

ADVISORY

Linking OVHA and HP to your Office



- ▶ Beneficiary Bill of Rights
- ▶ Medical Record Review
- ▶ Medicaid Remittance Advice
- ▶ New Name, Same Face
- ▶ Advance Directives
- ▶ H1N1 Notification
- ▶ Denials Available Online
- ▶ DME Recycling Reminder
- ▶ Medicare Adjustments

Vermont Health Care Programs: Beneficiary Bill Of Rights

As a managed care organization (MCO), the OVHA must ensure that its enrolled health care providers are aware of our Beneficiary Bill of Rights and that health care providers take these rights into account when providing services to beneficiaries. The Vermont Health Care Programs: Beneficiary Bill of Rights (March 2009) is as follows:

As a member of a Vermont Health Care Program, a beneficiary has the right to:

- be treated with respect and courtesy
- be treated with thoughtfulness for his or her dignity and privacy
- choose and change providers
- get facts about program services and providers
- get complete, current information about his or her health in understandable terms
- be involved in decisions about his or her health care, including having questions answered and having the right to refuse treatment
- ask for and get a copy of his or her medical records and ask for changes to be made to them when he or she believes the information in them is not correct
- get a second opinion from a qualified provider who is enrolled in Vermont Medicaid
- complain about the program or his or her health care
- be free from any form of restraint or isolation used as a means of bullying, discipline, convenience, or retaliation
- ask for an appeal if services are denied that he or she thinks are needed

Please contact Judy Jamieson at Judith.Jamieson@ahs.state.vt.us with any questions about the Beneficiary Bill of Rights.

PROVIDER MANUALS

There will be a Banner Page covering changes to the provider manuals at the top of the Remittance Advice (RA) on a monthly basis. In the case where there are no updates, the RA will reflect "NONE" for that month.

Provider Manuals can be accessed at: <http://www.vtmedicaid.com/Downloads/manuals.html>

BANNER PAGE

The Banner Page included with your Remittance Advice (RA) is your resource for the most up-to-date billing, policy and operational information. Be sure to read the Banner Page, paying close attention to any date specific and implementation information.

The "Banner Archives" can be accessed at: <http://www.vtmedicaid.com/Information/whatsnew.html>

Medical Record Reviews for Chronic Care Initiative

The OVHA has contracted with the University of Vermont's *Vermont Child Health Improvement Program (VCHIP)* to collect health information from primary care providers through reviews of the medical records of Vermont Medicaid beneficiaries receiving services through the Vermont Chronic Care Initiative (VCCI). VCCI provides both case management and disease management services to Vermont Medicaid beneficiaries with one or more covered health condition.

The current chart audit will focus on beneficiaries with diabetes and/or hypertension. A random sample of charts has been identified and may include patients in your practice.



Copy of Medicaid Remittance Advice

A copy of a Vermont Medicaid Remittance Advice (RA) can be used when you need to resubmit a claim that is past the six month timely filing to prove that the original claim was received by HP Enterprise Services within six months of the date of service.

Please note that a copy of the Vermont Medicaid RA is only used in claims processing for this purpose. If you are resubmitting a denied claim that will be received in less than six months from the date of service, the claim can be submitted without proof of timely filing either on paper or electronically.

In addition, if you are including attachments for another insurance adjudication, such as an EOB from the primary payer, a Vermont Medicaid RA may not be necessary to prove timely filing.

If your claim is for a patient who has Medicare as the primary insurance, and you are submitting the claim with either a copy of the Medicare EOB (for denials) or the Medicare Attachment Summary Form (to collect co-insurance and deductible amounts), a copy of the Vermont Medicaid RA does not need to be submitted for any reason.

For all other insurances, either a copy of the EOB, or indicating the amount in box 29 of the CMS-1500 claim form, or 54b of the UB claim form, proves timely filing up to a year from the date of service. A copy of the Vermont Medicaid RA would thus only be needed if the claim is being resubmitted within one and two years from the date of service. Please note no resubmissions or submissions where another insurance is primary will be accepted after two years from the date of service.

Sparing use of copies of the Vermont Medicaid RA will save time and cost, both for the provider and for HP Enterprise Services.

New Name, Same Faces

In August 2008, Hewlett-Packard (HP) acquired EDS, fiscal agent for the Vermont Medicaid program. On Wednesday, September 23, 2009, the EDS business unit of HP changed its name to HP Enterprise Services.

You will begin to see the HP logo or the HP Enterprise Services name on correspondence and hear the HP name when calling our office. You will begin to receive emails from an @HP.com e-mail address rather than an @eds.com address. We are the same people that you have come to know and trust.

