

From: [Office of the Vermont Attorney General](#)
To: [AGO - Public Records Requests](#)
Subject: Public Records Request Form Form submitted on Office of the Vermont Attorney General
Date: Thursday, July 9, 2020 12:50:41 PM
Attachments: [FOIA-Vermont-Medicaid-Claims-Data-Request.docx](#)

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Name	Elizabeth
Last Name	Brundage
Organization	First Quality
Address	80 Cuttermill Road Great Neck, New York 11021 United States
Email	ewbrundage@firstquality.com
Phone Number	(570) 295-9026

Please describe the records you are requesting and provide as much specificity as possible, including applicable date ranges.

To Whom it May Concern:

As a manufacturer of disposable incontinence products, First Quality regularly receives calls from DME/HME providers concerning Medicaid fee schedule allowables and reimbursement for the following HCPCS codes:

- A4335, A4520, A4554, T1999 and T5999
- All HCPCS in the range of T4521-T4544

In order to better serve our customers, we kindly ask for your assistance by providing us with updated maximum units allowed and reimbursement for the above HCPCS codes per day, or month, whichever is the method for reimbursement. If this information is also on the state's website, would you please provide the link for our reference?

In addition, we are requesting the most recent annual claims data for the requested HCPCS, to include the following information for the most recent Fiscal or Calendar Year (whichever time frame in which you report it):

- Total units and claims dollars by HCPC by provider, including NPI number
- Total claims units and dollars reported separately for FFS and Medicaid Health Plans, if available
- The number of unique beneficiaries/health plan members associated with the data
- Preference would be to have the report in Excel

If the claims data requires payment to cover expenses borne by the state collating this data, please advise us of the estimated cost and the process

for remitting payment.

If the claims data request requires a separate process, or submission through your Freedom of Information Act Department, please advise a point of contact to pursue the request.

Thank you for your assistance. Please direct all responses or questions to the individual listed below.

Sincerely,

Elizabeth Brundage, First Quality Products

Mobile: (570)295-9026

Email: ewbrundage@firstquality.com

Please take note of the following disclaimer:

1. This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request.
2. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will contact you if additional information is required.
3. Submission of this form does not constitute receipt of it by the AGO. Your public records request will be considered received on the next business day following its submission.

Attachment

<https://ago.vermont.gov/wp-content/uploads/formidable/14/FOIA-Vermont-Medicaid-Claims-Data-Request.docx>

Agreement

I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. Clicking the Declaration below is equivalent to my electronic signature.

Declaration (Required)

Declaration (Required)

Date Submitted

July 9, 2020



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