have more information?

Initiating a discussion with your community providers, including the independent practices in your health service area, is the best way to obtain additional information about the potential number of patients in your health service area.

Will patients need to first apply for Medicaid and be denied in order for the provider to be paid?

No, under this grant opportunity, patients will not need to first apply for Medicaid and be denied due to their immigration status for providers to be eligible to receive funding for health care services delivered to eligible patients for dates of service on/after July 1, 2021 and through June 30, 2022.

It is important to note that Emergency Medicaid is still available and may provide coverage and reimbursement for emergency care services for individuals who have an immigration status that means they can't get Medicaid. **Pregnant individuals are strongly encouraged to apply for Emergency Medicaid so their newborns can qualify for Medicaid**. In order to be eligible for coverage and reimbursement through Emergency Medicaid, patients do need to apply for Medicaid.

For more information, visit: Act 48: Funding for Providers webpage, or the Information for Non-Citizens webpage.

Can FQHCs receive this funding?

Yes, Federally Qualified Health Centers are eligible to receive this funding as the funds available under this grant opportunity are available for health care providers delivering health care services from July 1, 2021 – June 30, 2022 to children and pregnant individuals who have an immigration status for which Medicaid coverage is not available in accordance with the requirements of Act 48 (2021).

Will FQHCs receive the Medicaid encounter rate for these visits?

For this first year, this funding opportunity will be administered through the Fee-For-Service reimbursement model in accordance with the Medicaid Fee Schedule in effect as of the date of service for eligible health care services. Any payments issued will not be Medicaid payments and therefore, will be outside of the annual dental cost settlement. As a result, FQHCs are required to utilize their Fee-For-Service National Provider Identifier when submitting claims to the Department of Vermont Health Access for payment under this funding opportunity.

Can a provider apply for this opportunity on their own? That is, can a provider apply for funding under this opportunity without going through a Blueprint Administrative Entity?

If the provider is employed by, or has executed a contract with, a Blueprint for Health program Administrative Entity, the funding may be distributed to the provider under a grant agreement

between the Department of Vermont Health Access and the Blueprint Administrative Entity if all requirements of Act 48 (2021) and the grant agreement are met. Providers are encouraged to contact their local Blueprint for Health Program Manager if they are uncertain if they are covered under an agreement executed between the Department of Vermont Health Access and the Blueprint Administrative Entity.

For providers who are not employed, contracted, or covered by their Blueprint Administrative Entity, they may apply for funding directly. This will require the provider to execute a separate agreement with the Department of Vermont Health Access. Providers may find this Grant agreement and associated documents posted under the "Act 48 Provider Agreement" section on the Act 48 Provider Funding Opportunity website.

How much is the reimbursement expected to be per patient?

State-issued reimbursement payment amounts are determined in accordance with the Medicaid Fee Schedule in effect as of the date of service for eligible health care services and the requirements of Act 48 (2021) and the grant agreement. The determined payment amount will depend on patient eligibility, provider attestation, the services delivered, and the associated procedure codes included within the submitted paper claim forms.

Will there be the opportunity to amend this grant agreement if the State-determined payment amounts exceed the award amount indicated in the original grant agreement?

Yes, the State will not impose a limit on the delivery of health care services to eligible patients. As a result, it may be necessary to amend the original grant agreement to increase the total maximum payment amount if additional health care services are delivered for eligible patients and all other requirements of Act 48 (2021) and the grant agreement are met.

This funding opportunity requires the submission of the Act 48 Provider Attestation Form, an invoice, and appropriate paper claim forms for eligible health care services furnished by providers to eligible patients. Are we required to send the documents by postal mail?

Yes. The Act 48 Provider Attestation Form, an invoice, and associated paper claim form for requesting reimbursement should all be mailed **by the Grant Manager** to the Department of Vermont Health Access. The address is as follows:

Grants and Contracts Unit, Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, Vermont 05671-1010

Will these payments be included on a Provider's Remittance Advice?

Payments under this grant opportunity will be issued by ACH deposit, paper check, etc. Therefore, payments under the Act 48 provider funding opportunity will **not** be included on the computer-generated report, referred to as Remittance Advice, that shows the status of all claims that have been submitted to Vermont Medicaid for processing along with claim(s) payment information.

Are there specific requirements for confidentiality of applications and/or records in Act 48 of 2021 that created this funding opportunity?