Advance Directives

Hospitals, nursing homes, home health agencies, hospices and prepaid health care organizations are required to provide certain patients with information about their right to formulate Advance Directives (AD) and maintain written policies and procedures with respect to AD. They are also required to document in patients' files whether or not an AD is in effect, provide education for staff and the community on issues concerning AD, and ensure compliance with State law on AD at their facilities.

Providers can obtain AD forms and additional information on AD from the Vermont Ethics Network website: <http://www.vtethicsnetwork.org> or by mailing your request to:

Vermont Ethics Network
64 Main Street, Room 25
Montpelier, Vermont 05602-2951



H1N1 Notification

The following codes related to H1N1 flu vaccination billing, G9141 [Influenza A (H1N1) Immunization administration, includes the physician counseling the patient] and G9142 [Influenza A (H1N1) vaccine, any route of administration] are on file with Vermont Medicaid effective 9/1/09. Supplies of the vaccine must be obtained through Vermont Department of Health at 802-863-7638.

Denials Available Online

We are now providing the Vermont Medicaid specific EOB code(s) as part of the claim status function under Transaction Services and Provider Web Services. You will now see the Vermont Medicaid EOB on all claims in our history regardless of when they were processed.

Printouts of the ICN as it appears in claim status may be used as proof of timely filing, provided it is not an ICN of a claim that denied for timely filing.

DME Recycling Reminder

To all vendors of Durable Medical Equipment (DME) who provide the following equipment to Medicaid beneficiaries (with the exception of dual eligible beneficiaries whose primary insurance will cover the cost of the device):

- Manual Wheelchairs K0003-K0007
- Power Operated Vehicles
- Power Wheelchairs
- Standers
- Lifts
- Hospital Beds
- Rehab Shower Commode Chairs
- Augmentative Communication Devices/Speech Generating Devices.

Beginning July 15, 2009, all vendors who provide this equipment were required to affix a sticker on the item at the time of service delivery. This sticker will identify OVHA as the owner of the device, and will provide contact information regarding return of the device when it is no longer required by the beneficiary. OVHA will provide these stickers. Stickers must be applied to an area of the device that is protected from daily wear and tear but is visible without excessive effort.

There will also be an accompanying signature form to be signed by the vendor and the beneficiary or their legal guardian. This form shall be kept on file at the vendor's office and be available for inspection and a copy provided to the beneficiary for their records. This form will be available on the OVHA and HP Enterprise Services website and is listed as the Durable Medical Equipment Ownership, Operation, and Maintenance Agreement. Please contact the Office of Vermont Health Access at 802-879-6396 to obtain stickers and forms.



HP

HP Enterprise Services
312 Hurricane Lane
Suite 101
Williston, VT 05495

Hours of Operation
(Provider Services)
Monday-Friday
8:00 a.m.-5:00 p.m.

Out-of State Phone:
(802) 878-7871
In-State Phone:
(800) 925-1706, #1

Fax:
(802) 878-3440

Website:
www.vtmedicaid.com

Email:
vtprovserv@eds.com

OVHA

Office of Vermont
Health Access
312 Hurricane Lane
Suite 201
Williston, VT 05495

Hours of Operation
Monday-Friday
7:45 a.m.-4:30 p.m.

Phone:
(802) 879-5900

Fax:
(802) 879-5919

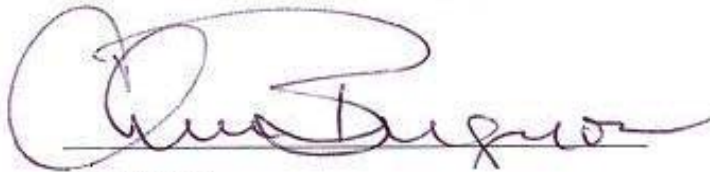
Website:
www.ovha.vermont.gov

Medicare Adjustments

HP Enterprise Services is pleased to announce that claims paid and subsequently adjusted or voided by Medicare will be processed electronically when crossed over from Medicare. This will allow us to recover co-insurance and deductible amounts paid by Vermont Medicaid when Medicare or the provider determines the Medicare payment was in error. It will also eliminate the need for providers to send in adjustments for these claims. These adjustments will appear on any remittance advice dated on or after October 2, 2009.

When Medicare sends a replacement or void, we will match their original ICN to the paid claim in our system containing that Medicare ICN. If there is a match, we will process the replacement/void. If there is no match or we have two paid claims with the same Medicare ICN, we will deny the new transaction with EOB 736-ELECTRONIC ADJUSTMENT REJECTED - ORIGINAL CLAIM NOT FOUND. We may not be able to match all of the claims in history as we only recently started entering the Medicare ICN on paper claims.

DISCLAIMER: CPT only copyright 2008 American Medical Association All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARA/DFARS Restrictions Apply to Government Use. Fee Schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.



Cherie Bergeron
Account Executive - HP Enterprise Services



Suzan Besio
Director - Office of Vermont Health Access