Yes, Act 48 of 2021 states that the confidentiality provisions established in 33 V.S.A. § 1902a apply to all applications submitted and records created for this funding opportunity, except that the Agency of Human Services shall not make any information regarding applicants or enrollees available to the United States government.

Are the Timely Filing requirements different for this opportunity when compared to the requirements under the Medicaid program?

Yes, the Timely Filing limits are different under this funding opportunity. The Department needs to provide as accurate and complete financial information to the Vermont General Assembly as possible for the anticipated cost of this program. As a result, the requirements for submitting claims to the Department of Vermont Health Access for funds under this opportunity require providers to submit claims in a shorter time frame. Payments issued under this opportunity are not Medicaid payments.

What are the Timely Filing requirements under this funding opportunity?

As detailed in the grant agreement, the Timely Filing requirements for submission of paper claims are as follows:

i. Error free paper claims submitted under this Agreement must be filed within 45 days from the date of service or within 45 days of Grant Execution whichever is later. Inpatient claims must be submitted within 45 days from the discharge date (through the date of service) or within 45 days of Grant Execution, whichever is later.
ii. A claim is considered filed when the Department of Vermont Health Access documents receipt of the paper claim. Holidays, weekends, and dates of business closure do not extend the timely filing period under this Agreement.
iii. Requests for timely filing reconsiderations must be received within 45 days from the initial denial by submitting a Timely Filing Reconsideration Request

Form. http://www.vtmedicaid.com/assets/forms/TimelyFilingReconSingle.pdf.

- **The provider should insert their National Provider Identifier (NPI) in the place of the Medicaid Provider ID in the event a provider is not enrolled with Vermont Medicaid and needs to submit a Timely Filing Reconsideration Request Form.**

This grant opportunity is available for health care services delivered back to July 1, 2021. However, a Provider/Practice will not have had the Act 48 Provider Attestation Form until the Grant agreement is executed. Is the Attestation Form still required?

For Health Care Services with a date of service prior to Grant execution where the Provider/Practice did not complete the Act 48 Provider Attestation form in its entirety, claims submitted for payment under the Act 48 grant opportunity must include an abbreviated version of the Form that is signed by the Provider. The abbreviated Attestation Form and associated paper claim form should be submitted **by the Grant Manager** to the Department of Vermont Health Access. The abbreviated version ensures payments issued under the grant opportunity are considered payment in full and that the patient will not be billed for any costs or, if the patient was already billed and paid, that the payment(s) will be returned to the patient.

Will the Department of Vermont Health Access provide guidance on the claims process so there is a single process for all sites (i.e., forms, codes, etc.)?

Yes, the Department included guidance on the claims process in the Grant agreement to ensure there is an established and consistent process that has been clearly communicated. This will ensure that staff of administrative and provider entities understand what attestation and claim forms to use, how to submit the required forms and who to contact with questions.

Will there be points of contact to answer Grantee questions?

There will be established points of contact with the Blueprint for Health at the Agency of Human Services (please contact your Blueprint Assistant Director) and at the Department of Vermont Health Access (please contact the State Program Manager as identified in your Grant agreement) to answer specific provider questions related to this funding opportunity for providers furnishing health care services for children and pregnant individuals who would be eligible for Medicaid except for their immigration status.

Will there be support for any claims that need to be escalated if they cannot be resolved at the local level?

Yes, there will be established points of contact at the Department of Vermont Health Access for claims submission and payment issues related to this funding opportunity for providers delivering health care services for children and pregnant individuals who would be eligible for Medicaid except for their immigration status in accordance with the requirements of Act 48 (2021).

When distributing payment to the Blueprint Administrative Entities that are participating, will the State provide information identifying where the patients were seen or a copy of the claims so we know who to distribute payment to?

Yes, the State will provide information identifying the Provider/Practice and the amount of payment to the Administrative Entity.

Is there financial support for the additional administrative burden for the Blueprint Administrative Entities that are participating?

No, the funds available under this opportunity are available for health care providers delivering health care services during fiscal year 2022 to children and pregnant individuals who have an immigration status for which Medicaid coverage is not available in accordance with the requirements of Act 48 (2021).

What happens when the grant period ends on June 30, 2022?

This funding opportunity provides a bridge to the state-funded program, the Immigrant Health Insurance Plan, that will begin summer of 2022 if the Vermont Legislature provides funding for the program during the next legislative session. Providers can read the full requirements of Act 48 of 2021 and find the most up-to-date information about the funding opportunity on the Act 48: Funding for Providers webpage.